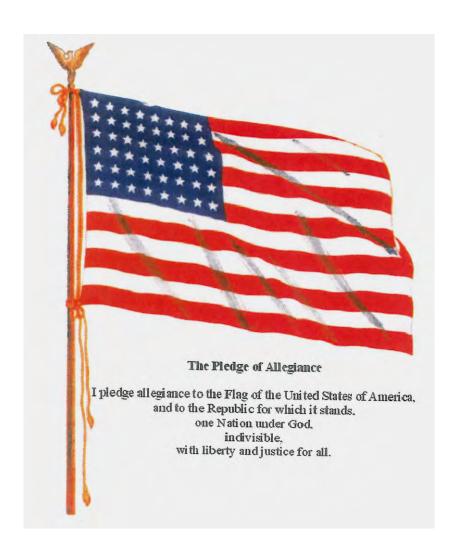
COMMISSIONER'S COURT AGENDA

November 12, 2019

Invocation – Lockhart Ministry Alliance

Pledge of Allegiance to the Flag.



(Texas Pledge: Honor the Texas flag; I pledge allegiance to thee, Texas, one state under God, one and indivisible).

Pledge to the Texas Flag



Honor the Texas
Flag; I pledge
allegiance to thee,
Texas, one state
under God, one and
indivisible

Announcements:

Items or comments from Court Members or Staff.

Citizens' Comments:

At this time any person may speak to Commissioners Court if they have filled out a Caldwell County Commissioners Court Participation Form. Comments will be limited to four (4) minutes per person. No action will be taken on these items and no discussion will be had between the speaker(s) and members of the Court. The Court does retain the right to correct factual inaccuracies made by the speakers. (If longer than 30 minutes, then the balance of comment will continue as the last agenda item of the day).

- **CONSENT AGENDA.** (The following consent items may be acted upon in one motion).
- 1. Approve payment of County invoices and County Purchase Orders in the amount of \$724,450.68; Backup: 33

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11/12/2019
Type of Agenda Item
Consent Discussion/Action Executive Session Workshop
Public Hearing
What will be discussed? What is the proposed motion?
Approve payment of County invoices and County Purchase Orders in the amount of \$ 124,450.08
1. Costs:
Actual Cost or Estimated Cost \$ 124,450.06
Is this cost included in the County Budget?
is a Budget Amendment being proposed?
2. Agenda Speakers:
Name Representing Title
(1) Judge Haden
(2)
(3)
3. Backup Materials: None To Be Distributed 33 total # of backup page (including this page)
4. MANA 11/4/19
Signature of Court Member Date

Exhibit A (amended on 4.22.19)



Caldwell County, TX

Payment Register

APPKT03463 - 11/12/2019 A/P RUN

Amount Payable Amount

01 - Vendor Set 01

Total Vendor Amount

1.981.00

Payment Amount

714.00

1,981.00

Bank:	ΑP	BNK-	Pooled	Cash	 Operati 	on
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Vendor Number	Vendor N	Vame			
ADAROW	ADAM D	ROWINS			
Payment Type	Payment	Number			Payment Date
Check					11/05/2019
Payable N	umber	Description	Payable Date	Due Date	Discount Amount Pay
17-FL-357	11	CAUSE # 17-FL-357 N.T. / A.T.	10/10/2019	11/12/2019	0.00
18-FL-071	8	CAUSE # 18-FL-071 J.A.F. / K.L.Y.	10/10/2019	11/12/2019	0.00

18-FL-071 8	CAUSE # 18-FL-071 J.A.F. / K.L.Y.	10/10/2019	11/12/2019	0.00	119.00
18-FL-192 2	CAUSE # 18-FL-192 R.S.S.G.	10/10/2019	11/12/2019	0.00	49.00
18-FL-474 5	CAUSE # 18-FL-474 I.L.J. / I.J. / I.J.	10/10/2019	11/12/2019	0.00	35.00
18-FL-539 8	CAUSE # 18-FL-539 N.C.M.	10/10/2019	11/12/2019	0.00	1,015.00
19-FL-294 2	CAUSE # 19-FL-294 B.E.E.	10/10/2019	11/12/2019	0.00	49.00

Vendor Number Vendor Name **Total Vendor Amount AERDYN AERODYNAMICS AIRCONDITIONING & REFRIG.** 3.070.00

Payment Type **Payment Number Payment Amount Payment Date** Check 11/05/2019 3,070.00 **Payable Number** Description **Payable Date Due Date** Discount Amount Payable Amount

1200 COMMINSARY UNIT REPLACED COMPRESSOR / FILTER DI 10/17/2019 11/12/2019 0.00 3,070.00

Vendor Name Vendor Number Total Vendor Amount AL DOS SANTOS **ALDOS** 52.55 **Payment Number Payment Type Payment Date Payment Amount**

Check 11/05/2019 52.55 Payable Number Description **Payable Date Due Date** Discount Amount Pavable Amount

103119 TRAINING 10/11 & 10/16/19 10/31/2019 11/12/2019 0.00 52.55

Vendor Number **Vendor Name** Total Vendor Amount ALTEX ELECTRONICS **ALTAUS** 40.81

Payment Type **Payment Number** Payment Date **Payment Amount** Check 11/05/2019 40.81 Payable Number Description Pavable Date **Due Date** Discount Amount Pavable Amount

INVAUS5116 PORT SINGLE-GANG BLACK WALL PLATE 10/24/2019 11/12/2019 0.00 40.81

Vendor Number **Vendor Name Total Vendor Amount**

ANDERSON MACHINERY COMPANY, INC. ANDMAC 1,804.40 **Payment Number** Payment Type **Payment Date Payment Amount**

Check 1,804.40 11/05/2019 Payable Number Description Payable Date **Due Date** Discount Amount Payable Amount

V18914 RENTAL CONTRACT # R24864 10/16 - 11/15/19 10/16/2019 11/12/2019 1.804.40 0.00 **Vendor Number Vendor Name**

Total Vendor Amount ASSOCIATED SUPPLY COMPANY, INC **ASCO** 187.16 **Payment Type Payment Number** Payment Date **Payment Amount**

Check 11/05/2019 187.16 Payable Number Description Payable Date **Due Date** Discount Amount Payable Amount

PSO113005-1 CUST # BP0068193 CAP FUEL 10/22/2019 11/12/2019 0.00 187.16

Vendor Name **Vendor Number Total Vendor Amoun** CININT AT & T MORILITY 417.89

Payment Type **Payment Number Payment Date Payment Amount** Check 11/05/2019 417.89

Payable Number Description **Payable Date Due Date** Discount Amount Payable Amount 875648878X10232019 ACCT # 875648878 9/16 - 10/15/19 10/15/2019 11/12/2019 0.00 417.89

Payment Register					APPKT03463 - 11/12/2019 A/P RUN
Vendor Number	Vendor Name				Total Vendor Amount
AT0189	AT&T				7,792.51
Payment Type	Payment Num	ber			Payment Date Payment Amount
Check	•				11/05/2019 7,792.51
Payable Num	ıber	Description	Payable Date	Due Date	Discount Amount Payable Amount
10052019		ACCT # 512 A13-0189 725 3 10/05 - 11/04/19	10/05/2019	11/12/2019	0.00 7,792.51
Vendor Number	Vendor Name				Total Vendor Amount
AUSFLA	AUSTIN FLAG	AND FLAGPOLE			526.50
Payment Type	Payment Num	ber			Payment Date Payment Amount
Check					11/05/2019 526,50
Payable Num	ber	Description	Payable Date	Due Date	Discount Amount Payable Amount
<u>52160</u>		INDOOR US FLAG 3X5 SET WITH FRINGE	10/22/2019	11/12/2019	0.00 526.50
Vendor Number	Vendor Name				Total Vendor Amount
BENROD	BEN RODRIGUI				1,630.00
Payment Type	Payment Num				Payment Date Payment Amount
Check	•				11/05/2019 1,630.00
Payable Num	ıber	Description	Payable Date	Due Date	Discount Amount Payable Amount
INV0054647		Lamenant for Court Room	10/28/2019	11/12/2019	0.00 1,630.00
Maria de la Maria de la co					
Vendor Number	Vendor Name				Total Vendor Amount
BILSTU Payment Type	Payment Num				310.39
Check	rayment num	Inc.			Payment Date Payment Amount 11/05/2019 310.39
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
102319		1/2 DAY 10/17/19	10/23/2019	11/12/2019	0.00 310.39
Vendor Number	Vendor Name				Total Vendor Amount
BOVMER	BOVIK & MERE				1,943.00
Payment Type	Payment Num	iber			Payment Date Payment Amount
Check Payable Nun	ah ar	Description	Bevelle Dete	Due Dete	11/05/2019 1,943.00
18-FL-118 2		CAUSE # 18-FL-118 B.B.S.B.	Payable Date 10/24/2019	Due Date 11/12/2019	Discount Amount Payable Amount 0.00 1.260.00
18 FL 446 1		CAUSE # 18-FL-446 J.M.	10/10/2019	11/12/2019	0.00 273.00
47,439 / 47,8	334	CAUSE # 47,439 / 47,834 HILLARY MCLAUGHLIN	10/17/2019	11/12/2019	0.00 410.00
Vendor Number	Vendor Name	1			Total Vendor Amount
BOWMAN		NSULTING GROUP LTD			2,400.00
Payment Type	Payment Num	nber			Payment Date Payment Amount
Check	-b	Description	Davidle Davi	D D	11/05/2019 450.00
Payable Nun 208013	nber	Description PROJ # 070004-14-004 COMPOSTELA FINAL PLAT	Payable Date 09/30/2019	Due Date 11/12/2019	Discount Amount Payable Amount 0.00 450.00
		PROJECTION CONFOSTED FINAL PDATE	03/30/2013	11/12/2019	
Check		Paradatlan	Berrell- B-4	Bue Bata	11/05/2019 600.00
Payable Nun 28 <u>0014</u>	IIIUEI	Description PROJ # 070004-81-002 CALDWELL CO ALEXANDER ACRES	Payable Date	Due Date 11/12/2019	Discount Amount Payable Amount 0.00 600.00
		THOSE STOOT OF THE CONTENT NEW COLOR	03/30/2013	11/12/2013	
Check	whor	Dozesiation	Daughta Dat	Due Det:	11/05/2019 600.00
Payable Nur 280015	noer	Description PROJ # 070004-95-001 CALDWELL CO ATTICUS ACRES PR	Payable Date	Due Date 11/12/2019	Discount Amount Payable Amount 0.00 600.00
-		THOS IT OF COURT - 33-DOT CALDARETE CO AT HEAD WERES PR	<i>03) 30) 2</i> 013	11/12/2013	
Check	mhar	Description	Davish! - Dati	Dun Date	11/05/2019 750.00
Payable Nur	IIDEI	Description	Payable Date	Due Date	Discount Amount Payable Amount

PROJ # 070004-96-001 CALDWELL CO FIVE STAR SUBDIVI 09/30/2019 11/12/2019

Payable Date

10/07/2019

Due Date

11/12/2019

280016

Payment Type

104834

Payable Number

Vendor Name

Payment Number

BRAUNTEX MATERIALS, INC.

Description

ACCT # 1600 1700 FM 2720

Vendor Number

Check

BRAMAT

750.00

Total Vendor Amoun

24,251.30

24,251.30

24,251.30

0.00

11/05/2019

Payment Date Payment Amount

Discount Amount Payable Amount

0.00

 Payment Register
 APPKT03463 - 11/12/2019 A/P RUN

 Vendor Number
 Vendor Name
 Total Vendor Amount

 BRIBAR
 BRIAN BARRINGTON
 100.00

Payment Type Payment Number Payment Date Payment Amount
Check 11/05/2019 100.00

Payable Number Description Payable Date Due Date Discount Amount Payable Amount
919712 SET UP PANELS & LEAD HORSE ON TERRA ALTA DRIVE 10/17/2019 11/12/2019 0.00 100.00

Vendor Number Vendor Name Total Vendor Amount

 BRUJEF
 BRUCE F. JEFFERIES
 1,000.00

 Payment Type
 Payment Number
 Payment Date
 Payment Amount

 Check
 11/05/2019
 1,000.00

Payable Number Description Payable Date Due Date Discount Amount Payable Amount

18-217 EXPERT WITNESS FEE FOR CAUSE # 18-217 10/24/2019 11/12/2019 0.00 1,000.00

 Vendor Number
 Vendor Name
 Total Vendor Amount

 BRYCOM
 BRYMER COMMUNICATION SERIVES, LLC
 48,002.80

 Payment Type
 Payment Number
 Payment Date
 Payment Date

Payment Type Payment Number Payment Number Payment Date Payment Date Payment Amount

Check 11/05/2019 48,002.80

Payable Number Description Payable Date Due Date Discount Amount Payable Amount

7583 County Video Surveillance System 11/04/2019 11/12/2019 0.00 48,002.80

 Vendor Number
 Vendor Name
 Total Vendor Amount

 CALTAX
 CALDWELL COUNTY TAX ASSESSOR
 66.00

Check 11/05/2019 22.00
Payable Number Description Payable Date Due Date Discount Amount Payable Amount

Payment Type

Payment Number

<u>INV # 33910</u> VIN # 5TU113229L5000341 BOTTOM DUMP 10/17/2019 11/12/2019 0.00 22.00 Check 11/05/2019 22.

Payment Date

Payment Amount

 Payable Number
 Description
 Payable Date
 Due Date
 Discount Amount
 Payable Amount

 INV # X37284
 VIN # 3AKIC5DV2LDLZ5981 TRACTOR
 10/17/2019
 11/12/2019
 0.00
 22.00

Check 11/05/2019 22.00
Payable Number Description Payable Date Due Date Discount Amount Payable Amount

<u>INV # X37285</u> VIN # 3AKJC5DV4LDLZ5982 TRACTOR 10/17/2019 11/12/2019 0.00 22.00

 Vendor Number
 Vendor Name
 Total Vendor Amount

 CAPFLE
 CAP FLEET UPFITTERS, LLC
 156.60

 Payment Type
 Payment Number
 Payment Date
 Payment Amount

Check 11/05/2019 156.60
Payable Number Description Payable Date Due Date Discount Amount Payable Amount

CAPO55536 100N SERIES COMPOSITE SPEAKER W/ UNIVERSAL 10/21/2019 11/12/2019 0.00 156.60

 Vendor Number
 Vendor Name
 Total Vendor Amount

 CAPCOG
 CAPITAL AREA COUNCIL OF GOVERNMENTS
 3,450.00

Payment TypePayment NumberPayment DatePayment AmountCheck11/05/20193,450.00

Payable NumberDescriptionPayable DateDue DateDiscount AmountPayable Amount2020 AQ 0002FY 2020 Air Quality Program Contribution10/07/201911/12/20190.003,450.00

2020 AQ 0002 FY 2020 Air Quality Program Contribution 10/07/2019 11/12/2019 0.00 3,450.00

Vendor Number Vendor Name

CARSER CARD SERVICE CENTER

Payment Type Payment Number

Total Vendor Amoun
6,776.6:
Payment Type Payment Number

Payment Date Payment Amount

 Payable Number
 Description
 Payable Date
 Due Date
 Discount Amount
 Payable Amount

 102019
 ACCT # 1237
 10/31/2019
 11/12/2019
 0.00
 6,776.65

Name							
Paywork Type Pay	Payment Register					APPKT03463 - :	11/12/2019 A/P RUN
Payment Number	Vendor Number	Vendor Name					Total Vendor Amount
Payable Number CEMENT Payable Date Payable Date Payable Out Payable Amount P	CAROHL	CARL R. OHLEN	IDORF INSURANCE				50.00
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Payment Type	ACTION CONTRACTOR		S AUTOPSY, PLLC				
Payable Description	Payment Type		•			Payment Date	
1998 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/20	Check					11/05/2019	2,100.00
Vendor Number CENTER CENTRAL TEXAS REFUSE, INC 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00	Payable Nurr	ber	Description	Payable Date	Due Date	Discount Amount Pa	ayable Amount
Payment Type	12948		CTA 360-18: STEPHANIE F. MOORE / DOS: 8/23/18	10/29/2019	11/12/2019	0.00	2,100.00
Payment Type	Mandan Number	3/					
Payment Type			C DEELICE INC				
Payable Number			•			Payment Date	
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Payment Type	0000220223		CUST # 001134 1700 FM CR 235 #2720	10/15/2019	11/12/2019		
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Payment Type							Total Vendor Amoun
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Vendor Number CHISHOLM TRAIL \ LETERINARY CLINIC Fayment Type CHISHOLM TRAIL \ CHISTERINARY CLINIC Fayment Type Payment Type	•		•	•			•
Payment Type		<u> </u>	The state of the s	11,01,2015	11/12/2015	0,00	3/1.33
Payment Type Payment Number Payable Number Paya	Vendor Number	Vendor Name					Total Vendor Amoun
Check	CHIVET	CHISHOLM TR	AIL VETERINARY CLINIC				436.66
Payable Number		Payment Num	iber			Payment Date	Payment Amount
PATIENT - TOSCA 10/15/2019 11/12/2019 0.00 365.26 21760.2 21760.2 30/15/2019 11/12/2019 0.00 365.26 30/15/2019 31/12/2019 3.00 365.26 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.0						* *	
Vendor Number CINOUR CI	•	nber	•	•			
Vendor Number CINDUR CINDY A. DURAN CINDY A. DURAN Payment Type Check CINDY A. DURAN Payment Type Payment Type Check Payment Type Payment Type Payment Mumber Payment Type Payment Mumber Payment Type Payment Mumber Payment Type Payment Date Payment Date Payment Date Payment Date Payment Mumber Payment Date Payment Mumber Payable Amount							
Payment Type	217002		SOBTRACTED GOT OF INVOICE 21700 / COST CREDIT	10/13/2019	11/12/2019	0.00	71.40
Payment Type Payment Number Payme	Vendor Number	Vendor Name					Total Vendor Amoun
Check 11/05/2019 4,340.00 Payable Number Description Payable Date Due Date Discount Amount Payable Amount 18-FL-192 CAUSE # 18-FL-192 R.C.S.G. 10/24/2019 11/12/2019 0.00 966.00 18-FL-288 CAUSE # 18-FL-288 C.C.C.F. 10/24/2019 11/12/2019 0.00 2,093.00 19-FL-228 CAUSE # 19-FL-086 D.L. / F.L. / M.L. 10/24/2019 11/12/2019 0.00 308.00 19-FL-351 CAUSE # 19-FL-351 K.D.O. / J.G. / K.G. 10/29/2019 11/12/2019 0.00 518.00 19-FL-364 CAUSE # 19-FL-364 GAGE CORMIER 10/29/2019 11/12/2019 0.00 280.00 Vendor Number CAUSE # 19-FL-364 GAGE CORMIER 10/29/2019 11/12/2019 0.00 280.00 Vendor Number CINTAS CORPORATION #86	CINDUR	CINDY A. DUR	AN				
Payable Numer Description Payable Date Due Date Discount Amount Payable Amount 18 FL-192 1 CAUSE # 18-FL-192 R.C.S.G. 10/24/2019 11/12/2019 0.00 966.00 18 FL-288 CAUSE # 18-FL-288 C.C.C.F. 10/24/2019 11/12/2019 0.00 2,093.00 19 FL-086 2 CAUSE # 19-FL-28B J.J.F. 10/24/2019 11/12/2019 0.00 308.00 19-FL-351 CAUSE # 19-FL-351 K.D.O. / J.G. / K.G. 10/29/2019 11/12/2019 0.00 518.00 19-FL-364 1 CAUSE # 19-FL-364 GAGE CORMIER 10/29/2019 11/12/2019 0.00 280.00 Vendor Number CINTAS CORPORATION #86 Total Vendor Amount 11/12/2019 0.00 280.00 CINTAS CINTAS CORPORATION #86 Total Vendor Amount 11/05/2019 4,526.3 Payable Number Payable Date Due Date Discount Amount Payable Amount 4031538323 SOLD TO # 13232664 PAYER # 13243034 10/02/2019 11/12/2019 0.00 253.20 <	Payment Type	Payment Nurr	ber			Payment Date	Payment Amount
18-FL-192 CAUSE # 18-FL-192 R.C.S.G. 10/24/2019 11/12/2019 0.00 966.00 18-FL-288	Check					11/05/2019	4,340.00
18-FL-288	•			•			•
19 FL-086 2	(25/2/1				1. 1.		
19-FL-228 CAUSE # 19-FL-228 J.J.F. 10/24/2019 11/12/2019 0.00 308.00 19-FL-351							
19-FL-351 CAUSE # 19-FL-351 K.D.O. / I.G. / K.G. 10/29/2019 11/12/2019 0.00 518.00							
Vendor Number Vendor Name In/29/2019 11/12/2019 0.00 280.00 Vendor Number Vendor Number Vendor Name In/29/2019 11/12/2019 In/2019 0.00 280.00 Vendor Number Vendor Number In/29/2019 In/2019							
Vendor Number CINTAS CINTAS CORPORATION #86 Total Vendor Amount Appearance (NTAS CORPORATION #86) Payment Type Check Payment Number Payable Number Description Payable Date A031538259 Due Date Date A031538303 Discount Amount Payable Amount Appearance A031538325 Payable Number Note Til/05/2019 Payable Number Note Til/05/2019 Due Date Number Note Til/05/2019 Discount Amount Payable Amount Payable Amount Payable Amount Payable Amount Payable Amount Note Til/05/2019 Payable Number Note Til/05/2019 Note Til/05/20				· · ·			
CINTAS CINTAS CORPGRATION #86 4,526.3 Payment Type Payment Number Payment Date Payment Date Payment Amount Check 11/05/2019 4,526.38 Payable Number Description Payable Date Due Date Discount Amount Payable Amount 4031538259 SOLD # 13232664 PAYER # 13243034 10/02/2019 11/12/2019 0.00 253.20 4031538323 SOLD TO # 13232687 PAYER # 13243034 10/02/2019 11/12/2019 0.00 358.47 4031538372 SOLD TO # 132328085 PAYER # 13243034 10/02/2019 11/12/2019 0.00 80.44 4032096796 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 248.65					,		
Payment Type Payment Number Payment Amount Check 11/05/2019 4,526.38 Payable Number Description Payable Date Due Date Discount Amount Payable Amount 4031538259 SOLD # 13232664 PAYER # 13243034 10/02/2019 11/12/2019 0.00 253.20 4031538303 SOLD TO # 132228849 PAYER # 13243034 10/02/2019 11/12/2019 0.00 358.47 4031538323 SOLD TO # 13232687 PAYER # 13243034 10/02/2019 11/12/2019 0.00 164.22 4031538372 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 80.44 4032096796 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 248.65	Vendor Number						Total Vendor Amoun
Check 11/05/2019 4,526.38 Payable Number Description Payable Date Due Date Discount Amount Payable Amount 4031538259 SOLD # 13232664 PAYER # 13243034 10/02/2019 11/12/2019 0.00 253.20 4031538303 SOLD TO # 13228849 PAYER # 13243034 10/02/2019 11/12/2019 0.00 358.47 4031538323 SOLD TO # 13232687 PAYER # 13243034 10/02/2019 11/12/2019 0.00 164.22 4031538372 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 80.44 4032096796 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 248.65							4,526.3
Payable Number Description Payable Date Due Date Discount Amount Payable Amount 4031538259 SOLD # 13232664 PAYER # 13243034 10/02/2019 11/12/2019 0.00 253.20 4031538303 SOLD TO # 13228849 PAYER # 13243034 10/02/2019 11/12/2019 0.00 358.47 4031538323 SOLD TO # 13232687 PAYER # 13243034 10/02/2019 11/12/2019 0.00 164.22 4031538372 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 80.44 4032096796 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 248.65	• • • • • • • • • • • • • • • • • • • •	Payment Nun	nber				*
4031538259 SOLD # 13232664 PAYER # 13243034 10/02/2019 11/12/2019 0.00 253.20 4031538303 SOLD TO # 13228849 PAYER # 13243034 10/02/2019 11/12/2019 0.00 358.47 4031538323 SOLD TO # 13232687 PAYER # 13243034 10/02/2019 11/12/2019 0.00 164.22 4031538372 SOLD TO # 13228085 PAYER # 13242165 10/02/2019 11/12/2019 0.00 80.44 4032096796 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 248.65		mhar	Perceintlen	Davable Dec	Due D-4-		
4031538303 SOLD TO # 13228849 PAYER # 13243034 10/02/2019 11/12/2019 0.00 358.47 4031538323 SOLD TO # 13232687 PAYER # 13243034 10/02/2019 11/12/2019 0.00 164.22 4031538372 SOLD TO # 13232685 PAYER # 13242165 10/02/2019 11/12/2019 0.00 80.44 4032096796 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 248.65	*		•	•			•
4031538323 SOLD TO # 13232687 PAYER # 13243034 10/02/2019 11/12/2019 0.00 164.22 4031538372 SOLD TO # 132326085 PAYER # 13242165 10/02/2019 11/12/2019 0.00 80.44 4032096796 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 248.65							
4031538372 SOLD TO # 13228085 PAYER # 13242165 10/02/2019 11/12/2019 0.00 80.44 4032096796 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 248.65		-					
4032096796 SOLD TO # 13232664 PAYER # 13243034 10/09/2019 11/12/2019 0.00 248.65		•					
		*					
			COLD TO # 12727697 DAVED # 12242024	10/00/2010			

10/09/2019

10/16/2019

10/16/2019

11/12/2019

11/12/2019

11/12/2019

SOLD TO # 13228085 PAYER # 13242165

SOLD TO # 13232664 PAYER # 13243034

SOLD TO # 13228849 PAYER # 13243034

4032096916

4032632768

4032632769

88.43

248.65

358.47

0.00

0.00

0.00

Payment Register					APPKT03463 -	11/12/2019 A/P RUN
4032632843		SOLD TO # 13232687 PAYER # 13243034	10/16/2019	11/12/2019	0.00	164.22
4032632868		SOLD TO # 13228085 PAYER # 13242165	10/16/2019	11/12/2019	0.00	88.43
4032633012		SOLD TO # 13228013 PAYER # 13242157	10/16/2019	11/12/2019	0.00	97.27
4033096857		SOLD TO # 13228849 PAYER # 13243034	10/09/2019	11/12/2019	0.00	358.47
4033184339		SOLD TO # 13232664 PAYER # 13243034	10/23/2019	11/12/2019	0.00	248.65
4033184396		SOLD TO # 13228849 PAYER # 13243034	10/23/2019	11/12/2019	0.00	369.99
4033184402		SOLD TO # 13232687 PAYER # 13243034	10/23/2019	11/12/2019	0.00	164.22
4033184458		SOLD TO # 13228085 PAYER # 13242165	10/23/2019	11/12/2019	0.00	88.43
4033184481		SOLD TO # 13228013 PAYER # 13242157	10/23/2019	11/12/2019	0.00	97.27
4033725249		SOLD TO # 13228849 PAYER # 13243034	10/30/2019	11/12/2019	0.00	369.99
4033725287		5OLD TO # 13232687 PAYER # 3243034	10/30/2019	11/12/2019	0.00	164.22
4033725295		SOLD TO # 13232664 PAYER # 13243034	10/30/2019	11/12/2019	0.00	253.20
4033725393		SOLD TO # 13228013 PAYER # 13242157	10/30/2019	11/12/2019	0.00	97.27
Vendor Number	Vendor Name					Total Vendor Amount
CINFIR	CINTAS FAS LO	CK8OX 636525				201.64
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	201.64
Payable Num	ber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
5015158906		CUST # 0010344330 CABINET ORGANIZED	10/29/2019	11/12/2019	0.00	201.64
Vendor Number	Vendor Name					Total Vendor Amoun
CITLOC	CITY OF LOCKH	HART				69,665.9:
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	36,427.45
Payable Num	ber	Description	Payable Date	Due Date	Discount Amount P	•
ASV 19-004		241 - DOGS & 95 CATS JULY - SEPT 2019	10/14/2019	11/12/2019	0.00	36,427.45
Check					11/05/2019	33,238.48
Payable Num	nber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
RSM-19/20-2	14	INVOICE FOR OCT, NOV & DEC 2019	09/20/2019	11/12/2019	0.00	33,238.48
Vendor Number	Vendor Name					Total Vendor Amoun
CLIMCC	CLIFFORD W. I	MCCORMACK				325.00
Payment Type	Payment Num	nber			Payment Date	Payment Amount
Check					11/05/2019	325.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
2769-19CC		CAUSE # 2769-19CC M.E.A.	10/18/2019	11/12/2019	0.00	325.00
Vendor Number	Vendor Name	·				Total Vendor Amoun
CLOEQU	CLOSNER EQU	IPMENT CO. INC.				300.2
Payment Type	Payment Num	nber			Payment Date	Payment Amount
Check					11/05/2019	300.21
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
0054108		CUST ID: CALDWELL BEARING ASSEMBLY	10/03/2019	11/12/2019	0.00	300.21
Vendor Number	Vendor Name	1				Total Vendor Amoun
COLWIS	COLIN WISE					300.0
Payment Type	Payment Nun	nber			Payment Date	Payment Amount
Check					11/05/2019	300.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount F	ayable Amount
47,379		CAUSE # 47,379 ADRENNE SIMON	10/03/2019	11/12/2019	0.00	300.00
Vendor Number	Vendor Name	1				Total Vendor Amour
COLMAT	COLORADO M	IATERIALS, LTD.				81,795.5
Payment Type	Payment Nun	-			Payment Date	
Check		(E)			11/05/2019	81,795.54
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount	•
227020				and the leading		

11/5/2019 3:33:26 PM Page 5 of 2

10/12/2019

10/12/2019

10/26/2019

11/12/2019

11/12/2019

11/12/2019

11,989.32

45,376.36

12,582.66

0.00

0.00

0.00

CUST # 1405 OAK TRAIL DRIVE

CUST # 1405 SEMINOLE TRAIL

CUST # 1405 LYTTON LANE, DALE TX

277878

277879

278646

Payment Register					APPKT03463 -	11/12/2019 A/P RUN
278647		CUST # 1405 POLITICAL ROAD, MARTINDALE TX	10/26/2019	11/12/2019	0.00	11,847.20
Vendor Number	Vendor Name	: ITY TREASURER'S OFFICE				Total Vendor Amount 4,004,70
Payment Type	Payment Num				Payment Date	Payment Amount
Check					11/05/2019	4,004.70
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount P	•
92019		12 % FOR JULY, AUGUST & SEPT 2019	10/14/2019	11/12/2019	0.00	4,004.70
Vendor Number	Vendor Name	!				Total Vendor Amount
COMCOM	COMBINED CO	OMMUNITY ACTION, INC				1,700.00
Payment Type	Payment Nun	nber			Payment Date	Payment Amount
Check					11/05/2019	1,700.00
Payable Nun RESOLUTION		Description ANNUAL CONTRIBUTION FOR TEXANS FEEDING TEXAS	Payable Date	Due Date	Discount Amount P	•
RESOLUTION	I N 20-2019	ANNUAL CONTRIBUTION FOR TEXANS FEEDING TEXAS	10/14/2019	11/12/2019	0.00	1,700.00
Vendor Number	Vendor Name	3				Total Vendor Amount
COMKIT		KITCHEN PARTS & SERVICE				303.25
Payment Type	Payment Nun	nber			Payment Date	Payment Amount
Check Payable Nun	nher	Description	Payable Date	Due Date	11/05/2019 Discount Amount P	303.25
0573831-IN	indei	MISC SUPPLIES / SERVICE FEE / LABOR	10/24/2019	11/12/2019	0.00	303.25
				,,	5.55	201.00
Vendor Number	Vendor Name					Total Vendor Amount
DANMCC	DAN MCCORN					2,505.00
Payment Type	Payment Nun	nber			Payment Date	•
Check Payable Nur	nher	Description	Payable Date	Due Date	11/05/2019 Discount Amount F	2,505.00
2761-19CC	iioci	CAUSE # 2761-19CC J.D.W.	10/18/2019	11/12/2019	0.00	400.00
2768-19CC		CAUSE # 2768-19CC B.M.A.	10/18/2019	11/12/2019	0.00	300.00
46,553		CAUSE # 46,553 ISAIH COY-CASTANEDA	10/16/2019	11/12/2019	0.00	800.00
46,662		CAUSE # 46,662 GERANDO BARLOW	10/14/2019	11/12/2019	0.00	1,005.00
Vendor Number	Vendor Name	2				Total Vendor Amoun
DARLAW	DARLA ŁAW					256.36
Payment Type	Payment Nur	mber			Payment Date	Payment Amount
Check		Benediction	Berelle Ber		11/05/2019	256.36
Payable Nur 102019	mper	Description MILEAGE FOR OCTOBER 2019	Payable Date 10/31/2019	Due Date 11/12/2019	Discount Amount 6 0.00	'ayable Amount 256.36
102013		WILLIAGE FOR OCTOBER 2019	10/51/2019	11/12/2019	0.00	230.30
Vendor Number	Vendor Name	e				Total Vendor Amoun
DAVGLI	DAVID GLICKI					500.00
Payment Type	Payment Nur	mber			Payment Date	*
Check Payable Nui	mhar	Description	Payable Date	Due Date	11/05/2019 Discount Amount 1	500.00
19-238	ilibei	CAUSE # 19-238 JOHN MARTIN CAPOCY	10/25/2019	11/12/2019	0.00	500.00
			,,	,,,	5,55	300,00
Vendor Number	Vendor Nam					Total Vendor Amoun
DAVIMEN	DAVID MEND				_	850.0
Payment Type Check	Payment Nu	mper			Payment Date	•
Cnecx Payable Nu	mber	Description	Payable Date	Due Date	11/05/2019 Discount Amount	850.00 Pavable Amount
41943	v v v mat Tabril	CAUSE # 41943 JONATHAN HERNANDEZ	10/16/2019	11/12/2019	0.00	400.00
47,289		CAUSE # 47,289 JOSE GUTIRREZ	10/02/2019	11/12/2019	0.00	450.00
Vendor Number	Vendor Nam					Total Vendor Amoun
DELPRA Payment Type	DEL PRADO-E Payment Nu				Payment Date	655.5 Payment Amount
. ayment type	y 110				i ayıncını bate	- ayment minount

42850

Payable Number

Description

CAUSE # 42,850 CHISTINA PEREZ

Check

11/05/2019 655.55

355.55

Discount Amount Payable Amount

0.00

Payable Date Due Date

10/03/2019 11/12/2019

Payment Register					APPKT03463 - 11/12/2019 A/P RUN
44,988		CAUSE # 44,988 KIMBERLY BOLDEN	10/02/2019	11/12/2019	0.00 300.00
Vendor Number	Vendor Name				Total Vendor Amount
DELINC Payment Type	DELL INC. Payment Num	shar			580.32 Payment Date Payment Amount
Check	rayment mun	1961			Payment Date Payment Amount 11/05/2019 580.32
Payable Num	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
1034161283	<u>1</u>	VA Standby UPS System ORDER # 527615354	10/29/2019	11/12/2019	0.00 580.32
Vendor Number	Vendor Name				Total Vendor Amount
DENENG Payment Type	Payment Nun				52.84
Check	rayment wan	inei			Payment Date Payment Amount 11/05/2019 52.84
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
102019		TRAVEL FOR 10/03 - 26/19	10/29/2019	11/12/2019	0.00 52.84
Vendor Number	Vendor Name				Total Vendor Amount
Payment Type	Payment Nun				2,324.85
Check	rayment wun	iver			Payment Date Payment Amount 11/05/2019 2,324.85
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
500-0		CABINET, STORAGE, 72"	10/29/2019	11/12/2019	0.00 400.96
585173-0		Code Enforcement Desk	10/29/2019	11/12/2019	0.00 575.00
<u> 585816-0</u>		CUST # 12430 BUSINESS CARD - MAYRA SANCHEZ	10/04/2019	11/12/2019	0.00 55.00
<u>586598-0</u>		CUST # 12430 TAPE, CORRECTION, 10PC	10/11/2019	11/12/2019	0.00 105.34
<u>586703-0</u>		CUST # 12430 MOUSE, WIRELESS, 3-BUT	10/14/2019	11/12/2019	0.00 23.08
<u>587283-0</u>		CUST # 12430 DESK, LAM, 66 X 30 MY	10/21/2019	11/12/2019	0.00 731.40
<u>587408-0</u>		CUST # 12430 PEDESTAL, B/B/F, FIXED	10/22/2019	11/12/2019	0.00 175.00
<u>587638-0</u>		CUST # 12430 SHREDDER, PS-79CI, CON	10/23/2019	11/12/2019	0.00 321.08
588029-0		CUST #12430 CUP, PENCIL, MESH	10/28/2019	11/12/2019	0.00 148.33
<u>C584517-0</u>		CUST # 12430 SHREDDER, CROSS CUT,	10/23/2019	10/23/2019	0.00 -210.34
Vendor Number	Vendor Name	2			Total Vendor Amoun
DOUTUE	DOUBLE TUFF	TRUCK TARPS, INC.			1,798.5€
Payment Type	Payment Nun	nber			Payment Date Payment Amount
Check					11/05/2019 1,798.56
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
<u>36335</u>		7' X 18' MESH TARP (13LBS)	10/22/2019	11/12/2019	0.00 1,023.60
36350		4 SPRING LOWER ARM ALUMINUM CASTING	10/23/2019	11/12/2019	0.00 774.96
Vendor Number	Vendor Name	2			Total Vendor Amoun
ECOLAB	ECOLAB				7.94
Payment Type	Payment Nur	nber			Payment Date Payment Amount
Check					11/05/2019 7.94
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
96105949		CUST # 2243692 AFC LE BLEND MOP, 17 OZ	10/15/2019	11/12/2019	0.00 7.94
Vendor Number	Vendor Name	•			Total Mandag Assess
EDOTEC EDOTEC		e OLOGIES, INC.			Total Vendor Amoun 2,400.0t
Payment Type	Payment Nur	• 10			Payment Date Payment Amount
Check	,				11/05/2019 2,400.00
Payable Nui	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
18985		LICENSE FOR CC AT LAW JUDGE 9/2019 - 9/2020	10/03/2019	11/12/2019	0.00 2,400.00
Monder Number	Mandar Ma	_			washed to a
Vendor Number ELESYS	Vendor Name	e STEMS & SOFTWARE INC.			Total Vendor Amoun
Payment Type	Payment Nu				6,952.0. Payment Date Payment Amount
Check	· aprinted that	THE PARTY			11/05/2019 6,952.03
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
		•	.,		·

10/07/2019 11/12/2019

11/12/2019

11/12/2019

10/08/2019

10/10/2019

ACCT # CO4192 DEPOT LABOR - PB COTS TABLE

ACCT # CO4192 ELECTION REF: 11/05/19 BALLOTS

ACCT # C04192 ELECTION REF: 11/05/19

1102304

1103035

1103297

225.00

4,711.77

1,590.66

0.00

0.00

0.00

Payment Register					ADDVTA2462 -	11/12/2019 A/P RUN
		ACCT # COMING ELECTION DESIGNATION DALLOTS	10/10/2010	11/12/2010		
1103323		ACCT # C04192 ELECTION REF: 11/05/19 BALLOTS	10/10/2019	11/12/2019	0.00	424.60
Vendor Number	Vendor Name					Total Vendor Amount
ERGASP		ALT AND EMULSIONS, INC.				5,154.52
Payment Type	Payment Nun	nber			Payment Date	Payment Amount
Check					11/05/2019	5,154.52
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount F	•
9402138773		ORG INVOICE # 9402130488 BOL # 25574	10/03/2019	11/12/2019	0.00	160.00
9402139489		BOL # 25582 ORIGINAL INVOICE # 9402131302 DEMURF		11/12/2019	0.00	320.00
9402139490		BOL # 25593 ORIGINAL INV # 9402131521 DEMURRAGE	10/04/2019	11/12/2019	0.00	240.00
9402140723		BOL # 25630 ORIGINAL INV # 9402133516 DEMURRAGE	100000	11/12/2019	0.00	200.00
9402148981		# 912994 BID# 19CCP02B / CALDWELL COUNT	10/18/2019	11/12/2019	0.00	4,234.52
Vendor Number	Vendor Name	•				Total Vendor Amount
EWEAC	EWEAC					1,750.00
Payment Type	Payment Nun	nber			Payment Date	Payment Amount
Check					11/05/2019	1,750.00
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount	Payable Amount
10312019		9/5 - 10/31/19	10/31/2019	11/12/2019	0.00	1,750.00
Vendor Number	Vendor Name	•				Total Vendor Amount
<u>FARBRO</u>	FARMER BRO	THERS, CO.				757.44
Payment Type	Payment Nur	nber			Payment Date	Payment Amount
Check					11/05/2019	757.44
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount	Payable Amount
69551057		ACCT # 6302473 ICETEA BLACK SWT FLPK	10/17/2019	11/12/2019	0.00	757.44
Vendor Number	Vendor Name	2				Total Vendor Amount
<u>FERJOS</u>	FERRIS JOSEP	H PRODUCE, INC.				1,803.79
Payment Type	Payment Nur	mber			Payment Date	Payment Amount
Check					11/05/2019	1,803.79
Payable Nur	mber	Description	Payable Date	Due Date	Discount Amount	Payable Amount
110523		CABBAGE GREEN 50 LB JBO SACK	10/08/2019	11/12/2019	0.00	64.00
110537		ICEBERG 24 CT	10/09/2019	11/12/2019	0.00	26.50
110558		RED CABBAGE LB	10/10/2019	11/12/2019	0.00	79.80
<u>110561</u>		AA MED 15 DOZ EGGS	10/11/2019	11/12/2019	0.00	128.40
110589		ICEBERG 24 CT	10/12/2019	11/12/2019	0.00	85.00
110596		ICEBERG 24 CT	10/14/2019	11/12/2019	0.00	64.50
110631		GREEN BELL PEPPERS LB	10/15/2019	11/12/2019	0.00	63.45
110643		RED BELL PEPPERS LB	10/16/2019	11/12/2019	0.00	73.94
110656		RED CABBAGE LB	10/17/2019	11/12/2019	0.00	109.30
110659		AA MED 15 DOZ EGGS	10/18/2019	11/12/2019	0.00	192.60
110704		25 LBS 6X6 TOMATOES	10/19/2019	11/12/2019	0.00	123.50
110710		ICEBERG 27 CT	10/19/2019	11/12/2019	0.00	75.00
110714		ROMAINE 24 CT CASE	10/21/2019	11/12/2019	0.00	105.50
110739		ICEBERG 24 CT	10/23/2019	11/12/2019	0.00	89.50
110756		RED CABBAGE LB	10/24/2019	11/12/2019	0.00	82.30
110762		AA MED 15 DOZ EGGS	10/25/2019	11/12/2019	0.00	178.50
<u>110770</u> <u>110816</u>		BANANAS 40 LB CASE ICEBERG 24 CT	10/26/2019 10/28/2019	11/12/2019 11/12/2019	0.00 0.00	146.00 116.00
Vendor Number	Vendor Nam	e				Total Vendor Amoun
<u>FIRTRO</u>		OTECTION SYSTEMS, INC.				252.0
Payment Type	Payment Nu	mber			Payment Date	Payment Amount
Check					11/05/2019	252.07
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount	•
100618356		CUST # 4700021 SAMPLING TUBE 3"	10/02/2019	11/12/2019	0.00	252.07

Payment Register APPKT03463 - 11/12/2019 A/P RUN **Vendor Number Vendor Name Total Vendor Amount FIRSLO** FIRST LOCKHART BAPTIST CHURCH 100.00 **Payment Type Payment Number** Payment Date Payment Amount Check 11/05/2019 100.00 **Payable Number** Description Pavable Date **Due Date** Discount Amount Pavable Amount 102419 **RENT FOR ELECTION NOV - 2019** 10/24/2019 11/12/2019 0.00 100.00 Vendor Number **Vendor Name Total Vendor Amount** FLEETCOR TECHNOLOGIES, INC **FUEMAN** 12,257,57 Payment Type **Payment Number Payment Date Payment Amount** Check 11/05/2019 12,257.57 **Payable Number** Description **Pavable Date Due Date** Discount Amount Pavable Amount NP57140621 ACCT # BG114286 9/30 -10/27/19 10/28/2019 11/12/2019 0.00 12,257.57 **Vendor Number Vendor Name Total Vendor Amount** FLOWERS BAKING CO. OF SAN ANTONIO BUTBAK 863.28 **Payment Number Payment Type Payment Date Payment Amount** Check 863.28 11/05/2019 Payable Number Description Pavable Date **Due Date** Discount Amount Payable Amount 2038384678 CUST # 0040078309 MIC 207" FL TOR 10/08/2019 11/12/2019 0.00 369.36 2038384889 CUST # 0040078309 MIC 20 7" FL TOR 10/22/2019 11/12/2019 0.00 493.92 Vendor Name Vendor Number **Total Vendor Amount** GEOCAM **GEORGE CAMERON** 50.00 **Payment Type Payment Number** Payment Date **Payment Amount** Check 11/05/2019 50.00 **Payable Number** Description Payable Date **Due Date** Discount Amount Payable Amount 498127 **2 DONKEY REMOVALS** 10/24/2019 11/12/2019 0.00 50.00 Vendor Number Vendor Name **Total Vendor Amount** GLEGRU GLEN A. GRUNBERGER 1,862.00 Payment Type **Payment Number** Payment Date Payment Amount Check 11/05/2019 1.862.00 Payable Number Description Payable Date Due Date Discount Amount Payable Amount 17-FL-357 2 CAUSE # 17-FL-357 N.T. / A.T. 10/10/2019 11/12/2019 0.00 1,323.00 19-FL-434 CAUSE # 19-FL-434 A.A.T.J / J.M.T. / L.A.A.J 10/10/2019 11/12/2019 0.00 539.00 Vendor Number **Vendor Name Total Vendor Amount** GOVFOR **GOVERNMENT FORMS AND SUPPLIES** 465.70 **Payment Type Payment Number** Payment Date Payment Amount Check 11/05/2019 465.70 **Payable Number** Description Payable Date **Due Date** Discount Amount Payable Amount 0317499 JOB # 017961 DEPUTY REG. VR APP-BLUE INDEX 10/23/2019 11/12/2019 0.00 465.70 Vendor Number Vendor Name **Total Vendor Amount** GRAING GRAINGER 693.46 Payment Type **Payment Number** Payment Date **Payment Amount** Check 11/05/2019

rayable Hullings	Description	rayable bate	Due Date	Discount Amount	rayable Amount	
9313042948	ACCT # 841505548 DUPLEX WALL PLATE, 1 GANG, SILVE	10/03/2019	11/12/2019	0.00	6.90	
9315733411	ACCT # 841505548 HOSE CLAMP, 1/2 TO 1-1/4 IN, SA	10/07/2019	11/12/2019	0.00	7.91	
9318528271	ACCT # 841505548 CABLE TIE, STANDARD, 14.5 IN., N	10/09/2019	11/12/2019	0.00	6.36	
9319463403	ACCT # 841505548 WET/DRY VACUUM, AIR FLOW 145 C	10/10/2019	11/12/2019	0.00	222.99	
9323536426	ACCT # 841505548 PIPE INS., EPD, 2-7/8 IN ID, 6FT	10/15/2019	11/12/2019	0.00	50.76	
9324498014	ACCT # 841505548 CARTIDGE, FOR IA1-1, IA2-1, IA3-	10/15/2019	11/12/2019	0.00	382.36	
9326812527	ACCT # 841505548 DISPOSABLE RESPIRATOR, N95, UNIV	10/17/2019	11/12/2019	0.00	16.18	

Payable Date - Due Date

Pavable Number

Description

693.46

Discount Amount Dayable Amount

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Payment Register					APPKT03463 - 3	11/12/2019 A/P RUN
Vendor Number	Vendor Name	è				Total Vendor Amount
GTDIST	GT DISTRIBUT	FORS, INC.				2,834.96
Payment Type	Payment Nur	mber			Payment Date	Payment Amount
Check		- · · ·			11/05/2019	2,834.96
Payable Num INV0727264	iber	Description	Payable Date	Due Date	Discount Amount Pa	· ·
INV0730989		CUST ID: 000297 CCI SPEER 40 S/W 180 GR GOLD CUST # 000297 CCI 62GR .223 GDSP	09/16/2019 10/08/2019	11/12/2019 11/12/2019	0.00 0.00	1,514.96 1,320.00
1144773037		CO31 # 000257 CCI 02GN .225 GD5F	10/00/2013	11/12/2019	0.00	1,320.00
Vendor Number	Vendor Nam	e				Total Vendor Amount
H20PAR	H20 PARTNEI	RS, INC				9,450.00
Payment Type	Payment Nu	mber			Payment Date	Payment Amount
Check					11/05/2019	9,450.00
Payable Nurr	nber	Description	Payable Date	Due Date	Discount Amount Pa	yable Amount
113445		HMAP SERVICES RENDERED IN SEPT 2019	10/11/2019	11/12/2019	0.00	9,450.00
Vendor Number	Vendor Nam	Tu				Total Vendor Amount
HAEKEN	HAELY KENNI	- ·				90.00
Payment Type	Payment Nui	mber			Payment Date	Payment Amount
Check	- b	manufacture.			11/05/2019	90.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Pa	•
10212019		6 BUYS/STING	10/21/2019	11/12/2019	0.00	90.00
Vendor Number	Vendor Nam	e				Total Vendor Amount
HANEQU	HANSON EQU	JIPMENT				722.4€
Payment Type	Payment Nu	mber			Payment Date	Payment Amount
Check					11/05/2019	722.46
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Pa	ayable Amount
<u>275149</u>		HOSE-FARMEX II 3/8" 4000PSI	10/08/2019	11/12/2019	0.00	63.06
275239		# CAL001 11,00 -25 FLAT	10/11/2019	11/12/2019	0.00	40.00
<u>275349</u>		# CAL001 BINDER CHAIN 3/8" X 20' GR.70	10/17/2019	11/12/2019	0.00	619.40
Vendor Number	Vendor Nam					Total Vendor Amoun
HOLBUR		URN BURKLUND				1,378.50
Payment Type	Payment Nu	mber			Payment Date	Payment Amount
Check Payable Nun	ula a	Description	Double Date	December 1	11/05/2019	1,378.50
179	libei	Description CAUSE # 179 EDWARD LEE WYTASKE, JR	Payable Date	Due Date 11/12/2019	Discount Amount Pa	*
46847		CAUSE # 46847 TRACEY ANN CAMARILLO	10/15/2019 10/15/2019	11/12/2019	0.00 0.00	638.50 740.00
		CHOSE W TOOT? THACE! ANY CAMARIED	10/13/2013	11/12/2013	0.00	740.00
Vendor Number	Vendor Nam	ne e				Total Vendor Amoun
HOLCAS		, LTD., A DIVISION OF B.D. HOLT COMPANY				882.1
Payment Type	Payment Nu	mber			Payment Date	Payment Amount
Check		m/ + 1			11/05/2019	882.13
Payable Nur		Description	Payable Date	Due Date	Discount Amount Pa	•
PIMA031821		CUST # 0203920 FILTER CUST # 0203920 PIN A	10/10/2019	11/12/2019	0.00	120.08
PIMA031842 PIMA031850			10/14/2019	11/12/2019	0.00	91.75
PIMA031850	_	CUST # 0203920 M SEAL STK CUST # 0203920 SHIPPING & HANDLING	10/15/2019	11/12/2019	0.00	120.90
PIMA03187		CUST # 0203920 SHIPPING & HANDLING	10/15/2019 10/18/2019	11/12/2019 11/12/2019	0.00 0.00	185.88 363.52
		I VROUNG GENOU III	10/10/2013	111 121 2013	0.00	303.32
Vendor Number	Vendor Nam					Total Vendor Amoun
HOMCAM Payment Type	HOMER P. C.					905.0

Check

Payment Type Payment Number

CAUSE # 18-282 ANTHONY LEE JONES

Payable Number

18-282

905.00

905.00

Payment Date Payment Amount

Discount Amount Payable Amount

0.00

11/05/2019

Payable Date Due Date

11/12/2019

10/28/2019

Payment Register APPKT03463 - 11/12/2019 A/P RUN Vendor Number Vendor Name **Total Vendor Amount** HOPHAD HOPPY HADEN 265.96 **Payment Number** Payment Type **Payment Date Payment Amount** Check 11/05/2019 265.96 Payable Number Description Payable Date **Due Date** Discount Amount Pavable Amount 102019 TRAINING GALVESTAN 10/06-09/19 10/09/2019 11/12/2019 0.00 265.96 Vendor Number Vendor Name Total Vendor Amount IMATEK IMAGE-TEK, INC. 2.175.00 **Payment Type Payment Number Payment Date Payment Amount** Check 11/05/2019 2.175.00 **Payable Number** Description **Payable Date Due Date** Discount Amount Payable Amount ANNUAL MAINTENANCE - (DEC2019 - NOV2020) 10/01/2019 2930 11/12/2019 0.00 2,175.00 Vendor Number Vendor Name **Total Vendor Amount** INTBAT INTERSTATE BATTERIES-METRO AUSTIN 275.91 **Payment Type Payment Number Payment Date Payment Amount** Check 11/05/2019 275.91 Payable Number Description **Payable Date Due Date** Discount Amount Payable Amount ACCT # 3810 MTP-65 320037251 10/25/2019 11/12/2019 0.00 275,91 Vendor Number Vendor Name **Total Vendor Amount** JAN FORD MUSTIN PH.D, P.C. JANMUS 295.00 **Payment Type Payment Number Payment Date Payment Amount** Check 11/05/2019 295.00 **Payable Number** Description Payable Date **Due Date** Discount Amount Payable Amount 10082019 CLIENT: DEMENT, DERON 10/08/19 TCOLE EVALUATION 10/08/2019 11/12/2019 0.00 295.00 Vendor Number **Vendor Name Total Vendor Amount** JANWIL JANA CLIFT-WILLIAMS 1.624.00 Payment Type **Payment Number** Payment Date **Payment Amount** Check 11/05/2019 1,624.00 **Payable Number** Description Payable Date **Due Date** Discount Amount Payable Amount CAUSE # 17-FL-182 B.L.V. III/ C..A.V. 17-FL-182 16 10/10/2019 11/12/2019 0.00 336.00 CAUSE # 17-FL-347 A.L.G. / Z.B.G. / Z.Z.G. 17 FL-347 12 10/10/2019 11/12/2019 287.00 0.00 CAUSE # 18-FL-446 J.M. 18-FL-446-6 10/10/2019 11/12/2019 0.00 98.00 18-FL-539 8 CAUSE # 18-FL-539 N.M. 10/10/2019 11/12/2019 0.00 224.00 CAUSE # 18-FL-595 L.G. 18-FL-595 5 10/10/2019 11/12/2019 0.00 147.00 19-FL-091 4 CAUSE # 19-FL-091 J.S.V. 10/10/2019 11/12/2019 0.00 168.00 19-FL-359 1 CAUSE # 19-FL-359 C.G. 10/10/2019 11/12/2019 0.00 210.00 CAUSE # 19-FL-364 G.C. 19 FL 364 1 10/10/2019 11/12/2019 0.00 154.00 Vendor Number **Vendor Name Total Vendor Amoun** JASBEL JASMYNE BELL 90.00 **Payment Type Payment Number Payment Date Payment Amount** Check 11/05/2019 90.00 Payable Number Description **Payable Date Due Date** Discount Amount Payable Amount 10302019 TOBACCO STING 10/30/19 6 BUYS 10/30/2019 11/12/2019 0.00 90.00 **Vendor Name Vendor Number Total Vendor Amoun FARPLA** JOHN DEERE FINANCIAL 11.9 Payment Type **Payment Number Payment Date Payment Amount** Check 11/05/2019 11.96 Payable Number Description **Payable Date** Discount Amount Payable Amount **Due Date** 1910-158141 ACCT # 1-99 FLAT PANEL FLTR 10/31/2019 11/12/2019 0.00 11.96 Vendor Name Vendor Number **Total Vendor Amoun** JOHBUT JOHN S BUTLER 1,250.0 **Payment Type Payment Number**

Payable Date

10/07/2019

Due Date

11/12/2019

08-170

Payable Number

CAUSE # 08-170 GILBERT DELEON

Check

1,250.00

Payment Amount

500.00

Payment Date

Discount Amount Payable Amount

0.00

11/05/2019

Payment Register					APPKT03463 - 11/12/2019 A/P RUN
09-101		CAUSE # 09-101 CHRISTINE MAILLOUV	10/10/2019	11/12/2019	0.00 300.00
14-007		CAUSE # 14-007 JACOB VALDEZ	10/07/2019	11/12/2019	0.00 450.00
Vendor Number	Vendor Name	e			Total Vendor Amount
KEYROB	KEYLA ROBER	_			1,183.0C
Payment Type	Payment Nun				,
* **	rayment Num	RDE			Payment Date Payment Amount
Check		When a sufficient and			11/05/2019 1,183.00
Payable Nur		Description	Payable Date	Due Date	Discount Amount Payable Amount
18-FL-488_2	-	CAUSE # 18-FL-488 A.A.E.	10/24/2019	11/12/2019	0.00 280.00
19-FL-434_1	<u>.</u>	CAUSE # 19-FL-434 A.A.T.J/J.M.T/L.A.A-J	10/10/2019	11/12/2019	0.00 518.00
<u>19-FL-508</u>		CAUSE # 19-FL-508 W.R./J.M.R.D./J.E.R.	10/24/2019	11/12/2019	0.00 385.00
Vendor Number	Vendor Name	e			Total Vendor Amount
KLEAND	KLEON C. AND	DREADIS			1,025.00
Payment Type	Payment Nur	nber			Payment Date Payment Amount
Check					11/05/2019 1,025.00
Payable Nur	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
16-047		CAUSE # 16-047 & 16-048 MARCEL MOORE	10/25/2019	11/12/2019	0.00 500.00
<u>19-181</u>		CAUSE # 19-181 NOAH XAVIER CRIDER	10/25/2019	11/12/2019	0.00 525.00
Vendor Number	Vendor Name	e			Total Vendor Amoun
LACEQU	LACAL EQUIP	MENT INC.			575.21
Payment Type	Payment Nur	mber			Payment Date Payment Amount
Check	-				11/05/2019 575.21
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
<u>0312253-IN</u>		CUST # 00-0210029 BOLT KIT	10/22/2019	11/12/2019	0.00 575.21
Vendor Number	Vendor Name				Total Vendor Amoun
LASSIG	LARRY D. RIVI	ERA			42.92
Payment Type	Payment Nur	mber			Payment Date Payment Amount
Check					11/05/2019 42.92
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
EMT-21898		INSTALLATION- 1 PERSON EXTENSION OFFICE LG LOGO	10/21/2019	11/12/2019	0.00 42.92
Vendor Number	Vendor Nam	e			Total Vendor Amoun
LARRAS	LARRY O. RAS	SCO			405.00
Payment Type	Payment Nu	mber			Payment Date Payment Amount
Check					11/05/2019 405.00
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
47,032		CAUSE # 47,032 ZACHARY GARCIA	10/03/2019	11/12/2019	0.00 405.00
Vendor Number	Vendor Nam	e			Total Vendor Amoun
LAWRIS	LAW ENFORC	CEMENT RISK MANAGEMENT GROUP, INC			5,995.0
Payment Type	Payment Nu	mber			Payment Date Payment Amount
Check	-				11/05/2019 5,995.00
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
ALC 17726		PATctech - Forensic Software Tech. SO	10/22/2019	11/12/2019	0.00 5,995.00
Vendor Number	Vendor Nam	e			Total Vendor Amoun
LAWENE	LAW ENFORC	CEMENT SYSTEMS, INC.			420.6
Payment Type	Payment Nu	mber			Payment Date Payment Amount
Check					11/05/2019 420.60
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
0434660-IN		CUST # 0136152 AUSTIN(TX) FIREARMS TRAINING	10/09/2019	11/12/2019	0.00 420.60
Vendor Number	Vendor Nam	ne			Total Vendor Amour
LELMOR	LELTON WAY	YNE MORSE			115.0
Payment Type	Payment Nu	ımber			Payment Date Payment Amount
Check					11/05/2019 115.06
Pavahle Nu	ımher	Description	Pavahlo Dato	Due Date	Discount Amount Pavahla Amount

101619

Payable Number

Description

HORTICULTURE TRAINING SAN ANTONIO

Payment Register

115.06

Discount Amount Payable Amount

0.00

Payable Date Due Date

11/12/2019

10/16/2019

APPKT03463 - 11/12/2019 A/P RUN

Payment Register					APPKT03463 -	11/12/2019 A/P RUN
Vendor Number	Vendor Name					Total Vendor Amount
LIVFEE	LIVENGOOD FE	ED STORE				449.33
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	449.33
Payable Nurr	ber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
LOINV000193	<u>3386</u>	ACCT # 1C250 20% STOCKMAN'S RANGE CUBE	09/23/2019	11/12/2019	0.00	73.90
LOINV000193	<u>3943</u>	ACCT # 1C250 COASTAL SQUARE BALE	09/23/2019	11/12/2019	0.00	132.00
LQINV000194	4293	ACCT # 1C250 TOTAL STOCK 12% PELLETS	10/08/2019	11/12/2019	0.00	12.98
LOINV000194	<u>4586</u>	ACCT # 1C250 TOTAL STOCK 12% PELLETS	10/12/2019	11/12/2019	0.00	153.45
LOINV00019	5543	CUST # 1C250 COASTAL SQUARE BALE	10/26/2019	11/12/2019	0.00	77.00
Vendor Number	Vendor Name					Total Vendor Amount
LOCTRU	LOCKHART HAI	RDWARE				1,465.86
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	1,465.86
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
30532 /1		CUST # 11239 C+K INT SG TNT BS NB 1QT	10/04/2019	11/12/2019	0.00	18.99
30623 /1		CUST # 11239 2 PC BLK BUCKET LID	10/11/2019	11/12/2019	0.00	33.14
30639 /1		CUST # 11239 CEMENT RAIN R SHINE 400Z	10/14/2019	11/12/2019	0.00	8.38
<u>30644_1</u>		CUST # 11239 SCRW STAR H/L 8 X 1-3/4 1#	10/15/2019	11/12/2019	0.00	572.64
30658 /1		CUST # 11239 AUGER BIT 3/8 X 7.5"	10/15/2019	11/12/2019	0.00	91.59
30669 /1		CUST # 11239 BATTRY ALKLN DURA AA CD4	10/16/2019	11/12/2019	0.00	115.30
<u>30677 /1</u>		CUST # 11239 CABLE TIE 8" 50# CAMO	10/17/2019	11/12/2019	0.00	11.98
30706 /1		CUST # 11239 SPLYFCT 1/2 X 1/2 X 24SS LL	10/21/2019	11/12/2019	0.00	81.02
30729 /1		CUST # 11239 BALL MOUNT 10L X 5-1/4 X 4R	10/22/2019	11/12/2019	0.00	127.71
30730 /1		CUST # 11239 RECEPTACLE WHITE 20A	10/22/2019	11/12/2019	0.00	15.84
30741 /1		CUST # 11239 10 X 2-1/2" MULTI-MAT SCRW EX	10/22/2019	11/12/2019	0.00	2.99
<u>30742 /1</u>		CUST # 11239 4 X 4 X 8 #2 TREATED MCA	10/22/2019	11/12/2019	0.00	9.69
30762 /1		CUST # 11239 ROUGH NECK TOTE 10 GAL GRY	10/23/2019	11/12/2019	0.00	79.94
<u>30782 /1</u>		CUST # 11239 TIEDWN RTCHT 27" X 2" FLATHK	10/24/2019	11/12/2019	0.00	77.15
<u>30786 /1</u>		CUST # 11239 BCKRD F/GAP & JNT	10/25/2019	11/12/2019	0.00	34.94
30793 /1 30947 /1		CUST # 11239 TAPE RULE 3/4" X 16' HI VIS	10/25/2019	11/12/2019	0.00	121.50
<u>30847 /1</u> 30852 /1		CUST # 11239 COVER SQ RAISED 3/4" 1 DIV	10/30/2019	11/12/2019	0.00	16.63
30032 /1		CUST # 11239 COVER BOX SGL GNG 1/2" KO	10/30/2019	11/12/2019	0.00	46.43
Vendor Number	Vendor Name					Total Vendor Amount
LOCMOT	LOCKHART MO	•				2,639.65
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	2,639.65
Payable Nur		Description	Payable Date	Due Date	Discount Amount F	•
RO # C12020	16	OWNER # 3810 UNIT # EGB37962 2014 FORD EXPLORER		11/12/2019	0.00	2,028.92
<u>T46221</u>		CUST # 3810 CATALYST - RH	10/18/2019	11/12/2019	0.00	610.73
Vendor Number	Vendor Name					Total Vendor Amount
LONINT		ITERNATIONAL TRUCKS, LTD.				968.04
Payment Type	Payment Nurr	nber			Payment Date	Payment Amount
Check					11/05/2019	968.04
Payable Nur		Description	Payable Date	Due Date	Discount Amount	•
X301059857		#106166 MIRROR, REAR VIEW, RH STD, CVX	10/14/2019	11/12/2019	0.00	414.19
X301060043		# 106166 SENSOR, GAUGE LOW COOLANT SENDE	10/15/2019	11/12/2019	0.00	105.60
<u> </u>	:01	# 106166 TANK; SURGE TANK	10/21/2019	11/12/2019	0.00	448.25
Vendor Number	Vendor Name					Total Vendor Amount
LOWPRI	LOW PRICE TR					404.95
Payment Type	Payment Nun	nber			Payment Date	•
Check		Pharmatanta -			11/05/2019	404.95
Payable Nur	noer	Description	Payable Date	Due Date	Discount Amount	•
<u>926761</u>		8 LUG DRAG BAR AND BALL	10/25/2019	11/12/2019	0.00	404.95

Payment Register					APPKT03463 - 11/12/2019 A/P RUN
Vendor Number	Vendor Name				Total Vendor Amount
LOWE'S	LOWE'S COMP				72.15
Payment Type	Payment Num	iber			Payment Date Payment Amount
Check Payable Nun	-1	Description	Davishia Data	D D.4.	11/05/2019 72.15
14980	nber	Description ACCT # ENDS W/ 8510 12-IN X 12 IN METAL ACCESS	Payable Date 10/24/2019	Due Date 11/12/2019	Discount Amount Payable Amount 0.00 72.15
14300		ACCI # ENDS W/ 8510 12-IN X 12 IN METAL ACCESS	10/24/2019	11/12/2019	0.00 /2.13
Vendor Number	Vendor Name				Total Vendor Amount
REGPUB	LUBBOCK COL	INTY			9,242.00
Payment Type	Payment Nurr	nber			Payment Date Payment Amount
Check	-				11/05/2019 9,242.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
6172019		FY 2020 Regional Public Defender	10/29/2019	11/12/2019	0.00 9,242.00
Vendor Number	Vendor Name				Total Vendor Amount
JCOJAN		ENTERPRISES, LLC			2,738.27
Payment Type	Payment Nun	nber			Payment Date Payment Amount
Check				_	11/05/2019 2,738.27
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
7456		TOILET PAPER REGULAR / ROSES	10/09/2019	11/12/2019	0.00 828.87
7490		TOILET PAPER REGULAR / ROSES	10/16/2019	11/12/2019	0.00 1,014.05
<u>7530</u>		TOILET PAPER REGULAR / ROSES	10/23/2019	11/12/2019	0.00 768.49
<u>7545</u>		STEARNS GLASS CLEANER 10 PKTS/CS	10/24/2019	11/12/2019	0.00 126.86
Vendor Number	Vendor Name	1			Total Vendor Amount
Vendor Number	Vendor Name				Total Vendor Amount 3,342.73
		INANCE, INC			
NEOFUN	MAILROOM F	INANCE, INC			3,342.73
NEOFUN Payment Type	MAILROOM F Payment Nun	INANCE, INC	Payable Date	Due Date	3,342.73 Payment Date Payment Amount
NEOFUN Payment Type Check	MAILROOM F Payment Nun	NANCE, INC nber	Payable Date 10/07/2019	Due Date 11/12/2019	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72
<u>NEOFUN</u> Payment Type Check Payable Nur	MAILROOM F Payment Nun	NANCE, INC nber Description			3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount Payable Amount
NEOFUN Payment Type Check Payable Nur 100719	MAILROOM F Payment Nun nber	NANCE, INC nber Description			3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount Payable Amount 0.00 3,095.72
NEOFUN Payment Type Check Payable Nur 100719 Check	MAILROOM F Payment Nun nber	NANCE, INC nber Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07	10/07/2019	11/12/2019	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount Payable Amount 0.00 3,095.72 11/05/2019 247.01
NEOFUN Payment Type Check Payable Nur 100719 Check Payable Nur	MAILROOM F Payment Nun nber	Description Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07	10/07/2019 Payable Date	11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount Payable Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number	MAILROOM F Payment Nun nber	Description ACCT # 7900 0440 8038 5499 CCJC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF	10/07/2019 Payable Date	11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount Payable Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount
NEOFUN Payment Type Check Payable Nur 100719 Check Payable Nur 101319	MAILROOM F Payment Nun nber wendor Name MAILROOM F	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF	10/07/2019 Payable Date	11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount Payable Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount 0.00 247.01
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type	MAILROOM F Payment Nun nber mber Vendor Name	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF	10/07/2019 Payable Date	11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 24.00 Payment Date Payment Amount
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type Check	MAILROOM F Payment Nun nber mber Vendor Name MAILROOM F Payment Nun	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF INANCE, INC.	10/07/2019 Payable Date 10/13/2019	11/12/2019 Due Date 11/12/2019	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount Payable Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 24.00 Payment Date Payment Amount 11/05/2019 24.00
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type Check Payable Nur	MAILROOM F Payment Nun mber Vendor Name MAILROOM F Payment Nun mber	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF INANCE, INC. Inber Description	10/07/2019 Payable Date 10/13/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 24.00 Payment Date Payment Amount 11/05/2019 24.00 Discount Amount Payable Amount
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type Check	MAILROOM F Payment Nun mber Vendor Name MAILROOM F Payment Nun mber	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF INANCE, INC.	10/07/2019 Payable Date 10/13/2019 Payable Date	11/12/2019 Due Date 11/12/2019	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount Payable Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 24.00 Payment Date Payment Amount 11/05/2019 24.00
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type Check Payable Nur QRDER # O-0	MAILROOM F Payment Num mber Vendor Name MAILROOM F Payment Num mber 00405872	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF INANCE, INC. nber Description ACCT # 7900 0440 8038 5499 16 OZ BOTTLE SURE SEAL	10/07/2019 Payable Date 10/13/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 24.00 Payment Date Payment Amount 11/05/2019 24.00 Discount Amount Payable Amount 24.00 Payment Date Payment Amount 11/05/2019 24.00 Discount Amount Payable Amount 0.00 24.00
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type Check Payable Nur QRDER # O-C	MAILROOM F Payment Num mber Vendor Name MAILROOM F Payment Num mber 20405872	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF INANCE, INC. nber Description ACCT # 7900 0440 8038 5499 16 OZ BOTTLE SURE SEAL	10/07/2019 Payable Date 10/13/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 11/05/2019 24.00 Payment Date Payment Amount 11/05/2019 24.00 Discount Amount Payable Amount 0.00 24.00 Total Vendor Amount
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type Check Payable Nur QRDER # O-C	MAILROOM F Payment Num mber Vendor Name MAILROOM F Payment Num mber 00405872	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF INANCE, INC. nber Description ACCT # 7900 0440 8038 5499 16 OZ BOTTLE SURE SEAL	10/07/2019 Payable Date 10/13/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount 0.00 3,095.72 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 11/05/2019 24.00 Payment Date Payment Amount 11/05/2019 24.00 Discount Amount Payable Amount 0.00 24.00 Total Vendor Amount 0.00 1,000.00
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type Check Payable Nur QRDER # O-C	MAILROOM F Payment Num mber Vendor Name MAILROOM F Payment Num mber 20405872 Vendor Name MARCOS HER	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF INANCE, INC. nber Description ACCT # 7900 0440 8038 5499 16 OZ BOTTLE SURE SEAL	10/07/2019 Payable Date 10/13/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount 0.00 3,095.72 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 11/05/2019 24.00 Payment Date Payment Amount 11/05/2019 24.00 Discount Amount Payable Amount 0.00 24.00 Total Vendor Amount 0.00 24.00 Total Vendor Amount 1,000.00 Payment Date Payment Amount 1,000.00
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type Check Payable Nur QRDER # O-C	MAILROOM F Payment Num mber Vendor Name MAILROOM F Payment Num mber 20405872 Vendor Name MARCOS HER Payment Num	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF INANCE, INC. nber Description ACCT # 7900 0440 8038 5499 16 OZ BOTTLE SURE SEAL	10/07/2019 Payable Date 10/13/2019 Payable Date 10/25/2019	11/12/2019 Due Date 11/12/2019 Due Date	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount 0.00 3,095.72 11/05/2019 247.01 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 11/05/2019 24.00 Payment Date Payment Amount 0.00 24.00 Total Vendor Amount 0.00 24.00 Total Vendor Amount 0.00 24.00 Total Vendor Amount 1,000.00 Payment Date Payment Amount 1,000.00 Payment Date Payment Amount 1,000.00 Payment Date Payment Amount 1,000.00 1,000.00
Payment Type Check Payable Nur 100719 Check Payable Nur 101319 Vendor Number NEOTEX Payment Type Check Payable Nur QRDER # O-C	MAILROOM F Payment Num mber Vendor Name MAILROOM F Payment Num mber 20405872 Vendor Name MARCOS HER Payment Num	Description ACCT # 7900 0440 8038 5499 CCIC POSTAGE 10/07 Description ACCT # 7900 0440 8052 6951 SHERIFF INANCE, INC. Inber Description ACCT # 7900 0440 8038 5499 16 OZ BOTTLE SURE SEAL NANDEZ, JR. Inber	10/07/2019 Payable Date 10/13/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date 11/12/2019	3,342.73 Payment Date Payment Amount 11/05/2019 3,095.72 Discount Amount 0.00 3,095.72 Discount Amount Payable Amount 0.00 247.01 Total Vendor Amount 11/05/2019 24.00 Payment Date Payment Amount 11/05/2019 24.00 Discount Amount Payable Amount 0.00 24.00 Total Vendor Amount 0.00 24.00 Total Vendor Amount 1,000.00 Payment Date Payment Amount 1,000.00

11/5/2019 3:33:26 PM Page 14 of 2

Payable Date Due Date

11/12/2019

10/08/2019

Total Vendor Amoun

29.18

Payment Date Payment Amount

Discount Amount Payable Amount

0.00

11/05/2019

Vendor Number

Check

Payment Type

Payable Number

INV001832678

MARPLU

Vendor Name

Payment Number

MARK'S PLUMBING PARTS

Description

CUST # 278898 SLOAN HANDLE REPAIR KIT B-50-A

Payment Register APPKT03463 - 11/12/2019 A/P RUN Vendor Number **Vendor Name Total Vendor Amount** MARTINDALE-GUADALUPE GAS MARGUA 575.00 Payment Type **Payment Number Payment Date Payment Amount** Check 11/05/2019 575.00 **Payable Number** Description Payable Date **Due Date** Discount Amount Pavable Amount 70188 CALDWELL COUNTY BARN 10/28/2019 11/12/2019 0.00 575.00 Vendor Number **Vendor Name Total Vendor Amount** MAXWELL COMMUNITY VOL. FIRE DEPT., INC. MAXFIR 100.00 Payment Type **Payment Number Payment Date Payment Amount** Check 11/05/2019 100.00 **Payable Number** Description Payable Date **Due Date** Discount Amount Pavable Amount 102419 **RENT FOR ELECTION NOV 2019** 10/24/2019 11/12/2019 0.00 100.00 Vendor Number **Vendor Name Total Vendor Amount** MCCURDY FUNERAL HOME MCCFUN 1,300.00 **Payment Type Payment Number** Payment Date **Payment Amount** Check 1,300.00 11/05/2019 Payable Number Description Payable Date **Due Date** Discount Amount Pavable Amount 102919 Funeral Home - Courthouse 10/29/2019 11/12/2019 0.00 1,300.00 Vendor Number **Vendor Name Total Vendor Amount** мсмсом MCMAHAN COMMUNITY CENTER 100.00 **Payment Type Payment Number Payment Date Payment Amount** Check 11/05/2019 100.00 Payable Number Description Payable Date **Due Date** Discount Amount Payable Amount 102419 **RENT FOR ELECTION NOV 2019** 10/24/2019 11/12/2019 0.00 100.00 Vendor Number Vendor Name **Total Vendor Amount** MICHAEL M. LEE MICLEE 800.00 Payment Type **Payment Number Payment Date Payment Amount** Check 11/05/2019 800.00 Payable Number Description **Payable Date** Due Date Discount Amount Payable Amount 43347 CAUSE # 43347 CARLOS DELEON 10/16/2019 11/12/2019 0.00 400.00 CR-12-126 CAUSE # CR-12-126 RICKY BECKNELL 10/21/2019 11/12/2019 0.00 400.00 Vendor Number Vendor Name Total Vendor Amount NATAS5 NATIONAL ASSN OF COUNTIES 711.00 **Payment Type Payment Number Payment Date Payment Amount** Check 11/05/2019 711.00 Payable Number Description Payable Date Due Date Discount Amount Payable Amount NACo 2020 Membership Dues 48055 09/10/2019 11/12/2019 0.00 711.00

NEOPOS NEOPOST USA INC Payment Type Payment Number Check Payable Number Description

Vendor Number

Vendor Number

N7961703 CUST # 01054254 CCJC 10/11 - 11/10/19 Check

Vendor Name

Payable Number Description N7966715 CUST # 01054254 COURTHOUSE 8/15 - 11/14/19

O'BANNON FUNERAL HOME **OBAFUN Payment Type Payment Number** Check

Payable Number Description

Vendor Name

92919 indigent cremation-Poindexter **Pavable Date** 10/14/2019 11/12/2019

Payable Date

Pavable Date

10/29/2019

10/10/2019

Due Date

Due Date

Due Date

11/12/2019

11/12/2019

11/05/2019 Discount Amount Payable Amount 0.00 340.68

Discount Amount Payable Amount

0.00

Payment Date

11/05/2019

Total Vendor Amoun 900.00

Total Vendor Amoun

Payment Amount

322.30

662.98

322.30

340.68

Payment Date Payment Amount 11/05/2019 900.00 Discount Amount Payable Amount 0.00 900.00

					ADDVTD3463	11 /12 /2010 A /D DUN
Payment Register Vendor Number	Vendor Name				APPRIU3403	11/12/2019 A/P RUN
OFFIDE	OFFICE DEPOT					Total Vendor Amount 2,960.58
Payment Type	Payment Num				Payment Date	•
Check	,				11/05/2019	2,960.58
Payable Num	iber	Description	Payable Date	Due Date	Discount Amount Pa	•
37932699800	01	ACCT # 43682634 TRAY, MESH, LEGAL, BK	09/27/2019	11/12/2019	0.00	49.95
38386208000	<u>01</u>	ACCT # 43682634 PAPER	09/30/2019	11/12/2019	0.00	395.34
38462358900	<u>01</u>	ACCT # 43682634 CRTDG, INK, HP 93, TRI-COLOR	10/10/2019	11/12/2019	0.00	37.89
38462970600	<u>)1</u>	ACCT # 43682634 INK, HP 92/93 COMBO, BLACK/C	10/01/2019	11/12/2019	0.00	116.33
38463695000	01	ACCT # 43682634 PAPER, COPY, 10REAMS/CA	10/01/2019	11/12/2019	0.00	149.82
38463865200		ACCT # 43682634 CALENDAR, DESKPAD, 13X18,5	10/01/2019	11/12/2019	0.00	35.12
38464615500	<u>01</u>	ACCT # 43682634 ROUND STICK, MEDIUM	10/01/2019	11/12/2019	0.00	272.70
3846471240		ACCT # 43682634 TRAY, LETTER, MESH, 2 PK	10/01/2019	11/12/2019	0.00	226.05
38504594600		ACCT # 43682634 SCANNER	10/01/2019	11/12/2019	0.00	879.99
3884953880		ACCT # 43682634 PAPER, COPY, 10-REAMS/CA	10/10/2019	11/12/2019	0.00	342.08
38913961400		ACCT # 43682634 FILE, WALL, HNG, W/LABEL, 3P	10/14/2019	11/12/2019	0.00	82.07
3893414090		ACCT # 43682634 TABLE, PLASTIC, 30X72, GRAY	10/11/2019	11/12/2019	0.00	241.28
3905158020	<u>01</u>	ACCT # 43682634 PAPER, COPY, 10-REAMS/CA W	10/16/2019	11/12/2019	0.00	131.96
Vendor Number	Vendor Name					Total Vendor Amount
OFFATT	OFFICE OF TH	E ATTORNEY GENERAL				550.00
Payment Type	Payment Nun	iber			Payment Date	Payment Amount
Check					11/05/2019	275.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Pa	ayable Amount
985-32330		AMANDA MONTGOMERY	10/24/2019	11/12/2019	0.00	275.00
Check					11/05/2019	275.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
985-32331		MICHELE HOWARD	10/24/2019	11/12/2019	0.00	275.00
Vendor Number	Vendor Name					Total Vendor Amount
ONCALL		: IILE VETERINARY SERVICES				
						1/17 00
Payment Type					Payment Date	142.00 Payment Amount
Payment Type Check	Payment Nun				Payment Date	Payment Amount
Check	Payment Nun	nber	Pavable Date	Due Date	11/05/2019	Payment Amount 142.00
	Payment Nun		Payable Date 10/04/2019	Due Date 11/12/2019	•	Payment Amount 142.00
Check Payable Nun	Payment Num nber 19:02:06	Description	10/04/2019	Due Date 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount
Check Payable Nun 2019-10-04: 2019-10-19	Payment Num nber 19:02:06 16:38:00	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CON	10/04/2019	11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00
Check Payable Nun 2019-10-04: 2019-10-19 Vendor Number	Payment Num nber 19:02:06 16:38:00 Vendor Name	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT	10/04/2019	11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount
Check Payable Nun 2019-10-04: 2019-10-19 Vendor Number O'REIL	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT B DMOTIVE, INC.	10/04/2019	11/12/2019	11/05/2019 Discount Amount P 0.00 0.00	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type	Payment Num nber 19:02:06 16:38:00 Vendor Name	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT B DMOTIVE, INC.	10/04/2019	11/12/2019	11/05/2019 Discount Amount P 0.00 0.00 Payment Date	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check	Payment Num 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DOMOTIVE, INC.	10/04/2019 10/19/2019	11/12/2019 11/12/2019	11/05/2019 Discount Amount P 0.00 0.00 Payment Date 11/05/2019	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nur	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DOMOTIVE, INC. Description	10/04/2019 10/19/2019 Payable Date	11/12/2019 11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 0.00 Payment Date 11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294810	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT OMOTIVE, INC. Description CUST # 188092 AIR HAMMER	10/04/2019 10/19/2019 Payable Date 10/01/2019	11/12/2019 11/12/2019 Due Date 11/12/2019	11/05/2019 Discount Amount P 0.00 0.00 Payment Date 11/05/2019 Discount Amount P 0.00	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99
Check Payable Nun 2019-10-04: 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294810 0642294977	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT COMOTIVE, INC. COMOTIVE, INC. COMOTIVE TERM 188092 AIR HAMMER CUST # 188092 VALVE TOOL	10/04/2019 10/19/2019 Payable Date 10/01/2019 10/02/2019	11/12/2019 11/12/2019 Due Date 11/12/2019 11/12/2019	Payment Date 11/05/2019 Discount Amount P 0.00 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 0.00	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294810 0642-294810	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT COMOTIVE, INC. Inber Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 TOGGLE SWITCH	10/04/2019 10/19/2019 Payable Date 10/01/2019 10/02/2019 10/03/2019	11/12/2019 11/12/2019 Due Date 11/12/2019 11/12/2019 11/12/2019	Payment Date 11/05/2019 Discount Amount P 0.00 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 0.00 0.00	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294810 0642-294810 0642-29588	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT MOTIVE, INC. nber Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK	10/04/2019 10/19/2019 Payable Date 10/01/2019 10/02/2019 10/03/2019 10/07/2019	11/12/2019 11/12/2019 Due Date 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294810 0642-294810 0642-295280 0642-295280	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT MOTIVE, INC. nber Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 TOGGLE SWITCH CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP	10/04/2019 10/19/2019 Payable Date 10/01/2019 10/02/2019 10/03/2019 10/07/2019 10/16/2019	11/12/2019 11/12/2019 Due Date 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294810 0642-294810 0642-295880 0642-2975200 0642-297520	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 5 9 6 3	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT MOTIVE, INC. nber Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 HITCH BALL	10/04/2019 10/19/2019 Payable Date 10/01/2019 10/02/2019 10/03/2019 10/07/2019 10/16/2019 10/16/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294810 0642-294810 0642-295880 0642-297520 0642-297580 0642-297580	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 5 9 6 3 1	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT MOTIVE, INC. nber Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 HITCH BALL CUST # 188092 TG BUSH KIT	10/04/2019 10/19/2019 10/19/2019 10/01/2019 10/02/2019 10/03/2019 10/07/2019 10/16/2019 10/16/2019 10/17/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47 45.82
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294810 0642-294810 0642-295880 0642-2975200 0642-297520	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 5 9 6 3 1	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT MOTIVE, INC. nber Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 HITCH BALL	10/04/2019 10/19/2019 Payable Date 10/01/2019 10/02/2019 10/03/2019 10/07/2019 10/16/2019 10/16/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294810 0642-294810 0642-295880 0642-297520 0642-297580 0642-297580	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 5 9 6 3 1	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DMOTIVE, INC. Description CUST # 188092 AIR HAMMER CUST # 188092 TOGGLE SWITCH CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 HITCH BALL CUST # 188092 TG BUSH KIT CUST # 188092 AIR CHUCK	10/04/2019 10/19/2019 10/19/2019 10/01/2019 10/02/2019 10/03/2019 10/07/2019 10/16/2019 10/16/2019 10/17/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47 45.82
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294811 0642-294811 0642-295881 0642-297521 0642-297581 0642-297581 0642-297581 Vendor Number PAUEVA	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 5 9 6 3 1 6 Vendor Name PAUL MATTH	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DOMOTIVE, INC. Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 HITCH BALL CUST # 188092 TG BUSH KIT CUST # 188092 AIR CHUCK	10/04/2019 10/19/2019 10/19/2019 10/01/2019 10/02/2019 10/03/2019 10/07/2019 10/16/2019 10/16/2019 10/17/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47 45.82 20.18
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294811 0642-294811 0642-295881 0642-297582 0642-297582 0642-297584 0642-297584 Vendor Number PAUEVA Payment Type	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 5 9 6 3 1 1 6 Vendor Name	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DOMOTIVE, INC. Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 HITCH BALL CUST # 188092 TG BUSH KIT CUST # 188092 AIR CHUCK	10/04/2019 10/19/2019 10/19/2019 10/01/2019 10/02/2019 10/03/2019 10/07/2019 10/16/2019 10/16/2019 10/17/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47 45.82 20.18 Total Vendor Amoun 4,270.00 Payment Amount
Check	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 9 6 3 1 6 Vendor Name PAUL MATTH Payment Num	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DOMOTIVE, INC. Ther Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 HITCH BALL CUST # 188092 TG BUSH KIT CUST # 188092 AIR CHUCK EEW EVANS There	10/04/2019 10/19/2019 10/19/2019 10/01/2019 10/03/2019 10/07/2019 10/16/2019 10/16/2019 10/17/2019 10/23/2019	11/12/2019 11/12/2019 Due Date 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47 45.82 20.18 Total Vendor Amoun 4,270.00 Payment Amount 4,270.00
Check Payable Nun 2019-10-04 2 2019-10-19 Vendor Number O'REIL Payment Type Check Payable Nun 0642-294811 0642-294811 0642-295881 0642-297581 0642-297581 0642-297581 0642-297681 Vendor Number PAUEVA Payment Type Check Payable Nun	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 9 6 3 1 6 Vendor Name PAUL MATTH Payment Num	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DOMOTIVE, INC. Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 TG BUSH KIT CUST # 188092 AIR CHUCK EEW EVANS Description Description	10/04/2019 10/19/2019 10/19/2019 10/01/2019 10/02/2019 10/07/2019 10/16/2019 10/16/2019 10/17/2019 10/23/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47 45.82 20.18 Total Vendor Amoun 4,270.00 Payment Amount 4,270.00 Payable Amount
Check	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 9 6 3 1 6 Vendor Name PAUL MATTH Payment Num	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DOMOTIVE, INC. Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 TG BUSH KIT CUST # 188092 AIR CHUCK EW EVANS Description CAUSE # 19-063 & 19-100 DANIEL AMES	10/04/2019 10/19/2019 10/19/2019 10/01/2019 10/02/2019 10/07/2019 10/16/2019 10/16/2019 10/17/2019 10/23/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47 45.82 20.18 Total Vendor Amoun 4,270.00 Payment Amount 4,270.00 Payable Amount 1,005.00
Check	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 9 6 3 1 6 Vendor Name PAUL MATTH Payment Num	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DOMOTIVE, INC. Ther Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 TG BUSH KIT CUST # 188092 AIR CHUCK EW EVANS Ther Description CAUSE # 19-063 & 19-100 DANIEL AMES CAUSE # 19-087 MARIE GONALES	10/04/2019 10/19/2019 10/19/2019 10/01/2019 10/02/2019 10/07/2019 10/16/2019 10/16/2019 10/17/2019 10/23/2019 Payable Date 10/22/2019 10/08/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount
Check	Payment Num nber 19:02:06 16:38:00 Vendor Name O'REILLY AUT Payment Num nber 6 9 6 3 1 6 Vendor Name PAUL MATTH Payment Num	Description CASE #'S 2019 09 0075, 0076, 0037 WHITE STALLION BLUE EYES COGGINS- CC ANIMAL CONT DOMOTIVE, INC. Description CUST # 188092 AIR HAMMER CUST # 188092 VALVE TOOL CUST # 188092 BOTTLE JACK CUST # 188092 CUTTING TIP CUST # 188092 TG BUSH KIT CUST # 188092 AIR CHUCK EW EVANS Description CAUSE # 19-063 & 19-100 DANIEL AMES	10/04/2019 10/19/2019 10/19/2019 10/01/2019 10/02/2019 10/07/2019 10/16/2019 10/16/2019 10/17/2019 10/23/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount P	Payment Amount 142.00 ayable Amount 89.00 53.00 Total Vendor Amount 250.75 Payment Amount 250.75 ayable Amount 21.99 31.32 4.99 24.99 18.99 82.47 45.82 20.18 Total Vendor Amoun 4,270.00 Payment Amount 4,270.00 Payable Amount 1,005.00

10/09/2019

11/12/2019

0.00

855.00

CAUSE # 2018-273 FLOYD JOHNS

2018-273

Payment Register					APPKT03463 - :	11/12/2019 A/P RUN
46894		CAUSE # 46894 SABRINA ALVAREZ	10/02/2019	11/12/2019	0.00	705.00
Vendor Number	Vendor Nam	e				Total Vendor Amount
PETTRA	PETROLEUM	TRADERS CORPORATION				10,543.97
Payment Type	Payment Nu	mber			Payment Date	Payment Amount
Check					11/05/2019	10,543.97
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount Pa	yable Amount
1471017		ACCT # 990644/1 ULTRA SULFUR #2 DIESEL LOW EMISSI	10/25/2019	11/12/2019	0.00	10,543.97
Vendor Number	Vendor Nam	ae				Total Vendor Amount
PFGTEM	PFG-TEMPLE					9,445.58
Payment Type	Payment Nu	mber			Payment Date	Payment Amount
Check					11/05/2019	9,445.58
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount Pa	yable Amount
9674241		CUST # 435577 DRY GROCERY / FROZEN	10/07/2019	11/12/2019	0.00	1,557.18
9678032		CUST # 435577 DRY GROCERY / FROZEN	10/10/2019	11/12/2019	0.00	1,515.36
9681291		CUST # 435577 DRY GROCERY / FROZEN	10/14/2019	11/12/2019	0.00	1,356.29
9685183		CUST # 435577 DRY GROCERY / FROZEN	10/17/2019	11/12/2019	0.00	1,030.09
9688452		CUST # 435577 DRY GROCERY / FROZEN	10/21/2019	11/12/2019	0.00	1,224.25
9692482		CUST # 435577 DRY GROCERY / FROZEN	10/24/2019	11/12/2019	0.00	1,488.54
9695752		CUST # 435577 DRY GROCERY / FROZEN	10/28/2019	11/12/2019	0.00	1,273.87
Vendor Number	Vendor Nam	•				T-4-111
						Total Vendor Amoun
PRISOL	PRINTING SC					196.50
Payment Type	Payment Nu	imoer			Payment Date	Payment Amount
Check	. —				11/05/2019	196.50
Payable Nur	mber	Description	Payable Date	Due Date	Discount Amount Pa	•
22595		STATIONARY - ENVELOPES JUDGE ANITA M, DELEON	10/18/2019	11/12/2019	0.00	136.50
22597		ANNA ELISHA VELASQUEZ - BUSINESS CARDS	10/16/2019	11/12/2019	0.00	60.00
Vendor Number	Vendor Nam	ne				Total Vendor Amoun
PURCA5	PURE CASTI	NGS COMPANY				17,245.4
Payment Type Check	Payment Nu	ımber			Payment Date 11/05/2019	Payment Amount 17,245.42
Payable Nu	mhae	Description	Payable Date	Due Date		•
102519	MUCI	2018 Pure Castings Tax abatement	10/25/2019	11/12/2019	Discount Amount P. 0.00	17,245.42
Vendor Number	Vendor Nam	ne				Total Vendor Amoun
RANTOW		OWER TECH, INC.				2,000.0
Payment Type	Payment Nu	• •			Daymont Onto	Payment Amount
Check	rayment rec	7111U 51				•
		Phanalakia a	n		11/05/2019	2,000.00
Payable Nur	mber	Description	Payable Date	Due Date	Discount Amount P	•
4741		RADIO SYSTEM REPAIRS AT 1511 EAST MARKET ST LOCK	06/14/2019	11/12/2019	0.00	2,000.00
Vendor Number	Vendor Nan	·· -				Total Vendor Amoun
ALOHOM	RANDY WILL	LIAMS				431.2
Payment Type	Payment Nu	umber			Payment Date	Payment Amount
Check					11/05/2019	431.25
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
101519		REPLACE WATER HEATER	10/15/2019	11/12/2019	0.00	431.25
Vendor Number	Vendor Nan	ne (III				Total Vendor Amoun
RDOEQU	RDO EQUIPI	MENT CO.				506.6
Payment Type	Payment No				Payment Date	Payment Amount
Check		· ·			11/05/2019	506.64
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount P	
P95638		ACCT # 7269004_ORDER # 217321	10/28/2010		0.00	ENE EA

10/28/2019 11/12/2019

P95638

ACCT # 7269004 ORDER # 217321

506.64

0.00

Payment Register					APPKT03463 - 11/12/2019 A/P RUN
Vendor Number	Vendor Name				Total Vendor Amount
IKONOF	RICOH USA, IN	C.			940.33
Payment Type	Payment Num	ber			Payment Date Payment Amount
Check					11/05/2019 940.33
Payable Num	iber	Description	Payable Date	Due Date	Discount Amount Payable Amount
102828537		ACCT # 505575-101175A16 9/29 - 10/28/19	10/10/2019	11/12/2019	0.00 940.33
Vendor Number	Vendor Name				Total Vendor Amount
ROBHAE	ROBERT A HAE	DGE			1,935.00
Payment Type	Payment Num	ber			Payment Date Payment Amount
Check					11/05/2019 1,935.00
Payable Num	iber	Description	Payable Date	Due Date	Discount Amount Payable Amount
<u>13-082</u>		CAUSE # 13-082 RAYMOND CAPELLO JR.	10/24/2019	11/12/2019	0.00 580.00
<u>19-030</u>		CAUSE # 19-030 SHANNON NEWELL HEINTZ	10/07/2019	11/12/2019	0.00 855.00
47443		CAUSE # 47443 SHANNON NEWELL HEINTZ	10/03/2019	11/12/2019	0.00 500.00
Vendor Number	Vendor Name				Total Vendor Amoun
ROMEXC	ROMCO EQUIP	PMENT COMPANY			1,594.00
Payment Type	Payment Num	ber			Payment Date Payment Amount
Check					11/05/2019 1,594.00
Payable Num	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
107120875		CUST # 13570 GRADER BLADE - 20 @ 79.70	10/22/2019	11/12/2019	0.00 1,594.00
Vendor Number	Vendor Name				Total Vendor Amoun
RONLEH	RONDA LEHMA	AN			66.00
Payment Type	Payment Num	ber			Payment Date Payment Amount
Check					11/05/2019 66.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
101819		RODEO AUSTIN ULTIMATE CALF SCRAMBLE + SAN ANTOI		11/12/2019	0.00 20.80
102419		POSTAGE 10/24/19	10/24/2019	11/12/2019	0.00 10.40
<u>103119</u>		POSTAGE - LAMB, GOAT & HEIFER VALIDATION	10/13/2019	11/12/2019	0.00 34.80
Vendor Number	Vendor Name	1			Total Vendor Amoun
<u>SCHFIR</u>	SCHMIDT FIRE	& SAFETY CO.			43.0 ¹
Payment Type	Payment Num	nber			Payment Date Payment Amount
Check					11/05/2019 43.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
19642		PRCT # 2	10/25/2019	11/12/2019	0.00 43.00
Vendor Number	Vendor Name	1			Total Vendor Amoun
SUSSCH	SCHOON LAW	FIRM, PC			812.2
Payment Type	Payment Nun	nber			Payment Date Payment Amount
Check					11/05/2019 812.20
Payable Nur		Description	Payable Date	Due Date	Discount Amount Payable Amount
17-200 / 19-	023	CAUSE # 17-200 / 19-023 STEVEN CASTILLO	10/10/2019	11/12/2019	0.00 · 812.20
Vendor Number	Vendor Name	91			Total Vendor Amour
REDAUT	SEAN MATTH				381.4
Payment Type	Payment Nun	nber			Payment Date Payment Amount
Check					11/05/2019 381.46
Payable Nur	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
104639		CUST # 2010 NAPA HYDRAULIC FILTER	10/08/2019	11/12/2019	0.00 107.34
104674		ACCT # 2010 DIESL EXST FLD 2.5 GA	10/09/2019	11/12/2019	0.00 117.48
<u>105226</u>		ACCT #2010 VALVOLINE PREMIUM BLUE	10/30/2019	11/12/2019	0.00 156.64
Vendor Number	Vendor Name	3			Total Vendor Amour
SECONE	SECURITY ON				25.C
Payment Type	Payment Nur				Payment Date Payment Amount
Check	-				11/05/2019 25.00
Payable Nu	mber	Description	Payable Date	Due Date	Discount Amount Payable Amount
<u>901919</u>		ACCT # 805335 MONITORING FOR NOVEMBER 2019	11/01/2019	11/12/2019	0.00 25.00

Payment Register					APPKT03463 -	11/12/2019 A/P RUN
Vendor Number	Vendor Name					Total Vendor Amount
SMIHAM		ERN EQUIPMENT, INC				14.092.90
Payment Type	Payment Num				Payment Date	
Check	· aşınıcını ıvanı				11/05/2019	14,092.90
Payable Nun	nhar	Description	Payable Date	Due Date	Discount Amount P	*
INV-076734	iliaci.	Audio - Visual PO for Courthouse Court Room	09/20/2019	11/12/2019	0.00	14.092.90
		Made Stradit O for Continuate Contentions	05/20/2013	11/12/2013	0.00	14,032.30
Vendor Number	Vendor Name					Total Vendor Amount
SMISUP	SMITH SUPPLY	CO LOCKHART				699.34
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	699.34
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
825365		TREATED LUMBER # 2 4 X 4-8"	10/03/2019	11/12/2019	0.00	9.95
825567		2 X 8 - 20' ROUGH SWAN ORN OAK	10/04/2019	11/12/2019	0.00	177.00
825910		TOMAHAWK CHIP HAMMER	10/08/2019	11/12/2019	0.00	86.75
826034		DEMON WP 4 - 9.5 GRM PER PKG	10/09/2019	11/12/2019	0.00	25.90
<u>826050</u>		WIRE BRUSH CURVED HANDLE 70504	10/09/2019	11/12/2019	0.00	57.80
<u>826165</u>		SPRAYER FARM & FIELD 2 GAL	10/10/2019	11/12/2019	0.00	84.90
<u>826775</u>		MASNRY BIT 3/16 X 3-1/2	10/16/2019	11/12/2019	0.00	7.54
<u>826935</u>		1/4" X 10" X 20' FLAT MILD	10/17/2019	11/12/2019	0.00	137.80
826939		RYEGRASS GULF ANNUAL 50LB	10/17/2019	11/12/2019	0.00	39.95
827034		HEAT SHRINK TUBING	10/18/2019	11/12/2019	0.00	3,90
828250		SEVIN DUST SHAKER	10/29/2019	11/12/2019	0.00	32.90
828453		SOCKET SET 35PC 1/4" DRV SAE	10/31/2019	11/12/2019	0.00	34.95
		-				
Vendor Number	Vendor Name	1				Total Vendor Amount
Vendor Number SMILUL	Vendor Name SMITH SUPPLY					Total Vendor Amount 33.00
		/ COLULING			Payment Date	33.00
SMILUL	SMITH SUPPLY	/ COLULING			Payment Date 11/05/2019	33.00
SMILUL Payment Type	SMITH SUPPLY Payment Num	/ COLULING	Payable Date	Due Date	•	33.00 Payment Amount 33.00
SMILUL Payment Type Check	SMITH SUPPLY Payment Num	Y COLULING nber	Payable Date 10/28/2019	Due Date 11/12/2019	11/05/2019	33.00 Payment Amount 33.00
SMILUL Payment Type Check Payable Nun	SMITH SUPPLY Payment Num	Y COLULING nber Description	•		11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount
SMILUL Payment Type Check Payable Nun	SMITH SUPPLY Payment Num	V COLULING nber Description FLUOR ORANGE MARKING SPY 203027	•		11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount
SMILUL Payment Type Check Payable Nun 74137	SMITH SUPPLY Payment Num nber Vendor Name	V COLULING nber Description FLUOR ORANGE MARKING SPY 203027	•		11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount 33.00
Payment Type Check Payable Nun 74137 Vendor Number	SMITH SUPPLY Payment Num nber Vendor Name	Y COLULING nber Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC.	•		11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97
Payment Type Check Payable Num 74137 Vendor Number SOUHEA	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE	Y COLULING nber Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC.	•		11/05/2019 Discount Amount P 0.00	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num	Y COLULING nber Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC.	•		11/05/2019 Discount Amount P 0.00 Payment Date	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num	V COLULING Inber Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber	10/28/2019	11/12/2019	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num	COLULING nber Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. nber Description	10/28/2019 Payable Date	11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num mber	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. nber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019	10/28/2019 Payable Date 09/30/2019	11/12/2019 Due Date 11/12/2019	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num 92019	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num mber	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description	10/28/2019 Payable Date 09/30/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num mber	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. nber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019	10/28/2019 Payable Date 09/30/2019	11/12/2019 Due Date 11/12/2019	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num BASE36541	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num mber	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description CAL-7388 NOVEMBER 2019 BASE	10/28/2019 Payable Date 09/30/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount 40,674.02
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num BASE36541 Vendor Number	SMITH SUPPLY Payment Num wher Vendor Name SOUTHERN HE Payment Num mber wher Vendor Name	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description CAL-7388 NOVEMBER 2019 BASE	10/28/2019 Payable Date 09/30/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount 40,674.02 Total Vendor Amount
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num BASE36541 Vendor Number SOUTIR	SMITH SUPPLY Payment Num wher Vendor Name SOUTHERN HE Payment Num mber Vendor Name SOUTHERN TI	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description CAL-7388 NOVEMBER 2019 BASE RE MART, LLC	10/28/2019 Payable Date 09/30/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P 0.00	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount 40,674.02 Total Vendor Amount 568.00
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num BASE36541 Vendor Number SOUTIR Payment Type	SMITH SUPPLY Payment Num wher Vendor Name SOUTHERN HE Payment Num mber wher Vendor Name	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description CAL-7388 NOVEMBER 2019 BASE RE MART, LLC	10/28/2019 Payable Date 09/30/2019 Payable Date	11/12/2019 Due Date 11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P 0.00 Payment Date	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount 40,674.02 Total Vendor Amount 568.00 Payment Amount
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num BASE36541 Vendor Number SOUTIR Payment Type Check	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num nber Vendor Name SOUTHERN TI Payment Num	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description CAL-7388 NOVEMBER 2019 BASE RE MART, LLC Inber	10/28/2019 Payable Date 09/30/2019 Payable Date 10/02/2019	Due Date 11/12/2019 Due Date 11/12/2019 Due Date 11/12/2019	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount 40,674.02 Total Vendor Amount 568.00 Payment Amount 568.00
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num BASE36541 Vendor Number SOUTIR Payment Type Check Payable Num BASE36541	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num nber Vendor Name SOUTHERN TI Payment Num	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description CAL-7388 NOVEMBER 2019 BASE RE MART, LLC Inber Description	Payable Date 09/30/2019 Payable Date 10/02/2019 Payable Date	Due Date 11/12/2019 Due Date 11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount 40,674.02 Total Vendor Amount 568.00 Payment Amount 568.00 Payable Amount
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num BASE36541 Vendor Number SOUTIR Payment Type Check	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num nber Vendor Name SOUTHERN TI Payment Num	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description CAL-7388 NOVEMBER 2019 BASE RE MART, LLC Inber	10/28/2019 Payable Date 09/30/2019 Payable Date 10/02/2019	Due Date 11/12/2019 Due Date 11/12/2019 Due Date 11/12/2019	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount 40,674.02 Total Vendor Amount 568.00 Payment Amount 568.00
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num BASE36541 Vendor Number SOUTIR Payment Type Check Payable Num BASE36541	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num nber Vendor Name SOUTHERN TI Payment Num	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description CAL-7388 NOVEMBER 2019 BASE RE MART, LLC Inber Description CUST # 142726 TRANSFORCE AT2 OWL	Payable Date 09/30/2019 Payable Date 10/02/2019 Payable Date	Due Date 11/12/2019 Due Date 11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount 40,674.02 Total Vendor Amount 568.00 Payment Amount 568.00 Payable Amount 568.00
Payment Type Check Payable Num 74137 Vendor Number SOUHEA Payment Type Check Payable Num 92019 Check Payable Num BASE36541 Vendor Number SOUTIR Payment Type Check Payable Num 4650027593	SMITH SUPPLY Payment Num nber Vendor Name SOUTHERN HE Payment Num nber Vendor Name SOUTHERN TI Payment Num	Description FLUOR ORANGE MARKING SPY 203027 EALTH PARTNERS, INC. Inber Description ACCT # CAL-7388 OVERAGE FOR 2018 - 2019 Description CAL-7388 NOVEMBER 2019 BASE RE MART, LLC Inber Description CUST # 142726 TRANSFORCE AT2 OWL	Payable Date 09/30/2019 Payable Date 10/02/2019 Payable Date	Due Date 11/12/2019 Due Date 11/12/2019 Due Date	11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P 0.00 11/05/2019 Discount Amount P 0.00 Payment Date 11/05/2019 Discount Amount P	33.00 Payment Amount 33.00 Payable Amount 33.00 Total Vendor Amount 52,090.97 Payment Amount 11,416.95 Payable Amount 11,416.95 40,674.02 Payable Amount 40,674.02 Total Vendor Amount 568.00 Payment Amount 568.00 Payable Amount

Check

Payment Type Payment Number

Description

ACCT # 122236591 9/17 - 10/16/19

Payable Number

122236591-127

37.99

37.99

Payment Date Payment Amount

Discount Amount Payable Amount

0.00

11/05/2019

Payable Date Due Date

11/12/2019

10/20/2019

Payment Register					APPKT03463 - 1	11/12/2019 A/P RUN
Vendor Number	Vendor Name					Total Vendor Amount
STMARY		HOLIC CHURCH				100.00
Payment Type Check	Payment Num	ber			Payment Date	Payment Amount
Payable Num	har	Description	Payable Date	Due Date	11/05/2019 Discount Amount Pa	100.00
102419	ibei	RENT FOR ELECTION NOV 2019	10/24/2019	11/12/2019	0.00	100.00
			,,	,,,	3,00	200,00
Vendor Number	Vendor Name					Total Vendor Amount
STMMET	ST. MARK'S ME	ETHODIST CHURCH				100.00
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	100.00
Payable Nurr	nber	Description	Payable Date	Due Date	Discount Amount Pa	•
102419		RENT FOR ELECTION NOV 2019	10/24/2019	11/12/2019	0.00	100.00
Vendor Number	Vendor Name					Total Vendor Amount
SWAGIT	SWAGIT PROD	UCTIONS, LLC				840.00
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	840.00
Payable Nurr	nber	Description	Payable Date	Due Date	Discount Amount Pa	•
14077		Onsite Testing/Installation/Travel	10/31/2019	11/12/2019	0.00	840.00
Vendor Number	Vendor Name					Tatal Mandan America
SYDMOO	SYDNEY MOOF					Total Vendor Amount 950.00
Payment Type	Payment Num	·-			Payment Date	Payment Amount
Check	· oyment room				11/05/2019	950.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Pa	
2753-19CC 1	L.	CAUSE # 2753-19CC O.R.V.	10/14/2019	11/12/2019	0.00	500.00
47,421		CAUSE # 47,421 ANALISA MARINA FAIN	10/17/2019	11/12/2019	0.00	450.00
Vendor Number	Vendor Name SYSCO CENTRA					Total Vendor Amount
SYSCO Payment Type	Payment Num	•			Payment Date	11,557.29 Payment Amount
Check	r my mount i dans	• • • • • • • • • • • • • • • • • • • •			11/05/2019	11,557.29
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Pa	•
313933507		CUST # 043430 CHEMICAL & JANITORIAL	10/09/2019	11/12/2019	0.00	381.48
313933508		CUST # 043430 DAIRY / MEATS / FROZEN / CAN & DRY	10/09/2019	11/12/2019	0.00	2,047.17
313939869		CUST # 043430 DAIRY / MEATS / POULTRY / FROZEN /	10/11/2019	11/12/2019	0.00	2,241.48
313952552		CUST # 043430 CHEMICAL & JANITORIAL	10/16/2019	11/12/2019	0.00	427.16
313952553		CUST # 043430 DAIRY / MEATS / POULTRY / FROZEN /	10/16/2019	11/12/2019	0.00	1,280.18
<u>313958883</u> 313971543		CUST # 043430 DAIRY / MEATS / POULTRY / FROZEN / CUST # 043430 CHEMICAL & JANITORIAL	10/18/2019	11/12/2019	0.00	1,378.61
313971544 313971544		CUST # 043430 CHEMICAL & JAINTONIAL CUST # 043430 DAIRY / MEATS / POULTRY / FROZEN /	10/23/2019 10/23/2019	11/12/2019 11/12/2019	0.00 0.00	450.72 1,455.75
313978936		CUST # 043430 DAIRY / MEATS / POULTRY / FROZEN /	10/25/2019	11/12/2019	0.00	1,427.74
313979684		PAYER # 043430 CENTRASMART RIBBED BAR TOWEL WI		11/12/2019	0.00	467.00
Vendor Number	Vendor Name					Total Vendor Amoun
TAHSTE	TAHLIA T. STE					1,155.00
Payment Type	Payment Nun	nper			Payment Date	Payment Amount
Check Payable Nur	nher	Description	Payable Date	Due Date	11/05/2019 Discount Amount P	1,155.00
18-FL-045_7		CAUSE # 18-FL-045 H.G. / J.G. / M.G.	10/24/2019	11/12/2019	0.00	574.00
19 FL 403		CAUSE # 19-FL-403 K.S.	10/10/2019	11/12/2019	0.00	581.00
				, ,		
Vendor Number	Vendor Name	3				Total Vendor Amoun
TXAGFI		ULTURAL FINANCE AUTHORITY				235.00
Payment Type	Payment Nun	nber			Payment Date	Payment Amount
Chack					11/05/2010	725.00

92019

Payable Number

Description

47 FARM TAGS

Check

235.00

235.00

11/05/2019

Discount Amount Payable Amount

0.00

Payable Date Due Date

11/12/2019

10/04/2019

Payment Register					APPKT03463	- 11/12/2019 A/P RUN
Vendor Number	Vendor Name	e				Total Vendor Amount
TACEDU		NATION OF COUNTIES			_	250.00
Payment Type Check	Payment Nur	mber			Payment Date 11/05/2019	Payment Amount 125.00
Payable Num	nber	Description	Payable Date	Due Date	Discount Amount	
292685		EZZY CHAN - EVENT 2/19 - 21/19 2020 CO COURT ASST	10/24/2019	11/12/2019	0.00	125.00
Check					11/05/2019	125.00
Payable Nurr	nber	Description	Payable Date	Due Date	Discount Amount	Payable Amount
INV REF: 292	968	BILL ID: 245523 H. HADEN 3/25 - 27/19 SPRING JUDI	10/30/2019	11/12/2019	0.00	125.00
Vendor Number	Vendor Nam	e				Total Vendor Amount
SWTSU	TEXAS JUSTIC	E COURT TRAINING CENTER				300.00
Payment Type	Payment Nui	mber			Payment Date	Payment Amount
Check		Paradahan .	D	D D	11/05/2019	150.00
Payable Nun 48926	noer	Description MATT KEILY - EVENT 2/16/20 FY_20 JP SEMINAR	Payable Date 10/01/2019	Due Date 11/12/2019	Discount Amount 0.00	150.00
Check		MATT REICH - EVENT 2/20/20 1 1-20 31 3EIVINAN	10/01/2019	11/12/2013		
Payable Nun	nber	Description	Payable Date	Due Date	11/05/2019 Discount Amount	150.00 Pavable Amount
49783		RAYMOND DELEON - EVENT 2/16/20 FY_20 JP SEMINAR		11/12/2019	0.00	150.00
Vendor Number	Vendor Nam					Total Vendor Amount
TEXSTAR Payment Type	Payment Nu	FIRE SYSTEMS, LLC			Payment Dat	2,350.00 e Payment Amount
Check	1 4 7 111 - 11 11 11	11105-E7			11/05/2019	2,350.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount	•
<u>1836</u>		2019 5 YEAR FIRE INSPECTION - CCJC	08/05/2019	11/12/2019	0.00	2,350.00
Vendor Number	Vendor Nam					Total Manday Amount
JAMCAS	THE CASEY L					Total Vendor Amount 655.00
Payment Type	Payment Nu				Payment Dat	
Check					11/05/2019	655.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount	
<u>19-074</u>		CAUSE # 19-074 SANITAGO GONZALES	10/22/2019	11/12/2019	0.00	655.00
Vendor Number	Vendor Nam	e				Total Vendor Amount
GRACEN	THE GRANTS	MANSHIP CENTER				375.00
Payment Type	Payment Nu	mber			Payment Dat	,
Check Payable Nun	nhar	Description	Payable Date	Due Date	11/05/2019 Discount Amount	375.00
MEM	IIDC1	CLASSIC MEMBERSHIP, 1 YR DENNIS ENGELKE	10/16/2019	11/12/2019	0.00	375.00
			,,	,,		
Vendor Number	Vendor Nam					Total Vendor Amount
RICHIC Payment Type	THE LAW OF Payment Nu	FICE OF TREY HICKS, PLLC			Doument Dat	1,605.00
Check	rayment Nu	niber			Payment Dat 11/05/2019	e Payment Amount 1,605.00
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount	
<u>15-200</u>		CAUSE # 15-200 SOUIA SANCHEZ	10/21/2019	11/12/2019	0.00	450.00
19-058		CAUSE # 19-058 GARY ALFRED NOZIA	10/10/2019	11/12/2019	0.00	805.00
45,117		CAUSE # 45,117 JASON ALAN MEYER	10/02/2019	11/12/2019	0.00	350.00
Vendor Number	Vendor Nam	ne				Total Vendor Amount
CARWAR	THE LAW OF	FICES OF CARRIE WARD PLLC				1,897.00
Payment Type	Payment Nu	ember			Payment Dat	•
Check	-hor	Description	Bauchle Sec	Bus Bata	11/05/2019	1,897.00
Payable Nur 17-FL-287 1		Description CAUSE # 17-FL-287 Z.M.R.	Payable Date 10/10/2019	Due Date 11/12/2019	Discount Amount 0.00	•
18-FL-118 1	_	CAUSE # 17-FE-287 2.W.R. CAUSE # 18-FL-118 B.B.S.B.	10/10/2019	11/12/2019	0.00	49.00 154.00
18-FL-317A		CAUSE # 18-FL-317A VASQUEZ, ET AL	10/10/2019	11/12/2019	0.00	70.00
18-FL-317B	1	CAUSE # 18-FL-317B VASQUEZ	10/10/2019	11/12/2019	0.00	70.00
18-FL-448 7	7	CALISE # 18-EL-A49 DG / IG	10/10/2019	11/12/2019	0.00	210.00

10/10/2019

10/10/2019

11/12/2019

11/12/2019

0.00

0.00

210.00

497.00

CAUSE # 18-FL-448 PG / JG

CAUSE # 18-FL-474 JUAREZ

18-FL-448 7

18-FL-474 5

Payment Register					APPKT03463 - :	11/12/2019 A/P RUN
18-FL-595_5		CAUSE # 18-FL-595 GUTIERREZ	10/10/2019	11/12/2019	0.00	140.00
19-FL-359 1		CAUSE # 19-FL-359 GONZALEZ	10/10/2019	11/12/2019	0.00	70.00
19-FL-361_1		CAUSE # 19-FL-361 M.O.	10/10/2019	11/12/2019	0.00	70.00
19-FL-387		CAUSE # 19-FL-387 GOTT	10/10/2019	11/12/2019	0.00	70.00
19-FL-434_1		CAUSE # 19-FL-434 T/A	10/10/2019	11/12/2019	0.00	497.00
Vendor Number	Vendor Name					Total Vendor Amount
THRRIV	THREE RIVERS	COMMUNITY CENTER				100.00
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	100.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Pa	ayable Amount
102419		RENT FOR ELECTION NOV 2019	10/24/2019	11/12/2019	0.00	100.00
Vendor Number	Vendor Name					Total Vendor Amount
TIFBAR	TIFFANY E.CRC	DUCH BARTLETT				3,409.00
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					11/05/2019	3,409.00
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Pa	ayable Amount
17-FL-182 3		CAUSE # 17-FL-182 B.V. / C.V.	10/10/2019	11/12/2019	0.00	1,862.00
18-FL-318_1		CAUSE # 18-FL-318 J.H.	10/10/2019	11/12/2019	0.00	1,036.00
<u>19-FL-361</u>		CAUSE # 19-FL-361 M.O.	10/10/2019	11/12/2019	0.00	511.00
Vendor Number	Vendor Name					Total Vendor Amount
TINMOR	TINA FREEMA	N				173.9€
Payment Type	Payment Num	nber			Payment Date	Payment Amount
Check					11/05/2019	173.96
Payable Nun	mber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
101719		TDCA CONFERENCE 10/15 - 17/19	10/22/2019	11/12/2019	0.00	173.96
Vendor Number	Vendor Name	1				Total Vendor Amount
TOWDIS	TOW DISPATO	H 911				236.00
Payment Type	Payment Nurr	nber			Payment Date	Payment Amount
Check					11/05/2019	236.00
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
<u>1658</u>		10/19/19 TOWED FROM NIEDERWALD TO JUSTICE CENTI	10/22/2019	11/12/2019	0.00	236.00
Vendor Number	Vendor Name	•				Total Vendor Amoun
TRIMEC	TRIAD MECHA	ANICAL SERVICES, INC.				3,050.00
Payment Type	Payment Nun	nber			Payment Date	Payment Amount
Check					11/05/2019	3,050.00
Payable Nur	mber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
200-0086		REPAIR WATER LEAKS	10/21/2019	11/12/2019	0.00	3,050.00
Vendor Number	Vendor Name	2				Total Vendor Amoun
UNIFIR	UNIFIRST COR	RPORATION				211.7
Payment Type	Payment Nun	nber			Payment Date	Payment Amount
Check					11/05/2019	211.77
Payable Nur		Description	Payable Date	Due Date	Discount Amount P	ayable Amount
822 224442		CUST # 222727 RTE # F6140 SHERIFF'S	10/11/2019	11/12/2019	0.00	70.59
822 224666	8	CUST # 222727 RTE # F6140 SHERIFF'S	10/18/2019	11/12/2019	0.00	70.59
822 224891	9	CUST # 222727 RTE # F6140 SHERIFF'S	10/25/2019	11/12/2019	0.00	70.59
Vendor Number	Vendor Name	2				Total Vendor Amoun
UNIMET	UNITED METH	HODIST CHURCH				100.0
Payment Type	Payment Nur	nber			Payment Date	Payment Amount
Chook					11/05/2010	100.00

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Payable Date Due Date

11/12/2019

10/24/2019

11/05/2019

Discount Amount Payable Amount

0.00

100.00

100.00

Check

Payable Number

102419

Description

RENT FOR ELECTION NOV 2019

Payment Register					APPKT03463 - 11/12/2019 A/P RUN
Vendor Number	Vendor Name				Total Vendor Amount
WALDEA	WALTER S. DEA	AN, SR.			550.00
Payment Type	Payment Num	ber			Payment Date Payment Amount
Check					11/05/2019 550.00
Payable Num	ber	Description	Payable Date	Due Date	Discount Amount Payable Amount
<u>17-091</u>		CAUSE # 17-091 ASHLEY INDIA SALINAS	10/08/2019	11/12/2019	0.00 550.00
Vendor Number	Vendor Name				Total Vendor Amount
WESGRO		PAYMENT CENTER			626.89
Payment Type Check	Payment Num	per .			Payment Date Payment Amount 11/05/2019 340.00
Payable Num	ther	Description	Payable Date	Due Date	Discount Amount Payable Amount
841035252		ACCT # 1004742988 SEPT 2019	10/01/2019	11/12/2019	0.00 340.00
			,,	,,	
Check Payable Num	her	Description	Payable Date	Due Date	11/05/2019 208.00 Discount Amount Payable Amount
841042041	ibei	ACCT # 1000732986 SEPT 2019	10/01/2019	11/12/2019	0.00 208.00
		ACC1 # 1000/32300 SEFT 2013	10/01/2013	11/12/2013	
Check	4.77	manufacture.			11/05/2019 78.89
Payable Num	iber	Description	Payable Date	Due Date	Discount Amount Payable Amount
841142114		ACCT # 1000732986 9/05 - 10/04/19 LIBRARY PLA	10/04/2019	11/12/2019	0.00 78.89
Vendor Number	Vendor Name				Total Vendor Amoun
WILRIG	WILSON RIGGI	N			101.9!
Payment Type	Payment Num				Payment Date Payment Amount
Check					11/05/2019 101.95
Payable Nurr	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
106649		ZIP TIES	10/10/2019	11/12/2019	0.00 65.47
106821		2 X 12 - 8	10/24/2019	11/12/2019	0.00 18.24
106830		2 X 12 - 8	10/24/2019	11/12/2019	0.00 18.24
Vendor Number	Vendor Name				Total Vendor Amoun
WOLENT	WOLFCOM EN	TERPRISES			345.00
Payment Type	Payment Num	ber			Payment Date Payment Amount
Check					11/05/2019 345.00
Payable Nun		Description	Payable Date	Due Date	Discount Amount Payable Amount
\$1-00005068		WOLFCOM VISION 1080P BODY CAMERA W/ROTATBLE C	10/21/2019	11/12/2019	0.00 345.00
Vendor Number	Vendor Name				Total Vendor Amoun
XERBUS	XEROX BUSINE	ESS SOLUTIONS SOUTHWEST			157.8
Payment Type	Payment Num	nber			Payment Date Payment Amount
Check					11/05/2019 157.80
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
<u>IN2278344</u>		CONTRACT # CN31402-01 ACCT # CC26	10/01/2019	11/12/2019	0.00 157.80
Vendor Number	Vendor Name				Total Vendor Amoun
XERCOR	XEROX CORPO	PRATION			4,222.1
Payment Type	Payment Nun	nber			Payment Date Payment Amount
Check					11/05/2019 4,051.11
Payable Nun	nber	Description 2000 2000 2000 2000 2000 2000 2000 20	Payable Date	Due Date	Discount Amount Payable Amount
<u>1811018</u>		CONTRACT # 010-0063777-001 9/30 - 10/29/19	10/10/2019	11/12/2019	0.00 4,051.11
Check					11/05/2019 171.00
Payable Nur	nber	Description	Payable Date	Due Date	Discount Amount Payable Amount
1811263		CONTRACT # 010-0076391-001 9/30 - 10/29/19	10/10/2019	11/12/2019	0.00 171.00
Vendor Number	Vendor Name	3			Total Vendor Amour
XLPART	XL PARTS, LLC				785.9
Payment Type	Payment Nun				Payment Date Payment Amount
Check	-				11/05/2010 785.01

ACCT # 490093 2008 FORD EXPEDITION V8-330

CUST # 490093 320Z DOT 4 BRAKE FLUID

ACCT # 490240 FUEL FILTER

Payable Date Due Date

11/12/2019

11/12/2019

11/12/2019

10/02/2019

10/04/2019

10/08/2019

11/05/2019

Discount Amount Payable Amount

0.00

0.00

0.00

785.91

43.38

14.98

28.06

Check

Payable Number

0416IY9316

0416JB6837

0416JE7754

Payment Register					APPKT03463	11/12/2019 A/P RUN
0416JG0493		CUST # 490093 AIR FILTER - PARTS PLUS	10/09/2019	11/12/2019	0.00	7.18
0416JG6558		ACCT # 490093 SWAY BAR LINK KIT	10/09/2019	11/12/2019	0.00	93.20
<u>0416JH3632</u>		ACCT # 490240 PREMIUM SEALED BEAMS	10/10/2019	11/12/2019	0.00	40.00
0416JH4254		CUST # 490093 AIR FILTER - PARTS PLUS	10/10/2019	11/12/2019	0.00	50.26
0416JH7442		CUST # 490093 S/M PAD ST	10/10/2019	11/12/2019	0.00	258.97
<u>0416JH8713</u>		CUST # 490093 WSHR PUMP	10/10/2019	11/12/2019	0.00	25.98
<u>0416JH9010</u>		CUST # 490093 WIPER BLADE	10/10/2019	11/12/2019	0.00	8.98
0416J56834		ACCT # 490093 OIL FILTER	10/18/2019	11/12/2019	0.00	17.45
<u>0416JS7117</u>		CUST # 490093 AIR FILTER - PARTS PLUS	10/18/2019	11/12/2019	0.00	62.02
0416KL7622		CUST # 490093 1G GOLD VC7B ANTI-FREEZE	10/21/2019	11/12/2019	0.00	70.25
0416KM3018	3	CUST # 490093 THERMOSTAT	10/21/2019	11/12/2019	0.00	7.68
0416KN8967		CUST # 490093 STOP SWITCH	10/22/2019	11/12/2019	0.00	12.43
<u>0416KO4092</u>		CUST # 490093 BELT - SERPENTINE	10/23/2019	11/12/2019	0.00	25.13
0416KR2962		CUST # 490093 22 TRICO (30 SERIES)	10/25/2019	11/12/2019	0.00	19.96
Vendor Number	Vendor Name					Total Vendor Amoun
	4 CHOOL 140111C					Total Velicul Allibuli
ZACMAN	ZACHARY RICK	MANWILL				2,786.00
					Payment Date	2,786.00
ZACMAN	ZACHARY RICK				Payment Date 11/05/2019	2,786.00
ZACMAN Payment Type	ZACHARY RICK Payment Num		Payable Date	Due Date	•	2,786.00 Payment Amount 2,786.00
ZACMAN Payment Type Check	ZACHARY RICK Payment Num	ber	Payable Date 10/24/2019	Due Date 11/12/2019	11/05/2019	2,786.00 Payment Amount 2,786.00
ZACMAN Payment Type Check Payable Nun	ZACHARY RICK Payment Num	Description	•		11/05/2019 Discount Amount	2,786.00 Payment Amount 2,786.00 Payable Amount
ZACMAN Payment Type Check Payable Nun 18-FL-045 6	ZACHARY RICK Payment Num	Description CAUSE # 18-FL-045 H.G.	10/24/2019	11/12/2019	11/05/2019 Discount Amount 0.00	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00
ZACMAN Payment Type Check Payable Nun 18-FL-045 6 18-FL-288 3	ZACHARY RICK Payment Num	Description CAUSE # 18-FL-045 H.G. CAUSE # 18-FL-288 C,C.C.F,	10/24/2019 10/24/2019	11/12/2019 11/12/2019	11/05/2019 Discount Amount 0.00 0.00	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00 560.00
ZACMAN Payment Type Check Payable Nun 18-FL-045 6 18-FL-288 3 18-FL-317 5	ZACHARY RICK Payment Num	Description CAUSE # 18-FL-045 H.G. CAUSE # 18-FL-288 C.C.C.F. CAUSE # 18-FL-317 K.N.V.	10/24/2019 10/24/2019 10/24/2019	11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount 0.00 0.00 0.00	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00 560.00 294.00
ZACMAN Payment Type Check Payable Num 18-FL-045 6 18-FL-288 3 18-FL-317 5 18-FL-317A	ZACHARY RICK Payment Num nber	Description CAUSE # 18-FL-045 H.G. CAUSE # 18-FL-288 C.C.C.F. CAUSE # 18-FL-317 K.N.V. CAUSE # 18-FL-317A U.G.G.	10/24/2019 10/24/2019 10/24/2019 10/24/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount 0.00 0.00 0.00 0.00	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00 560.00 294.00 301.00
ZACMAN Payment Type Check Payable Num 18-FL-045 6 18-FL-288 3 18-FL-317 5 18-FL-317A 18-FL-317B 18-FL-330 4 18-FL-394 1	ZACHARY RICK Payment Num nber	Description CAUSE # 18-FL-045 H.G. CAUSE # 18-FL-288 C.C.C.F. CAUSE # 18-FL-317 K.N.V. CAUSE # 18-FL-317A U.G.G. CAUSE # 18-FL-317B A.J.T-A / J.C.A. CAUSE # 18-FL-330 T.G,J / K.J.G. CAUSE # 18-FL-394 L.G.L.	10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount 0.00 0.00 0.00 0.00 0.00 0.00	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00 560.00 294.00 301.00 476.00
ZACMAN Payment Type Check Payable Num 18-FL-045 6 18-FL-288 3 18-FL-317 5 18-FL-317A 18-FL-317B 18-FL-330 4	ZACHARY RICK Payment Num nber	Description CAUSE # 18-FL-045 H.G. CAUSE # 18-FL-288 C.C.C.F. CAUSE # 18-FL-317 K.N.V. CAUSE # 18-FL-317A U.G.G. CAUSE # 18-FL-317B A.J.T-A / J.C.A. CAUSE # 18-FL-300 T.G,J / K.J.G.	10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount 0.00 0.00 0.00 0.00 0.00 0.00 0.00	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00 560.00 294.00 301.00 476.00 49.00
ZACMAN Payment Type Check Payable Num 18-FL-045 6 18-FL-288 3 18-FL-317 5 18-FL-317A 18-FL-317B 18-FL-330 4 18-FL-394 1	ZACHARY RICK Payment Num nber	Description CAUSE # 18-FL-045 H.G. CAUSE # 18-FL-288 C.C.C.F. CAUSE # 18-FL-317 K.N.V. CAUSE # 18-FL-317A U.G.G. CAUSE # 18-FL-317B A.J.T-A / J.C.A. CAUSE # 18-FL-330 T.G.J / K.J.G. CAUSE # 18-FL-394 L.G.L. CAUSE # 18-FL-474 I.L.J. / I.J. / I.J. CAUSE # 19-FL-005 D.M. / V.M.	10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00 560.00 294.00 301.00 476.00 49.00 70.00
ZACMAN Payment Type Check Payable Nun 18-FL-045 6 18-FL-288 3 18-FL-317 5 18-FL-317A 18-FL-317B 18-FL-310 4 18-FL-394 1 18-FL-474 3 19-FL-005 2 19-FL-027 2	ZACHARY RICK Payment Num nber	Description CAUSE # 18-FL-045 H.G. CAUSE # 18-FL-288 C.C.C.F. CAUSE # 18-FL-317 K.N.V. CAUSE # 18-FL-317A U.G.G. CAUSE # 18-FL-317B A.J.T-A / J.C.A. CAUSE # 18-FL-330 T.G.J / K.J.G. CAUSE # 18-FL-394 L.G.L. CAUSE # 18-FL-474 I.L.J. / I.J. / I.J. CAUSE # 19-FL-005 D.M. / V.M. CAUSE # 19-FL-027 G.H.G. / A.J.C.	10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00 560.00 294.00 301.00 476.00 49.00 70.00 84.00 105.00 196.00
ZACMAN Payment Type Check Payable Nun 18-FL-045-6 18-FL-288-3 18-FL-317-5 18-FL-317B 18-FL-317B 18-FL-330-4 18-FL-394-1 18-FL-474-3 19-FL-005-2 19-FL-027-2	ZACHARY RICK Payment Num nber	Description CAUSE # 18-FL-045 H.G. CAUSE # 18-FL-288 C.C.C.F. CAUSE # 18-FL-317 K.N.V. CAUSE # 18-FL-317A U.G.G. CAUSE # 18-FL-317B A.J.T-A / J.C.A. CAUSE # 18-FL-330 T.G.J / K.J.G. CAUSE # 18-FL-394 L.G.L. CAUSE # 18-FL-474 I.L.J. / I.J. / I.J. CAUSE # 19-FL-005 D.M. / V.M. CAUSE # 19-FL-027 G.H.G. / A.J.C. CAUSE # 19-FL-047 J.G. / M.M.	10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00 560.00 294.00 301.00 476.00 49.00 70.00 84.00 105.00 196.00 168.00
ZACMAN Payment Type Check Payable Nun 18-FL-045 6 18-FL-288 3 18-FL-317 5 18-FL-317A 18-FL-317B 18-FL-310 4 18-FL-394 1 18-FL-474 3 19-FL-005 2 19-FL-027 2	ZACHARY RICK Payment Num nber	Description CAUSE # 18-FL-045 H.G. CAUSE # 18-FL-288 C.C.C.F. CAUSE # 18-FL-317 K.N.V. CAUSE # 18-FL-317A U.G.G. CAUSE # 18-FL-317B A.J.T-A / J.C.A. CAUSE # 18-FL-330 T.G.J / K.J.G. CAUSE # 18-FL-394 L.G.L. CAUSE # 18-FL-474 I.L.J. / I.J. / I.J. CAUSE # 19-FL-005 D.M. / V.M. CAUSE # 19-FL-027 G.H.G. / A.J.C.	10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/24/2019 10/29/2019	11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019 11/12/2019	11/05/2019 Discount Amount 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	2,786.00 Payment Amount 2,786.00 Payable Amount 42.00 560.00 294.00 301.00 476.00 49.00 70.00 84.00 105.00 196.00

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Payment Register

APPKT03463 - 11/12/2019 A/P RUN

Payment Summary

			Payable	Payment		
Bank Code	Type		Count	Count	Discount	Payment
AP BNK	Check		411	174	0.00	542,665.12
		Packet Totals:	411	174	0.00	542,665.12

Payment Register

APPKT03463 - 11/12/2019 A/P RUN

Cash Fund Summary

Fund 999 Name POOLED CASH Amount -542,665.12

Packet Totals:

-542,665.12



Caldwell County, TX

Payment Register

APPKT03462 - 11/2019 EMPLOYEE BENEFITS

01 - Vendor Set 01

AP BNK - Pooled Cash - Operation

Vendor Number DENSEL

Vendor Name DENTAL SELECT

Payment Type Payment Number

Check

Vendor Number

Payable Number Description

5051560

Vendor Name

INTERNAL REVENUE SERVICE IRS/AK **Payment Type**

Check

Payment Number

Payable Number Description ANTHONY M. KEILY SS # ENDS W/4910

10/2019

Vendor Number

Vendor Name

NATIONAL FAMILY CARE LIFE INSURANCE NATEAM

Payment Number Payment Type

Check

Payable Number

Description 10/2019

PREM ID #'S 4503 & 5201 OCTOBER 2019

Vendor Name

NATRET Payment Type NATIONWIDE RETIREMENT SOLUTIONS

SOCIAL SECURITY ADMINISTRATION

Description

Description

ENTITY # 652015 OCTOBER 2019

Payment Number

Check

Vendor Number

Payable Number

10/2019

Vendor Number **Vendor Name**

SOCSEC Payment Type

Payment Number

Check

Payable Number

10/2019

Vendor Name

Vendor Number

TGCOL

TRELLIS COMPANY

Payment Type

Payment Number

Check

Payable Number

10/2019

Vendor Number **Vendor Name**

ALLWOR Payment Type WORKERS ASSISTANCE PROGRAM

Check

Payable Number

INV00072115

Description

Payment Number

CUST ID: CC288 OCTOBER 2019 EMPLOYEES COVERED

LIGHTFOOT, LINDA ACCT # 461-11-1576

STOX, JAMES M. CLAIM # 46241385520061213

GRP# 6561G-TX / 6561TV-TX NOVEMBER 2019

Payable Date 10/23/2019

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

10/31/2019

10/31/2019

10/31/2019

10/31/2019

10/31/2019

10/17/2019

Due Date

Due Date

Due Date

11/05/2019

Due Date

Due Date

Due Date

11/05/2019

11/05/2019

11/05/2019

11/05/2019

11/05/2019

Due Date

11/05/2019

11/05/2019 Discount Amount Payable Amount

Payment Date

0.00 360.36

Total Vendor Amount

4,993.76

Payment Amount Payment Date 4,993.76

11/05/2019

Discount Amount Payable Amount 0.00 4,993.76

Total Vendor Amount

150.00

Payment Date

Payment Amount

11/05/2019

150.00

Discount Amount Payable Amount

150.00

0.00

Total Vendor Amount

4,412.20 **Payment Amount**

Payment Date 11/05/2019

4.412.20

Total Vendor Amoun

Discount Amount Payable Amount

0.00 4,412.20

4 980 NO

Payment Date Payment Amount

11/05/2019 4.980.00

Discount Amount Payable Amount

0.00 4,980.00

> **Total Vendor Amoun** 414.21

Payment Amount

Payment Date 11/05/2019

414.26

Discount Amount Payable Amount 0.00 414.26

> Total Vendor Amoun 358.0

Payment Date **Payment Amount** 11/05/2019 358.06

Discount Amount Payable Amount 0.00

358.06

Total Vendor Amoun 360.3 **Payment Amount**

360.36

Payment Register

APPKT03462 - 11/2019 EMPLOYEE BENEFITS

Payment Summary

			Payable	Payment		
Bank Code	Туре		Count	Count	Discount	Payment
AP BNK	Check		7	7	0.00	15,668.64
		Packet Totals:	7	7	0.00	15,668.64

Payment Register

. . .

APPKT03462 - 11/2019 EMPLOYEE BENEFITS

Cash Fund Summary

Fund 999

Name

POOLED CASH

Amount -15,668-64

Packet Totals:

-15,668.64



Caldwell County, TX

Payment Register

APPKT03461 - BCBS TAC 11/04/19

01 - Vendor Set 01

EMP BEN BNK - Cash - Emp Benefit Trust

Vendor Number

Vendor Name

TACBCBS

TEXAS ASSOCIATION OF COUNTIES HEALTH BEN

Payment Type

Payment Number

Check

Payable Number

94687201911

Description

GROUP # 94687 BILLING PERIOD # 11/2019

Payable Date

10/30/2019

Due Date 11/12/2019 **Total Vendor Amount** 166,116.92

Payment Date Payment Amount

11/05/2019

166,116.92

Discount Amount Payable Amount

0.00 166,116.92

Payment Register

APPKT03461 - BCBS TAC 11/04/19

Payment Summary

			Payable	Payment		
Bank Code	Type		Count	Count	Discount	Payment
EMP BEN BNK	Check		1	1	0.00	166,116.92
		Packet Totals:	1	1	0.00	166,116.92

Payment Register

APPKT03461 - BCBS TAC 11/04/19

Cash Fund Summary

Fund 001 Name

GENERAL FUND

Amount -166,116.92

Packet Totals:

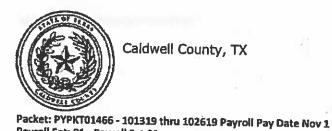
-166,116.92

Ratify re-occurring County payments
 A. \$310,519.14 (Payroll Roll 10/13/2019 - 10/26/2019); Backup:

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

	AGENDA DATE: 11.12.2019
	Type of Agenda Item
	Consent Discussion/Action Executive Session Workshop
	Public Hearing
	What will be discussed? What is the proposed motion?
	to approve \$310,519.14 Payroli (10/13/2019-10/26/2019)
١.	Costs:
	Actual Cost or Estimated Cost \$ 310,519.14
	Is this cost included in the County Budget?
	Is a Budget Amendment being proposed?
2.	Agenda Speakers: Name Representing Title
1	Judge Haden
2	
-, 3)	
Ο,	
3.	Backup Materials: None To Be Distributed 21 total # of backup pages (including this page)
	Males 11 to 10
ı.	11/4/19
3i	gnature of Court Member Date



Payroll Set: 01 - Payroll Set 01

Detail Register

Payrol! Summary

Pay Period: 10/13/2019 - 10/26/2019

Males Paid: 133 males Paid: 129

262

yees:

11,710.37	remales F Total Employ
BENEFITS	
Pay Code	·

EARNINGS			
Pay Code		Units	Pay Amount
165 Stipend w/RET		0.00	1,597.09
BEREAVEMENT		25.25	460.55
FH - LAW		24.00	450.42
FLOAT		27.50	469.45
Hourly		14,358.50	267,195.23
JP COMP TAKEN		19.00	435.97
Jud Stip		0.00	3,230.77
Longevity w/RET		0.00	371.54
LWOP		80.00	0.00
LWP		85.50	1,714.19
OT		375.50	9,351.61
S		596.07	12,109.53
SAL		-21.00	103,558.92
Uniform		0.00	2,175.00
Vacation		534.18	10,401.43
VAC-PAYOUT		56.54	1,031.26
	Total:	16,161.04	414.552.96

Total Direct Deposits:

Total Check Amounts:

BENEFI	rs			
Pay Cod	e		Units	Pay Amount
	JP COMP EARNED		12.00	245.15
		Total:	12.00	245.15
TAXES				
Code		Subject To	Employee	Employer
	Federal W/H	375,483.38	32,876.39	0.00
	MC	398,936.24	5,784.56	5,784.56
	SS	398,936.24	24,734.00	24,734.00
	Unemployment	398,375.34	0.00	0.00
		Total:	63,394.95	30,518.56

DE	DUCTIONS	S
100	Strained Section 1 and	-

Code	Subject To	Employee	Employer
400	409,254.96	20,462.86	17,720.68
520	0.00	2,990.00	0.00
530	0.00	744.47	0.00
550	0.00	1,700.76	0.00
551	0.00	2,978.42	0.00
552	0.00	288.45	0.00
560	0.00	75.00	0.00
563	0.00	210.19	0.00
580	0.00	154.53	0.00
590	0.00	7,857.96	65,053.20
595	0.00	271.44	0.00
610	0.00	206.07	0.00
615	0.00	2.519.69	0.00
620	0.00	179.03	0.00
	Total:	40.638.87	82 773 88

RECAP 01 - Payro	ll Set 01		•			-		
Earnings: 414,5	552.96 Benefits:	245.15	Deductions:	40,638.87	Taxes:	63,394.95	Net Pay:	310,51

Department: 7610 - Sanitation Department

			Direct Deposits: Check Amounts:	2,153.80 0.00				
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	enum uni i
165 Stipend w/RET		0.00	34.62	Federal W/H		2,402.17	53.40	Employe
Hourly		120.00	2,294.02	MC		2,528.60	36.67	0.0
\$		8.00	199.96	SS		2,528.60	156.77	36.6 156.7
	Total:	128.00	2,528.60	Unemployment		2,528.60	0.00	0.0
			,	- Compartment		Total:	246.84	193.4
DEDUCTIONS	THE THE RESERVE	THE RESERVE AND ADDRESS OF THE PARTY OF THE	For all assessment of the second					
Code	Subject To	Employee	Employer					
400	2,528.60	126.43	109.49					
580	0.00	1.53	0.00					
590	0.00	0.00	322.22					
	Total:	127.96	431.71					
RECAP 7610 - Sanitation	Department							
Earnings: 2,528.60		0.00	Deductions:	127.96				
		0.00	Degractions:	147.30	Taxes:	245.84	Net Pav:	2,153.8
		3.33	Deductions:	127.90	Taxes:	246.84	Net Pay:	2,153.8
artment: 8700 - Cou				147.50	Taxes:	246.84	Net Pay:	2,153.8
		Total (Direct Deposits:	3,154.42	Taxes:	246.84	Net Pay:	2,153.8
		Total (An array opening distribution species great state of an about	Taxes:	246.84	Net Pay:	2,153.8
artment: 8700 - Cou		Total (Direct Deposits:	3,154.42 0.00	Taxes:	246.84	Net Pay:	2,153.8
artment: 8700 - Cou		Total (Direct Deposits:	3,154.42	laxes:			e erren did de accidente a
artment: 8700 - Cou EARNINGS Pay Code		Total (Direct Deposits: Check Amounts:	3,154.42 0.00 TAXES Code	laxes:	Subject To	Employee	Employe
artment: 8700 - Cou EARNINGS Pay Code Hourly		Total (Total (Units	Direct Deposits: Check Amounts: Pay Amount	3,154.42 0.00 TAXES	laxes:	Subject To 3,774.46	Employee 319.78	Employe 0.0
artment: 8700 - Cou EARNINGS Pay Code Hourly		Total (Total (Units 80.00	Direct Deposits: Check Amounts: Pay Amount 1,388.50	3,154.42 0.00 TAXES Code Federal W/H	laxes:	Subject To 3,774.46 3,925.10	Employee 319.78 56.91	Employe 0.0 56.9
EARNINGS Pay Code Hourly SAL	nty Agent	Total (Total (Units 80.00 2.00	Direct Deposits: Check Amounts: Pay Amount 1,388.50 2,539.46	3,154.42 0.00 TAXES Code Federal W/H MC	laxes:	Subject To 3,774.46 3,925.10 3,925.10	Employee 319.78 56.91 243.35	Employe 0.0 56.9 243.3
EARNINGS Pay Code Hourly SAL	nty Agent	Total (Total (Units 80.00 2.00	Direct Deposits: Check Amounts: Pay Amount 1,388.50 2,539.46	3,154.42 0.00 TAXES Code Federal W/H MC SS	laxes:	Subject To 3,774.46 3,925.10 3,925.10 3,927.96	Employee 319.78 56.91 243.35 0.00	Employe 0.0 56.9 243.3 0.0
EARNINGS Pay Code Hourly SAL	nty Agent	Total (Total (Units 80.00 2.00	Direct Deposits: Check Amounts: Pay Amount 1,388.50 2,539.46	3,154.42 0.00 TAXES Code Federal W/H MC SS	laxes:	Subject To 3,774.46 3,925.10 3,925.10	Employee 319.78 56.91 243.35	Employe 0.0 56.9 243.3 0.0
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code	nty Agent Total:	Total (Total (Units 80.00 2.00 82.00	Direct Deposits: Check Amounts: Pay Amount 1,388.50 2,539.46 3,927.96	3,154.42 0.00 TAXES Code Federal W/H MC SS	laxes:	Subject To 3,774.46 3,925.10 3,925.10 3,927.96	Employee 319.78 56.91 243.35 0.00	Employe 0.0 56.9 243.3 0.0
	nty Agent Total: Subject To	Total (Total (Units 80.00 2.00 82.00	Direct Deposits: Check Amounts: Pay Amount 1,388.50 2,539.46 3,927.96	3,154.42 0.00 TAXES Code Federal W/H MC SS	laxes:	Subject To 3,774.46 3,925.10 3,925.10 3,927.96	Employee 319.78 56.91 243.35 0.00	2,153.8 Employe 0.0 56.9 243.3 0.0 300.2
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code	Total: Subject To 3,012.73	Total (Total (Units 80.00 2.00 82.00 Employee 150.64	Direct Deposits: Check Amounts: Pay Amount 1,388.50 2,539.46 3,927.96 Employer 130.45	3,154.42 0.00 TAXES Code Federal W/H MC SS	laxes:	Subject To 3,774.46 3,925.10 3,925.10 3,927.96	Employee 319.78 56.91 243.35 0.00	Employe 0.0 56.9 243.3 0.0
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code	Total: Subject To 3,012.73 0.00 Total:	Total (Total (Units 80.00 2.00 82.00 Employee 150.64 2.86	Direct Deposits: Check Amounts: Pay Amount 1,388.50 2,539.46 3,927.96 Employer 130.45 0.00	3,154.42 0.00 TAXES Code Federal W/H MC SS	laxes:	Subject To 3,774.46 3,925.10 3,925.10 3,927.96	Employee 319.78 56.91 243.35 0.00	Employe 0.0 56.9 243.3 0.0

Department: 6640 - Code Investigator

			Total	Direct Deposits:	1,189.03				The state of the s
			Total	Check Amounts:	0.00		T		
EADMINGS					0.00				
EARNINGS Pay Code					TAXES				
ray code 165 Stipend w/Ri	_		Units	Pay Amount	Code		Subject To	Employee	Employe
Hourly Hourly	G I		0.00	34.62	Federal W/H		1,379.09	76,72	0.0
Vacation			64.00	1,292.00	МС		1,461.57	. 21.19	21.19
vacadon			16.00	323.00	SS		1,461.57	90.62	90.6
		Total:	80.00	1,649.62	Unemployment		1,649.62	0.00	0.00
DEDUCTIONS				100	27.		Total:	188.53	111.8
Code		Subject To	Employee	Employer					
400		1,649.62	82,48	71.43					
551		0.00	26.92	0.00				-4	
580		0.00	1.53	0.00	1.7.7	12			
590		0.00	161.13	337.45					
		Total:	272.06	408.88					
			2/2.00	405.58					
RECAP 6640 - C	ode Investi	And in the State of the Company of the State	The same of the same						
Earnings:	1,649.62	Benefits:	0.00	Deductions:	272.06	Taxes:	128.53	Net Pay:	1,189.03
			Tehel I	Diament Phone - ta-					
				Direct Deposits: Check Amounts:	2,831.27 0.30				
EARNINGS					0.39				
EARNINGS Pay Code				Check Amounts:	0.00 Takes		Subject To	Employee	Partillacani
Pay Code 165 Stipend w/RI			Total		0.39 TAKES Code	·	Subject To	Employse	
Pay Code 165 Stipend w/RI Hourly	ET	The same the same security of	Total (Units	Check Amounts:	0.00 Takes		3,479.57	355.76	0.00
Pay Code 165 Stipend w/RE Hourly SAL	ET	To the law territory	Total (Units 0.00	Pay Amount 34.62	0.39 TAKES Code Federal W/H		3,479.57 3,323.94	355.76 55.45	0.00 55. 45
Pay Code 165 Stipend w/RI Hourly	ET	The same security of	Units 0.00 80.00 -7.00 8.00	Pay Amount 34.62 1,617.00	0.30 TAKES Code Federal W/H MC	enterior de la companya de la compa	3,479.57 3,323.94 3,823.94	355.76 55.45 237.09	0.00 55.45 237.09
Pay Code 165 Stipend w/RE Hourly SAL	ET	Total:	Units 0.00 80.00 -7.00	Pay Amount 34.62 1,617.00 2,012.12	0.30 TAKES Code Federal W/H MC SS	,	3,479.57 3,323.94	355.76 55.45	0.00 55.4: 237.09 0.00
Pay Code 165 Stipend w/RE Hourly SAL	ET	Total:	Units 0.00 80.00 -7.00 8.00	Pay Amounts: 34.62 1,617.00 2,012.12 223.57	0.30 TAKES Code Federal W/H MC SS		3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00	0.00 55.45 237.05 0.00
Pay Code 165 Stipend w/Ri Hourly SAL Vacation			Units 0.00 80.00 -7.00 8.00 81.00	Pay Amount 34.62 1,617.00 2,012.12 223.57 3,887.31	0.30 TAKES Code Federal W/H MC SS		3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00	0.00 55.45 237.05 0.00
Pay Code 165 Stipend w/RE Hourly SAL Vacation DEDUCTIONS	ET	Total: Subject To 3,887.31	Units 0.00 80.00 -7.00 8.00	Pay Amounts: 34.62 1,617.00 2,012.12 223.57	0.30 TAKES Code Federal W/H MC SS	reterior annual a	3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00	0.00 55.45 237.05 0.00
Pay Code 165 Stipend w/Ri Hourly SAL Vacation DEDUCTIONS	ET	Subject To	Units 0.00 80.00 -7.00 8.00 81.00 Employee 194.37	Pay Amount 34.62 1,617.00 2,012.12 223.57 3,887.31	0.30 TAKES Code Federal W/H MC SS		3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00	0.00 55.45 237.05 0.00
Pay Code 1.65 Stipend w/RE Hourly SAL Vacation DEDUCTIONS Code	ET	Subject To 3,887.31	Units 0.00 80.00 -7.00 8.00 81.00	Pay Amount 34.62 1,617.00 2,012.12 223.57 3,887.31 Employer 168.32	0.30 TAKES Code Federal W/H MC SS		3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00	Einployei 0.00 55.45 237.09 0.00 292.54
Pay Code 1.65 Stipend w/RE Hourly SAL Vacation DEDUCTIONS Code 400 520	ET	Subject To 3,887.31 0.00	Units 0.00 80.00 -7.00 8.00 81.00 Employee 194.37 150.00	Pay Amounts: 94,62 1,617.00 2,012.12 223.57 3,887.31 Employer 168.32 0.00	0.30 TAKES Code Federal W/H MC SS		3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00	0.00 55.45 237.05 0.00
Pay Code 1.65 Stipend w/Ri Hourly SAL Vacation DEDUCTIONS Code 400 520	ET	Subject To 3,887.31 0.00 0.00	Units 0.00 80.00 -7.00 8.00 81.00 Employee 194.37 150.00 40.85 0.00	Pay Amounts: 34.62 1,617.00 2,012.12 223.57 3,887.31 Employer 168.32 0.00 0.00 644.44	0.30 TAKES Code Federal W/H MC SS		3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00	0.00 55.45 237.05 0.00
Pay Code 1.65 Stipend w/Ri Hourly SAL Vacation DEDUCTIONS Code 400 550 550	ET	Subject To 3,887.31 0.00 0.00 0.00	Units 0.00 80.00 -7.00 8.00 81.00 Employee 194.37 150.00 40.85	Pay Amounts: 34.62 1,617.00 2,012.12 223.57 3,887.31 Employer 168.32 0.00 0.00 644.44 0.00	0.30 TAKES Code Federal W/H MC SS		3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00 648.20	0.00 55.45 237.05 0.00
Pay Code 1.65 Stipend w/Ri Hourly SAL Vacation DEDUCTIONS Code 400 550 550 5590	ET	Subject To 3,887.31 0.00 0.00 0.00 0.00	Units 0.00 80.00 -7.00 8.00 81.00 Employee 194.37 150.00 40.85 0.00 5.72	Pay Amount 34.62 1,617.00 2,012.12 223.57 3,887.31 Employer 168.32 0.00 0.00 644.44 0.00 0.00 0.00	0.30 TAKES Code Federal W/H MC SS		3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00	0.00 55.45 237.05 0.00
Pay Code 1.65 Stipend w/RE Hourly SAL Vacation DEDUCTIONS Code 400 550 550 590 595	es escala de la	Subject To 3,887.31 0.00 0.00 0.00 0.00 0.00	Units 0.00 80.00 -7.00 8.00 81.00 Employee 194.37 150.00 40.85 0.00 5.72 16.80 407.74	Pay Amounts: 34.62 1,617.00 2,012.12 223.57 3,887.31 Employer 168.32 0.00 0.00 644.44 0.00	0.30 TAKES Code Federal W/H MC SS		3,479.57 3,323.94 3,823.94 2,846.46	355.76 55.45 237.09 0.00 648.20	0.00 55.45 237.05 0.00

Department: 6610 - IT-Technology

			Direct Deposits: Check Amounts:	3,429.42 0.00				
EARNINGS				TAXES				
Pay Code	ALCH MATTER STREET	Units	Pay Amount	Code		Subject To	Employee	Employe
165 Stipend w/RET		0.00	69.24	Federal W/H		4,186.02	399.99	0.0
Hourly		80.00	1,831.23	MC		4,621.62	67.01	67.0
SAL		1.00	2,811.58	SS		4,621.62	286.54	286.5
	Total:	81.00	4,712.05	Unemployment		4,669.24	0.00	0.0
				onempayment.		Total:	753.54	353.5
DEDUCTIONS					- "	10141.	733.34	333,3
Code	Subject To	Employee	Employer			1		
400	4,712.05	235.60	204.03					
520	0.00	200.00	0.00					
550	0.00	42.81	0.00					
551	0.00	30.77	0.00					
580	0.00	3.06	0.00					
590	0.00	0.00	644.44					
S15	0.00	16.85	0.00					
	Total:	529.09	848.47					
			010117					
RECAP 6610 - IT-Technolo			mineral markets (are to be				e a solution of the second	and the same of th
Earnings: 4,712.05	Benefits:	0.00	Deductions:	529.09	Taxes:	753.54	Net Pay:	3,429.4
artment: 6630 - Gran	ts Departmei	nt						
		Total I	Pirect Deposits:	1,873.11	The Art a restricted described the state of			
		Total C	heck Amounts:	0.00				
EARNINGS				TAXES				
DAKININGS.		OF REAL PROPERTY AND ADDRESS.	THE RESERVE OF THE PARTY OF THE	re i - renerie		WITH BUILDING THE	mental access that are	Unique Limited Control
CONTRACTOR OF THE PROPERTY OF THE PARTY AND ADDRESS OF THE PARTY.		Units	Pay Amount	Code		Subject To	Employee	FIDDIONS
Pay Code		Units 0.00	Pay Amount 16.15			Subject To 2.207.65	Employee 156.76	
Pay Code 165 Stipend w/RET				Code Federal W/H MC		2,207.65	156.76	0.0
Pay Code 165 Stipend w/RET	Total:	0.00	16.15	Federal W/H		2,207.65 2,323.84	156.76 33.70	0.0 33.7
Pay Code 165 Stipend w/RET SAL	Total:	0.00 1.00	16.15 2,307.69	Federal W/H MC		2,207.65	156.76	0.0 33.7 144.0
Pay Code 165 Stipend w/RET SAL	Total:	0.00 1.00	16.15 2,307.69	Federal W/H MC SS		2,207.65 2,323.84 2,323.84	156.76 33.70 144.08	0.0 33.7 144.0 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code	Total:	0.00 1.00	16.15 2,307.69	Federal W/H MC SS		2,207.65 2,323.84 2,323.84 2,323.84	156.76 33.70 144.08 0.00	Employe 0.0 33.7 144.0 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS		0.00 1.00 1.00	16.15 2,307.69 2,323.84	Federal W/H MC SS		2,207.65 2,323.84 2,323.84 2,323.84	156.76 33.70 144.08 0.00	0.0 33.7 144.0 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code	Subject To	0.00 1.00 1.00	16.15 2,307.69 2,323.84 Employer	Federal W/H MC SS		2,207.65 2,323.84 2,323.84 2,323.84	156.76 33.70 144.08 0.00	0.0 33.7 144.0 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code	Subject To 2,323.84 Total:	0.00 1.00 1.00 Employee 116.19	16.15 2,307.69 2,323.84 Employer 100.62	Federal W/H MC SS		2,207.65 2,323.84 2,323.84 2,323.84	156.76 33.70 144.08 0.00	0.0 33.7 144.0 0.0

Department: 6570 - Veteran Service Officer

				Direct Deposits:	1,206.51				
			Total (heck Amounts:	0.00				
EARNINGS		and a second second			TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Emplaye
165 Stipend w/RET	•		0.00	16.15	Federal W/H		1,462.55	126.74	0.00
SAL			1.00	1,523.38	MC		1,539.53	22.32	22.3
		Total:	1.00	1,539.53	SS		1,539.53	95.45	95.4
					Unemployment		1,539.53	0.00	0.00
DEDUCTIONS					14.		Total:	254.51	117.7
Code		Subject To	Employee	Employer					
400		1,539.53	76.98	66.66					
580		0.00	1.53	0.00					
		Total:	78.51	66.66					
RECAP 6570 - Ve	taran San	den Officer							
	539.53	Benefits:	0.00	Deductions:	78.51	Tayori	354.53	No. Pos	es men en co
		ocircing!	0.00	Departions.	/0.3L	Taxes:	254.51	Net Pay:	1,206.5
artment: 6580	- Huma	n Resources							
				Direct Deposits:	1 174 CA				······································
				heck Amounts:	1,174.64 0.00				
			totalt	Aleck Alliounts:	0.00				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code	STATE OF THE PARTY	Subject To	Employee	Employe
SAL			1.00	1,906.08	Federal W/H		1,789 10	470.31	0.0
		Total:	1.00	1,906.08	MC		1,384.40	27.32	27.3
					SS		1,884.40	116.83	116.8
DEDUCTIONS					Unemployment		1,892.46	0.00	0.0
Code		Subject To	Employee	Employer	±		Total:	614.46	144.1
400		1,906.08	95.30	82.53			4 3		
550		0.00	13.62	0.00					
615		0.00	8.05	0.00					,
		Total:	116.98	82.53					
RECAP 6580 - Hu	man Reco	Minne							
PROPERTY AND ADDRESS OF THE PARTY OF	906.08	Benefits:	0.00	Deductions:	115.98	Your at		s company	an entit
		Delicites.	0.00	Deadenous.	*10.30	Taxes	514.46	Net Pay:	1,174.6
artment: 6590	- Purch	asing							
		The second second	Total	Direct Deposits:	4 402 20		***************************************		
				Direct Deposits: Check Amounts:	1,483.35				
			IOLAI	riierr Willonutz;	0.00				
EARNINGS .		man of a Louisian state	Unit con the second	transport de la constant	TAXES				
Pay Code			Units	Pay Amount	Code	TOPICS TO 1	Subject To	čnipioyee	Employe
165 Stipend w/RET	Γ		0.00	16.15	Federal W/H		1,847.13	214,93	0.0
SAL			1,00	1,956.92	MC		1,945.78	28.21	28.2
		Total:	1.00	1,973.07	SS -		1,945.78	120.64	120.6
Danie Lane					Unemployment		1,973.07	0.00	0.0
DEDUCTIONS	a research			Company of the Compan			Total:	363.78	148.8
Code		Subject To	Employee	Employer					
400		1,973.07	98.65	85.43			+	4	
551		0.00	19.23	0.00			*// _ //		
590		0.00	0.00	322.22					
615		0.00	8.06	0.00					
		Total:	125.94	407.65					
RECAP 6590 - Po	irchatine								
RECAP 6590 - Pu	rchasing .973.07	Benefits:	0.00	Deductions:	125.94	Taxes:	363.78	Net Pay:	1,483.3

Department: 6550 - Elections

						THE WORLD CO. M. LANSING MICH.	ARREST WATER TO A REST THAT THE PARTY AND ADDRESS OF THE PARTY AND ADDR
			Direct Deposits:	4,122.06			
		Total C	heck Amounts:	2,662.16			
EARNINGS				TAXES		200	
Pay Code		Units	Pay Amount	Code	Subject To	Employee	Employe
Hourly		417.00	4,809.31	Federal W/H	7,714.78	297.34	0.00
ОТ		105.50	1,747.62	MC	7,973.46	115.62	115.6
SAL		1.00	1,799.35	55	7,973.46	494.35	494,3
	Total:	523.50	8,356.28	Unemployment	8,335.51	0.00	0.0
					Total:	907.31	609.9
DEDUCTIONS		9114 91 TEEF-44	to end of the sec				
Code	Subject To	Employee	Employer				
400	3,973.51	198.68	172.05				
520	0.00	60.00	0.00				
550	0.00	20.77	0.00				
551	0.00	107.69	0.00				
580	0.00	3.06	0.00				
590	0.00	161.13	659.67				
595	0.00	8.31	0.00				
610	0.00	20.19	0.00				
615	0.00	84.92	0.00				
	Total:	664.75	831.72				
DECAD CECO EL							
KYCAP SYYLL PLACTIONS							
RECAP 6550 - Elections Earnings: 8,356.28 artment: 6560 - Com	Benefits: nmissioners Co		Deductions:	664.75 Taxes:	907.31	Net Pay:	6,784.2
Earnings: 8,356.28		ourt Total I	Direct Deposits:	9,255.04	907.31	Net Pay:	6,784.2
Earnings: 8,356.28		ourt Total I		il Millië (907.31	Net Pay:	6,784.2
Earnings: 8,356.28		ourt Total I	Direct Deposits:	9,255.04	907.31	Net Pay:	6,784.2
Earnings: 8,356.28 artment: 6560 - Com		ourt Total I	Direct Deposits:	9,255.04 0.00			
Earnings: 8,356.28 artment: 6560 - Com EARNINGS		ourt Total (Total (Direct Deposits: Check Amounts:	9,255.04 0.00 TAXES	907.31 Subject To 11,022.82	Net Pay: Employee 867.66	Employe
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly		Total (Total (Units	Direct Deposits: Check Amounts: Pay Amount	9,255.04 0.00 TAXES Code	Subject To	Employee	Employe 0.0
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET		Total (Total (Units 0.00	Direct Deposits: Check Amounts: Pay Amount 196.36	9,255.04 0.00 TAXES Code Federal W/H	Subject To 11,022.82	Employee 867.66	Employe 0.0 169.4
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly		Total 6 Units 0.00 160.00	Direct Deposits: Check Amounts: Pay Amount 196.36 3,215.27	9,255.04 0.00 TAXES Code Federal W/H MC	Subject To 11,022.82 11,686.30	Employee 867.66 169.45	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL	nmissioners Co	Units 0.00 160.00 5.00	Pay Amount 196.36 3,215.27 9,358.04	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30	Employee 867.66 169.45 724.55	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS	Total:	Total 6 Units 0.00 160.00 5.00 165.00	Pay Amount 196.36 3,215.27 9,358.04 12,769.67	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code	Total:	Total 6 Total 6 Units 0.00 160.00 5.00 165.00	Pay Amount 196.36 3,215.27 9,358.04 12,769.67	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400	Total: Subject To 12,769.67	Total 8 Total 6 Units 0.00 160.00 5.00 165.00 Employee 638.48	Pay Amount 196.36 3,215.27 9,358.04 12,769.67 Employer 552.91	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 520	Total: Subject To 12,769.67 0.00	Units 0.00 160.00 5.00 165.00 Employee 638.48 25.00	Pay Amount 196.36 3,215.27 9,358.04 12,769.67 Employer 552.91 0.00	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 520 550	Total: Subject To 12,769.67 0.00 0.00	Units 0.00 160.00 5.00 165.00 Employee 638.48 25.00 54.47	Pay Amount 196.36 3,215.27 9,358.04 12,769.67 Employer 552.91 0.00 0.00	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 520 550 551	Total: Subject To 12,769.67 0.00 0.00	Units 0.00 160.00 5.00 165.00 Employee 638.48 25.00 54.47 100.00	Pay Amount 196.36 3,215.27 9,358.04 12,769.67 Employer 552.91 0.00 0.00	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 520 550 551 580	Total: Subject To 12,769.67 0.00 0.00 0.00 0.00	Units 0.00 160.00 5.00 165.00 Employee 638.48 25.00 54.47 100.00 6.12	Pay Amount 196.36 3,215.27 9,358.04 12,769.67 Employer 552.91 0.00 0.00 0.00	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 520 550 551 580 590	Total: Subject To 12,769.67 0.00 0.00 0.00 0.00	Total 8 Total 6 Units 0.00 160.00 5.00 165.00 Employee 638.48 25.00 54.47 100.00 6.12 896.63	Pay Amount 196.36 3,215.27 9,358.04 12,769.67 Employer 552.91 0.00 0.00 0.00 2,301.23	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 520 550 551 580 590 595	Total: Subject To 12,769.67 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 160.00 5.00 165.00 Employee 638.48 25.00 54.47 100.00 6.12 836.63 16.91	Pay Amount 196.36 3,215.27 9,358.04 12,769.67 Employer 552.91 0.00 0.00 0.00 0.00 0.00 2,301.23 0.00	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 520 550 551 580 590	Total: Subject To 12,769.67 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 160.00 5.00 165.00 Employee 638.48 25.00 54.47 100.00 6.12 836.63 16.91 75.36	Pay Amount 196.36 3,215.27 9,358.04 12,769.67 Employer 552.91 0.00 0.00 0.00 0.00 2,301.23 0.00 0.00	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5
Earnings: 8,356.28 artment: 6560 - Com EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 520 550 551 580 590 595	Total: Subject To 12,769.67 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 160.00 5.00 165.00 Employee 638.48 25.00 54.47 100.00 6.12 836.63 16.91	Pay Amount 196.36 3,215.27 9,358.04 12,769.67 Employer 552.91 0.00 0.00 0.00 0.00 0.00 2,301.23 0.00	9,255.04 0.00 TAXES Code Federal W/H MC SS	Subject To 11,022.82 11,686.30 11,686.30 10,900.35	Employee 867.66 169.45 724.55 0.00	Employe 0.0 169.4 724.5 0.0 894.0

Department: 5401 - Juvenile Probation

			Direct Deposits: Theck Amounts:	14,112.83 0.00				
		rotart	neck Amounts:	0.00				
ARNINGS				BENEFITS				
'ay Code		Units	Pay Amount	Pay Code			Units	Pay Amount
.65 Stipend w/RET		0.00	129.20	JP COMP EARNED			12.00	245.15
lourly		472.00	11,649.27		Total	1:	12.00	245.15
P COMP TAKEN		19.00	435.97					
		47.00	1,174.81	TAXES				
SAL		-6.00	5,841.21	Code		Subject To	Employee	Employer
/acation		30.00	734.33	Federal W/H		16,974.5€	1,458.13	0.00
	Total:	562.00	19,964.79	MC		18,247.82	264.60	264.60
				SS		18,247.82	1,131.35	1,131.35
DEDUCTIONS		- contraction	MILLIAN TOWN	Unemployment		19,964.79	0.00	0.00
Code	Subject To	Employee	Employer			Total:	2,854.03	1,395.95
100	19,964.79	998.26	864.46					
520	0.00	275.00	0.00					
551	0.00	571.12	0.03					
552	0.00	192.30	0.00					
\$80	0.00	7.65	0.00					
590	0.00	821.14	2,638.68					
595	0.00	13.89	0.00		-			
615	0.00	118.52	0.00					
	Total:	2,997.88	3,503.14					
		-,	-,					
RECAP 5401 - Juvenile Pri Earnings: 19,964.79	obation Benefits:	245.15						
artment: 6520 - Build	ling Mainten	ance		2,997.88	Taxes:	2,854.08	Net Pay:	
artment: 6520 - Build	ling Mainten	Total I	Direct Deposits:	4,738.53	-reduced deference filled de time of delation, whereapper produces of the sec			
	ling Mainten	Total I	Direct Deposits: Check Amounts:	4,738.53 0.00				
EARNINGS	ling Mainten	Total (Check Amounts:	4,738.53 0.00 TAXES	nahad dhara dasab asu p salapu unaga maganak darab			
EARNINGS Pay Code	ling Mainten	Total (Total (Units	Check Amounts:	4,738.53 0.00 TAXES Code	ended de la decembra de la composição de	Subject To	Employee	Employe
EARNINGS Pay Code 165 Stipend w/RET	ling Mainten	Total (Total (Units 0.00	Pay Amount 48.45	4,738.53 0.00 TAXES Code Federal W/H		Subject To 5,768.22	Employse 472.59	Employer 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly	ling Mainten	Total (Total (Units 0.00 296.00	Pay Amount 48.45 5,014.35	4,738.53 0.00 TAXES Code Federal W/H MC		Subject To 5,768.22 7,131.98	Employae 472.59 103.41	Employer 0.00 103.41
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP	ling Mainten	Total (Total (Units 0.00 296.00 80.00	Pay Amount 48.45 5,014.35 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS	- and the state of	Subject To 5,768.22 7,131.98 7,131.98	Employee 472.59 103.41 442.18	Employe 0.00 103.41 442.18
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S	ling Mainten	Total I Total (Units 0.00 296.00 80.00 16.00	Pay Amount 48.45 5,014.35 0.00 287.05	4,738.53 0.00 TAXES Code Federal W/H MC	-admit diversitation of high viscos realization of all	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL	ling Mainten	Total I Total 0 Units 0.00 296.00 80.00 16.00 -15.00	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24	4,738.53 0.00 TAXES Code Federal W/H MC SS	- the first field as a field when realized to the first field as a	Subject To 5,768.22 7,131.98 7,131.98	Employee 472.59 103.41 442.18	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S	ling Mainten	Total I Total (Units 0.00 296.00 80.00 16.00	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17	4,738.53 0.00 TAXES Code Federal W/H MC SS	- Marie (Marie (Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation		Total I Total 0 Units 0.00 296.00 80.00 16.00 -15.00 24.00	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24	4,738.53 0.00 TAXES Code Federal W/H MC SS		Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation	Total:	Total I Total (Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26	4,738.53 0.00 TAXES Code Federal W/H MC SS	- which divines that it as a finishment with a state of the state of t	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code	Total:	Total I Total 0 Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26	4,738.53 0.00 TAXES Code Federal W/H MC SS	- which discussed and a subject and a subject and a subject and a subject as a subj	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code	Total: Subject To 7,275.26	Total I Total (Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01	4,738.53 0.00 TAXES Code Federal W/H MC SS	- which discussed and a sub-state making and a sub-state making a sub-	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code 400 520	Total: Subject To 7,275.26 0.00	Total I Total (Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00 Employee 363.76 1,000.00	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS	- which discussed and a sub-state analysis of all a sub-state analysis of all a sub-state analysis of all a sub-state analysis of a sub-state analysis	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code 400 520	Total: Subject To 7,275.26 0.00 0.00	Total I Total (Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00 Employee 363.76 1,000.00 56.43	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS	- which was a subject to a subj	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employer 0.00 103.41 442.18 0.00 545.55
EARNINGS Pay Code 165 Stipend w/RET Hourly EWOP S SAL Vacation DEDUCTIONS Code 400 520 550	Total: Subject To 7,275.26 0.00 0.00 0.00	Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00 Employee 363.76 1,000.00 56.43 73.07	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00 0.00 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS	- The state of the	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code 400 520 550 551	Total: Subject To 7,275.26 0.00 0.00 0.00 0.00	Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00 Employee 363.76 1,000.00 56.43 73.07 4.59	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00 0.00 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS	- The state of the	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code 400 550 550 551 580	Total: Subject To 7,275.26 0.00 0.00 0.00 0.00 0.00	Total I Total (Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00 Employee 363.76 1,000.00 56.43 73.07 4.59 0.00	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00 0.00 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS	- The state of the	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code 400 520 550 551	Total: Subject To 7,275.26 0.00 0.00 0.00 0.00	Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00 Employee 363.76 1,000.00 56.43 73.07 4.59	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00 0.00 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS	- The state of the	Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code 400 550 550 551 580	Total: Subject To 7,275.26 0.00 0.00 0.00 0.00 0.00	Total I Total (Units 0.00 296.00 80.00 16.00 -15.00 24.00 401.00 Employee 363.76 1,000.00 56.43 73.07 4.59 0.00	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00 0.00 0.00 0.00 1,933.32	4,738.53 0.00 TAXES Code Federal W/H MC SS		Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code 400 520 550 551 580 590	Total: Subject To 7,275.26 0.00 0.00 0.00 0.00 0.00 0.00	Total I Total (Total	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00 0.00 0.00 0.00 1,933.32 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS		Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code 400 550 551 580 590 595 610	Total: Subject To 7,275.26 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Total I Total	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00 0.00 0.00 1,933.32 0.00 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS		Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00
EARNINGS Pay Code 165 Stipend w/RET Hourly LWOP S SAL Vacation DEDUCTIONS Code 400 550 551 580 590 595 610	Total: Subject To 7,275.26 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Total I Total	Pay Amount 48.45 5,014.35 0.00 287.05 1,411.24 514.17 7,275.26 Employer 315.01 0.00 0.00 0.00 1,933.32 0.00 0.00 0.00	4,738.53 0.00 TAXES Code Federal W/H MC SS		Subject To 5,768.22 7,131.98 7,131.98 7,218.83	Employse 472.59 103.41 442.18 0.00	Employe 0.00 103.41 442.18 0.00

Department: 4324 - Constables-Pct. 4

				Direct Deposits: Check Amounts:	1,170.46 0.00				
EARNINGS					TAXES				
Pay Code 165 Stipend w/s	RET		Units 0.00	Pay Amount 16.15	Code Federal W/H		Subject To	Employee	Employe
Hourly			50.00	676.00	MC		1,419.95	129.40	0.0
SAL			1.00	1,109.85	SS		1,550.05	22.47	22,4
		Total:	51.00	1,802.00	Unemployment		1,550.05	96.09	96.0
				-,002.00	onemployment		676.00	0.00	0.00
DEDUCTIONS							Total:	247.96	118.50
Code	C STATE OF THE R. LEWIS CO., LANSING	Subject To	Employee	Employer					
400		1,802.00	90.10	78.03					
520		0.00	40.00	0.00					
550		0.00	18.92	0.00					
551		0.00	43.26	0.00					
580		0.00	1.53	0.00					
590		0.00	161.13	337.45					
595		0.00	5.74	0.00					
615		0.00	22.90	0.00					
		Total:	383.58	415.48					
RECAP 4324 -	Constables-	Pert. 4							
Earnings:	1,802.00	Benefits:	0.00	Deductions:	383.58	Taxes:	247.96	Net Pay:	1,170.46
						TOXES.	247.50	HEL Pay.	1,170.40
artment: 43	30 - Drive	r's License							
				Direct Deposits:	540.51				
			Total	Check Amounts:	0.00				
EARNINGS			Total	Check Amounts:					
EARNINGS Pay Code			Units		0.00 TAXES Code		Subject To	Employee	Employe
The state of the Committee of the Commit	*******	## (# - # Ox ##) .		Pay Amounts: 636.00	TAXES Code	rorreto tira (Subject To	Employee	Employe
Pay Code	*****	Total:	Units	Pay Amount	TAXES	e centrolita (Subject To 604.20 636.00	15.04	0.00
Pay Code Hourly	141 de la composição de	Total:	Units 48.00	Pay Amount 636.00	TAXES Code Federal W/H	* ** ** *** *** **	604.20		0.00 9.22
Pay Code Hourly DEDUCTIONS		Total:	Units 48.00	Pay Amount 636.00	TAXES Code Federal W/H MC	K (************************************	604.20 636.00	15.04 9.22	0.00 9.22 39.43
Pay Code Hourly DEDUCTIONS Code		Subject To	Units 48.00	Pay Amount 636.00 636.00 Employer	TAXES Code Federal W/H MC SS		604.20 636.00 636.00	15 04 9.22 39.43	0.00 9.22 39.43 0.00
Pay Code Hourly DEDUCTIONS	7 (Halen 2-	Subject To 636.00	Units 48.00 48.00	Pay Amount 636.00 636.00	TAXES Code Federal W/H MC SS	N (0.00 010 10)	604.20 636.00 636.00 636.00	15.04 9.22 39.43 0.00	0.00 9.22 39.43 0.00
Pay Code Hourly DEDUCTIONS Code	Property Services	Subject To	Units 48.00 48.00	Pay Amount 636.00 636.00 Employer	TAXES Code Federal W/H MC SS	K (4.5. 21 (2.14.))	604.20 636.00 636.00 636.00	15.04 9.22 39.43 0.00	
Pay Code Hourly DEDUCTIONS Code 400	Driver's Lice	Subject To 636.00 Total:	Units 48.00 48.00 Employee 31.80	Pay Amount 636.00 636.00 Employer 27.54	TAXES Code Federal W/H MC SS	KAT-110-11	604.20 636.00 636.00 636.00	15.04 9.22 39.43 0.00	0.00 9.22 39.43 0.00

Department: 4322 - Constables-Pct. 2

			Direct Deposits: Check Amounts:	1,795.16 0.00				
EARNINGS			ericon ranounits:					
Pay Code		-	The second second second	TAXES				
		Units	Pay Amount	Code		Subject To	Employee	Employe
165 Stipend w/RET		0.00	16.15	Federal W/H		2,425.35	434.35	0.00
Hourly SAL		116.00	1,568.32	MC		2,560.06	37.12	37.1
SAL		1.00	1,109.85	SS		2,560.06	158.72	158.7
	Total:	117.00	2,694.32	Unemployment		2,680.70	0.00	0.00
DEDUCTIONS						Total:	630.19	195.84
Code	Or of the continues are an		THE RESERVE THE PERSON NAMED IN					
400	Subject To	Employee	Employer					
	2,694.32	134.71	116.67					
550	0.00	13.62	0.00					
551	0.00	103.84	0.00					
590	0.00	0.00	322.22					
615	0.00	16.80	0.00					
	Total:	268.97	438.89					
RECAP 4322 - Constables	Pct. 2							
Earnings: 2,694.32	Benefits:	0.00	Deductions:	268.97 T	Taxes:	630.19	Net Pay:	1,795.16
		Total	Check Amounts:	0.00				
EARNINGS	TT 1 1400 S TO 1 1400 S TO 1			0.00 TAXES				
Pay Code		Units	Pay Amount		n Schröderen der der	Subject To	Employee	Emplaye
Pay Code 165 Stipend w/RET		Units 0.00	Pay Amount 16.15	TAXES	#1)	Subject To 1,909.66	Employee 66.15	Employe 0.00
Pay Code 165 Stipend w/RET Hourly		Units 0.00 74.50	Pay Amount 16.15 1,145.00	TAXES Code	ed-merchensonauer (u	•		0.00
Pay Code 165 Stipend w/RET		Units 0.00 74.50 1.00	Pay Amount 16.15 1,145.00 1,109.85	TAXES Code Federal W/H	al-contraction and the	1,909.66	66.15	
Pay Code 165 Stipend w/RET Hourly	Total:	Units 0.00 74.50	Pay Amount 16.15 1,145.00	TAXES Code Federal W/H MC	**************************************	1,909.66 2,023.22	66.15 29.34	0.00 29.34
Pay Code 165 Stipend w/RET Hourly SAL	Total:	Units 0.00 74.50 1.00	Pay Amount 16.15 1,145.00 1,109.85	TAXES Code Federal W/H MC SS	Albumatan number 100	1,909.66 2,023.22 2,023.22	66.15 29.34 125.44	0.00 29.34 125.44
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS	was seen a star pool we	Units 0.00 74.50 1.00 75.50	Pay Amount 16.15 1,145.00 1,109.85 2,271.00	TAXES Code Federal W/H MC SS	a) - mai see a mare 10	1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code	Subject To	Units 0.00 74.50 1.00 75.50	Pay Amount 16.15 1,145.00 1,109.85 2,271.00	TAXES Code Federal W/H MC SS	BAN-1994 AND AND AND THE	1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code	Subject To 2,271.00	Units 0.00 74.50 1.00 75.50 Employee 113.56	Pay Amount 16.15 1,145.00 1,109.85 2,271.00 Employer 98.34	TAXES Code Federal W/H MC SS	BO-MBINES IN MARKET TO	1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 530	Subject To 2,271.00 0.00	Units 0.00 74.50 1.00 75.50 Employee 113.56 0.00	Pay Amount 16.15 1,145.00 1,109.85 2,271.00 Employer 98.34 0.00	TAXES Code Federal W/H MC SS	es interesentation and the	1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 530	Subject To 2,271.00 0.00 0.00	Units 0.00 74.50 1.00 75.50 Employee 113.56 0.00 27.23	Pay Amount 16.15 1,145.00 1,109.85 2,271.00 Employer 98.34 0.00 0.00	TAXES Code Federal W/H MC SS		1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 530 550	Subject To 2,271.00 0.00 0.00 0.00	Units 0.00 74.50 1.00 75.50 Employee 113.56 0.00 27.23 1.53	Pay Amount 16.15 1,145.00 1,109.85 2,271.00 Employer 98.34 0.00 0.00 0.00	TAXES Code Federal W/H MC SS		1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 530 550 580	Subject To 2,271.00 0.00 0.00 0.00 0.00	Units 0.00 74.50 1.00 75.50 Employee 113.56 0.00 27.23 1.53 161.13	Pay Amount 16.15 1,145.00 1,109.85 2,271.00 Employer 98.34 0.00 0.00 0.00 337.45	TAXES Code Federal W/H MC SS		1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 530 550 580 590	Subject To 2,271.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 74.50 1.00 75.50 Employee 113.56 0.00 27.23 1.53 161.13	Pay Amount 16.15 1,145.00 1,109.85 2,271.00 Employer 98.34 0.00 0.00 0.00 337.45 0.00	TAXES Code Federal W/H MC SS	***************************************	1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 530 550 580	Subject To 2,271.00 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 74.50 1.00 75.50 Employee 113.56 0.00 27.23 1.53 161.13 8.44 50.98	Pay Amount 16.15 1,145.00 1,109.85 2,271.00 Employer 98.34 0.00 0.00 0.00 337.45 0.00 0.00	TAXES Code Federal W/H MC SS	***************************************	1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 530 550 580 590	Subject To 2,271.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 74.50 1.00 75.50 Employee 113.56 0.00 27.23 1.53 161.13	Pay Amount 16.15 1,145.00 1,109.85 2,271.00 Employer 98.34 0.00 0.00 0.00 337.45 0.00	TAXES Code Federal W/H MC SS	***************************************	1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00
Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code 400 530 550 580 590	Subject To 2,271.00 0.00 0.00 0.00 0.00 0.00 0.00 Total:	Units 0.00 74.50 1.00 75.50 Employee 113.56 0.00 27.23 1.53 161.13 8.44 50.98	Pay Amount 16.15 1,145.00 1,109.85 2,271.00 Employer 98.34 0.00 0.00 0.00 337.45 0.00 0.00	TAXES Code Federal W/H MC SS	***************************************	1,909.66 2,023.22 2,023.22 2,243.77	66.15 29.34 125.44 0.00	0.00 29.34 125.44 0.00

Department: 4310 - County Jail

			Direct Deposits: Theck Amounts:	69,514.39 0.00			
EARNINGS							
Pay Code		19mber		TAXES	Negro de de la come de quante en estado de la composição		
165 Stipend w/RET		Units	Pay Amount	Code	Subject To	Employee	Employe
BEREAVEMENT		0.00	270.00	Federal W/H	84,347.64	7,499.10	0.0
FLOAT		25.25	460.55	MC	89,092.27	1,291.82	1,291.8
Hourly		8.00	131.58	SS	89,092.27	5,523.70	5,523.7
OT		3,956.75	73,889.99	Unemployment	91,218.53	0.00	0.0
s S		123.00	3,647.46		Total:	14,314.62	6,815.5
SAL		132.50 -9.00	2,758.39				
Uniform		0.00	6,019.34				
Vacation			1,075.00				
VAC-PAYOUT		130.50	2,306.53				
VACTATOOT	T-tule	56.54	1,031.26				
	Total:	4,423.54	91,590.10				
DEDUCTIONS							
Code	Subject To	Employee	Employer				
400	91,590.10	4,579.63	3,965,78				
520	0.00	165.00	0.00				
530	0.00	274.62	0.00				
550	0.00	371.57	0.00				
551	0.00	242.28	0.00				
580	0.00	24.48	0.00				
590	0.00	1,143.40	16,524.60				
595	0.00	67.70	0.00				
610	0.00	40.50	0.00				
615	0.00	672.88	0.00				
620	0.00	179.03	0.00				
	Total:	7,761.09	20,490.38				
RECAP 4310 - County	the state of the s	For the second contract of					
Earnings: 91,590	.10 Benefits:	0.00	Deductions:	7,761.09	Taxes: 14,314.62	Net Pay:	69,514.3
artment: 4321 - C	onstables-Pct. 1						
		Total	Direct Deposits:	1,691.38			Property of the State St
			Check Amounts:	272.54			
EARNINGS				TAXES			
Pay Code	ST-STORY OF THE STORY	Units	Pay Amount	Code	Subject To	Employee	Employ
165 Stipend w/RET		0.00	16.15	Federal W/H	2,270.07	123.35	0.0
Hourly		95.00	1,263.55	MC	2,389.55	34.65	34.0
		1.00	1,109.85	SS	2,389.55	148.15	148.
SAL	Total:	96.00	2,389.55	Unemployment	1,263.55	0.00	0.0
SAL			,		Total:	306.15	182.
SAL							
DEDUCTIONS		View avance	March 1 and 7 and 1 and 1				
	Subject To	Employee	Employer				
DEDUCTIONS	Subject To 2,389.55	Employee 119.48	Employer 103.48				
DEDUCTIONS Code	_						
DEDUCTIONS Code	2,389.55 Total:	119.48	103.48				

Department: 4300 - County Sheriff

			Direct Deposits: Check Amounts:	54,944.68 2,386.99			5.	
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employer
165 Stipend w/RET		0.00	533.09	Federal W/H		69,378.93	6,097.28	0.00
FH - LAW		24.00	450.42	MC		73,232.53	1,061.91	1,061.91
Hourly		2,696.00	54,940.98	SS		73,232.53	4,540.45	4,540.45
LWP		85.50	1,714.19	Unemployment		71,579.48	0.00	0.00
OT		78.00	2,051.56			Total:	11,699.64	5,602.36
5		135.00	2,824.39			***************************************	,055.04	3,002.30
SAL		4.00	10,272.70					
Uniform		0.00	900.00					
Vacation		72.00	1,384.56					
	Total:	3,094.50	75,071.89					
DEDUCTIONS								
Code	Subject To	Employee	Employer					
400	75,071.89	3,753.60	3,250.64					
520	0.00	100.00	0.00					
530	0.00	239.08	0.00					
550	0.00	350.68	0.00					
551	0.00	392.27	0.00					
580	0.00	27.54	0.00					
590	0.00	644.52	10,694.18					
595	0.00	30.91	0.00					
610	0.00	81.00	0.00					
615	0.00	420.98	0.00					
	Total:	6,040.58	13,944.82			- 1		
RECAP 4300 - County Sher	iff		*					
Earnings: 75,071.89	Benefits:	0.00	Deductions:	6,040.58 Ta	ces: 1	1,699.64	Net Pay:	57,331.67

Department: 3253 - JP Prect. 3

			Direct Deposits:	2,685.05				
1		Total (Theck Amounts:	0.00				
EARNINGS				TAXES				
Pay Code	ere total exemple	Units	Pay Amount	Code		Subject To	Employee	Employ
165 Stipend w/RET		0.00	16.15	Federal W/H		3,190.08	247.26	0.0
Hourly		124.00	1,773.28	MC		3,369.67	48.85	48.
5		8.00	131.57	SS		3,369.67	208.92	208.
SAL	San	1.00	1,670.85	Unemployment		3,564.62	0.00	0.
	Total:	133,00	3,591.85			Total:	505.03	257.
DEDUCTIONS								
Code	Subject To	Employee	Employer					
400	3,591.85	179.59	155.53					
550	0.00	27,23	0.00					
590	0.00	161.13	659.67					
595	0.00	2.86	0.00					
615	0.00	30.96	0.00					
	Total:	401.77	815.20					
RECAP 3253 - JP P	rect. 3	i de la companya de l						
Earnings: 3,5	91.85 Benefits:	0.00	Deductions:	401.77	Taxes:	505.03	Net Pay:	2,685.
			Direct Deposits: Check Amounts:	1,994.46 0.00				
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employ
Hourly		80.00	1,315.69	Federal W/H		2,579,57	141.76	0
SAL		1.00	1,670.85	MC		2,738.89	39.71	39.
	Total:	81.00	2,986.54	SS		2,738.89	169.81	169
DEDITE ON A				Unemployment		1,315.69	0.00	0.
								209
ments to be used a conduction	Follows T		(m) ((Total:	351,28	203
Code	Subject To	Employee	Employer			Total:	351,28	203.
Code 400	2,986.54	149.32	129.32			Total:	351,28	203.
Code 400 520	2,986.54 0.00	149.32 10.00	129.32 0.00			Total:	351,28	203
Code 400 520 530	2,986.54 0.00 0.00	149.32 10.00 230.77	129.32 0.00 0.00			Total:	351,28	203.
Code 400 520 530 550	2,986.54 0.00 0.00 0.00	149.32 10.00 230.77 13.62	129.32 0.00 0.00 0.00			Total:	351,28	203.
Code 400 520 530 550	2,986.54 0.00 0.00 0.00 0.00	149.32 10.00 230.77 13.62 50.00	0.00 0.00 0.00 0.00			Total:	351,28	203.
Code 400 520 530 550 551	2,986.54 0.00 0.00 0.00 0.00 0.00	149.32 10.00 230.77 13.62 50.00 3.06	0.00 0.00 0.00 0.00 0.00 0.00			Total:	351,28	203.
Code 400 520 530 550 551 580 590	2,986.54 0.00 0.00 0.00 0.00 0.00 0.00	149.32 10.00 230.77 13.62 50.00 3.06 161.13	0.00 0.00 0.00 0.00 0.00 0.00 0.00			Total:	351,28	203.
DEDUCTIONS Code 400 520 530 550 551 580 590 615	2,986.54 0.00 0.00 0.00 0.00 0.00 0.00	149.32 10.00 230.77 13.62 50.00 3.06 161.13 22.90	129.32 0.00 0.00 0.00 0.00 0.00 659.67 0.00			Total:	351,28	203.
Code 400 520 530 550 551 580 590	2,986.54 0.00 0.00 0.00 0.00 0.00 0.00	149.32 10.00 230.77 13.62 50.00 3.06 161.13	0.00 0.00 0.00 0.00 0.00 0.00 0.00			Total:	351.28	203.

		ct. 1							
				Direct Deposits:	2,659.01				
			Total C	Check Amounts:	0.00				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employer
Hourly			148.00	2,397.82	Federal W/H		3,229.61	230.70	0.00
5			12.00	195.45	MC		3,442.81	49.92	49.92
SAL			1.00	1,670.85	SS		3,442.81	213.45	213.45
		Total:	161.00	4,264.12	Unemployment		2,582.89	0.00	0.00
					,,,,,,,,,,,		Total:	494.07	263.37
DEDUCTIONS	Annual de la company							13 1101	200.57
Code		Subject To	Employee	Employer					
400		4,264.12	213.20	184.64					
550		0.00	38.19	0.00					
551		0.00	193.06	0.00					
560		0.00	75.00	0.00					
580		0.00	1.53	0.00					
590		0.00	514.17	981.89					
615		0.00	75.89	0.00					
		Total:	1,111.04	1,166.53					
DECAR DOES	ID D			_,					
that had an implementation of the art - where	JP Prect. 1								
Earnings: artment: 32	4,264.12 52 - JP Pre	Benefits:	0.00	Deductions:	1,111.04	Taxes:	494.07	Net Pay:	2,659.01
_			·		pid g grād fir an a station and a sign friedges; or symposium air desirable and a	Taxes:	494.07	Net Pay;	2,659.01
_			Total	Deductions: Direct Deposits: Check Amounts:	1,111.04 3,310.97 0.00	Taxes:	494.07	Net Pay:	2,659.01
_			Total	Direct Deposits:	3,310.97 0.00	Taxes:	494.07	Net Pay:	2,659.01
artment: 32			Total (Direct Deposits: Check Amounts:	3,310.97 0.00 TAXES	Taxes:	7)		
artment: 32			Total (Total (Units	Direct Deposits: Check Amounts: Pay Amount	3,310.97 0.00 TAXES Code	Taxes:	Subject To	Employee	Employer
EARNINGS Pay Code			Total (Direct Deposits: Check Amounts: Pay Amount 2,604.73	3,310.97 0.00 TAXES Code Federal W/H	Taxes:	Subject To 3,952,50	Employee 304.73	Employer 0.00
EARNINGS Pay Code Hourly			Total (Total (Units 160.00	Direct Deposits: Check Amounts: Pay Amount 2,604.73 1,670.85	3,310.97 0.00 TAXES Code Federal W/H MC	Taxes:	Subject To 3,952,50 4,166,27	Employee 304.73 60.41	Employer 0.00 60.41
EARNINGS Pay Code Hourly		ect. 2	Total (Total (Units 160.00 1.00	Direct Deposits: Check Amounts: Pay Amount 2,604.73	3,310.97 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 3,952.50 4,166.27 4,166.27	Employee 304.73 60.41 258.30	Employer 0.00 60.41 258.30
EARNINGS Pay Code Hourly		ect. 2	Total (Total (Units 160.00 1.00	Direct Deposits: Check Amounts: Pay Amount 2,604.73 1,670.85	3,310.97 0.00 TAXES Code Federal W/H MC	Taxes:	Subject To 3,952.50 4,166.27 4,166.27 4,248.35	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.50 0.00
EARNINGS Pay Code Hourly SAL		ect. 2	Total (Total (Units 150.00 1.00	Pay Amount 2,604.73 1,670.85 4,275.58	3,310.97 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 3,952.50 4,166.27 4,166.27	Employee 304.73 60.41 258.30	Employer 0.00 60.41 258.30
EARNINGS Pay Code Hourly SAL DEDUCTIONS		Total:	Total (Total (Units 160.00 1.00	Direct Deposits: Check Amounts: Pay Amount 2,604.73 1,670.85	3,310.97 0.00 TAXES Code Federal W/H MC SS Unemplayment	1124	Subject To 3,952.50 4,166.27 4,166.27 4,248.35 Total:	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.50 0.00
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code	52 - JP Pre	Total:	Total (Total (Units 160.00 1.00 161.00	Pay Amount 2,604.73 1,670.85 4,275.58	3,310.97 0.00 TAXES Code Federal W/H MC SS	1124	Subject To 3,952.50 4,166.27 4,166.27 4,248.35	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.30 0.00
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code 400	52 - JP Pre	Total: Subject To 4,275.58	Total (Total (Units 160.00 1.00 161.00 Employee 213.77	Pay Amount 2,604.73 1,670.85 4,275.58 Employer 185.14 0.00	3,310.97 0.00 TAXES Code Federal W/H MC SS Unemplayment	1134	Subject To 3,952,50 4,166,27 4,166,27 4,248,35 Total:	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.30 0.00
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code 400	52 - JP Pre	Total: Subject To 4,275.58 0.00	Total (Total (Units 160.00 1.00 161.00 Employee 213.77 27.23	Pay Amount 2,604.73 1,670.85 4,275.58 Employer 185.14	3,310.97 0.00 TAXES Code Federal W/H MC SS Unemplayment	1124	Subject To 3,952.50 4,166.27 4,166.27 4,248.35 Total:	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.30 0.00
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code 400 550 580	52 - JP Pre	Total: Subject To 4,275.58 0.00 0.00	Total C Total C Units 150.00 1.00 151.00 Employee 213.77 27.23 4.59 0.00	Pay Amount 2,604.73 1,670.85 4,275.58 Employer 185.14 0.00 0.00 966.66	3,310.97 0.00 TAXES Code Federal W/H MC SS Unemplayment	1134	Subject To 3,952,50 4,166,27 4,166,27 4,248,35 Total:	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.30 0.00
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code 400 550 580 590	52 - JP Pre	Total: Subject To 4,275.58 0.00 0.00 0.00 0.00	Total C Total C Units 160.00 1.00 161.00 Employee 213.77 27.23 4.59 0.00 8.44	Pay Amount 2,604.73 1,670.85 4,275.58 Employer 185.14 0.00 0.00 966.66 0.00	3,310.97 0.00 TAXES Code Federal W/H MC SS Unemplayment	1134	Subject To 3,952.50 4,166.27 4,166.27 4,248.35 Total:	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.30 0.00
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code 400 550 580 590 595 610	52 - JP Pre	Total: Subject To 4,275.58 0.00 0.00 0.00 0.00 0.00	Total C Total C Total C Units 160.00 1.00 151.00 Employee 213.77 27.23 4.59 0.00 8.44 13.50	Pay Amount 2,604.73 1,670.85 4,275.58 Employer 185.14 0.00 0.00 966.66 0.00 0.00	3,310.97 0.00 TAXES Code Federal W/H MC SS Unemplayment	***************************************	Subject To 3,952.50 4,166.27 4,166.27 4,248.35 Total:	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.30 0.00
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code 400 550 580 590 595	52 - JP Pre	Total: Subject To 4,275.58 0.00 0.00 0.00 0.00 0.00	Total C Total C Total C Units 160.00 1.00 161.00 Employee 213.77 27.23 4.59 0.00 8.44 13.50 73.64	Pay Amount 2,604.73 1,670.85 4,275.58 Employer 185.14 0.00 0.00 956.66 0.00 0.00	3,310.97 0.00 TAXES Code Federal W/H MC SS Unemplayment	***************************************	Subject To 3,952.50 4,166.27 4,166.27 4,248.35 Total:	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.30 0.00
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code 400 550 580 590 595 610 615	52 - JP Pre	Total: Subject To 4,275.58 0.00 0.00 0.00 0.00 0.00	Total C Total C Total C Units 160.00 1.00 151.00 Employee 213.77 27.23 4.59 0.00 8.44 13.50	Pay Amount 2,604.73 1,670.85 4,275.58 Employer 185.14 0.00 0.00 966.66 0.00 0.00	3,310.97 0.00 TAXES Code Federal W/H MC SS Unemplayment	***************************************	Subject To 3,952.50 4,166.27 4,166.27 4,248.35 Total:	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.30 0.00
EARNINGS Pay Code Hourly SAL DEDUCTIONS Code 400 550 580 590 595 610 615	52 - JP Pre	Total: Subject To 4,275.58 0.00 0.00 0.00 0.00 0.00	Total C Total C Total C Units 160.00 1.00 161.00 Employee 213.77 27.23 4.59 0.00 8.44 13.50 73.64	Pay Amount 2,604.73 1,670.85 4,275.58 Employer 185.14 0.00 0.00 956.66 0.00 0.00	3,310.97 0.00 TAXES Code Federal W/H MC SS Unemplayment	***************************************	Subject To 3,952.50 4,166.27 4,166.27 4,248.35 Total:	Employee 304.73 60.41 258.30 0.00	Employer 0.00 60.41 258.50 0.00

Department: 3230 - District Judge

			Direct Deposits: Check Amounts:	4,583.68 480.70				
EARNINGS				TAXES				
Pay Code	The same of the sa	Units	Pay Amount	Code		Subject To	the second of th	
Hourly		71.00	1,269.20	Federal W/H		5,945.16	Employee 390.39	Employe
\$		10.00	271.46	MC		6,390.52	390.39 92.65	0.0
SAL		3.00	5,313.30	SS		6,390.52 6,390.52	396.21	92,6
Vacation		3.00	53.63	Unemployment		6,834.20	0.00	396.2 0.0
	Total:	87.00	6,907.59	onemployment		Total:	879.25	488.8
DEDUCTIONS								
Code	Subject To	Employee	Employer					
400	6,907.59	345.36	299.11					
520	0.00	100.00	0.00					
550	0.00	27.23	0.00					
551	0.00	76.92	0.00					
580	0.00	1.53	0.00					
590	0.00	322.26	674.90					
595	0.00	5.74	0.00					
615	0.00	84.92	0.00					
	Total:	963.96	974.01					
RECAP 3230 - D	istrict Judge							
	,907.59 Benefits:	0.00	Deductions:	963.96	Taxes:	879.25	Net Pay:	5,064.3
	- County Court Law							
			Direct Deposits:	7,493.71				
FADMINGE			Direct Deposits: Check Amounts:	0,00				
EARNINGS		Total	Check Amounts:	0.00 TAXES	- 14 °)	**	terral, automation con tail con-	
Pay Code	man to the man and the same of the stop or management	Total Units	Check Amounts:	0.00 TAXES Code	- 10°0 - 10° 10°	Subject To	Employee	
Pay Code Jud Stip	rector to the second second second second second second	Units 0.00	Pay Amount 3,230.77	0.00 TAXES Code Federal W/H	- W. T	9,573.61	1,288.66	0.0
Pay Code	Total	Units 0.00 3.00	Pay Amount 3,230.77 7,159.23	0.00 TAXES Code Federal W/H MC	- W. T	9,573.61 10,343.11	1,288.66 149.97	0.0 149.9
Pay Code Jud Stip	Total:	Units 0.00	Pay Amount 3,230.77	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11	1,288.66 149.97 641.27	0.0 149.9 641.2
Pay Code Jud Stip	Total:	Units 0.00 3.00	Pay Amount 3,230.77 7,159.23	0.00 TAXES Code Federal W/H MC		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	0.0 149.9 641.2 0.0
Pay Code Jud Stip SAL DEDUCTIONS	a was a bassa i tin	Units 0.00 3.00 3.00	Pay Amount 3,230.77 7,159.23 10,390.00	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11	1,288.66 149.97 641.27	0.0 149.9 641.2 0.0
Pay Code Jud Stip SAL DEDUCTIONS Code	Subject To	Units 0.00 3.00 3.00	Pay Amount 3,230.77 7,159.23 10,390.00	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	0.0 149.9 641.2 0.0
Pay Code Jud Stip SAL DEDUCTIONS Code 400	Subject To 10,390.00	Units 0.00 3.00 3.00 Employee 519.50	Pay Amount 3,230.77 7,159.23 10,390.00 Employer 449.88	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	0.0 149.9 641.2 0.0
Pay Code Jud Stip SAL DEDUCTIONS Code 400 520	Subject To 10,390.00 0.00	Units 0.00 3.00 3.00 Employee 519.50 250.00	Pay Amount 3,230.77 7,159.23 10,390.00 Employer 449.88 0.00	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	Employe 0.0 149.9 641.2 0.0 791.2
Pay Code Jud Stip SAL DEDUCTIONS Code 400 520 550	Subject To 10,390.00 0.00 0.00	Units 0.00 3.00 3.00 Employee 519.50 250.00 27.23	Pay Amounts: Pay Amount 3,230.77 7,159.23 10,390.00 Employer 449.88 0.00 0.00	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	0.0 149.9 641.2 0.0
Pay Code Jud Stip SAL DEDUCTIONS Code 400 520 550 590	Subject To 10,390.00 0.00 0.00 0.00	Units 0.00 3.00 3.00 Employee 519.50 250.00 27.23 0.00	Pay Amount 3,230.77 7,159.23 10,390.00 Employer 449.88 0.00 0.00 322.22	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	0.0 149.9 641.2 0.0
Pay Code Jud Stip SAL DEDUCTIONS Code 400 520 550 590 595	Subject To 10,390.00 0.00 0.00 0.00 0.00	Units 0.00 3.00 3.00 Employee 519.50 250.00 27.23 0.00 2.86	Pay Amount 3,230.77 7,159.23 10,390.00 Employer 449.88 0.00 0.00 322.22 0.00	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	0.0 149.9 641.2 0.0
Pay Code Jud Stip SAL DEDUCTIONS Code 400 520 550 590	Subject To 10,390.00 0.00 0.00 0.00 0.00	Units 0.00 3.00 3.00 Employee 519.50 250.00 27.23 0.00 2.86 16.80	Pay Amounts: Pay Amount 3,230.77 7,159.23 10,390.00 Employer 449.88 0.00 0.00 322.22 0.00 0.00	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	0.0 149.9 641.2 0.0
Pay Code Jud Stip SAL DEDUCTIONS Code 400 520 550 590 595	Subject To 10,390.00 0.00 0.00 0.00 0.00	Units 0.00 3.00 3.00 Employee 519.50 250.00 27.23 0.00 2.86	Pay Amount 3,230.77 7,159.23 10,390.00 Employer 449.88 0.00 0.00 322.22 0.00	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	0.0 149.9 641.2 0.0
Pay Code Jud Stip SAL DEDUCTIONS Code 400 520 550 590 595	Subject To 10,390.00 0.00 0.00 0.00 0.00 0.00 Total:	Units 0.00 3.00 3.00 Employee 519.50 250.00 27.23 0.00 2.86 16.80	Pay Amounts: Pay Amount 3,230.77 7,159.23 10,390.00 Employer 449.88 0.00 0.00 322.22 0.00 0.00	0.00 TAXES Code Federal W/H MC SS		9,573.61 10,343.11 10,343.11 10,362.77	1,288.66 149.97 641.27 0.00	0.0 149.9 641.2 0.0

Department: 3200 - District Attorney

			Direct Deposits: Check Amounts:	20,022.69			
		(Ota) (Lineck Amounts:	0.00			
ARNINGS				TAXES			
Pay Code		Units	Pay Amount	Code	Subject To	Employee	Employe
LOAT		5.00	93.89	Federal W/H	24,980.84	2,929.47	0.00
lourly		492.00	9,752.71	MC	26,418.58	383.08	383.08
ongevity w/RET		0.00	371.54	SS	26,418.58	1,637.95	1,637.95
		44.00	1,034.18	Unemployment	27,483.39	0.00	0.00
AL		-18.00	15,300.26		Total:	4,950.50	2,021.03
/acation	10.00	43.00	1,002.14				,
	Total:	566.00	27,554.72				
DEDUCTIONS							
ode	Cubinet To	Carley and the control of the contro					4
100	Subject To	Employee	Employer				
	27,554.72	1,377.74	1,193.13				
520	0.00	60.00	0.00				
550	0.00	71.33	0.00				
551	0.00	401.89	0.00				
552	0.00	96.15	0.00				
580	0.00	7.65	0.00				
590	0.00	483.39	3,590.11				
595	0.00	11.44	0.00				
515	0.00	71.94	0.00				
	Total:	2,581.53	4,783.24				
RECAP 3200 - District	Atherman						
Earnings: 27,554.7	COLUMN TO SECURE AND ADDRESS OF THE PARTY OF	0.00	Deductions:	2,581.53 Ta	xes: 4,950.50	Net Pay:	20 027 63
Earnings: 27,554.7	72 Benefits:	0.00	Deductions:	2,581.53 Ta	xes: 4,950.50	Net Pay:	20,022.63
	72 Benefits:	0.00	Deductions:	2,581.53 Ta	xes: 4,950.50	Net Pay:	20,022.63
Earnings: 27,554.7	72 Benefits:	Total I	Direct Deposits:	2,581.53 Ta 8,633.03	xes: 4,950.50	Net Pay:	20,022.69
Farnings: 27,554.7	72 Benefits:	Total I			xes: 4,950.50	Net Pay:	20,022.63
Farnings: 27,554.7	72 Benefits:	Total I	Direct Deposits:	8,633.03 0.00	xes: 4,950.50	Net Pay:	20,022.63
Famings: 27,554.7	72 Benefits:	Total I	Direct Deposits: Check Amounts:	8,633.03 0.00 TAXES	The table and the large page 15 and		
Earnings: 27,554.7 artment: 3220 - Dis EARNINGS	72 Benefits:	Total (Total (Direct Deposits: Check Amounts:	8,633.03 0.00 TAXES Code	Subject To	Employee	Employe
Earnings: 27,554.7 artment: 3220 - Di: EARNINGS Pay Code	72 Benefits:	Total (Total (Units	Direct Deposits: Check Amounts:	8,633.03 0.00 TAXES Code Federal W/H	Subject To 10,205,94	Employee 736.44	Employe 0.00
Earnings: 27,554.7 artment: 3220 - Dis EARNINGS Pay Code Hourly	72 Benefits:	Total (Total (Units 516.50	Direct Deposits: Check Amounts: Pay Amount 8,669.51	8,633.03 0.00 TAXES Code Federal W/H MC	Subject To 10,205.94 10,874.04	Employee 736.44 157.67	Employe 0.00 157.6
Earnings: 27,554.7 artment: 3220 - Dis EARNINGS Pay Code Hourly S	72 Benefits:	Total (Total (Units 516.50 28.50	Direct Deposits: Check Amounts: Pay Amount 8,669.51 456.35	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205.94 10,874.04 10,874.04	Employee 736.44 157.67 674.21	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 artment: 3220 - Dis EARNINGS Pay Code Hourly S SAL	72 Benefits:	Total (Total (Units 516.50 28.50 1.00	Direct Deposits: Check Amounts: Pay Amount 8,669.51 456.35 1,988.27	8,633.03 0.00 TAXES Code Federal W/H MC	Subject To 10,205.94 10,874.04 10,874.04 9,332.81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 Partment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation	72 Benefits: " strict Clerk	Total (Total (Units 516.50 28.50 1.00 15,00	Pay Amount 8,669.51 456.35 1,988.27 247.80	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205.94 10,874.04 10,874.04	Employee 736.44 157.67 674.21	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 artment: 3220 - Dis EARNINGS Pay Code Hourly S SAL	72 Benefits: " strict Clerk	Total (Total (Units 516.50 28.50 1.00 15.00	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205.94 10,874.04 10,874.04 9,332.81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 Partment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code	72 Benefits: Strict Clerk Total:	Total (Total (Units 516.50 28.50 1.00 15,00	Pay Amount 8,669.51 456.35 1,988.27 247.80	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205.94 10,874.04 10,874.04 9,332.81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 Partment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400	72 Benefits: Strict Clerk Total:	Total (Total (Units 516.50 28.50 1.00 15.00	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205.94 10,874.04 10,874.04 9,332.81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 Partment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code	72 Benefits: Strict Clerk Total:	Total (Total (Units 516.50 28.50 1.00 15.00 561.00	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205.94 10,874.04 10,874.04 9,332.81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 Partment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400	72 Benefits: Strict Clerk Total: Subject To 11,361.93	Total (Total (Units 516.50 28.50 1.00 15.00 561.00 Employee 568.10	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205.94 10,874.04 10,874.04 9,332.81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 artment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520	72 Benefits: Strict Clerk Total: Subject To 11,361.93 0.00	Units 516.50 28.50 1.00 15.00 561.00 Employee 568.10 100.00	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93 Employer 491.97 0.00	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205.94 10,874.04 10,874.04 9,332.81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 artment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 550	72 Benefits: Strict Clerk Total: Subject To 11,361.93 0.00 0.00	Units 516.50 28.50 1.00 15.00 561.00 Employee 568.10 100.00 40.85 38.45	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93 Employer 491.97 0.00 0.00 0.00	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205.94 10,874.04 10,874.04 9,332.81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6: 674.2: 0.00
Earnings: 27,554.7 Partment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 5550 5551	72 Benefits: Strict Clerk Total: Subject To	Units 516.50 28.50 1.00 15.00 561.00 Employee 568.10 100.00 40.85 38.45 4.59	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93 Employer 491.97 0.00 0.00 0.00 0.00	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205,94 10,874,04 10,874,04 9,332,81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6 674.2:
Earnings: 27,554.7 Partment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 550 551 580 590	72 Benefits: Strict Clerk Total: Subject To	Units 516.50 28.50 1.00 15.00 561.00 Employee 568.10 100.00 40.85 38.45 4.59 322.26	Direct Deposits: Check Amounts: Pay Amount	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205,94 10,874,04 10,874,04 9,332,81	Employee 736.44 157.67 674.21 0.00	Employe 0.01 157.6 674.2 0.00
Earnings: 27,554.7 artment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 550 551 580 590 595	Total: Subject To 11,361.93 0.00 0.00 0.00 0.00 0.00 0.00	Units 516.50 28.50 1.00 15.00 561.00 Employee 568.10 100.00 40.85 38.45 4.59 322.26 14.34	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93 Employer 491.97 0.00 0.00 0.00 0.00 2,608.22 0.00	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205,94 10,874,04 10,874,04 9,332,81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.67 674.2: 0.00 831.80
Earnings: 27,554.7 Partment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 550 551 580 590	Total: Subject To 11,361.93 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Total I Total (Units 516.50 28.50 1.00 15,00 561.00 Employee 568.10 100.00 40.85 38.45 4.59 322.26 14.34 71.99	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93 Employer 491.97 6.00 0.00 0.00 0.00 2,608.22 0.00 0.00	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205,94 10,874,04 10,874,04 9,332,81	Employee 736.44 157.67 674.21 0.00	Employe 0.01 157.6 674.2 0.00
Earnings: 27,554.7 Partment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 550 551 580 590 595 615	Total: Subject To 11,361.93 0.00 0.00 0.00 0.00 Total:	Units 516.50 28.50 1.00 15.00 561.00 Employee 568.10 100.00 40.85 38.45 4.59 322.26 14.34	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93 Employer 491.97 0.00 0.00 0.00 0.00 2,608.22 0.00	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205,94 10,874,04 10,874,04 9,332,81	Employee 736.44 157.67 674.21 0.00	Employe 0.01 157.6 674.2 0.00
Earnings: 27,554.7 artment: 3220 - Dis EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 550 551 580 590 595	72 Benefits: Strict Clerk Total: Subject To 11,361.93 0.00 0.00 0.00 0.00 0.00 0.00 Total: Clerk	Total I Total (Units 516.50 28.50 1.00 15,00 561.00 Employee 568.10 100.00 40.85 38.45 4.59 322.26 14.34 71.99	Pay Amount 8,669.51 456.35 1,988.27 247.80 11,361.93 Employer 491.97 6.00 0.00 0.00 0.00 2,608.22 0.00 0.00	8,633.03 0.00 TAXES Code Federal W/H MC SS	Subject To 10,205,94 10,874,04 10,874,04 9,332,81	Employee 736.44 157.67 674.21 0.00	Employe 0.00 157.6 674.2:

Department: 2150 - County Clerk

	2150 - Count								
				Direct Deposits: Check Amounts:	9,761.69 0.00				
			Iotal	Lineax Amounts:	0.00				
EARNINGS				and the same of the same of	TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employer
FLOAT			8.00	126.57	Federal W/H		11,471.16	740.33	0.00
Hourly			559.25	9,179.57	MC		12,155.54	176.26	176.26
\$			61.07	1,005.39	SS		12,155.54	753.64	753.64
SAL			1.00	1,983.69	Unemployment		12,395.51	0.00	0.00
Vacation			11.68	192.35			Total:	1,670.23	929.90
		Total:	641.00	12,487.57					
DEDUCTIONS	5								
Code	- and factorisming and	Subject To	Employee	Employer					
400		12,487.57	624.38	540.68					
520		0.00	60.00	0.00					
550		0.00	92.06	0.00					
551		0.00	170.75	0.00					
580		0.00	12.24	0.00					
590		0.00	0.00	2,577.76					
595		0.00	11.44	0.00					
610		0.00	27.00	0.00					
615		0.00	57.78	0.00					
013		Total:	1,055.65	3,118.44					
			1,000.00	5,110.44					
RECAD 345	Country Clark								
	0 - County Clerk	the state of the state of the state of				-			
Earnings:	12,487.57	Benefits:	0.00	Deductions:	1,055.65	Taxes:	1,670.23	Net Pay:	9,761.69
Earnings:	at the court of the second court	Benefits:	0.00	Deductions:	1,055.65	Taxes:	1,670.23	Net Pay.	9,761.69
Earnings:	12,487.57	Benefits:	54 1484 8480 ya maga apaga mbanga ap a na maga		esterate a contra la transferació hacia (sia	Taxes:	1,670.23	Net Pay:	9,761.69
Earnings:	12,487.57	Benefits:	Total	Deductions: Direct Deposits: Check Amounts:	1,055.65 979.76 0.00	Taxes:	1,670.23	Net Pay.	9,761.6
Earnings:	12,487.57	Benefits:	Total	Direct Deposits:	979.76 0.00	Taxes:	1,670.23	Net Pay:	9,761.6
Earnings:	12,487.57	Benefits:	Total Total	Direct Deposits: Check Amounts:	979.76 0.00 TAXES	Taxes:			
Earnings: partment:	12,487.57	Benefits:	Total Total Units	Direct Deposits: Check Amounts: Pay Amount	979.76 0.00 TAXES Code	Taxes:	Subject To	Employee	Employe
Earnings: Partment: EARNINGS Pay Code	12,487.57	Benefits:	Total Total	Direct Deposits: Check Amounts: Pay Amount 1,246.30	979.76 0.00 TAXES Code Federal W/H	Taxes:	Subject To 1,068.12	Employee 0.00	Employe 0.00
EARNINGS Pay Code Hourly	12,487.57	Benefits:	Total Total Units 74.50	Direct Deposits: Check Amounts: Pay Amount 1,246.30 25.09	979.76 0.00 TAXES Code Federal W/H MC	Taxes:	Subject To 1,068.12 1,135.04	Employee 0.00 16.46	Employe 0.00 16.4
EARNINGS Pay Code Hourly S	12,487.57	Benefits:	Total Total Units 74.50 1.50	Direct Deposits: Check Amounts: Pay Amount 1,246.30	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04	Employee 0.00 16.46 70.37	Employe 0.0 16.4 70.3
EARNINGS Pay Code Hourly S Vacation	12,487.57 3000 - Count	Benefits:	Total Total Units 74,50 1,50 4,00	Pay Amount 1,246.30 25.09 66.91	979.76 0.00 TAXES Code Federal W/H MC	Taxes:	Subject To 1,068.12 1,135.04	Employee 0.00 16.46	Employe 0.00 16.4 70.3
EARNINGS Pay Code Hourly S Vacation DEDUCTION	12,487.57 3000 - Count	Benefits: γ Clerk Total:	Total Total Units 74.50 1.50 4.00 80.00	Pay Amount 1,246.30 25.09 66.91 1,338.30	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04 1,338.30	Employee 0.00 16.46 70.37 0.00	Employe 0.0 16.4 70.3 0.0
EARNINGS Pay Code Hourly S Vacation DEDUCTION Code	12,487.57 3000 - Count	Benefits: y Clerk Total:	Total Total Units 74.50 1.50 4.00 80.00	Pay Amount 1,246.30 25.09 66.91 1,338.30 Employer	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04 1,338.30	Employee 0.00 16.46 70.37 0.00	Employe 0.0 16.4 70.3 0.0
EARNINGS Pay Code Hourly S Vacation DEDUCTION	12,487.57 3000 - Count	Benefits: γ Clerk Total:	Total Total Units 74.50 1.50 4.00 80.00	Pay Amount 1,246.30 25.09 66.91 1,338.30	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04 1,338.30	Employee 0.00 16.46 70.37 0.00	Employe 0.00 16.4 70.3
EARNINGS Pay Code Hourly S Vacation DEDUCTION Code 400 551	12,487.57 3000 - Count	Penefits: Y Clerk Total: Subject To 1,338.30 0.00	Total Total Units 74.50 1.50 4.00 80.00 Employee 66.92 19.23	Pay Amount 1,246.30 25.09 66.91 1,338.30 Employer 57.95 0.00	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04 1,338.30	Employee 0.00 16.46 70.37 0.00	Employe 0.00 16.4 70.3
EARNINGS Pay Code Hourly S Vacation DEDUCTION Code 400 551 580	12,487.57 3000 - Count	Total: Subject To 1,338.30 0.00 0.00	Total Total Units 74.50 1.50 4.00 80.00 Employee 66.92 19.23 1.53	Pay Amount 1,246.30 25.09 66.91 1,338.30 Employer 57.95 0.00 0.00	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04 1,338.30	Employee 0.00 16.46 70.37 0.00	Employe 0.00 16.4 70.3
EARNINGS Pay Code Hourly S Vacation DEDUCTION Code 400 551	12,487.57 3000 - Count	Penefits: Y Clerk Total: Subject To 1,338.30 0.00	Total Total Units 74.50 1.50 4.00 80.00 Employee 66.92 19.23	Pay Amount 1,246.30 25.09 66.91 1,338.30 Employer 57.95 0.00	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04 1,338.30	Employee 0.00 16.46 70.37 0.00	Employe 0.0 16.4 70.3 0.0
EARNINGS Pay Code Hourly S Vacation DEDUCTION Code 400 551 580	12,487.57 3000 - Count	Total: Subject To 1,338.30 0.00 0.00	Total Total Units 74.50 1.50 4.00 80.00 Employee 66.92 19.23 1.53	Pay Amount 1,246.30 25.09 66.91 1,338.30 Employer 57.95 0.00 0.00	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04 1,338.30	Employee 0.00 16.46 70.37 0.00	Employe 0.0 16.4 70.3 0.0
EARNINGS Pay Code Hourly S Vacation DEDUCTION Code 400 551 580 590	12,487.57 3000 - Count	Total: Subject To 1,338.30 0.00 0.00 0.00	Total Total Units 74.50 1.50 4.00 80.00 Employee 66.92 19.23 1.53 161.13	Pay Amount 1,246.30 25.09 66.91 1,338.30 Employer 57.95 0.00 0.00 337.45	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04 1,338.30	Employee 0.00 16.46 70.37 0.00	Employe 0.00 16.44 70.3
EARNINGS Pay Code Hourly S Vacation DEDUCTION Code 400 551 580 590 615	12,487.57 3000 - Count	Total: Subject To 1,338.30 0.00 0.00 0.00 Total:	Total Total Units 74.50 1.50 4.00 80.00 Employee 66.92 19.23 1.53 161.13 22.90	Pay Amount 1,246.30 25.09 66.91 1,338.30 Employer 57.95 0.00 0.00 337.45 0.00	979.76 0.00 TAXES Code Federal W/H MC SS	Taxes:	Subject To 1,068.12 1,135.04 1,135.04 1,338.30	Employee 0.00 16.46 70.37 0.00	9,761.69 Employer 0.00 16.46 70.37 0.00 86.89

Department:	2130 - Cour	ity Auditor
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			irect Deposits:	5,972.94				
		Total C	heck Amounts:	662.57				
ARNINGS				TAXES				
ay Code		Units	Pay Amount	Code		Subject To	Employee	Employer
65 Stipend w/RET		0.00	34.62	Federal W/H		8,227.11	890.74	0.00
lourly		176.00	3,822.50	MC		8,919.89	129.34	129.34
		28.00	587.26	SS		8,919.89	553.03	553.03
SAL		-2.00	4,911.34	Unemployment		9,325.95	0.00	0.00
	Total:	202.00	9,355.72			Total:	1,573.11	682.37
DEDUCTIONS								
Code	Subject To	Employee	Employer					
100	9,355.72	467.78	405.10					
320	0.00	225.00	0.00					
550	0.00	29.77	0.00					
551	0.00	157.68	0.00					
580	0.00	1.53	0.00					
590	0.00	161.13	981.89					
595	0.00	2.86	0.00					
510	0.00	16.96	0.00					
515	0.00	84.39	0.00					
VEJ	Total:	1,147.10	1,386.99					
		2,247.20	1,360.33					
RECAP 2130 - County A	references and resident to the property of the party of	with the second second		(areaspearantina)	Company of T		ranktor manutura	wasses and a
Earnings: 9,355.77		0.00	Deductions:	1,147.10	Taxes:	1,573.11	Net Pay:	6,635.51
3		ector Total I	Direct Deposits:	6,510.63	Taxes:	1,573.11	Net Pay:	6,635.5:
3		ector Total I			Taxes:	1,573.11	Net Pay:	6,635.5
artment: 2140 - Tax EARNINGS		ector Total I	Direct Deposits:	6,510.63	Taxes:	1,573.11	Net Pay:	6,635.5
ertment: 2140 - Tax EARNINGS Pay Code		Total (Total (Total (Direct Deposits:	6,510.63 403.87	Taxes:	1,573.11 Subject To	Net Pay:	41 50 20000
EARNINGS Pay Code Hourly		Total I Total C Units 422.00	Direct Deposits: Check Amounts:	6,510.63 403.87 TAXES	Taxes:	Process of the Arthur	ar or early a load in	Employe
EARNINGS Pay Code Hourly		Total (Total (Total (Direct Deposits: Check Amounts: Pay Amount	6,510.63 403.87 TAXES Code	Taxes:	Subject To	Employea	Employe 0.0
EARNINGS Pay Code Hourly S SAL		Units 422.00 10.00	Pay Amount 6,957.89 161.51 1,952.50	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74	Employea 745.82 129.62 554.21	Employe 0.00 129.6: 554.2:
EARNINGS Pay Code Hourly S SAL	Assessor-Colle	Units 422.00 10.00 1.00 8.00	Pay Amount 6,957.89 161.51 1,952.50 128.53	6,510.63 403.87 TAXES Code Federal W/H MC	Taxes:	Subject To 8,348.74 8,938.76	Employea 745.82 129.62	Employe 0.0 129.6 554.2
EARNINGS Pay Code Hourly S SAL		Units 422.00 10.00	Pay Amount 6,957.89 161.51 1,952.50	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76	Employea 745.82 129.62 554.21	Employe 0.00 129.6
EARNINGS Pay Code Hourly S SAL	Assessor-Colle	Units 422.00 10.00 1.00 8.00	Pay Amount 6,957.89 161.51 1,952.50 128.53	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00
EARNINGS Pay Code Hourly S SAL Vacation	Assessor-Colle	Units 422.00 10.00 1.00 8.00	Pay Amount 6,957.89 161.51 1,952.50 128.53	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.0 129.6 554.2 0.0
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code	Assessor-Colle	Units 422.00 10.00 1.00 8.00 441.00	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.0 129.6 554.2 0.0
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400	Assessor-Colle	Units 422.00 10.00 1.00 8.00 441.00	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS	Total: Subject To 9,200.43	Units 422.00 10.00 1.00 8.00 441.00 Employee 460.02	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43 Employer 398.38	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 550	Total: Subject To 9,200.43 0.00 0.00	Units 422.00 10.00 1.00 8.00 441.00 Employee 460.02 130.00 27.24	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43 Employer 398.38 0.00 0.00	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 550 551	Total: Subject To 9,200.43 0.00 0.00	Units 422.00 10.00 1.00 8.00 441.00 Employee 460.02 130.00 27.24 40.00	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43 Employer 398.38 0.00 0.00 0.00	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 550 551 580	Total: Subject To 9,200.43 0.00 0.00 0.00	Units 422.00 10.00 1.00 8.00 441.00 Employee 460.02 130.00 27.24 40.00 4.59	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43 Employer 398.38 0.00 0.00 0.00 0.00	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 551 580 590	Total: Subject To 9,200.43 0.00 0.00 0.00 0.00	Units 422.00 10.00 1.00 8.00 441.00 Employee 460.02 130.00 27.24 40.00 4.59 161.13	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43 Employer 398.38 0.00 0.00 0.00 0.00 1,948.55	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 550 551 580 590 595	Total: Subject To 9,200.43 0.00 0.00 0.00 0.00 0.00	Units 422.00 10.00 1.00 8.00 441.00 Employee 460.02 130.00 27.24 40.00 4.59 161.13 17.18	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43 Employer 398.38 0.00 0.00 0.00 0.00 1,948.55 0.00	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 551 580 590	Total: Subject To 9,200.43 0.00 0.00 0.00 0.00	Units 422.00 10.00 1.00 8.00 441.00 Employee 460.02 130.00 27.24 40.00 4.59 161.13	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43 Employer 398.38 0.00 0.00 0.00 0.00 1,948.55	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00
EARNINGS Pay Code Hourly S SAL Vacation DEDUCTIONS Code 400 520 550 551 580 590 595	Total: Subject To 9,200.43 0.00 0.00 0.00 0.00 0.00 Total:	Units 422.00 10.00 1.00 8.00 441.00 Employee 460.02 130.00 27.24 40.00 4.59 161.13 17.18 16.12	Pay Amount 6,957.89 161.51 1,952.50 128.53 9,200.43 Employer 398.38 0.00 0.00 0.00 1,948.55 0.00 0.00	6,510.63 403.87 TAXES Code Federal W/H MC SS	Taxes:	Subject To 8,348.74 8,938.76 8,938.76 7,220.69	Employea 745.82 129.62 554.21 0.00	Employe 0.00 129.6: 554.2: 0.00

Department: 1103 - Fleet Maintenance

			Direct Deposits: Theck Amounts:	1,286.01 1,189.03				
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code	and the same of the same	Subject To	Employee	Employe
Hourly		96.00	1,795.42	Federal W/H		2,901.91	190.07	0.0
/acation		64.00	1,276.96	MC		3,055.53	44.30	44.3
	Total:	160.00	3,072.38	SS		3,055.53	189.44	189.4
				Unemployment		3,072.38	0.00	0.0
DEDUCTIONS	and the second second		mercenane saaget 1 m			Total:	423.81	233.7
Code	Subject To	Employee	Employer					
100	3,072.38	153.62	133.04					
580	0,00	3.06	0.00					
590	0.00	0.00	644.44					
515	0.00	16.85	0.00					
	Total:	173.53	777.48					
RECAP 1103 - Fle	et Maintenance							
Earnings: 3,	072.38 Benefits:	0.00	Deductions:	173.53	Taxes:	423.81	Net Pay:	2,475.0
ertment: 2120	- County Treasurer	-	Direct Deposits:	2,764.15		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			Check Amounts:	0.00	-			
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code	***************************************	Subject To	Employee	Employe
Hourly		80.00	1,589.73	Federal W/H		3,260.49	228.72	0.0
Hourly SAL		80.00 1.00	1,589.73 1,967.38	Federal W/H MC		3,260.49 3,478.35		0.0
•	Total:			•		•	228.72	0.0 50.4
SAL	Total:	1.00	1,967.38	MC		3,478.35	228.72 50.43	0.0 50.4 215.6
DEDUCTIONS	Jet - constituent and path to	1.00 81.00	1,967.38 3,557.11	MC SS		3,478.35 3,478.35	228.72 50.43 215.66	
DEDUCTIONS Code	Subject To	1.00 81.00 Employee	1,967.38 3,557.11 Employer	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0
DEDUCTIONS Code 400	Subject To 3,557.11	1.00 81.00 Employee 177.86	1,967.38 3,557.11	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0
DEDUCTIONS Code 400 520	Subject To 3,557.11 0.00	1.00 81.00 Employee 177.86 40.00	1,967.38 3,557.11 Employer 154.03 0.00	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0
DEDUCTIONS Code 400 520 551	Subject To 3,557.11 0.00 0.00	1.00 81.00 Employee 177.86 40.00 42.30	1,967.38 3,557.11 Employer 154.03	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0
DEDUCTIONS Code 400 520 551	Subject To 3,557.11 0.00	1.00 81.00 Employee 177.86 40.00	1,967.38 3,557.11 Employer 154.03 0.00	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0
DEDUCTIONS Code 400 520 551	Subject To 3,557.11 0.00 0.00	1.00 81.00 Employee 177.86 40.00 42.30	1,967.38 3,557.11 Employer 154.03 0.00 0.00	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0
DEDUCTIONS Code 400 520 551	Subject To 3,557.11 0.00 0.00	1.00 81.00 Employee 177.86 40.00 42.30 1.53	1,967.38 3,557.11 Employer 154.03 0.00 0.00 0.00	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0
DEDUCTIONS Code 400 520 551 580 590	Subject To 3,557.11 0.00 0.00 0.00 0.00	1.00 81.00 Employee 177.86 40.00 42.30 1.53 0.00	1,967.38 3,557.11 Employer 154.03 0.00 0.00 0.00	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0
DEDUCTIONS Code 400 520 551 580 590	Subject To 3,557.11 0.00 0.00 0.00 0.00 0.00	1.00 81.00 Employee 177.86 40.00 42.30 1.53 0.00 2.86	1,967.38 3,557.11 Employer 154.03 0.00 0.00 0.00 644.44 0.00	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0
DEDUCTIONS Code 400 520 551 580 590	Subject To 3,557.11 0.00 0.00 0.00 0.00 0.00 0.00 Total:	1.00 81.00 Employee 177.86 40.00 42.30 1.53 0.00 2.86 33.60	1,967.38 3,557.11 Employer 154.03 0.00 0.00 0.00 644.44 0.00 0.00	MC SS		3,478.35 3,478.35 3,557.11	228.72 50.43 215.66 0.00	0.0 50.4 215.6 0.0

Department: 1101 - Unit Road

				Direct Deposits: Check Amounts:	26,606.11 1,102.19				
ARNINGS					TAXES				
ay Code	a national and a second character.		Units	Pay Amount	Code	Marin 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Subject To	Employee	Employe
65 Stipend w	/RET		0.00	66.92	Federal W/H		33,416.96	2,787.37	0.00
LOAT			1.00	17.01	MC		35,259.31	511.26	511.26
iourly			1,717.00	30,917.93	SS		35,259.31	2.186.07	2,186.0
T			58.00	1,580.06	Unemployment		36,701.56	0.00	0.0
			46.50	806.63			Total:	5,484.70	2,697.3
AL			1.00	2,101.04					
acation		1000	75.50	1,357.88	7				
		Total:	1,899.00	36,847.47					
EDUCTIONS	Secretaria de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos								
ode		Subject To	Employee	Employer					
100		36,847.47	1,842.35	1,595.49					
30		0.00	0.00	0.00					
50		0.00	145.91	0.00					
51		0.00	57.69	0.00					
63		0.00	210.19	0.00					
80		0.00	13.77	0.00					
90		0.00	1,158.89	6,842.77					
i95		0.00	16.64	0.00					
515		0.00	209.03	0.00					
		Total:	3,654.47	8,438.26	4				
RECAP 1101	l - Unit Road								
arnings:	36,847.47	Benefits:	0.00	Deductions:	3,654.47	Taxes:	5,484.70	Net Pay:	27,708.3
rtment: 1	102 - Vehic	le Maintena	nce						
			Total	Direct Deposits:	1,046.41		******		
				•					
			Total	Check Amounts:	2,550.32				
EARNINGS			Total	Check Amounts:					
EARNINGS Pay Code		· · · · · · · · · · · · · · · · · · ·	Total -	Check Amounts:	2,550.32 TAXES Code	erenteniere in deutsch	Subject To	Employee	Fmnlow
The standard section		e (1990 – 1994 daug (1994 d		MARKET TO THE REAL PROPERTY.	TAXES Code	erangenista (an abayat an an	5ubject To 4.310.12	Employee 364.67	
Pay Code			Units	Pay Amount	TAXES	TO DESCRIPTION AND ADDRESS OF	4,310.12	364.67	0.0
Pay Code FLOAT			Units 5.50	Pay Amount 100.40	TAXES Code Federal W/H	THE PROPERTY OF SHAPE OF	-		0.0 65.8
Pay Code FLOAT Hourly			Units 5.50 226.50	Pay Amount 100.40 4,165.43	TAXES Code Federal W/H MC	***************************************	4,310.12 4,538.54	364.67 65.80	0.0 65.8 281.3
Pay Code FLOAT Hourly DT		Total:	Units 5.50 226.50 5.00	Pay Amount 100.40 4,165.43 144.46	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54	364.67 65.80 281.39	Employe 0.0 65.8 281.3 0.0
Pay Code FLOAT Hourly DT		Total:	Units 5.50 226.50 5.00 8.00	Pay Amount 100.40 4,165.43 144.46 158.02 4,568.31	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54 4,555.34	364.67 65.80 281.39 0.00	0.0 65.8 281.3 0.0
Pay Code FLOAT Hourly OT Vacation		Total:	Units 5.50 226.50 5.00 8.00	Pay Amount 100.40 4,165.43 144.46 158.02	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54 4,555.34	364.67 65.80 281.39 0.00	0.0 65.8 281.3 0.0
Pay Code FLOAT Hourly OT Vacation DEDUCTIONS			Units 5.50 226.50 5.00 8.00 245.00	Pay Amount 100.40 4,165.43 144.46 158.02 4,568.31	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54 4,555.34	364.67 65.80 281.39 0.00	0.0 65.8 281.3 0.0
Pay Code FLOAT Hourly DT Vacation DEDUCTIONS Code		Subject To	Units 5.50 226.50 5.00 8.00 245.00	Pay Amount 100.40 4,165.43 144.46 158.02 4,568.31	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54 4,555.34	364.67 65.80 281.39 0.00	0.0 65.8 281.3 0.0
Pay Code FLOAT Hourly DT Vacation DEDUCTIONS Code		Subject To 4,568.31	Units 5.50 226.50 5.00 8.00 245.00 Employee 228.42	Pay Amount 100.40 4,165.43 144.46 158.02 4,568.31 Employer 197.81	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54 4,555.34	364.67 65.80 281.39 0.00	0.0 65.8 281.3 0.0
Pay Code FLOAT Hourly DT Vacation DEDUCTIONS Code 400		Subject To 4,568.31 0.00	Units 5.50 226.50 5.00 8.00 245.00 Employee 228.42 12.97	Pay Amount 100.40 4,165.43 144.46 158.02 4,568.31 Employer 197.81 0.00	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54 4,555.34	364.67 65.80 281.39 0.00	0.0 65.8 281.3 0.0
Pay Code FLOAT Hourly DT Vacation DEDUCTIONS Code 400 550		Subject To 4,568.31 0.00 0.00	Units 5.50 226.50 5.00 8.00 245.00 Employee 228.42 12.97 1.53	Pay Amount 100.40 4,165.43 144.46 158.02 4,568.31 Employer 197.81 0.00 0.00	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54 4,555.34	364.67 65.80 281.39 0.00	0.0 65.8 281.3 0.0
Pay Code FLOAT Hourly DT Vacation DEDUCTIONS Code 400 550 580		Subject To 4,568.31 0.00 0.00	Units 5.50 226.50 5.00 8.00 245.00 Employee 228.42 12.97 1.53 0.00	Pay Amount 100.40 4,165.43 144.46 158.02 4,568.31 Employer 197.81 0.00 0.00 966.66	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54 4,555.34	364.67 65.80 281.39 0.00	0.0 65.8 281.3 0.0
Pay Code FLOAT Hourly DT Vacation DEDUCTIONS Code 400 550 580 615	2 - Vehicle Mai	Subject To 4,568.31 0.00 0.00 0.00 0.00 Total:	Units 5.50 226.50 5.00 8.00 245.00 Employee 228.42 12.97 1.53 0.00 16.80	Pay Amount 100.40 4,165.43 144.46 158.02 4,568.31 Employer 197.81 0.00 0.00 966.66 0.00	TAXES Code Federal W/H MC SS		4,310.12 4,538.54 4,538.54 4,555.34	364.67 65.80 281.39 0.00	0.0 65.8 281.3 0.0



Detail Register

Department Summary

Packet: PYPKT01466 - 101319 thru 102619 Payroll Pay Date Nov 1 Payroll Set: 01 - Payroll Set 01

Pay Period: 10/13/2019 - 10/26/2019

Department: 1000 - Courthouse Security

			Direct Deposits: Check Amounts:	10,430.69 0.00		23		
EARNINGS Pay Code 165 Stipend w/RET Hourly OT S Uniform Vacation		Units 0.00 610.50 6.00 8.00 0.00 21.50	Pay Amount 16.15 12,506.73 180.45 190.04 200.00 431.05	TAXES Code Federal W/H MC SS Unemploymen	t	Subject To 12,457.54 13,133.77 13,133.77 13,415.49 Total:	Employee 1,014.47 190.44 814.29 0.00 2,019.20	Employer 0.00 190.44 814.29 0.00 1,004.73
DEDUCTIONS	Total:	646.00	13,524.42					
Code	Subject To	Employee	Employer					
400	13,524.42	676.23	585.61					
550	0.00	108.93	0.00					
551	0.00	20.00	0.00					
580	0.00	7.65	0.00					
590	0.00	161.13	1,626.33		7.29			
595	0.00	8.58	0.00					
615	0.00	92.01	0.00					
	Total:	1,074.53	2,211.94					
RECAP 1000 - Courtho	use Security							
Earnings: 13,524.4	2 Benefits:	0.00	Deductions:	1,074.53	Taxes:	2,019.20	Net Pay:	10,430.69

B. \$93,913.51 (Payroll Tax 10/13/2019 – 10/26/2019); Backup 2

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caidwell.tx.us and ezzy.chan@co.caidwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11.12.2019				
Type of Agenda Item				
Consent Discussion/Action Executive Session Workshop Public Hearing What will be discussed? What is the proposed motion? to approve \$93,913.51 Payroll Tax (10/13/2019-10/26/2019)				
1. Costs: Actual Cost or Estimated Cost \$ 93,913.51				
Is this cost included in the County Budget?				
Is a Budget Amendment being proposed?				
2. Agenda Speakers: Name Representing Title				
(1) Judge Haden				
(2)				
(3)				
3. Backup Materials: None To Be Distributed total # of backup pages (including this page)				
4. Date Date				

Exhibit A (amended on 4.22.19)



EARNINGS Pay Code

FH-LAW

FLOAT

Hourly

Jud Stip

LWOP

LWP OT S

SAL Uniform **Vacation** VAC-PAYOUT

165 Stipend w/RET

BEREAVEMENT

JP COMP TAKEN

Longevity w/RET

Caldwell County, TX

Detail Register

Payroll Summary

Packet: PYPKT01466 - 101319 thru 102619 Payroll Pay Date Nov 1 Payroll Set: 01 - Payroll Set 01

Pay Period: 10/13/2019 - 10/26/2019

Males Paid:

133 Females Paid: 129 Total Employees: 262

Total Direct Deposits: Total Check Amounts:

	,
mounts:	11,710.37
nount	BENEFITS Pay Code
97.09	
60.55	
50.42	
69.45	TAXES -
95.23	Code
35.97	
30.77	
71.54	
0.00	
14.19	
51.61	
.09.53	
58.92	
.75.00	
01.43	
21 76	

	85.50	1,714.19	
	375.50	9,351.61	
	596.07	12,109.53	
	-21.00	103,558.92	
	0.00	2,175.00	
	534.18	10,401.43	
******	56.54	1,031.26	
Total:	16,161.04	414,552.96	

Units

0.00

25.25

24.00

27.50

19.00

0.00

0.00

80.00

14,358.50

Pay Amount
1,597.09
460.55
450.42
469.45
267,195.23
435.97
3,230.77
371.54
0.00
1,714.19
9,351.61
12,109.53
103,558.92
2,175.00
10,401.43
1,031.26
414,552.96

DEDUCTIONS			
Code	Subject To	Employee	Employer
400	409,254.96	20,462.86	17,720,68
520	0.00	2,990.00	0.00
530	0.00	744.47	0.00
550	0.00	1,700.76	0.00
551	0.00	2,978.42	0.00
552	0.00	288.45	0.00
560	0.00	75.00	0.00
563	0.00	210.19	0.00
580	0.00	154.53	0.00
590	0.00	7,857.96	65,053.20
595	0.00	271.44	0.00
610	0.00	206.07	0.00
615	0.00	2,519.69	0.00
620	0.00	179.03	0.00
	Total:	40,638.87	82,773.88

530	0.00	744.47	0.00
550	0.00	1,700.76	0.00
551	0.00	2,978.42	0.00
552	0.00	288.45	0.00
560	0.00	75.00	0.00
563	0.00	210.19	0.00
580	0.00	154.53	0.00
590	0.00	7,857.96	65,053.20
595	0.00	271.44	0.00
610	0.00	206.07	0.00
615	0.00	2,519.69	0.00
620	0.00	179.03	0.00
	Total:	40,638.87	82,773.88
RECAP 01 - Payroll Set 01			

Pay Cod	Q .		Units	Pay Amount
	JP COMP EARNED	es. 1	12.00	245.15
		Total:	12.00	245.15
TAXES -	*****			
Code	THE RESIDENCE OF THE PARTY OF T	Subject To	Employee	Employer
	Federal W/H	375,483.38	32,876.39	0.00
	MC	398,936.24	5,784.56	5,784.56
	SS	398,936.24	24,734.00	24,734.00
	Unemployment	398,375.34	0.00	0.00
		Total:	63,394.95	30,518.56

P/R \$93,913.51 Tax

Earnings: 414,552.96 Benefits: 245.15 Deductions: 40,638.87. Taxes: 63,394.95

Net Pay: 310,519.14 C. \$139,843.00 (DMV Remittance); Backup: 2

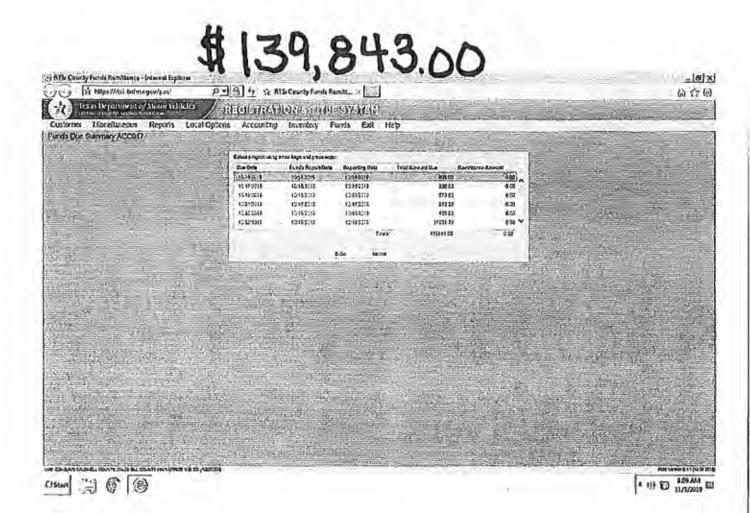
Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and <a href="https://example.edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.or

AGENDA DATE: 11	/12/2019 	
	Type of Agenda Item	
✓ Consent D	iscussion/Action Executive Ses	ssion Workshop
Public Hearing		
	ed? What is the proposed motion?	
\$139,843.00(DMV R	emittance)	
1. Costs:		
	Fathward Cond. 6	
Actual Cost or	Estimated Cost \$	
Is this cost included in	n the County Budget?	
ls a Budget Amendm	ent being proposed?	
2. Agenda Speaker	s:	
<u>Name</u>	Representing	Title
(1) Judge Haden		
(2)		
(3)		
3. Backup Materials:	None To Be Distributed	total # of backup pages (including this page)
Olmlal A	,	
4. OHOPOHI-		11/5/19
Signature of Court Mer	mber Date	1







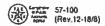
D. \$415.62 (TPWD Comptroller); Backup: 3

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11/12/2019
Type of Agenda Item
Consent Discussion/Action Executive Session Workshop
Public Hearing
What will be discussed? What is the proposed motion?
\$415.62(Texas Boat and Motor Sales/Texas Parks and Wildlife).
I. Costs:
Actual Cost or Estimated Cost \$
Is this cost included in the County Budget?
Is a Budget Amendment being proposed?
2. Agenda Speakers:
Name Representing Title
[1] Judge Haden
[2]
(3)
3. Backup Materials: None To Be Distributed 3 total # of backup pages (including this page)
4. AMM 11/5/19
Signature of Court Member Date

Exhibit A (amended on 4.22.19)









Texas Boat and Boat Motor Sales and Use Tax Report

a. 🛮 57100

You have certain rights under Chapters 552 and 659, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number fisted on this form.

c. Taxpayer number	d. Filing period		e. f.	Due date	
32049986444	Month	Ending 10/31/2019		11/12/2019	
a blame and matter address					
g. reame and making addre	ess (Make any necessary name or ac	Idress changes below.)	-		
			h. <u>IMPORTANT</u>		
The Honorable Daria Law	Blacken this box if	Blacken this box if your mailing			
110 S Main St Room 101 Lockhart, Texas 78644			by the preprinted in	ed. Show changes 1	
				, – —	
			1.	J.	
			N.		
				<u> </u>	
Number of receipts issued (Inclu	ding Voids)		1, 11	9	
TAX COMPUTATION					
1AX COMPOTATION			Report	dollars and cents.	
2. Gross Boat & Boat Motor Sales a	and Use Tax collected		2. 🛤	\$ 437.50	
3. Tax Assessor-Collector/Departm	antina / E0/ atila	na 21	0 =	24.00	
J. Tax Assessor Collector Departur	enties (3% orne	m 2)	3. Q	21,88	
19					
4. Net taxes collected (Item 2 minus	s Ilem 3)		4. m	415.62	
	•				
E International					
5. Interest earned			5. H		
6. TOTAL AMOUNT DUE (Item 4 p	ius Ilem 5)		6.		
Form 57-100 (Rev.12-18/8)	*** DO NOT DETACH ***				
	DO NOT DETACT				
7. Total amount of prepayments			7		
8. TOTAL AMOUNT DUE AND PAY	ADI E Wan & minus Nam 71			¢ 445 60	
V. TOTAL ARROUNT DUC AND PA	noce(Rom o nimus Rom /)		8. =	\$ 415.62	
		ſk.	[E		
Taxpayer name		k.			
1 m	le Darla Law (Caldwell C	ounty TAC)			
☑ T Code ■ Taxpayer number	■ Period				
= 2	= 1 VIVA				
		I declare that the information in the best of my knowledge and I	this document and any attach belief.	irnents is true and correct to	
		Duly authorized ager	nt S		
Make check payable to Si		here			
Mail to Comptroller of Pu P.O. Box 149360		Business phone 51:	2-398-1830 D	Pate 11/05/2019	

Texas Department of Motor Vehicles

NOV-04-19 12:29 PM

Texas Parks and Wildlife Department County Sales Tax Report

Page 1 of 1

Caldwell - Main

10/01/2019	_	10/31/2019	

Order Id	Order Date	Asset	Total Transaction Amount Collected	Sales Tax Collected in Transaction	Less 5% Tax Retained by County	Total Donation Collected	Tax Amount Due Comptroller
13204845	10/08/2019	B3501AJ	\$ 53 00	\$.00	\$.00	0.00	\$.00
13206227	10/09/2019	B9685CZ	\$.00	\$.00	\$.00	0.00	\$.00
13208240	10/09/2019	B9685CZ	\$ 163.75	\$ 93.75	\$ 4.69	0,00	\$ 89.06
13208240	10/09/2019	M3318FF	\$ 89.50	\$ 62.50	\$ 3.13	0.00	\$ 59.37
13208516	10/11/2019	B7987DV	\$ 32.00	\$.00	\$.00	0.00	\$.00
13212946	10/17/2019	B1932AM	\$ 194.25	\$ 156.25	\$ 7.81	0.00	\$ 148.44
13212946	10/17/2019	M6949CS	\$ 152.00	\$ 125.00	\$ 6.25	0,00	\$ 118.75
13213941	10/18/2019	B7673DE	\$ 53.00	\$.00	\$.00	0.00	\$.00
13216107	10/22/2019	B4559FL	\$ 59.00	\$.00	\$.00	0.00	\$.00

Total Transaction Amount Collected:

\$796.50

Total Sales Tax Collected:

\$437.50

Total Retained by County:

\$21.88

Total Donations:

0.00

Total Due Comptroller for this period:

\$415.62

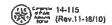
E. \$388,270.89 (DVM Comptroller); Backup: 12

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE:
Type of Agenda Item
Consent Discussion/Action Executive Session Workshop
Public Hearing
What will be discussed? What is the proposed motion?
\$388,270.89 (DMV/Comptroller)
I. Costs:
Actual Cost or Estimated Cost \$
Is this cost included in the County Budget?
Is a Budget Amendment being proposed?
2. Agenda Speakers:
Name Representing Title
1) Judge Haden
[2]
[3]
3. Backup Materials: None To Be Distributed 12 total # of backup pages (including this page)
4. APPALL 11/5/19
Signature of Court Member Date

Exhibit A (amended on 4.22.19)

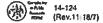






Texas Motor Vehicle Sales/Use Tax and Surcharge Report

a. 🛤 17100		Do not write in shaded areas.					
c. Taxpayer number	d. Filing period		e.	f. Due date			
32049986444	Month Ending 1	10/31/2019		11/12/2019			
g. Name and mailing address (I.fake any necess	ary name or address changes below.	,	h. IMPORTA	NT			
The Honorable Darla Law(Caldwell (110 S Main St 101 Lockhart, Texas 78644	County TAC)	ė.	has change	is box if your mailing address ed. Show changes printed information.			
You have certain rights under Chapters 552 and 559, G and correct information wa have on file about you. Cont number listed on this form.	overnment Code, to review, request lact us at the address or phone	14100 COL TAX CALCI		17100 COL. II SURCHARGE CALCULATION			
Number of receipts issued (Including Voids)		1A. B 92	25	1B. a 3			
2. Gross Motor Vehicle Sales and Use Tax colle	cted (Dollars & cents)	2A. 🗷 3	70,244.28	2.1			
3. 2.5% Surcharge collected for model years 199	96 and prior (Dollars & cents).	E/\		38. 8 485.50			
4. 1.0% Surcharge collected for model years 199	7 and later (Dollars & cents).	<u> </u>		48. ■			
5. Gross Surcharge collected (Item 3B plus Item	48)	<u> </u>		58. ■			
Claim for dishonored payment		6A. 🛍	-	6B. 🖪			
7. Commission not available from registration fee	25	7A. a		78. 🖩			
8. Commission available from Sales Tax/TERP S		8A. m	***	8B. m			
 Net motor vehicle tax and/or surcharge collect (Item 2A minus Items 6A, 7A, and 8A; Item 5B 	ted minus Items 6B, 7B and 6B)	9A. 🖿		9B. 🛍			
10. Interest earned		10A. m		10B.m			
11. TOTAL AMOUNT DUE (Item 9A plus Item 10	A and Item 98 plus Item 108)	11A.m 3	70,244.28	118.■ 485.50			
14-115 (Rev.11-18/10)							
12. Total amount of prepayments		12A.		128.			
13. Amount due (Item 11A minus Item 12A and Ite	om 118 minus 128)	13A.88	70,244.28	138.≡ 485.50			
	*.7%#16-15	k,		1.			
14. TOTAL AMOUNT OF TAX AND SURCHARGE	E DUE AND PAYABLE(Item 13A	plus Item 13B)		370,729.78			
Taxpayer name The Honorable Dar	la Law (Caldwell County	TAC)	m.				
ng T Code na Taxpayer number number	the be	est of my knowledge and	bellef.	nd any attachments is true and correct to			
17920 32049986444	Ouly a	uthorized agent (PLEAS	<i>E PRINT NAME</i>) Darla La	aw			
payable to P.O. Box 149360			() E (1			
STATE COMPTROLLER Austin, Texas 70 If you have any questions regarding Motor Vehicle or Surcharge, call 1-800-252-13	Sales and Use Tax	ness phone 512-398-1	830	Date 11/05/2019			



Texas Motor Vehicle Registration Surcharge and/or Title Application Fee Report

b. 8 💢



a. T Code **B** 21100

c. Taxpayer number	d. Filing period	e.	f. Due date
ы 32049986444	Month Ending 10/31/2019		11/12/2019
g Name and mailing address (Make and The Honorable Daria Law (Caldwing 110 S Main St Room 101 Lockhart, Texas 78644	y necessary name or address changes below.) veli County TAC)	address h by the pre Blacken th	nts box if your mailing las changed. Show changes 1. printed information

Who Must File

Texas County Tax Assessor-Collectors (TACs) must file this report with the Comptroller's office on a monthly basis.

Due Date

The report is due by the 10th day of the month after the reporting period.

Column B - Title Application Fee/Texas Mobility Fund Instructions

Non-altainment counties must remit \$20.00 of each title application fee to the Comptroller's office for the the Texas Mobility Fund. All other counties must remit \$15.00 of each title application fee for the fund.

*** Do not write in shaded areas.*		CorUMN A	101	CONUMICE FACILITATION FOR RESIDENCE FROM
Number of registrations and/or title applications (Include any collections marprevious dishonored payments)	de on 1a.■	6	1b. m	869
Total registration surcharge and/or title application fees collected	\$ 2a.	441.11	\$ 2b. ss	17,100.00
Claim for dishonored payment	\$ 3a.¤		\$ 3b. m	
Total surcharge and/or title application fee due (Item 2 minus Item 3)	\$ 4a.m	441.11	\$ 4b. m	17,100.00
*** DO NOT DETACH ***				
Prior payments (Include electronic funds submitted for this reporting period)	\$ 5a.		\$ 5b.	
6. Total amount due and payable (Item 4 minus Item 5)	\$ 6a. ■	441.11	\$ 6b. m	17,100.00
7. TOTAL AMOUNT OF MOTOR VEHICLE APPLICATION FEE DUE AND PAYABLE	SURCHARGE AND/OR E (Add Item 6a and Item)	TITLE 6b)	\$ 7.	17,541.11
The Honorable Darla	Law (Caldwell County 1	TAC)	<u>L</u>	
R T Code E Tarpayer number Period		ACJ		
21920 32049986444		hat the information in this the best of my knowledge		attachments is true and

For assistance, contact us at www.comptroller.texas.gov or call 1-800-252-1382. Form 14-124 (Rev.11-18/7)

Make check payable to STATE COMPTROLLER Mail to COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149360 Austin, Texas 78714-9360

Business phone

sign | here !

333 B

Taxpayer or duly authorized agent

512-398-1830

Date 11/05/2019



Texas Department of Motor Vehicles

MONTHLY FUNDS REPORT

For: October 2019



Transaction Year

ear 2019

Transaction Month: October

Account Item Code

REGISTRATION EMISSIONS FEE, SALES TAX FEE, SALES TAX EMISSIONS FEE, SALES TAX EMISSION FEE 1%, SALES TAX PENALTY FEE, TERP FEE, TEXAS MOBILITY FUND FEE, YOUNG FARMER PROGRAM

Office:

078 - CALDWELL

County	BECK THE NOVE IN BUTIONS	FALCE TAY OLD COM	CALCE TAN IN MCCIONIC	CHICCTIN	24122 TIM 001/11 TV	PENER STORM INVESTIGATE	Malated Palaters	
Cantro	REGISTRATION EMISSIONS FEE	SALES TAX EMISSION SALES TAX EMISSIONS FEE 13: FEE		SALES TAX SALES TAX PENALTY FEE FEE		TEXAS MOBILITY FUND	YOUNG FARMER PROGRAM	

County: 028 - CALDIVELL Account Item Code Description: REGISTRATION EMISSIONS FEE Total Item Price: \$441.11 Items sold: 6 Volded: 0 26299643745002094 \$32.39 27799643738001821 178.36 27799643738001822 \$78.36 02800143740144838 \$84.00 02800143765132447 \$84.00 02810043747083957 \$84.00 Account Item Code Description: SALES TAX EMISSION FEE 1% County: 028 - CALDWELL Total Item Price: \$360.50 Hems sold: 2 Volded: 0 02800143754111157 \$10.00 02810043754112246 \$350.50 County: 028 - CALDWELL Account Item Code Description: SALES TAX EMISSIONS FEE Total Item Price: \$125.00 Rems sold: 1 Volded: 0 02800143744101418 \$125 00

Run Date: 11/04/2019 Run Time: 9:40:01 AM



7 Texas Department of Motor Vehicles RTS.FIN.009

MONTHLY FUNDS REPORT

For: October 2019

подранительностичность Report

Transaction Year.

2019

Transaction Month: October

Account Item Code

REGISTRATION EMISSIONS FEE, SALES TAX FEE, SALES TAX EMISSIONS FEE. SALES TAX EMISSION FEE 1%, SALES TAX PENALTY FEE, TERP FEE, TEXAS MOBILITY FUND FEE, YOUNG FARMER PROGRAM

Office:

028 - CALOWELL

County: 028 - CALDWELL		Account it	em Code Descri	plion: SALES TAX FEE			
Total Item Price: \$369,20	17.83			Items sold: 857		Volded: 12	
02820043753091635	(5812 19)	02825043737122210	(\$780.94)	02830043764134814	(\$556.25)	02810043740073746	(\$337.50)
02800043765120330	(\$306.25)	02820043746080900	(\$237.50)	02800043760145843	(\$187,50)	02800043750103337	(\$156.25)
02800043750104325	(\$156.25)	02800143740142457	(\$36.25)	02800143745152630	(\$12.50)	02830043764163856	(\$10.00)
02800043737103526	0.00	02800043737142946	0.00	02800043743155018	0,00	02800043745113501	0,00
02800043747102426	0.00	02800043747102821	0.00	02800043759153331	0.00	02800043759153906	0.00
02800043759154443	0.00	02800043759154923	0.00	02800043759155311	0.00	02800043759155623	0.00
02800043764111429	0.00	02800043764112326	0.00	02800043764112647	0.00	02800043764113001	0.00
028000437641 3621 02800143740135836	0.00	02800043765150728 02800143743144440	0.00	02800143738103023	0.00	02800143738144002	0.00
02810043737083051	0.00 0.00	02810043737083623	0.00	02800143759093901 02810043737084339	0,00 00,0	02810043737081215 02810043737084734	0,00
02810043737085054	0.00	02810043737091917	0.00	02810043737134934	0.00	02810043738141124	0.00
02810043743131654	0.00	02810043744095723	0.00	02810043744101831	0.00	02810043744103507	0.00
02810043744103932	0.00	02810043744104228	0.00	02810043744104614	0.00	02810043744104900	0.00
02810043745120455	0.00	02810043745161558	0.00	02810043747093852	0.00	02810043747094108	0.00
02810043751080845	0.00	02810043751081233	0.00	02810043751081519	0.00	02810043751081833	0.00
02810043751082212	0.00	02810043751082507	0.00	02810043751082757	0.00	02810043751083038	0.00
02810043751083323	0.00	02810043751085743	0.00	02810043753130503	0.00	02810043753130822	0.00
02810043754131626	0.00	02810043754150327	0.00	02810043757101038	0.00	02810043757105058	0.00
02810043757121322	0.00	02810043760250000	0.00	02810043761112725	0.00	02820043738093726	0.00
02820043738094135	0.00	02820043738094751	0.00	02820043739091815	0.00	02820043739092129	0.00
02820043739092408	0.00	02820043739092720	0.00	02820043739092931	0.00	02826043743150317	0.00
02820043743150952	0.00	02820043743151432	0.00	02820043743152929	0.00	02820043743154532	5.00
02820043744082101	0.00	02820043744082609	0.00	02820043746124255	0.00	02820043746152414	0.00
02820043746152800	0.00	02820043746153041	0.00	02820043746153330	0.00	02820043752140244	0.00
02820043753100827	0.00	02820043754141438	0.00	02820043758141850	0.00	02820043758155841	0.00
02820043758160054	0.00	02820043758160454	0.00	02820043758160709	0.00	02820043760083320	0.00
02820043760883741	0.00	G2820043760084507	0.60	02820043761084612	0.00	02820043761084824	0.00
02820043761085038	0.00	02820043764131953	0.00	02820043764132412	0.00	02820043764133013	0.00
02820043766130750	0.00	02820043766132055	0.00	02820043766153153	0.00	02820043766153919	0.00
02825043737131048	0.00	02825043737131701	0.00	02825043737132252	0.00	02825043737132650	0.00
02825043737133111	0.00	02825043737133504	0.00	02825043737133924	0.00	02825043737134400	0.00
02825043737134807	0.00	02825043743154912	0.00	02825043744125240	0.00	02825043745141600	0.00
02825043745142323	0.00	02825043745145912	0.00	02825043750115911	0.00	02825043751115413	0.00
02825043751150711	0.00	02825043752121323	0,00	02825043752121659	0.00	02825043752122035	0.00
02825043752122435	9.00	02825043752123426	0.00	02825043753144142	0.09	02825043754093628	0.00
02825043758145930	0.00	02825043758155249	00,0	02825043765122316	0.08	02825043766100751	0,00
02825043767083608	0.00	02825043767084016	0.00	02830043751141327	0.00	02830043751150310	0.00
02830043751151139	0.00	02830043754133343	0.00	02830043765155153	0.00	02830043766155611 02820043751102631	0.00 \$1.60
02825043743112628 02800043766154413	\$0.06 \$2.19	02820043750111910 02810043765131004	\$0,63 \$3.13	02820043765144047 02820043758103505	\$0.63 \$3.13	02800043761122707	\$5.00
02825043764083320	\$5.00	02825043767091243	\$5,00	02800143745150636	\$6.25	02800143757100830	\$6.25
02810043738103515	\$6,25	02820043759082712	\$6.25	02800043738143811	510.00	02800043743140223	\$10.00
02800043754082415	\$10.00	02809043754113907	\$10.00	02800043764135048	\$10.00	02800043767090330	\$10.00
02800143743143815	\$10.00	02800143751112919	\$10.00	02800143753085522	\$10.00	02800143766150401	\$10.00
02810043744123854	\$10.00	02810043745125710	\$10.00	02810043750120750	\$10.00	02810043759133656	\$10.00
02810043761151727	\$10.00	02810043764162208	\$10.00	02820043739144250	\$10.00	02820043743143259	\$10.00
02820043753161904	\$10.00	02820043767112734	\$10.00	02820043767155010	\$10.00	02825043739112535	\$10.00
02825043745101103	\$10.00	02825043752112107	\$10.00	02825043753090604	\$10.00	02825043753141633	\$10.00
02825043759150913	\$10.00	02825043759151715	\$10.00	02825043767122210	\$10.00	02825043767123142	\$10,00
02825043767161738	\$10.00	02830043764154703	\$10.00	02830043764164900	\$10.00	02800143745151413	\$12.50
02800143745152934	\$12,50	02800143754133918	\$12.50	02810043738131950	\$12.50	02810043750160055	\$12.50
02820043746084047	\$12.50	02810043750250051	\$12,81	02810043750250015	\$14.38	02810043750250049	\$14.38
02810043751084330	\$14.3B	02810043751084619	\$14.38	02810043750250046	\$15.94	02810043750250053	\$15.94
02810043750250054	\$15.94	02810043750250013	\$17.50	028 0043750250034	\$17.50	02810043750250035	\$17.50
02810043746100103	\$18.75	02810043760154622	\$18.75	02825043759153034	\$18.75	02810043760154942	\$20.31
02810043750250052	\$20,63	02810043751084912	\$20.63	02810043738151855	\$21.88	02830043757154130	\$21.88
02830043761152557	\$21.88	02810043750250007	\$22.19	02810043750250040	\$24.38	02810043750250041	\$24.38
02810043761250002	\$24,38	02810043761250003	\$24.38	02800043743114248	\$25.00	02800043765102649	\$25.00
02800143760155025	\$25.00	02800143765105011	\$25.00	02810043737153748	\$25.00	02820043745104245	\$25.00
02825043746162106	\$25.00	02810043750250002	\$27.50	02810043750250048	\$27.50	02800043745151559	\$28.13
02810043750250050	\$29.06	02810043761250000	\$30.63	02820043766131110	\$30.94	02800143753091954	\$31.25

Run Date: 11/84/2019 Run Time: 9:40:01 AM



RTS.FIN.009

Transaction Month: October

MONTHLY FUNDS REPORT

For: October 2019

Account Item Code: REGISTRATION EMISSIONS FEE, SALES TAX FEE, SALES TAX EMISSIONS FEE. SALES TAX EMISSION FEE 1%, SALES TAX PENALTY FEE, TERP FEE, TEXAS MOBILITY FUND FEE, YOUNG FARMER PROGRAM

Registration and Time System Report

Office:

Transaction Year

028 - CALDWELL

2019

County: 028 - CALDWELL		Account Ite	m Code Descri	iption; SALES TAX FEE			
Total Item Price: \$369,207.	83			Items sold: 857		Volded: 12	
02810043737122612	\$31,25	02810043739093107	\$31.25	02010043743083657	\$31.25	02810043750160844	\$31.25
02810043753153332	\$31.25	02820043740133307	\$31,25	02820043746145238	\$31.25	02820043751145004	\$31.25
02820043764120000	\$31.25	02825043737130008	\$31.25	02825043752092058	\$31 25	02810043759140410	\$31.39
02810043744152751	\$32,50	02800143757081413	\$33.75	02810043750250016	\$33.75	02810043750250038	\$33.75
02800143760081939	\$35.00	02800143761144900	\$35.00	02810043750135603	\$35.00	02820043740135620	\$35.00
02825043767150730	\$35.00	02800143740142206	\$36.25	02800143740142818	\$36.25	02800043765153059	\$37.50
02810043739122227	\$37,50	02810043743085956	\$37.50	02820043766113311	\$37.50	02825043743143730	\$37.50
02825043744151440	\$37,50	02810043750250021	\$38.44	02810043750250033	\$38,44	02810043750250055	\$38.44
02800143757092740	\$38.75	02800043740121902	\$40.00	02825043766104445	\$40.00	02800143764140400	\$40.63
02825043740121539	\$40.63	02810043743162755	\$40.74	02810043750250027	\$41.56	02810043750250036	\$41.56
02810043761250005	\$41,56	02800043746145954	\$42,19	02800143738153610	\$43,75	02825043759124923	\$43.75
02810043750250004	\$44.69	02810043750250037	\$44.69	02810043750250044	\$44.69	02810043751154232	\$45.00
02800143744144336	\$46.25	02820043740140210	\$45.25	02800143740105026	\$46.88	02820043760132151	146.88
02825043739114913	\$47.50	G2810043750250028	\$47.81	02810043761250004	\$47.81	02825043745111428	\$48.75
02800043754091158	\$50.00	02800043761091436	\$50.00	02800043766152752	\$50.00	02800143740080817	\$50.00
02800143750154047 02825043740080445	\$50.00 \$50.00	02810043747085249 02825043760124732	\$50.00	02820043739152026	\$50.00	02820043753152843	\$50.00 \$50.00
02810043747111603	\$50.14	02825043739125720	\$50.00 \$51.56	02825043760154232 02810043750250006	\$50.00 \$52.19	02825043761104608 02810043750250012	\$52.69
02820043738143755	\$52,50	02810043750250045	\$55,31	02800043750112951	\$56.19	02810043760160922	\$56.25
02825043744123927	\$56.25	02825043746124630	\$56.25	02810043750250001	\$58.44	02810043751085351	\$58.44
07800043744152653	\$59.38	02825043750144004	\$59.38	02810043743133924	\$60.00	02810043750250030	\$61.56
02810043761250001	\$61.56	02825043740123206	\$61.72	02810043754250001	\$62.38	02800143754111157	\$62.50
02800143758144857	\$62,50	02810043737123320	\$62.50	02810043738140611	\$62.50	02810043747123226	\$62.50
02810043753124708	\$62,50	02810043761092349	\$62,50	02810043765081633	\$62.50	02810043767094100	\$62.50
02820043745135106	\$62.50	02820043753160350	\$62.50	02825043740115155	\$62.50	02825043747111952	\$62.50
02825043757153200	\$62.50	02830043766161954	\$62.50	02800043744134215	\$65.00	02800143753130845	\$65.00
02800143754144627	\$65.00	02810043750250019	\$65.31	02820043766144517	\$67.50	02810043750250011	\$68.44
02810043744124412	\$68,75	02810043754152605	\$68.75	02810043759125015	\$68.75	02825043743145644	\$68.75
07810043750250039	\$71.56	02810043750250042	\$71.56	02810043750250043	\$71.56	02800043758115915	\$71.88
02810043740104741	\$72,50	02800043765093627	\$73.44	02810043753094451	\$73.44	02800043761102700	\$75.00
02800143764132249	\$75.00	02800143766152056	\$75.00	02810043737123912	\$75.00	02810043743091729	\$75.00
02810043752111052	\$75.00	02810043766160050	\$75.00	02820043740104121	\$75.00	02820043760111225	\$75.00
02820043761081427	\$75.00	02800143761141046	\$77.50	02825043743144414	\$78.13	02800143745095130	\$78.75
02800143764150924	\$81.25	0282004375 113618	\$81.25	02625043765115205	\$81.25	02810043747103419	\$83.75
02810043750250017	\$84.69	02810043750250023	\$84.69	02810043757250001	\$84.69	02810043752115408	\$85.00
02820043738150215 02800043747094451	\$87,50 \$90,00	02825043754160958 02820043758100740	\$87,50 \$90.00	02810043765085804 02825043757114232	\$87.69 \$90.00	02810043750250020 02825043758093005	\$87.81 \$90.00
02810043739135214	\$91.00	02810043750250029	\$91.56	02810043750250047	\$91.56	02810043751085130	\$91.56
02800043757101456	\$93.75	02800043766112557	\$93.75	02800143737141953	\$93.75	02800143750111048	\$93.75
02820043757144703	\$93.75	02820043761095842	\$93.75	02825043737085452	\$93.75	02825043740124135	\$93.75
02825043743090418	\$93.75	02825043743144745	\$93.75	02825043747114406	\$93.75	02825043751113410	\$93.75
02825043753082429	\$93.75	02810043750250032	\$94.69	02810043754134129	\$96.25	02810043750250018	\$97.81
02800043746094414	\$100.00	02800143744151851	\$100,00	02810043757101715	\$100.00	02820043751114911	\$100.00
02825043738113725	\$100.00	02825043764113323	\$100.00	0283004376013 942	\$100.00	02830043764134200	\$100.00
02810043750250003	\$100.94	02800143752112843	\$101.25	02810043750250008	\$104.69	02810043738111742	\$105.00
02825043747085205	\$105,94	02800043738112524	\$106.25	02810043750250005	\$107.81	02830043754131920	\$107.81
02810043750250026	\$110.94	02800043746135230	\$112.50	02800043747134854	\$112.50	02800143739092002	\$112.50
02800143767103839	\$112.50	02810043752122346	\$112.50	02820043758094429	\$112.50	02825043757105027	\$112.50
02810043757152626	\$118.75	02820043739160126	\$118.75	02825043758104721	\$120.00	02800043746083919	\$122.50
02825043738085321	\$123,75	02830043757143333	\$123.75	02800043754122317	\$125,00	02800043759091947	\$125.00
02820043753113005	\$125.00	02825043738145456	\$125.00	02825043747113002	\$125.00	02825043760141409	\$125.00
02830043766135523	\$125.00	02830043767154512	\$125.00	02810043737134635	\$131.25	02810043739115545	\$131.25
02810043750250022 02825043754082350	\$137.19 \$137.50	02810043750250024 02800043750113004	\$137.19 \$142.50	02810043750250031 02810043757135641	\$137,19 \$150.09	02800043746155826 02820043765140534	\$137.50 \$152.50
02800043757115908	\$153,35	02810043767135256	\$153,75	02800043750101232	\$150.09 \$156.25	02800043750103942	\$156.25
02800043750104624	\$156.25	02800043752155026	\$156.25	02800043737107232	\$156.25	02810043744100544	\$156.25
02810043745130949	\$156.25	02810043745131629	\$156.25	02810043750094221	\$156.25	02810043752121409	\$156.25
02810043754101916	\$156.25	02810043754152230	\$156.25	02810043759135835	\$156.25	02820043743100546	\$156.25
02820043744150451	\$156.25	02820043751111015	\$156.25	02820043758154531	\$156.25	02820043759113251	\$156.25
02820043764131214	\$156.25	02825043753161444	\$156.25	02825043760085501	\$156.25	02825043766151416	\$156.25
02800043764153402	\$157,50	02820043746114429	\$157.50	02825043753124255	\$157.50	02825043764154508	\$162.50

Run Date: 11/04/2019 Run Time: 9:40:01 AM



7 Texas Department of Motor Vehicles RTS.F |N.009

028 - CALDWELL

MONTHLY FUNDS REPORT

For: October 2019

Registration and Title System Report

Transaction Year

Office:

2019

Transaction Month. October Account Item Code:

REGISTRATION EMISSIONS FEE, SALES TAX FEE, SALES TAX EMISSIONS FEE, SALES TAX EMISSION FEE 1%, SALES TAX PENALTY FEE, TERP FEE, TEXAS

MOBILITY FUND FEE, YOUNG FARMER PROGRAM

County: 028 - CALDWELL

Account item Code Description: SALES TAX FEE

-	rang. 020 - CALDITEC		Account to	till code besti	ibnou: syres IVY LEE			
To	ital Item Price: \$369,207	.83			Items sold: 857		Volded: 12	
	02810043750250025	\$163.44	02810043767120308	\$165.00	02810043739130003	\$165.63	02800043765161310	\$166.25
	02810043740083820	\$166,44	02800043743145331	\$168.75	02810043750250010	\$170.00	02810043761135542	\$170.00
	02810043737110746	\$170.75	02800143764135613	\$173.75	02800043738161241	\$175.00	02800043744095010	\$175.00
	02810043745153444	\$175.00	02820043757161636	\$175.00	02830043752 31532	\$175.00	02800043743090906	\$176.25
	02825043743093832	\$181.25	02800043751093908	\$183,13	02800043740101723	\$186.25	02800043759104828	\$187.50
	02800043760150940	\$187,50	02800043766091004	\$187,50	02810043737132944			
	02810043737133642					\$187.50	02810043737133243	\$187.50
		\$187,50	02810043737134001	\$187,50	02810043743095452	\$187.50	02810043746080434	\$187.50
	02810043758105708	\$187.50	02820043744155953	\$187,50	02820043754154305	\$187_50	02820043757105441	\$187.50
	02820043758153714	\$187.50	02820043758154900	\$187.50	02820043761081740	\$187_50	02820043766152925	\$187.50
	02825043739143057	\$187,50	02825043761123340	\$187.50	02825043766153142	\$187.50	02830043760155127	\$187,50
	02830043765141245	\$187,50	02810043761075943	\$187,75	02810043759140116	\$189.85	02820043747110243	\$192,94
	02800043746082531	\$193,75	02820043758134137	\$193,75	02820043747100401	\$195.00	02810043750250009	\$198.75
	02820043758134451	\$200.00	02825043764154100	\$200.00	02820043744094621	\$204.75	02800143750151751	\$210.00
	02800143754115325	\$218.75	02810043744101327	\$218.75	02810043752122025	5218.75	02810043757150647	\$218,75
	02825043751154052	\$218.75	02825043760161117	\$218.75	02825043761111224	\$218.75	02810043765135435	\$220.00
	02800143752111733	\$225.00	02800143760084607	\$225.00	02800143761154820	\$237,50	02810043739125129	\$237.50
	07820043745112157	\$237.50	02820043746081203	\$237.50	02825043760144553	\$240.00	02810043737124433	\$243.75
	02810043754[51922	\$243.75	02810043759141624	\$243.75	02820043739153305	\$243.75	02820043744155530	\$243.75
	02800043761152720	\$245.00	02810043744102104	\$247.50	02800043740095343	\$250.00	02800043747105849	\$250.00
	02800143740141507	\$250,00	02810043743112729	\$250.00	02810043751130610	\$250.00	02810043753084738	\$250.00
	02820043758155248	\$250.00	02825043757124028	\$250.00	02810043746112202	\$256.13	02820043752105521	\$257,50
	02825043744143424	\$262.50	02825043753145438	\$273,00	02820043759102124	\$277.58	02825043737105332	\$278.13
	02810043753123606	\$280,00	02800143750110216	\$281.25	02800143761133015	\$281,25	02810043743123109	\$281,25
	02810043745093017	\$281.25	02820043746100208	\$281.25	02820043766160426	\$261.25	02825043766152535	\$281.25
	02800043766123349	\$285,00	02810043750250014	\$285.31	02828043738154154	\$293.75	02825043739144950	\$295.00
	02800043765115922	\$306.25	02800043765120918	\$306.25	02810043754093834	\$308.88	02800143758105405	\$312,19
	02800143767102616	\$312,19	02800043737153112	\$312.50	02800143744101418	\$312.50	02810043743084355	53 2,50
	02810043745112846	\$312,50	02820043743153725	\$312.50	02820043747114754	\$312,50	02825043754110834	\$312,50
	02800043759113138	\$318.75	02830043765132508	\$325.00	02800043745102108	\$330.00	02800143760114842	\$334.50
	02810043739082619	\$337.50	02810043740074111	\$337.50	02820043745150355	\$340.00	02800143747141139	\$343.75
	02820043753135641	\$343.75	02820043758154216	\$343.75	02820043737133456		02820043743105256	
	02825043739160758	\$368.75	02810043744080302	\$370.00		\$345.00	02830043765142345	\$350.00
					02825043740095129	\$371.88		\$371.68
	02825043737130517 02825043766151914	\$374.69	02800043750103057	\$375.00	02810043740123901	\$375.00	02825043737104419	\$375,00
		\$375.00	02810043740123303	\$381.25	02825043738090236	\$383.75	02800143764143541	\$392.50
	07810043759082137	\$393.56	02800143740151549	\$400,00	02800143737104200	\$406.25	02820043737073355	\$406.25
	02820043750160741	\$406.25	02820043766151347	\$406.25	02810043752132523	\$412.50	02800143739132559	\$420.75
	02800043743120859	\$425.00	02810043759140856	\$434.38	02810043759142512	\$434.38	02825043737104939	\$434.38
	02830043765143021	\$434.38	02810043746250001	\$437.38	02810043743125143	\$437.50	02810043744092506	\$437.50
	02820043744100737	\$437.50	02810043765115546	\$450.00	02830043757151300	\$450.40	02810043761082232	\$451.98
	02825043744093858	\$455.00	02800143765111119	\$468.44	02810043739102746	\$468.44	02810043759102026	\$468.63
	02800043760085554	\$468.75	02810043752121711	\$468.75	02810043759135525	\$468.75	02820043766154320	\$468 75
	02810043750110836	\$496.50	02800143760135749	\$499,69	02820043752105941	\$499.69	02820043752110440	\$499.69
	02825043737110350	\$499.69	02810043757075933	\$500.00	02820043751085637	\$500.00	02825043739121951	\$500.00
	02810043751250001	\$512.50	02825043744122303	\$515.63	02810043747153336	\$520.00	02810043760101134	\$524.69
	02810043765083543	\$525.00	02825043743142717	\$530.94	02810043760124707	\$531.25	02825043754140449	\$531.25
	02800143739080639	\$532.81	02810043737151504	\$538.75	02820043767114806	\$556.25	02830043764132559	\$556.25
	02830043764135655	\$556.25	02825043752142133	\$562,19	02810043738135239	\$562.44	02810043739115325	\$593.75
	02825043757144834	\$593.75	02800143739085545	\$595.01	02810043751250003	\$595.43	02825043761160731	\$605.00
	02810043752132144	\$612.50	02800143743132656	\$618.13	02800143765084457	\$619.69	02810043757125801	\$624.69
	02820043753144126	\$624.69	02825043767103312	\$624.69	02810043747250004	\$624,75	02820043743095349	\$624.88
	02800143754110208	\$625.00	02825043764123127	\$637,19	02820043743145515	\$643.75	02820043760151450	\$655.94
	02810043751250002	\$656.00	02810043746250000	\$656.25	02810043745111509	\$661.31	02800043761083141	\$675.00
	02820043737151700	\$677.50	02810043765101424	\$681.25	02810043758082210	\$684.88	02810043740082247	\$686.44
	02825043747110702	\$687.19	02820043764130743	\$687.50	02825043754080600	\$687.50	02810043738083020	\$715.00
	02810043739115837	\$718.75	02820043766135202	\$718.75	02810043758081221	\$729.31	02810043753082131	\$737.25
	02820043754111542	\$749.69	02820043759102836	\$750.00	02820043752101303	\$757.06	02825043766105843	\$770.90
	02825043737105955	\$780.94	02825043737123017	\$780.94	02800143758141857	\$793.44	02800143738113206	\$797.22
	02800143757132017	\$805.50	02820043754133930	\$805.94	02830043765144221	\$805.25	02810043750103153	\$808.00
	02820043752104916	\$812,19	02820043753092532		02810043747250000		02830043758133559	\$812.50
			02810043761081559	\$812.19		\$812.38		
	02820043753144425	\$818.75		\$824.63	02800143744133613	\$831.88	02800143758135811	\$852.81
	02810043758083411	\$858.00	02800143746135809	\$874.69	02010043737140146	\$874.69	02820043760152917	\$874.59

Run Date: 11/04/2019

Run Time: 9:40:01 AM



**C Texas Department of Motor Vehicles RTS.FIM.009

Transaction Month: October

MONTHLY FUNDS REPORT

For: October 2019

Transaction Year: 2019

Account Item Code:

REGISTRATION EMISSIONS FEE, SALES TAX FEE, SALES TAX EMISSIONS FEE, SALES TAX EMISSION FEE 1%, SALES TAX PENALTY FEE, TERP FEE, TEXAS MOBILITY FUND FEE, YOUNG FARMER PROGRAM

Registration and Luiv System Report

Office:

028 - CALDWELL

County: 028 - CALDWELL		Account It	em Code Desc	ription: SALES TAX FEE			
Total Item Price: \$369,207	7.83			Items sold: 857		Volded: 12	
							_
02810043752081327	\$874.94	02800143745114428	\$875.00	02820043754133601	\$896.88	02810043747080140	\$898.69
02820043760152358	\$899.69	02810043737140528	\$937.19	02025043752141700	\$937.19	02800143765085726	\$947.37
02810043739080106	\$954.75	02810043761112213	\$962.25	02810043740075615	\$968.75	02820043767110936	\$968.75
02810043740083031	\$975.00	02810043757115642	\$999.69	02820043760150858	\$999.69	02810043758084218	\$1,016.50
07810043760100603	\$1,017.50	02820043747134354	\$1,031.19	02810043757250000	\$1,036.27	02810043738081749	\$1,042.04
02810043739081100	\$1,048,63	02810043757114621	\$1,050.00	02810043746250002	\$1,053.00	02800143743131536	\$1,056.13
02810043765074509	\$1,078.44	02810043757122828	\$1,081.25	02810043739100914	\$1,093.44	02810043738082342	\$1,098.94
02825043739151416	\$1,106.25	02800143751104127	\$1,116.44	02810043738081218	\$1,121.81	02810043743111957	\$1,123.50
02820043766142902 02810043746082422	\$1,125.00 \$1,144.21	02810043759082815 02825043764141733	\$1,131.25 \$1,156.25	02810043740080943	\$1,137.50 \$1,159.18	02810043765075533 02810043761080741	\$1,141,28 \$1,178.87
02800143754082229	\$1,185.81	02810043765080236	\$1,190.44	02800143745084559 02820043759095010	\$1,192.81	02825043739153835	\$1,178.37
02810043746083122	\$1,193.56	02800143765145241	\$1,790.44	02800143744134846	\$1,732.01	02820043753143823	\$1,215.63
02800143743133313	\$1,224.38	02810043747075606	\$1,231.86	02810043765984753	\$1,237.50	02810043743110540	\$1,247.31
02816043746111435	\$1,249.88	02820843757092645	\$1,250.00	02825043761114442	\$1,250.00	02800143743134622	\$1,265.31
02800143754082830	\$1,274.69	02800143745085203	\$1,282.01	02810043754894420	\$1,285.24	02810043737082040	\$1,298.69
02810043752250000	\$1,303.16	02810043740091231	\$1,305.00	02810043760094506	\$1,310.75	02800143753150223	\$1,319.69
02800143767104827	\$1,337.13	02810043750081310	\$1,351,81	02810043753075308	\$1,356.75	02810043759081438	\$1,363.70
02860143767105330	\$1,368.13	02810043761083321	\$1,373.81	02800143751104805	\$1,375.00	02810043765082928	\$1,394.05
02810043766080028	\$1,412.20	02810043758082851	\$1,421,94	02800143744134213	\$1,484.06	02810043754094944	\$1,488.81
02800143752130700	\$1,492.81	02800143757130747	\$1,503.91	02810043757110820	\$1,512.50	02800143766104215	\$1,518.38
02800143753144943	\$1,524.06	02800143757131344	\$1,545.07	02800143739133344	\$1,547.81	02810043760112250	\$1,560.13
02810043753125334	\$1,562.50	02810043758163014	\$1,562,50	02800143751110359	\$1,614.56	02800143758102238	\$1,620.10
02810043760250001	\$1,624.75	02810043754250000	\$1,641.88	02810043760113321	\$1,656.25	02810043757124122	\$1,668.75
02810043760111542	\$1,687,50	02810043751250000	\$1,721.25	02800143743130948	\$1,738.44	02810043747250002	\$1,749.88
02810043743082534	\$1,753.69	02810043743081910	\$1,766.50	02810043747250001	\$1,769.94	02810043750082029	\$1,799.94
02810043746250003	\$1,812.38	02800143759112516	\$1,824.94	02810043753081620	\$1,834.73	02810043754100412	\$1,862.44
02800143739085011	\$1,865.31	02800143766102951	\$1,868.05	02800143739135122	\$1,935.04	02800143751105410	\$1,938.75
02810043746081825	\$1,947.56	02810043759085249	\$1,950.00	02800143765144713	\$1,968.13	02810043740094625	\$2,000.00
02800143765143432	\$2,010,00	02810043765132810	\$2,031.25	02810043766080920	\$2,075.50	02810043743081342	\$2,085.69
02800143766103556	\$2,122.81	02810043750250000	\$2,124.75	02810043761111522	\$2,138.00	02810043754112246	\$2,190.63
02800143739134113	\$2,249.94	02810043761082819	\$2,308.75	02810043739082049	\$2,312.50	02810043765081026	\$2,329.69
02810043760100053	\$2,373.75	02810043759085809	\$2,487.50	02810043747250003	\$2,499.81	02800143757135354	\$2,513.75
02810043757120850	\$2,617.17	02810043739083110	\$2,654.56	02810043737080633	\$2,669.19	02800143765144117	\$2,724.47
02800143751111038	\$2,742.38	02800143758140439	\$2,784.45	02810043759090500	\$2,793.00	02810043753080053	\$2,850.69
02800143758103739	\$2,866.63	02810043743250000	\$2,930.63	02800143757132543	\$2,969.38	01810043757120238	\$3,084.13
02810043757080738	\$3,283.75	02820043745092647	\$3,305.00	02800143758104344	\$3,325.41	02800143752132653	\$3,370.88
02800143739153817 02810043757130648	\$3,405.50 \$4,206.75	02810043765120631	\$3,685.81	02810043744090316	\$3,743.75	02025043759092229	\$4,027.56
02010043737130040	14,200.73						
						•	
County: 028 - CALDIVELL		Account Item Co	de Description	SALES TAX PENALTY FEE			
Total Item Price: \$1,036.4	5			items sold: 54		Volded: 2	
02800043765120330	(\$30.63)	02800043760145843	(\$18.75)	02810043765131004	\$1.00	02820043751102631	\$1.00
02825043743112628	\$1.00	02830043761152557	\$1.09	02820043746084047	\$1.25	02820043766113311	\$1,88
02825043739114913	\$2.38	02810043737123320	\$3.13	02825043740115155	\$3.13	02800143754144627	53 25
02810043740104741	\$3,63	02810043743091729	\$3.75	02810043752111052	\$3.75	02800043761091436	\$5.00
02800043766152752	\$5.00	02820043758094429	\$5.63	02810043747123226	\$6.25	02825043757153200	\$6.25
02810043759125015	\$6.88	02810043766160050	\$7.50	02800143761141046	\$7.75	02810043746080434	\$9.38
02800043746082531	\$9.69	02820043758134137	\$9.69	02820043751114911	\$10.00	02810043757150647	\$10.94
02825043751154052	\$10.94	02800143760084607	\$11.25	02810043759141624	\$12.19	02800043759091947	\$12.50
02810043757135641	\$15.00	02820043747114754	\$15.63	02820043751111015	\$15.63	02800043759113138	\$15.94
02800043759104828	\$18.75	02800043760150940	\$18.75	02825043737104419	\$18.75	02800143750151751	\$21.00
02810043759140856	\$21.72	02810043759142512	\$21.72	02825043737104939	\$21.72	02830043765143021	\$21.72
02800043761152720	\$24.50	02825043739121951	\$25,00	02825043752142133	\$28.11	02800143761133015	\$28.13
02825043761160731	\$30.25	02800043765115922	\$30,63	02800043765120918	\$30.63	02830043765144221	\$40.31
02800043760085554	\$46.88	02820043751085637	\$50.00	02810043739100914	\$54.67	02810043743111957	\$56.18
02820043766135202	\$71.88	02820043745092647	\$165.25				

Run Date: 11/04/2019 Run Time: 9:40:01 AM



of Texas Department of Motor Vehicles RTS.FIN.009

MONTHLY FUNDS REPORT

· For: October 2019



Transaction Year,

2019

Transaction Month: October

Account Item Code:

REGISTRATION EMISSIONS FEE, SALES TAX FEE, SALES TAX EMISSIONS FEE, SALES TAX EMISSION FEE 1%, SALES TAX PENALTY FEE, TERP FEE, TEXAS MOBILITY FUND FEE, YOUNG FARMER PROGRAM

Office: 028 - CALOWELL

County: 028 - CALDWELL		Account Item Code	Description: TE	XAS MOBILITY FUND FEE			
Total Item Price: \$17,100.00			ŀ	tems sold: 855		Volded: 14	
02800043750103337	(\$20.00)	02800043750104325	(\$20.00)	02800043760145843	(\$20,00)	02800043765120330	(\$20.00)
02800143740142457	(\$20.00)	02800143745152630	(\$20,00)	02810043740073746	(\$20,00)	02820043744082101	(\$20.00)
02820043746080900	(\$20.00)	02820043753091635	(\$20,00)	02825043737122210	(\$20,00)	02825043767083608	(\$20.00)
02830043764134814	(\$20.00)	02830043764163856	(\$20.00)	02800043737103526	\$20,00	02800043737142946	\$20.00
02800043737153112	\$20.00	02800043738112524	\$20,00	02800043738143811	\$20,00	02800043738161241	\$20.00
02800043739093518	\$20.00	02800043739093731	\$20.00	02800043739093934	\$20,00	02800043739094113	\$20.00
02800043740095343	\$20.00	02800043740101723	\$20.00	02800043740121902	\$20,00	02800043743090906	\$20.00
02800043743114248	\$20.00	02800043743120859	\$20.00	02800043743140223	\$20.00	02800043743145331	\$20.00
02800043743155018	\$20.00	02800043744095010	\$20.00	02800043744134215	\$20.00	02800043744152653	\$20.00
02800043745102108 02800043746094414	\$20.00	02800043745151559	\$20.00	02800043746082531	\$20.00	02800043746083919	\$20.00
02800043747102426	\$20.00 \$20.00	02800043745135230 02800043747102821	\$20.00 \$20.00	02800043746145954	\$20.00	02800043747094451	\$20.00
02800043750101232	\$20.00	02800043747102821	\$20.00	02800043747105849 02800043750103 9 42	\$20.00 \$20.00	02800043747134854 02800043750104624	\$20.00 \$20.00
02800043750112951	\$20.00	02800043751093908	\$20.00	02800043752155026	\$20.00	02800043754082415	\$20.00
02800043754091158	\$20.00	02800043754113907	\$20.00	02800043754122317	\$20.00	02800043757101456	\$20.00
02800043757115908	\$20,00	02800043758 15915	\$20.00	02800043759091947	\$20.00	02800043759104828	\$20.00
02800043759113138	\$20.00	02800043759153331	\$20,00	02800043759153906	\$20.00	02800043759154443	\$20.00
02800043759154923	\$20.00	02800043759155311	\$20.00	02800043759155623	\$20.00	02800043760085554	\$20.00
02800043760113004	\$20,00	02800043760150940	\$20.00	02800043761083141	\$20.00	02800043761091436	\$20.00
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02800043764112326	\$20.00	02800043764112647	\$20.00	02800043764113001	\$20.00	02800043764113621	\$20.00
02800043764135048	\$20.00	02800043764153402	\$20,00	02800043765093627	\$20.00	02800043765102649	\$20.00
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02800143739085011	\$20.00	02800143739085545	\$20.00	02800143739092002	\$20.00	02800143739132559	\$20.00
02800143739133344	\$20.00	02600143739134113	\$20.00	02800143739135122	\$20.00	02800143739153817	\$20.00
02800143740080817	\$20.00	02800143740105026	\$20.00	02800143740135836	\$20.00	02800143740141507	\$20.00
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02800143743131536	\$20.00	02800143743132656	\$20.00	02800143743133313	\$20.00	02806143743134622	\$20.00
02800143743143815	\$20.00	02800143743144440	\$20.00	02800143744101418	\$20.00	02800143744133613	\$20.00
02800143744134213	\$20.00	02800143744134846	\$20.00	02800143744144336	\$20.00	02800143744151851	\$20.00
02800143745084559	\$20.00	02800143745085203	\$20.00	02800143745095130	\$20.00	02800143745114428	\$20.00
02800143745151413 02800143750110216	\$20.00	02600143745152934	\$20,00	02800143746135809	\$20.00	02800143747141139	\$20.00
02800143751104127	\$20.00 \$20.00	02800143750111048 02800143751104805	\$20.00	02800143750151751	\$20.00	02800143750154047	\$20.00
02800143751111038	\$20.00	02800143751112919	\$20.00 \$20.00	02800143751105410 02800143752111733	\$20.00 \$20.00	02800143751110359 02800143752112843	\$20.00 \$20.00
02800143752130700	\$20.00	02800143752132653	\$20.00	02800143753085522	\$20.00	02800143753091954	120.00
02800143753130845	\$20.00	02600143753144943	\$20.00	02800143753150223	\$20.00	02800143754082229	\$20.00
02800143754082830	\$20.00	02800143754110208	\$20.00	02800143754111157	\$20.00	02800143754115325	\$20.00
02800143754133918	\$20.00	02800143754144627	\$20.00	02800143757081413	\$20.00	02800143757092740	\$20.00
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02600143757132017	\$20.00	02800143757132543	\$20.00	02800143757135354	\$20.00	02800143758102238	\$20.00
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02800143758140439	\$20.00	02800143758141857	\$20.00	02800143758144857	\$20,00	02800143759092615	\$20.00
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02800143760084607	\$20.00	02800143760114842	\$20.00	02800143760135749	\$20.00	02800143760155025	\$20.00
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02800143765143432	\$20,00	02800143765144117	\$20,00	02800143765144713	\$20.00	02800143765145241	\$20.00
02800143766102951	\$20.00	02800143766103556	\$20.00	02800143766104215	\$20.00	02800143766150401	\$20.00
02800143766152056	\$20.00	02800143767102616	\$20.00	02800143767103839	\$20.00	02800143767104827	\$20.00
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02810043737132944	\$20.00	02810043737133243	\$20.00	02810043737133642	\$20.00	02810043737134001	\$20.00
02810043737134320	\$20.00	02810043737134635	\$20.00	02810043737134934	\$20.00	02810043737140146	\$20.00

Run Date: 11/04/2019 Run Time: 9:40:01 AM



7 Texas Department of Motor Vehicles RTS.FIN.009

Transaction Month:

October

MONTHLY FUNDS REPORT

Account Item Code:

For: October 2019

REGISTRATION EMISSIONS FEE, SALES TAX FEE, SALES TAX EMISSIONS FEE, SALES TAX EMISSION FEE 1%. SALES TAX PENALTY FEE, TERP FEE, TEXAS

MOBILITY FUND FEE, YOUNG FARMER PROGRAM

Registration and Title System Report

\$20.00

\$20.00

\$20.00

\$20.00

\$20.00

Office:

Transaction Year

028 - CALDWELL

2019

County: 028 - CALD\VELL Account Item Code Description: TEXAS MOBILITY FUND FEE Total Item Price: \$17,100,00 Items sold: 855 Volded: 14 02810043737140528 02810043738081218 02810043737151504 \$20.00 02810043737153748 \$20.00 \$20.00 02810043736081749 \$20.00 02810043738082342 \$20.00 02810043738083020 \$20.00 02810043738111742 02810043738131950 \$20.00 02810043738135239 \$20.00 02810043738140611 \$20.00 02810043738141124 02810043738151855 02810043739080106 02810043739081100 02810043739082049 \$20.00 \$20.00 \$20,00 02810043739082619 \$20.00 02810043739083110 \$20.00 02810043739093107 \$20.00 02810043739100914 07810043739102746 \$20.00 02810043739115325 \$20.00 02810043739115545 \$20.00 G281CG43739115B37 02810043739122227 \$20.00 02810043739125129 \$20.00 02810043739130003 \$20.00 02810043739135214 02810043740074111 \$20,00 02810043740075615 \$20.00 02810043740080943 \$20.00 02810043740082247 02810043740083031 \$20.00 02810043740083820 \$20.00 02810043740091231 \$20.00 02810043740094625 02810043740104741 \$20.00 02810043740123303 \$20.00 02810043740123901 \$20,60 02810043740125947 02810043743075956 \$20.00 02810043743081342 \$20.00 02810043743081910 \$20.00 02810043743082534 02810043743083657 \$20.00 02810043743084355 02810043743091729 \$20.00 02810043743085956 \$20.00 02810043743095452 \$20.00 02810043743110540 \$20.00 02810043743111957 \$20.00 02810043743112729 02810043743123109 \$20.00 02810043743125143 \$20.00 02810043743131654 \$20.00 02810043743133924

\$20.00 \$20.00 \$20.00 \$20.00 \$20,00 \$20,00 120.00 \$20.00 \$20.00 02810043743162755 \$20.00 02810043743250000 \$20.00 02810043744080302 \$20.00 02810043744090316 \$20,00 02810043744092506 \$20.00 02810043744095723 \$20.00 02810043744100544 \$20.00 02810043744101327 \$20.00 02810043744101831 02810043744102104 02810043744123854 02810043744124412 \$20.00 \$20.00 \$20.00 \$20.00 02810043745093017 02810043744152751 \$20.00 \$20.00 02810043745095121 \$20.00 02810043745111509 \$20.00 02810043745112846 520.00 02810043745120455 520.00 02810043745125710 \$20.00 02810043745130949 \$20.00 02810043745131629 \$20.00 02810043745153444 \$20.00 02810043745161558 \$20.00 02810043746080434 \$20.00 02810043746081825 02810043746082422 02810043746083122 02810043746100103 \$20.00 \$20.00 \$20.00 \$20.00 02810043746111435 \$20.00 02810043746112202 \$20.00 02810043746250000 \$20.00 02810043746250001 \$20.00 02810043746250002 \$20.00 02810043746250003 \$20,00 02810043747075606 \$20,00 02810043747080140 \$20.00 02810043747085249 \$20.00 02810043747093852 \$20.00 02810043747094108 \$20.00 02810043747103419 \$20.00 02810043747111603 \$20.00 02810043747123226 \$20,00 02810043747153338 \$20,00 02810043747250000 \$20,00 02810043747250001 \$20.00 02810043747250002 \$20.00 02810043747250003 \$20.00 02810043747250004 \$20.00 02810043750082029 02810043750094221 02810043750081310 \$20.00 \$20,00 \$20.00 02810043750103153 \$20,00 02810043750110836 \$20.00 02810043750120750 \$20.00 02810043750135603 \$20.00 02810043750160055 \$20.00 02810043750160844 \$20.00 02810043750250000 \$20,00 02810043750250001 \$20.00 02810043750250002 \$20,00 \$20,00 02810043750250003 \$20.00 02810043750250004 \$20.00 02810043750250005 \$20.00 02810043750250006 02810043750250007 \$20,00 02810043750250008 520.00 02810043750250009 \$20.00 02810043750250010 \$20.00 02810043750250011 \$20.00 02810043750250012 \$20.00 02810043750250013 \$20.00 02810043750250014 \$20,00 02810043750250015 \$20,00 02810043750250016 \$20,00 02810043750250017 \$20.00 02810043750250018 \$20.00 02810043750250019 \$20.00 02810043750250020 \$20,00 02810043750250021 \$20.00 02810043750250022 \$20,00 02810043750250025 \$20.00 02810043750250026 \$20.00 02810043750250023 \$20.00 02810043750250024 \$20.00 \$20.00 02810043750250027 \$20.00 02810043750250028 \$20.00 02810043750250029 \$20.00 02810043750250030 02810043750250031 \$20,00 02810043750250032 \$20.00 02810043750250033 \$20,00 02810043750250034 \$20.00 02810043750250035 02810043750250036 02810043750250037 \$20,00 02810043750250038 \$20,00 \$20.00 \$20.00 02810043750250039 \$20.00 02810043750250040 \$20.00 02810043750250041 \$20.00 02810043750250042 \$20.00 02810043750250045 \$20.00 02810043750250046 \$20.00 02810043750250043 \$20.00 02816043750256044 \$20.00 02810043750250047 \$20.00 02816043750250048 \$20.00 02810043750250049 \$20,00 02810043750250050 \$20,00 02810043750250054 \$20,00 02810043750250051 \$20.08 02816043750250052 \$20.00 02810043750250053 \$20.00 02810043750250055 \$20.00 02810043751080845 \$20.00 02810043751081233 \$20.00 02810043751081519 \$20.00 02810043751082507 \$20.00 02810043751082757 \$20.00 02810043751081833 \$20.00 02810043751082212 \$20.00 02810043751083038 \$20.00 02810043751083323 \$20.00 02810043751084330 \$20,00 02810043751084619 \$20.00 02810043751085351 02810043751085743 \$20.00 02810043751084912 02810043751085130 \$20,00 \$20.00 \$20.00 \$20,00 02810043751154232 \$20.00 02810043751250000 \$20.00 02810043751250001 02810043751130610 \$20.00 02810043751250002 \$20.00 02810043751250003 \$20.00 02810043752081327 \$20,00 02810043752111052 \$20,00 02810043752115408 \$20.00 02810043752121409 \$20.00 02810043752121711 \$20.00 02810043752122025 \$20.00 02810043752132144 02810043752132523 02810043752250000 \$20.00 02810043752122346 \$20.00 \$20.00 \$20.00 02810043753075308 \$20.00 02810043753080053 \$20.00 02810043753081620 \$20.00 02810043753082131 \$20.00 02810043753124130 \$20.00 02810043753084738 \$20.00 02810043753094451 \$20.00 02810043753123606 \$20.00 02810043753124708 \$20.00 02810043753125334 \$20.00 02810043753130503 \$20.00 02810043753130822 \$20,00 02810043753153332 \$20,00 02810043754093834 \$20,00 02810043754094420 \$20.00 02810043754094944 \$20.00 02810043754100412 02810043754101916 \$20.00 02810043754112246 \$20.00 02810043754131626 \$20,00 \$20.00 02610043754134129 \$20.00 02810043754150327 \$20.00 02810043754151922 \$20.00 02810043754152230 \$20,00 02810043757075933 \$20.00 02810043754152605 \$20.00 02810043754250000 \$20.00 02810043754250001 \$20.00 02810043757080738 02810043757094722 520.00 02810043757101038 \$20.00 02810043757101715 \$20,00 \$20.00

Run Date: 11/04/2019 Run Time: 9:40:01 AM

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\$20.00 RTS Date: 11/01/2019

\$20.00

\$20,00

02810043757114621

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02810043757115642

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02810043757135641

\$20.00

\$20.00

\$20.00



Office:

Texas Department of Motor Vehicles

**Texas Department of Motor Vehicles RTS.FIN.009

028 - CALDWELL

Transaction Month: October

MONTHLY FUNDS REPORT

For: October 2019

Transaction Year: 2019

Account Item Code

REGISTRATION EMISSIONS FEE, SALES TAX FEE, SALES TAX EMISSIONS FEE, SALES TAX EMISSION FEE 1%, SALES TAX PENALTY FEE, TERP FEE, TEXAS

музыциини тистумет Report

MOBILITY FUND FEE, YOUNG FARMER PROGRAM

	S. 058 - CYLDMELL		Account Item Code D					
Total	Item Price: \$17,100,00				Items sold: 855		Volded: 14	
02	810043757150647	\$20.00	02810043757152626	\$20.00	02810043757250000	\$20.00	02810043757250001	\$20.00
02	1810043758081221	\$20,00	02810043758082210	\$20.00	02810043758082851	\$20.00	02810043758083411	\$20.00
02	1810043758084218	\$20.00	02810043758105708	\$20.00	02810043758134531	\$20.00	02810043758134924	\$20.00
62	1810043758163014	\$20.00	02810043759081438	\$20.00	02810043759082137	\$20.00	02810043759082815	\$20.00
07	810043759085249	\$20.08	02810043759085809	\$20.00	02810043759090500	\$20.00	02810043759102026	\$20.00
07	810043759125015	\$20.00	02810043759133656	\$20.00	02810043759135525	\$20.00	02810043759135835	\$20.00
02	1810043759140116	\$20.00	02810043759140410	\$20.00	02810043759140856	\$20.00	02810043759141624	\$20.00
	1810043759142512	\$20.00	02810043760094506	\$20.00	02810043760100053	\$20.00	02810043760100603	\$20.00
	810043760101134	\$20.00	02810043760111542	\$20.00	02810043760112250	\$20.00	02810043760113321	\$20.00
	1810043760124707	\$20.00	02810043760154622	\$20.00	02810043760154942	\$20,00	02810043760160922	\$20.00
	810043760250000	\$20.00	02810043760250001	\$20.00	02810043761075943	\$20.00	02810043761080741	\$20.00
	810043761081559	\$20.00	02810043761082232	\$20.00	02810043761082819	\$20.00	02810043761083321	\$20.00
	810043761092349	\$20.00	02810043761111522	\$20.00	02810043761112213	\$20.00	02810043761112725	\$20.00
	2810043761135542	\$20,00	02810043761151727	\$20.00	02810043761250000	\$20.00	02810043761250001	\$20.00
	2810043761250002	\$20.00	02810043761250003	\$20.00	02810043761250004	\$20.00	02810043761250005	\$20.00
	2810043764162208	\$20,00	02810043765074509	\$20.00	02810043765075533	\$20.00	02810043765080236	\$20.00
	2810043765081026	\$20.00	02810043765081633	\$20.00	02810043765082928	\$20.00	02810043765083543	\$20.00
	2810043765084753	\$20.00	02810043765085804	\$20.00	02810043765101424	\$20.00	02810043765115546	\$20.00
	2810043765120631 2810043766080028	\$20.00	02810043765131004	\$20,00	02810043765132810	\$20.00	02810043765135435	\$20.00
		\$20.00	02810043766080920	\$20.00	02810043766095441 02810043767135256	\$20.00	02810043766160050 02820043737073355	\$20,00
	2810043767094100 2810043737133456	\$20.00	02810043767120308	\$20.00		\$20,00		\$20.00
	2820043737133456 2820043738094751	\$20.00 \$20.00	02820843737151700 02820843738143755	\$20.00 \$20.00	02820043738093726 02820043738150215	\$20.00 \$20.00	02820043738094135 02820043738154154	\$20.00 \$20.00
	2820043739091815	\$20.00	02820043739092129	\$20.00	02820043739092408	\$20.00	02820043739092720	\$20.00
	2820043739092931	\$20.00	02820043739144250	\$20.00	02820043739152026	\$20.00	02820043739153305	\$20.00
	820043739160126	\$20.00	02820043740104121	\$20.00	02820043740133307	\$20.00	02820043740135620	\$20.00
	820043740140210	\$20.00	02820043743095349	\$20.00	02820043743100546	\$20.00	02820043743105256	\$20.00
	820043743143259	\$20.00	02820043743145515	\$20.00	02820043743150317	\$20,00	02820043743150952	\$20.00
	820043743151432	\$20.00	02820043743152929	\$20.00	02820043743153725	\$20.00	02820043743154532	\$20.00
	820043744082609	\$20.00	02820043744094621	\$20.00	02820043744100737	\$20.00	02820043744150451	\$20.00
	2820043744155530	\$20,00	02820043744155953	\$20.00	02820043745092647	\$20.00	02820043745104245	\$20.00
	8820043745112157	\$20.00	02820043745135106	\$20.00	02820043745150355	\$20.00	02820043746081203	\$20.00
	8820043746100208	\$20.00	02820043746114429	\$20.00	02820043746124255	\$20.00	02820043746145238	\$20.00
02	820043746152414	\$20.00	02820043746152800	\$20.00	02820043746153041	\$20.00	02820043746153330	\$20.00
07	2820043747100401	\$20,00	02820043747110243	\$20.00	02820043747114754	\$20.00	02820043747134354	\$20.00
07	2820043750111910	\$20.00	02820043750160741	\$20.00	02820043751085637	\$20.00	02820043751102631	\$20.00
0	2820043751111015	\$20.00	02820043751113618	\$20.00	02820043751114911	\$20.00	02820043751123850	\$20.00
02	2820043751145004	\$20.00	02820043752101303	\$20.00	02820043752104916	\$20.00	02820043752105521	\$20.00
02	2820043752105941	\$20.00	02820043752110440	\$20.00	02820043752140244	\$20,00	02820043753092532	\$20.00
02	2820043753100827	\$20.00	02820043753113005	\$20.00	02820043753135641	\$20.00	02820043753143823	\$20.00
07	2820043753144126	\$20.00	02820043753144425	\$20.00	02820043753152843	\$20,00	02820043753160350	\$20.00
07	2820043753161904	\$20.00	02820043754111542	\$20.00	02820043754133601	\$20.00	02820043754133930	\$20.00
07	2820043754154305	\$20.00	02820043757092645	\$20.00	02820043757105441	\$20,00	02820043757144703	\$20.00
	2820043757161636	\$20.00	02820043758094429	\$20.00	02820043758100740	\$20.00	02820043758134137	\$20,00
	2820043758134451	\$20.00	02820043758141850	\$20.00	02820043758150304	\$20.00	02820043758153714	\$20,00
	2820043758154216	\$20.00	02820043758154531	\$20.00	02820043758154900	\$20.00	02820043758155248	\$20.00
	2020043758155841	\$20.00	02820043758160054	\$20.00	02828043758160454	\$20.00	02820043758160709	\$20.00
	2820043759092712	\$20.00	02820043759095010	\$20.00	02828043759102124	\$20.00	02820043759102836	\$20.00
	2820043759113251	\$20.00	02820043760083320	\$20.00	02820043760083741	\$20.00	02820043760084507	\$20.00
	2820043760111225	\$20.00	02820043760132151	\$20.00	02820043760150858	\$20.00	02820043760151450	\$20.00
	2820043760152358	\$20.00	02820043760152917	\$20.00	02820043761081427	\$20.00	02820043761081740	\$20.00
	2820043761095842	\$20.00	02820043764111730	\$20.00	02820043764112025	\$20.00	02820043764120000	\$20.00
	2820043764130743	\$20,00	02820043764131214	\$20.00	02820043764131953	\$20.00	02820043764132412	\$20.00
	2820043764133013	\$20.00	02820043765140534	\$20.80	02820043765144047	\$20.00	02820043766130750	\$20.00
	2820043766131110	\$20.00	02820043766132055	\$20.00	02820043766135202	\$20.00	02820043766142902 02820043766153153	\$20.00
	2820043766144517	\$20.00	02820043766151347	\$20.00	02820043766152925	\$20.00 \$20.00	02820043766153153	\$20.00
	2820043766153919	\$20.00	02820043766154320	\$20.00	02820043766160426 02820043767155010	\$20.00	02825043737085452	\$20.00 \$20.00
	2820043767112734 2825043737104419	\$20.00 \$20.00	02620043767114606 0282504373710493 9	\$20.00 \$20.00	02825043737105332	\$20.00	02825043737105955	\$20.00
	2023U437371U4413 2025U43737110350	\$20.00	02023043737104737	\$20.00	02023043737103332	\$20.00	02023043737103533	120.00

Run Date: 11/04/2019 Run Time: 9:40:01 AM

02825043737110350

02825043737131048

\$20.00

\$20.00

\$20.00 RTS Date: 11/01/2019

\$20.00

\$20.00

\$20.00

02825043737130008

02825043737132252

\$20.00

\$20.00

02825043737130517

02825043737132650

02825043737123017

02825043737131701



Texas Department of Motor Vehicles

028 - CALDWELL

MONTHLY FUNDS REPORT

For October 2019



Transaction Year

Office:

2019

Transaction Month.

October

Account Item Code:

REGISTRATION EMISSIONS FEE, SALES TAX FEE, SALES TAX EMISSIONS FEE, SALES TAX EMISSION FEE 1%, SALES TAX PENALTY FEE, TERP FEE, TEXAS

MOBILITY FUND FEE, YOUNG FARMER PROGRAM

County: 028 - CALDIVELL		Account Item Code I	Description: TF	XAS MOBILITY FUND FEE			
Total Item Price: \$17,100.0	0	Account itelli cone i	•	Items sold: 855		Volded: 14	
100					****		400.00
02825043737133111	\$20.00	02825043737133504	\$20.00	02825043737133924	\$20.00	02825043737134400	\$20.00
02825043737134807	\$20.00	02825043738085321	\$20.00	02825043738090236	\$20.00	02825043738113725	\$20.00
02825043738145456	\$20.00	02825043739112535	\$20.00	02825043739114913	\$20.00	02825043739121951	\$20.00
02825043739143057	\$20.00	02825043739144950	\$20.00	02825043739151416	\$20.00	02825043739153835	\$20.00
02825043739160758	\$20.00	02825043740080445	\$20.00	02825043740095129	\$20.00	02825043740121539	\$20.00
02825043740123206	\$20.00	02825043740124135	\$20.00	02825043743090418	\$20.00	02825043743093832	\$20.00
02825043743112628	\$20.00	02825043743142717	\$20.00	02825043743143730	\$20.00	02825043743144414	\$20.00
02825043743144745	\$20.00	02825043743145644	\$20.00	02825043743154912	\$20.00	02825043744093858	\$20.00
02825043744122303	\$20.00	02825043744123927	\$20.00	02825043744125240	\$20.00	02825043744143424	\$20.00
02825043744151440	\$20.00	02825043745101103	\$20.00	02825043745111428	\$20.00	02825043745141600	\$20.00
02825043745 42323	\$20,00	02825043745145912	\$20,00	02825043746124650	\$20.00	02825043746162106	\$20.00
02825043747085205	\$20.00	02825043747110702	\$20.00	02825043747111952	\$20.00	02825043747113002	\$20.00
02825043747 14406	\$20.00	02825043750115911	\$20,00	02825043750144004	\$20.00	02825043751113410	\$20.00
02825043751115413	\$20,00	02825043751 50711	\$20.00	02825043751154052	\$20.00	02825043752092058	\$20.00
02825043752112107	\$20.00	02825043752121323	\$20.00	02825043752121659	\$20.00	02825043752122035	\$20.00
02825043752122435	\$20.00	02825043752123426	\$20.00	02825043752141700	\$20.00	02825043752142133	\$20.00
02825043753082429	\$20,00	02825043753090604	\$20.00	02825043753124255	\$20.00	02825043753141633	\$20.00
02825043753144142	\$20.00	02825043753145438	\$20,00	02825043753161444	\$20.00	02825043754080600	\$20,00
02825043754082350	\$20.00	02825043754093628	\$20,00	02825043754110834	\$20,00	02825043754140449	\$20,00
02825043754160956	\$20,00	02825043757105027	\$20.00	02825043757114232	\$20.00	02825043757124028	\$20.00
02825043757144834	\$20.00	02825043757153200	\$20.00	02825043758093005	\$20.00	02825043758104721	\$20.00
02825043758 22442	\$20.00	02825043759092229	\$20.00	0282504375910[7]1	\$20,00	02825043759124923	\$20.00
02825043759150913	\$20.00	02825043759151715	\$20.00	02825043759153034	\$20.00	02825043760085501	\$20.00
02825043760141409	\$20.00	02825043760 44553	\$20.00	02825043760154232	\$20.00	02825043760161117	\$20.00
02825043761104608	\$20.00	02825043761111224	\$20.00	02825043761114442	\$20.00	02825043761123340	\$20.00
02825043761160731	\$20.00	02825043764083320	\$20.00	02825043764105700	\$20.00	02825043764113323	\$20.00
02825043764123127	\$20.00	02825043764141733	\$20.00	02825043764154100	\$20.00	02825043764154508	\$20.00
02825043765115205	\$20.00	02825043765122316	\$20.00	02825043766100751	\$20.00	02825043766104445	\$20.00
02825043766105843	\$20.00	02825043766151416	\$20.00	02825043766151914	\$20.00	02825043766152535	\$20.00
02825043766153142	\$10.00	02825043767084016	\$20.00	02625043767091243	\$20,00	02825043767103312	\$20.00
02825043767122210	\$20.00	02825043767150730	\$20,00	02825043767161738	\$20.00	02830043751141327	\$20.00
02830043751150310	\$20.00	02830043751151139	\$20.00	02830043752131532	\$20.00	02830043754131920	\$20.00
02830043754133343	\$20.00	02830043757143333	\$20.00	02830043757151300	\$20.00	02830043757154130	\$20,00
02830043758133559	\$20.00	02830043760131942	\$20,00	02830043760155127	\$20.00	02830043761152557	\$20.00
02830043764132559	\$20.00	02830043764134200	\$20.00	02830043764135655	\$20.00	02830043764154703	\$20.00
02830043764164900	\$20.00	02830043765132508	\$20.00	02830043765141245	\$20.00	02830043765142345	\$20.00
02830043765143021	\$20.00	02830043765144221	\$20.00	Ø2830043765155153	\$20.00	02830043766135523	\$20.00
02830043766155611	\$20.00	02830043766161954	\$20.00	02830043767154512	\$20.00		
formation compared		A No					
County: 028 - CALD\YELL		Vcconut item code r		JUNG FARMER PROGRAM		Math. C. a.	
Total Item Price: \$255.00			r	tems sold: 51		Volded: 0	
02800043754102320	\$5.00	02800043758095035	\$5.00	02800043766134745	\$5.00	02800143737133058	\$5.00
02800143737134806	\$5.00	02800143737135532	\$5.00	02800143738112004	\$5.00	02800143739141323	\$5.00
02800143740132125	\$5.00	02800143743155537	\$5.00	02800143743162531	\$5.00	02800143747104151	\$5.00
02800143752110310	\$5.00	02800143752134707	\$5.00	02800143752151201	\$5.00	02800143753112602	\$5.00
02809943745250003	\$5.00	02809943754250002	\$5.00	02810043737151504	\$5.00	02810043737151535	\$5.00
02810043739112129	\$5.00	02810043740080026	\$5.00	02810043747100617	\$5.00	02810043747125507	\$5.00
02810043751130610	\$5.00	02810043754112246	\$5.00	02810043761101923	\$5.00	02810043761122537	\$5.00
02810043765120631	\$5.00	02810043766124643	\$5.00	G282004374415335B	\$5.00	02820043751100241	\$5,00
02820043757131548	\$5.00	02820043757140611	\$5.00	02820043761112921	\$5.00	02820043764113830	\$5.00
02825043738093941	\$5.00	02825043739091600	\$5 00	02825043740115738	\$5.00	02825043751140655	\$5.00
02825043751142524	\$5.00	02825043760114533	\$5 00	02825043760125146	\$5.00	02825043766102127	\$5.00
02825043767114743	\$5.00	02830043737130830	\$5.00	02830043738135808	\$5.00	02830043759152224	\$5.00

Run Date: 11/04/2019 Run Time: 9:40:01 AM

02830043759152255

\$5.00

02830043766144313

RTS Date: 11/01/2019

\$5.00

02830043767141029

\$5.00

3. Accept Treasurer's State Reports/Filings of state fees collected by Caldwell County to Texas State Comptroller of Public Accounts, for the third quarter of 2019. Backup: 9

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

	AGENDA DATE: Next Available
	Type of Agenda Item
	✓ Consent Discussion/Action Executive Session Workshop
	Public Hearing
	What will be discussed? What is the proposed motion?
	Accept Treasurer's State Reports/Filings of state fees collected by Caldwell County to Texas State Comptroller of Public Accounts, for the third quarter of 2019.
1.	Costs:
	Actual Cost or Estimated Cost \$ 0.00
	Is this cost included in the County Budget?
	Is a Budget Amendment being proposed?
2.	Agenda Speakers: Name Representing Title
(1)	Judge Haden
(2)	Angela Rawlinson, County Treasurer
(3)	
3.	Backup Materials: None To Be Distributed 9 total # of backup pages (including this page)
1.	
SI(gnature of Court Member Date

Exhibit A (amended on 4.22.19)

Hoppy Haden County Judge 512 398-1808

Angela Rawlinson County Treasurer 512 398-1800

Barbara A. Gonzales County Auditor 512 398-1801 Caldwell County Courthouse 110 South Main Street Lockhart, TX 78644 Fax: 512 398-1828



B.J. Westmoreland Commissioner Precinct 1

Barbara Shelton
Commissioner Precinct 2

Edward "Ed" Theriot Commissioner Precinct 3

Joe Ivan Roland
Commissioner Precinct 4

OFFICE OF THE COUNTY TREASURER

October 30, 2019

The Honorable Commissioners Court Caldwell County Lockhart, Texas

Attached are the third quarter reports that have been timely submitted/filed to/with the Texas State Comptroller of Public Accounts. All fees due to the State have been paid in full for this quarter. Below is a summary of collections for the quarter of 07.01.2019 through 09.30.2019. Each individual detailed report is included in this packet.

Civil Fees Collected	\$ 22,031.50	*Fees Retained \$176.15
Filing Fees Collected (Civil)	\$ 7,298.00	
Criminal Costs on Convictions	\$ 197.09	
Sexual Assault Program	\$ 70.00	
Specialty Court Program	\$ 1,263.24	*Fees Retained \$757.95
State Criminal Costs & Fees	\$166,044.00	*Fees Retained \$11,970.25
Child Safety Seat/SB Fees	\$ 7,998.14	*Fees Retained \$3,999.07
Total State Fees Collected	\$204,901.97	*Total Retained \$16,903.42

Quarterly Request for County Reimbursement of Juror Payments

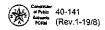
\$ 5,508.00

Respectfully submitted.

Angela Meuth Rawlinson, County Treasurer

Caldwell County

^{*&}quot;Fees Retained" refers to the amount the County keeps based on percentage, share, service fee or timely filing incentive.









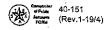
a. T Code **32650**

Civil Fees

• DO NOT WRITE IN SHADED AREAS

- QUARTERLY REPORT -	<u> </u>						
	port for quarter ending	g.	e. Due date of re	•			
	JARTER ENDING 09	-30-19 ■ 193		10-31-19			
d. City/County name and Angela Meuth Rawlinson, County Caldwell County 110 S. Main Street, Room 302		2H1	h. IMPORTAN Blacken this b has changed, the preprinted	– ox if your address Show changes by			
Lockhart TX 78644-2705			i.	j.			
DESCRIPTION — SEE BACK FOR INSTRUCTIONS —	COLUMN 1 Number (#) issued/filed	COLUMN 2 TOTAL COLLECTED	COLUMN 3 5% SERVICE FEE	COLUMN 4 AMOUNT DUE			
1. Birth Certificate Fees	# <u>360</u> \$	648.00		1. \$ 648.00			
2. Marriage License Fees	63	1,890.00		2. 1,890.00			
3. Declaration of Informal Marriage				3. <u>12.50</u>			
4. Nondisclosure Fees	<u> </u>	28.00		4. <u>28.00</u>			
5. Juror Donations 6. Justice Filing Fees -	= 1 =	54.00		5. 54.00			
Courts — Indigents Legal Services 7. Statutory C 7a. Filing Fee -	= 155 =	928.00	46.40	6. 881.60			
Probate Indigents Legal Services	- <u>0</u> -	0.00	0.00	7a. <u>0.00</u>			
Filing Fees	— <u> </u>	Q.00		7b. Q.00			
County Indigents Legal Services Court 8b. Judicial Fund	<u>75</u> ■	750.00	37.50	8a. 712.50			
Filing Fees 9. Constitutional C 9a. Filing Fee -	73	2,920.00		8b. 2,920.00			
County Indigents Legal Services	_	0.00	0.00	9a. 0.00			
Filing Fees	<u> </u>	0.00		9b. 0.00			
10. District (Col. 3 is \$0.25 times Col. 1)	# <u>51</u>	2,295,00	\$ 12.75	10a. \$ 2,282.25			
Court - 10b. Other than Divorce/Family Law (Col. 3 is \$0.50 times Col. 1) 10c. Indigents Legal Services		2,465.00	\$ 25.00	10b. \$ 2,440.00			
(Sec.133.152)	# <u>129</u> \$	1,090.00	\$ 54.50	10c. \$ 1,035.50			
11. Judicial Support Fee	# <u>173</u> •	7,241.00		11. \$ 7,241.00			
12. Judicial and Court Personnel Training Fee	# <u>342</u> \$	1,710.00		12. \$ 1,710.00			
13. TOTAL DUE FOR THIS PERIOD (Total of all Item	s in Column 4)			13. \$ 21,855.35			
*** DO NOT DETACH *** DO NOT DET	•			\$ 24.055.25			
14. TOTAL AMOUNT DUE AND PAYABLE (Same as	s Item 13)			14. 21,855.35			
City/County name Lockhart / Cald	lwell County		k. ■	I.			
■ T Code ■ City/County identification no. ■ Period	For	assistance call (800) 53	31-5441, ext. 3-4276, or (512) 463-4276.			
32640 193	· · · · · · · · · · · · · · · · · · ·	ation above is true as show	ngela Meuth Rawlin				
Complete this report and make the amount in Item 14 payable STATE COMPTROLLER	le to:	olized agent	wholeway				
Mail to: COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149361	S Title Phone number (Area code and r	County Treas	urer) Date 512.398.180	10/28/19			

Austin, Texas 78714-9361







Electronic Filing System - State Fund

a. T Code ■ 32480

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at

: County Identification Number	d. Report for quarter ending (mm/dd/yy)	e.	f. Due date of report
1	QUARTER ENDING 09-30-19	193	10-31-19
I -	and mailing address		
Angela Meuth Rawlinson, Cour Caldwell County 110 S. Main Steet, Room 302 Lockhart TX 78644-2705	ty Treasurer 2F	1	MPORTANT Blacken this box if your address as changed. Show changes by ne preprinted information.
Government Code 51.851: <i>Electron</i>	ic Filing Fee		
COVERNMENT CODE ST.051, E/ECT/DI	ic i iiiiq i ee		
(b) In addition to other fees authorized or re- statutory county court, or a statutory prol including an appeal, and on the filing of a	quired by law, the clerk of the supreme court, a co pate court shall collect a \$30 fee on the filing of ar any counterclaim, cross-action, intervention, interp 2 (assessed as \$20 prior to Sept. 1, 2015).	ly civil action or p	proceeding requiring a filing fee,
 (b) In addition to other fees authorized or recstatutory county court, or a statutory prolincluding an appeal, and on the filing of a to be used as provided by Section 51.85 (c) In addition to other fees authorized or rec 	quired by law, the clerk of the supreme court, a copate court shall collect a \$30 fee on the filing of an any counterclaim, cross-action, intervention, interp 2 (assessed as \$20 prior to Sept. 1, 2015). Equired by law, the clerk of a justice court shall coing an appeal, and on the filing of any countercourt.	ny civil action or poleader, or third-poleet a \$10 fee	proceeding requiring a filing fee, early action requiring a filing fee on the filing of any civil action or
 (b) In addition to other fees authorized or recstatutory county court, or a statutory prolincluding an appeal, and on the filing of a to be used as provided by Section 51.85. (c) In addition to other fees authorized or reproceeding requiring a filing fee, includ third-party action requiring a filing fee to 	quired by law, the clerk of the supreme court, a copate court shall collect a \$30 fee on the filing of an any counterclaim, cross-action, intervention, interp 2 (assessed as \$20 prior to Sept. 1, 2015). Equired by law, the clerk of a justice court shall coing an appeal, and on the filing of any countercourt.	ny civil action or poleader, or third-pollect a \$10 fee colaim, cross-action	oroceeding requiring a filing fee, party action requiring a filing fee on the filing of any civil action or on, intervention, interpleader, or

Filing Fees (Civi	il Cases)			
1. District Court fil	ling fees (@ \$30)		1. = \$	3,498,00
2. County Courts f	filing fees (Constitutional, Statutory and Sta	tutory Probate Courts) (@ \$30)	2. 🖷 💲	2,250_00
	filing fees (@ \$10)		_	1,550_00
	f filing fees collected (All Courts)		_	7,298,00 🗸
	on Convictions (\$5 in all courts)			•
5. District Court co	onvictions		5. = \$	100.00
6. County Courts	convictions (Constitutional and Statutory Co	ourts)		97.09
	f criminal costs collected (All Courts)			197-09
8. TOTAL AMOUNT	DUE (Add Items 4 and 7)		8. <u>\$</u>	7,495,09
40-151 ** : (Rev.1-19/4)	* DO NOT DETACH * * *			AND A CHARLES AND
9. TOTAL AMOUNT	OF PAYMENT (Same as Item 8)		9. 🖷 💲	7,495.09
County name	Caldwell County	k. ■	I.	
■ T Code ■ Coun	nty identification no. Period			
32470	193 8	1. (type or print name) Angela	Meuth Rawlinson	certify that the

information above is true and correct as shown in the records of the reporting office of the county named sign here Title 10/28/19 County Treasurer Daytime phone (Area code and number) 512.398.1800

Complete this report and make the amount in Item 9 payable to:

State Comptroller

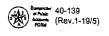
Mail to: Comptroller of Public Accounts

Austin, TX 78714-9361

P.O. Box 149361

193

8



a. T Code ■ 32670





SEXUAL ASSAULT / SUBSTANCE ABUSE PROGRAMS

c. County identification number	d. Report for quarter ending	e.	f. Due date of	report
	09-30-2019		10	-31-2019
Gounty name a Page Angela Meuth Rawlinson, County Caldwell County 110 S. Main Street, Room 302 Lockhart TX 78644-2705	Inty Treasurer 2H	117 7	IMPORTANT Blacken this box if yinas changed. Show the preprinted inform	changes by
SEXUAL ASSAULT PROGRAM FUN	D (Code of Criminal Procedure Art. 42A.653	3)		
If the court grants probation to a person conv. Code, the court shall require as a condition of the period of probation. This fee is in addition department shall deposit the fees collected uncalendar quarter. The Comptroller shall depose.	ricted of an offense under Sections 21.08, 21 of probation that the person pay to the super n to court cost or any other fee imposed on nder Subsection (e) to be sent to the Comptin	1.11. 22.021, 25.02, rvising probation off the person. A cour roller no later than t	ficer a fee of \$5 e rt clerk or a comr he last day of the	each month during munity supervision month following a
Use supplement pages to list all fees collecte on all supplement pages on line 2.				
Number of Supplement pages (for Sexual Ass				
2. Total Fees Collected For Sexual Assault Prog	ram		_ 2. ■	70.00
A court clerk or a community supervision der (under Subsection (c) (2)), to be sent to the C Use supplement pages to list all fees collecte on all supplement pages on line 4. 3. Number of Supplement pages (for Substance 4. Total Fees Collected for Substance Abuse Fe	omptroller no later than the last day of the mode. d. Enter the total number of supplement pag. Abuse Felony Program fees)	by defendants requionth following a cale	red to pay reside andar quarter. 3, and the total a	ntial aftercare fees
5. TOTAL FEES DUE FOR THIS PERIOD (Total	i of Item 2 and Item 4)	***************************************	_ 5. =	70.00
* * * DO NOT DETACH * * * DO NOT DE			6. = \$	70.00
County name		k.	l.	
Caldwell ■ T Code ■ County identification no. ■ Per 32660	iod For assistance c 512-463-4276. (Fror		itions Device for t	he De <i>a</i> f (TDD), call
	l, (type or print name)		uth Rawlinso	n certify that
Complete this report and make the amount in Item STATE COMPTROLLER			Cords of the Treasur	y or the county named.
Mail to: COMPTROLLER OF PUBLIC ACC	COUNTS here!	Le " yel	~ - 1 V	amer of -

40-139 (Rev.1-19/5)

Mail to:

COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149361 Austin, Texas 78714-9361

Daytime phone (Area code and number)

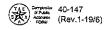
County Treasurer

Date

5R.398.1800

10/28/19

Title







Specialty Court Program Account

a. T Code ■ 32260

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers listed on this form.

c. County Identification Number	d. Report for qu	arter ending (mm/dd/yy)	e.	f. Due date o	f report
=	QUARTE	R ENDING 09-30-19	_ 193	1	0-31-19
County	name and mailing address	······································			
Angela Meuth Rawlinson, C Caldwell County 110 S. Main Street, Room Lockhart TX 78644-2705	ounty Treasure 302 772.0061(2\(A-D \) as: (er 2H17 Gov. Code, Chapter 122, family o	Blar has the	CORTANT cken this box if y changed. Show preprinted inform	changes by 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
program; Chapter 124, veterans court prog			4:	n	
Code of Criminal Procedures Article					
 (a) In addition to other costs on convoffenses between 6/15/07-12/31/of an offense punishable as a Cla (1) Chapter 49, Penal code (Into (2) Chapter 481, Health and Saf (e) A county is entitled to: (1) if the custodian of the county this article by an officer of the calendar quarter, retain in funds collected under this art within the county. 	109 or \$60 for offen ass B misdemeano exication and Alcohologo Code (Texas Code) treasury complies a county during the a drug court progran addition to the 10	ses on or after 1/1/10-8/31/2 or or any higher category of colic Beverage Offenses); or controlled Substance Act). with subsection (d), retain 1 calendar quarter as a service am or establishes a drug controlled percent authorized by Substance of percent authorized by Substance or establishes a drug controlled by Substance of percent authorized by Substance or establishes a drug controlled by Substance or establishes a drug controll	2013) as a confense under 0 percent of ce fee; and urt program division (1) a	ost of court er: f the funds of before the e	on conviction collected under expiration of the
County treasurers should use this for appropriate portion of these costs, as must be filed by the due date even if	determined by the	Code of Criminal Procedure	es Art. 102.0	to submit pa 0178(e)(1 &	ayment of the 2). This report
Total amount of specialty court p	orogram fees collec	eted		₁ _\$	1,263.24
2. Amount retained (50%) for esta (per CCP 1020178(e)(2), 50% of Item	ablished specialty on 1, if applicable)	court programs within the co	unty	•	631.62
3. Allowable service fee for timely f	_			3. = \$	126.33
4. AMOUNT DUE THE STATE (Si	ibtract Items 2 and 3 fro	om Item 1.)		4. • \$	505.29
40-147 *** DO NOT DET A (Rev.1-19/6)				•	
5. TOTAL AMOUNT OF PAYMEN	T (Same as Item 4)			5. = \$	505.29
County name					
Caldv	vell County		k. ■		
■ T Code ■ County identification no.	■ Period			-	
32080	193 0	information above is true and correction county named.	gela Meuth ect as shown in t		
Complete this report and make the amount State Comptroller	in Item 5 payable to:	sign Authorized agent here	Meul	Ran	Der
Mail to: Comptroller of Public At P.O. Box 149361 Austin, TX 78714-9361		Daytime phone (Area code and number)	urer (a. 398.)	Date	10/28/19

Austin, TX 78714-9361

a. T Code = 32630

*** INTERNET ***



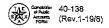


State Criminal Costs and Fees

• COUNTY QUARTERLY REPORT - This report must be filed by the due date even if no payment is due.

An amount or a zero (0) MUST be entered on all lines for Columns 1 and 3

		ount or a zero (0) MUST	be entered o	n all lines	for Colur	nns 1 and 3.
c. C	ounty identification number f. Report for c	uarter ending	g.	e. Due d	ate of report	
_	QUARTE	R ENDING 09-30-19	1 93		10-	-31-19
	County name and mail	ing address	1	114005		
d. Į	angela Meuth Rawlinson, County Tre	asurer		h. IMPOR		our address has 1
	Caldwell County			change	ed. Show cha	anges by the — 🟲 🚊 📗
	.10 S. Main Street, Room 302			preprin	ted information	on.
I	lockhart TX 78644-2705			ī.		J.
	·	Column 1	Colur	 nn 2		Column 3
	 See back for instructions. 	TOTAL COLLECTED (State court costs only) Dollars and cents	SERVIC			MOUNT DUE STATE
	1		(See insti	,		(Col. 1 minus Col. 2)
	1. 01-01-04 Forward		8	,096.66	_ 1. <u>\$</u> _	
교	2. 09-01-01 12-31-03			5.10	. 2	45.90
committed	3. 08-31-99 08-31-01		·	1.70	3	^15.30
Ę	4. 09-01-97 08-30-99			5.10 18.07	. 4	45.90 162.63
	i & Poil Pond Eco (PD)	——————————————————————————————————————		357.10	. 5	3,213.90
Z S	6. Bail Bond Fee (BB)			50.80	. 6	457.20
SECTION 1	8. DNA Testing Fee - MSDM & CS (DNA CS)			0.00	. 7	0.00
낊	9. DNA Testing Fee - Juvenile (DNA JV)		Al- 0		. 8	0.00
ļ, ē	10. EMS Trauma Fund (EMS)		No Serv	106.74	9. <u> </u>	960,61
				20.00	11.	180.00
Reports	12. Jury Reimbursement Fee (JRF)			781.52	. 11. <u> </u>	7,033.66
GD}	13. Indigent Defense Fund (IDF)			389.24	13.	3,503.11
u.	14. Moving Violation Fees (MVF)			15.64	14.	140.80
	15. State Traffic Fine (STF)	····	(5%) 2,	122.58	. 17. <u> </u>	40,328.92
	1					
	16. Peace Officer Fees (Report 20% of fees from action					1,498.29
0	17. Failure to Appear/Pay Fees (FTA) (Report \$20 of the					
SECTION II	18. Judicial Fund - Constitutional County Court				18. ■	0.00
CTION II	19. Judicial Fund - Statutory County Court 20. Motor Carrier Weight Violations (MCW) (Report 50)	Of the fines collected			19. ■	402.16
EC	21. Time Payment Fees (TP) (Report 50% of the \$25 fe	oo l			20.	
SA	22. Driving Records Fee (DRF) (Report 100% of fees of	ollected 1			21.■	0.00
	23. Judicial Support Fee (JS)	Olicoted.)		***************************************	22. ■	10,534.44
	24. Truancy Prevention and Diversion Fund (TPD)					
25.	TOTAL DUE FOR THIS PERIOD (Total of Items 1 through					454656
		,·· = · · · · = = · · · · · · · · · · ·				
	DO NOT DETACH					
26	. TOTAL AMOUNT DUE AND PAYABLE (Same as Item	25)			26.■ \$	154,073.75
_						
Col	nty name Caldwell Cour	ntv		k.		L
<u> </u>				<u> </u>		
■ T	Code ■ County identification no. ■ Period	For assistance	call 1-800-531-5	441, ext. 3-4	276 or 512	-463-4276.
32	2620 193 7	I, (type or print name)that the information above is	Ange	la Meuth I	Rawlinso	of the county named.
				$\overline{}$		
	Make the amount in Item 26 payable to: State Comptroller	sign here lus Oa	Meri	Neko	rul-	so ·
	Mail to: Comptroller of Public Accounts	Title	/ Treasurer		Date	10/28/19
	P.O. Box 149361 Austin, TX 78714-9361	Phone number	12.398.	1800	I	



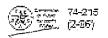






Child Safety Seat and Seat Belt Violation Fines

a. T Code ■ 32170 c. City/County Identification Number d. Report for fiscal year ending f. Due date of report 09/30/2019 10-30-2019 City/County name and mailing address h. IMPORTANT Angela Meuth Rawlinson, County Treasurer Blacken this box if your address_ **Caldwell County** has changed. Show changes by the preprinted information, 110 S. Main St. Room 302 Lockhart TX 78644-2705 You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers listed on this form. Please check if fiscal year has changed from previous report Report must be filed even if no payment is due. Transportation Code, Sections 545.412 (h) and 545.413 (b) and (j) Notwithstanding Section 542.402(a), a municipality or county, at the end of the municipality or county's fiscal year, shall send to the Comptroller an amount equal to 50 percent of the fines collected by the municipality or the county for violations of sections 545.412 and 545.413 (b). Municipal and county officials should use this form to submit payment of 50 percent of the fines collected on these violations during their fiscal year. This report is due 30 days after the end of the city or county's fiscal year. 1. Total amount of fines collected _____ 7.998.14 X'.50 3,999.07 2. Total amount of fines due the state (Multiply amount in Item 1 by .50) _____ 2. _ *** DO NOT DETACH *** 40-13B (Rev.1-19/8) 3,999.07 3. TOTAL AMOUNT OF PAYMENT (Same as Item 2)______ City/County name k. Caldwell County ■ T Code Identification no. Period 32060 Angela Meuth Rawlinson l, (type or print name) that the information above is true as shown in the records of the city or county named. ized agent sign Complete this report and make the amount in Item 3 payable to: here State Comptroller Mail to: Comptroller of Public Accounts P.O. Box 149361 Daytime phone (Area code and number) 512.39B Austin, TX 78714-9361



STATE OF TEXAS COMPTROLLER'S JUDICIARY SECTION

Ple	ase Circ	le Claim	Quarter	
1	2	(3)	4	

QUARTERLY REQUEST FOR COUNTY	
REIMBURSEMENT OF JUROR PAYMENT	V.

mailed 10/17/19

- Texas Government Code 61.0015 -

ΑC	∃Y	COBJ	TC	FUND	AY	PCA	APPROVAL	DOCUMENT NUMBER	"	DOCUM	MENT AMOUNT	
24	! 1	7612	225	0001	19	03039						
			L	J		·	!	<u> </u>				
											,	
	Coun	ity name/adi	dress for	warrant or	direct dep	osit notificatio	រា	County taxpayer identification nu	umber	Mail code		
	Angela Meuth Rawlinson									017		
		Calc	lweli (County	Trea	surer	·		[·	
				ain St.,						Mail Completed F	om to: Judiciary Section	
				Texas				•		P.O. Box 13528	}	
			,			•				Austin, TX 787		
											5441, ext: 3-4849 ог опа@сра.texas.gov	
		٠.		:				a for a constant to the	Tall a			
	·		بيميومبيون لبياح			JUROR P	AYMENT REI	MBURSEMENT REQU	EST_			
	CAI	LENDAR (QUARTE		CLAIM	DUE B	rı	M WILL BE	AMOUNT REQUESTED				
COUNTY	11.	Q3	-1 20	0-1-4	0.004	. .,	45 8848	000				
ВУС	July	/ 1 to Se 2019	pt. 30	Oct. 1	8, 2019	Nov.	15, 2019	5000				
COMPLETED								·				
Σ O												
BE (Per instructions on reverse side, please attach supporting documentation with this request for payment.											
5.	•		,				-			-		
Ŏ.							COUNTY C	ERTIFICATION				
SEC				, _	4 -							
THIS SECTION	l,	Luda	ie l	topk <u>ı</u>	ns F	aden		, the authorized officia	al of th	ne Commissio	oner's Court of	
	Cal	dwell Co	ں unty h	ereby c	ertify th	at the am		ed are due and payable				
	the	Governr	nent C	ode and	are to	the best	of my knowled	lge true and correct.	J.		· • 1.55 15 (b) 61	
-	_	Aut)	norized.C	fficial/Com	niesioner	e Court	Titl	, , ,		D.L.	, , , , , ,	
			/1//		اعادانانانونانان	5 OOQ!(1100	Title Date				
	nere	1 4	To the	PRO				ounty Judge		10/16/19	7	
			٠.				× : : : : : : : : : : : : : : : : : : :		94 1			
Ī								ACT INFORMATION				
		Person to	contac		_	mation on th	his form	Contact E-mail			ů.	
				Nam	e & Title				<i>(</i>) <i>(</i> ? -		act Phone Number	
Angola Mounta Pristing Trans						Engeld-rawlinson	وص.	512.3	98:1800			
Hogela Heuth Kawlinson, Treasuret Caldwell. tx. us 512.398.1800							1011000					
							<u> </u>			· · · · · · · · · · · · · · · · · · ·		
					CC	DMPTROL	LER'S JUDIO	CIARY SECTION APPR	OVAL			
l a	ippro iyme	ove this rent comp	eques lies wi	t for pay th Section	ment a	and to the	best of my kno Texas Gover	owledge this request for	paym	ent is true an	d correct. This	
,	-	•							Γ_	Direct deposit	Check enclosed	
Aud	ited by	y: ·							Date			
									-		•	
	-	*										

SEE REVERSE SIDE FOR PROCEDURES AND FURTHER INSTRUCTIONS

4. To accept the Cost Allocation for 2020 Appraisal District and Collections Budgets. Backup: 6

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

	AGENDA DATE: 11/12/2019
	Type of Agenda Item
	Consent Discussion/Action Executive Session Workshop
	Public Hearing
	What will be discussed? What is the proposed motion?
	to accept the Cost Allocation for 2020 Appraisal District and Collection Budgets.
1.	Costs:
	Actual Cost or Estimated Cost \$ none
	Is this cost included in the County Budget?
	Is a Budget Amendment being proposed?
2.	Agenda Speakers:
_	Name Representing Title
(1	Judge Haden
(2)
)
	Backup Materials: None To Be Distributed 6 total # of backup pages (including this page)
4.	10/21/2019
Si	gnature of Court Member Date

Caldwell County Appraisal District

Date: October 18, 2019

To: Presiding Officers/Chief Administrators of all taxing units

From: Shanna Ramzinski, Chief Appraiser

Re: Cost Allocation for 2020 Appraisal District and Collection Budgets

Enclosed you will find a copy of the 2020 Caldwell County Appraisal District's budget cost allocation for each taxing entity. The cost allocations have been adjusted to reflect the 2019 tax levies.

Please contact me if you have any questions.

Sincerely,

Maura Reimyndh Shanna Ramzinski

Chief Appraiser

Encl. Cost Allocation



211 Bufkin Ln P.O. Box 900 Lockhart, Texas 78644 United States PHONE (512) 398-5550

FAX (512) 398-5551

E-MAIL general@caldwellcad.org

WEB SITE www.caldwellcad.org

2020 APPRAISAL BUDGET ALLOCATION

Caldwell County Appraisal District ADOPTED Budget

ENTITIES	2019 TAX LEVY	RATIO %	2020 BUDGET	ASSESSMENT
CITY OF LOCKHART	\$5,013,497.97	8.612%	\$1,150,582.00	\$99,087.94
CITY OF LULING	\$1,378,732.46	2.368%	\$1,150,582.00	\$27,249.59
CITY OF MARTINDALE	\$340,454.12	0.585%	\$1,150,582.00	\$6,728.81
CITY OF MUSTANG RIDGE	\$128,841.02	0.221%	\$1,150,582.00	\$2,546.44
CITY OF NIEDERWALD	\$40,871.12	0.070%	\$1,150,582.00	\$807.79
CITY OF SAN MARCOS	\$175,945.21	0.302%	\$1,150,582.00	\$3,477.42
CITY OF UHLAND	\$26,994.27	0.046%	\$1,150,582.00	\$533.52
CALDWELL COUNTY	\$19,571,799.26	33 620%	\$1,150,582.00	\$386,821.58
LOCKHART ISD	\$20,301,002.16	34.872%	\$1,150,582.00	\$401,233.71
LULING ISD	\$5,152,715.56	8.851%	\$1,150,582.00	\$101,839.47
PRAIRIE LEA ISD	\$1,075,263.67	1.847%	\$1,150,582.00	\$21,251.76
PLUM CREEK CONS. DIST.	\$342,310.62	0.588%	\$1,150,582.00	\$6,765.51
PLUM CREEK UNDERGROUND	\$319,174.47	0.548%	\$1,150,582.00	\$6,308.24
HAYS ISD	\$538,641.88	0.925%	\$1,150,582.00	\$10,645.84
GONZALES ISD	\$406,152.66	0.698%	\$1,150,582.00	\$8,027.30
SAN MARCOS ISD	\$2,265,055.49	3.891%	\$1,150,582.00	\$44,767.08
WAELDER ISD	\$248,966.56	0.428%	\$1,150,582.00	\$4,920.63
CALDWELL-HAYS ESD1	\$459,493.35	0.789%	\$1,150,582.00	\$9,081.53
GONZALES COUNTY UWD	\$7,965.01	0.014%	\$1,150,582.00	\$157.42
CALDWELL ESD #2	\$129,763.10	0.223%	\$1,150,582.00	\$2,564.67
CALDWELL ESD #3	\$123,944.24	0.213%	\$1,150,582.00	\$2,449.66
CALDWELL ESD #4	\$129,971.89	0.223%	\$1,150,582.00	\$2,568.79
AUSTIN COMMUNITY COLLEGE	\$37,810.19	0.065%	\$1,150,582.00	\$747.29
TOTALS	\$58,215,366.28	100.00%	\$1,150,582.00	\$1,150,582.00

2020 APPRAISAL BUDGET ALLOCATION

Caldwell County Appraisal District ADOPTED Budget

	2019	RATIO	2020		JANUARY 1	APRIL 1	JULY 1	OCTOBER 1	TOTAL
ENTITIES	TAX LEVY	%	BUDGET	ASSESSMENT	PAYMENT	PAYMENT	PAYMENT	PAYMENT	COLLECTED
CITY OF LOCKHART	\$5,013,497.97	8.612%	\$1,150,582.00	\$99,087,94	\$24,771.98	\$24,771.98	\$24,771.98	\$24,771.98	
CITY OF LULING	\$1,378,732.46	2.368%	\$1,150,582.00	\$27,249.59	\$6,812.40	\$6,812.40	\$6,812.40		
CITY OF MARTINDALE	\$340,454.12	0.585%	\$1,150,582.00	\$6,728.81	\$1,682.20	\$1,682.20	\$1,682.20	\$1,682.20	\$6,728.81
CITY OF MUSTANG RIDGE	\$128,841.02	0.221%	\$1,150,582.00	\$2,546.44	\$636.61	\$636.61	\$636.61	\$636.61	
CITY OF NIEDERWALD	\$40,871.12	0.070%	\$1,150,582.00	\$807.79	\$201.95	\$201.95	\$201.95	\$201.95	\$807.79
CITY OF UHLAND	\$26,994.27	0.046%	\$1,150,582.00	\$533.52	\$133.38	\$133.38	\$133!38	\$133.38	\$533.52
CALDWELL ESD #2	\$129,763.10	0.223%	\$1,150,582.00	\$2,564.67	\$641.17	\$641.17	\$641.17	\$641.17	\$2,564,67
CALDWELL ESD #3	\$123,944.24	0.213%	\$1,150,582.00	\$2,449.66	\$612.42	\$612.42	\$612.42	\$612.42	
CALDWELL ESD #4	\$129,971.89	0.223%	\$1,150,582.00	\$2,568.79	\$642.20	\$642.20	\$642.20	\$642.20	\$2,568.79
CALDWELL-HAYS ESD1	\$459,493.35	0.789%	\$1,150,582.00	\$9,081.53	\$2,270.38	\$2,270.38	\$2,270.38	\$2,270.38	\$9,081.53
CALDWELL COUNTY	\$19,571,799.26	33.620%	\$1,150,582.00	\$386,821.58	\$96,705.39	\$96,705,39	\$96,705.39	\$96,705.39	\$386,821.58
LOCKHARTISD	\$20,301,002.16	34.872%	\$1,150,582.00]	\$401,233.71	\$100,308.43	\$100,308.43	\$100,308.43	\$100,308.43	\$401,233.71
LULING ISD	\$5,152,715.56	8.851%	\$1,150,582.00	\$101,839,47	\$25,459.87	\$25,459.87	\$25,459.87	\$25,459.87	\$101,839.47
PRAIRIE LEA ISD	\$1,075,263.67	1!847%	\$1,150,582,00	\$21,251!76	\$5,312.94	\$5,312.94	\$5,312.94	\$5,312.94	\$21,251.76
GONZALES COUNTY UWD	\$7,965.01	0.014%	\$1,150,582.00	\$157.42	\$39.36	\$39.36	\$39.36	\$39.36	\$157.42
PLUM CREEK CONS.DIST.	\$342,310,62	0.588%	\$1,150,582,00	\$6,765.51	\$1,691.38	\$1,691.38	\$1,691.38	\$1,691.38	\$6,765.51
PLUM CREEK UNDERGRND	\$319,174.47	0.548%	\$1,150,582.00	\$6,308,24	\$1,577.06	\$1,577.06	\$1,577.06	\$1,577.06	\$6,308.24
CITY OF SANIMARCOS	\$175,945,21	0!302%	\$1,150,582.00	\$3,477.42	\$869.36	\$869.36	\$869.36	\$869.36	\$3,477.42
GONZALES ISD	\$406,152.66	0.698%	\$1,150,582.00	\$8,027.30	\$2,006.82	\$2,006.82	\$2,006.82	\$2,006.82	\$8,027.30
HAYS ISD	\$538,641.88	0.925%	\$1,150,582.00	\$10,645.84	\$2,661.46	\$2,661.46	\$2,661.46	\$2,661.46	\$10,645.84
SAN MARCOS ISD	\$2,265,055.49	3.891%	\$1,150,582.00	\$44,767.08	\$11,191.77	\$11,191.77	\$11,191.77	\$11,191.77	\$44,767.08
WAELDER ISD	\$248,966.56	0.428%	\$1,150,582.00	\$4,920.63	\$1,230.16	\$1,230.16	\$1,230.16	\$1,230.16	\$4,920.63
AUSTIN COMMUNITY COLLEGE	\$37,810.19	0.065%		\$747.29	\$186.82	\$186.82	\$186.82	\$186.82	\$747.29
TOTALS	\$58,215,366.28	100.00%	\$1,150,582.00	\$1,150,582.00	\$287,645.50	\$287,645.50	\$287,645.50	\$287,645.50	\$1,150,582.00

2020 COLLECTION BUDGET ALLOCATION

Caldwell County Appraisal District ADOPTED Budget

	2019	RATIO	2020	
ENTITIES	TAX LEVY	%	BUDGET	ASSESSMENT
CITY OF LOCKHART	\$5,013,497.97	8.979%	\$301,937.00	\$27,111.04
CITY OF LULING	\$1,398,052.50	2.504%	\$301,937.00	\$7,560.12
CITY OF MARTINDALE	\$340,454.12	0.610%	\$301,937.00	\$1,841.04
CITY OF MUSTANG RIDGE	\$128,841.02	0.231%	\$301,937.00	\$696.72
CITY OF NIEDERWALD	\$40,871.12	0.073%	\$301,937.00	\$221.02
CITY OF UHLAND	\$26,994.27	0.048%	\$301,937.00	\$145.97
CALDWELL ESD #2	\$129,763.10	0.232%	\$301,937.00	\$701.71
CALDWELL ESD #3	\$123,944.24	0.222%	\$301,937.00	\$670.24
CALDWELL ESD #4	\$129,971.89	0.233%	\$301,937.00	\$702.84
CALDWELL-HAYS ESD1	\$459,493.35	0.823%	\$301,937.00	\$2,484.76
CALDWELL COUNTY	\$19,571,799.26	35.053%	\$301,937.00	\$105,836.67
LOCKHART ISD	\$20,301,002.16	36.359%	\$301,937.00	\$109,779.91
LULING ISD	\$5,992,232.91	10.732%	\$301,937.00	\$32,403.66
PRAIRIE LEA ISD	\$1,509,198.15	2.703%	\$301,937.00	\$8,161.16
GONZALES COUNTY UWD	\$7,965.01	0.014%	\$301,937.00	\$43.07
PLUM CREEK CONS DIST	\$342,310.62	0.613%	\$301,937.00	\$1,851.08
PLUM CREEK UWD	\$319,174.47	0.572%	\$301,937.00	\$1,725.97
TOTALS	\$55,835,566.16	100.00%	\$301,937.00	\$301,937.00

2020 COLLECTION BUDGET ALLOCATION

Caldwell County Appraisal Distrist ADOPTED Budget

	2019	RATIO	2020		JANUARY 1	APRIL 1	JULY 1	OCTOBER 1	TOTAL
ENTITIES	TAX LEVY	%	BUDGET	ASSESSMENT	PAYMENT	PAYMENT _	PAYMENT	PAYMENT	COLLECTED
CITY OF LOCKHART	\$5,013,497.97	8.979%	\$301,937.00	\$27,111.04	\$6,777.76	\$6,777.76	\$6,777.76	\$6,777.76	\$27,111.04
CITY OF LULING	\$1,398,052.50	2.504%	\$301,937.00	\$7,560.12	\$1,890.03	\$1,890.03	\$1,890.03	\$1,890.03	\$7,560.12
CITY OF MARTINDALE	\$340,454.12	0.610%	\$301,937.00	\$1,841.04	\$460.26	\$460.26	\$460.26	\$460.26	\$1,841.04
CITY OF MUSTANG RIDGE	\$128,841.02	0.231%	\$301,937.00	\$696.72	\$174.18	\$174.18	\$174.18	\$174.18	\$696.72
CITY OF NIEDERWALD	\$40,871.12	0.073%	\$301,937.00	\$221.02	\$55.25	\$55.25	\$55.25	\$55.25	\$221.02
CITY OF UHLAND	\$26,994.27	0.048%	\$301,937.00	\$145.97	\$36.49	\$36.49	\$36.49	\$36.49	\$145.97
CALDWELL ESD #2	\$129,763.10	0.232%	\$301,937.00	\$701.71	\$175.43	\$175.43	\$175.43	\$175.43	\$701.71
CALDWELL ESD #3	\$123,944.24	0,222%	\$301,937.00	\$670.24	\$167.56	\$167.56	\$167,56	\$167.56	\$670.24
CALDWELL ESD #4	\$129,971.89	0.233%	\$301,937.00	\$702.84	\$175.71	\$175.71	\$175.71	\$175.71	\$702.84
CALDWELL-HAYS ESD1	\$459,493.35	0.823%	\$301,937.00	\$2,484.76	\$621.19	\$621.19	\$621.19	\$621.19	\$2,484.76
CALDWELL COUNTY	\$19,571,799.26	35.053%	\$301,937.00	\$105,836.67	\$26,459.17	\$26,459.17	\$26,459.17	\$26,459.17	\$105,836.67
LOCKHART ISD	\$20,301,002.16	36.359%	\$301,937.00	\$109,779.91	\$27,444.98	\$27,444.98	\$27,444.98	\$27,444.98	\$109,779.91
LULING ISD	\$5,992,232.91	10.732%	\$301,937.00	\$32,403.66	\$8,100.92	\$8,100.92	\$8,100.92	\$8,100.92	\$32,403.66
PRAIRIE LEA ISD	\$1,509,198.15	2.703%	\$301,937.00	\$8,161.16	\$2,040.29	\$2,040.29	\$2,040.29	\$2,040.29	\$8,161.16
GONZALES COUNTY UWD	\$7,965.01	0.014%	\$301,937.00	\$43.07	\$10.77	\$10.77	\$10.77	\$10.77	\$43.07
PLUM CREEK CONS. DIST.	\$342,310,62	0,613%	\$301,937.00	\$1,851.08	\$462.77	\$462.77	\$462.77	\$462.77	\$1,851.08
PLUM CREEK UNDERGRND	\$319,174.47	0.572%	\$301,937.00	\$1,725.97	\$431.49	\$431.49	\$431.49	\$431.49	\$1,725.97
TOTALS	\$55,835,566.16	100.00%	\$301,937.00	\$301,937.00	\$75,484.25	\$75,484.25	\$75,484.25	\$75,484.25	\$301,937.00

5. To accept payment and renewal bond of policy #14771315 for Melanie Bowden. Backup:4

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

F	AGENDA DATE: 11/12/2019
	Type of Agenda Item
t	Consent Discussion/Action Executive Session Workshop Public Hearing What will be discussed? What is the proposed motion? to approve payment and renewal bond of policy #14771315 for Melanie Bowden
1. [Costs: ✓ Actual Cost or
Į:	s a Budget Amendment being proposed?
2. 	Agenda Speakers: Name Representing Title
(1) <u>/</u>	udge Haden
(2)_	
(3)_	
3. E	Backup Materials: None To Be Distributed 4 total # of backup pages (including this page)
4 Sigr	nature of Court Member Date

CARL R. OHLENDORF INSURANCE

115 SOUTH MAIN STREET LOCKHART, TX 78644 Phone: 512-398-2318

Caldwell County P. O. Box 98 Lockhart, TX 78644

INVOI	CE NO.	17204	Page	1
ACCOUNT NO.	OP	DATE		
CALDW01	JB	10/17/2019		
BOND Dec P	age			19/19/1
POLICY#		1111		7 3
14771315				
COMPANY			Children Con	(6.23)
Western Sure	ety			
PRODUCER		Victoria Citation	Land Francisco	JA I
Adair H. Ruc	ker			
EFFECTIVE	EXPIRATION	BALANCE DI	JE ON	TEACH.
11/21/2019	11/21/2020			-

Itm #	Eff Date	Trn	Description	Amount
141739	141739 11/21/19		Melanie Bowden Bond	\$50.00
			Invoice Balance:	\$50.00

Court Clerk Bond



CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No.	14771315	briefly
described as COURT CLERK COUNTY OF CALDWELL		
for MELANIE N. BOWDEN		,
	, as	Principal,
in the sum of \$ ONE THOUSAND AND NO/100	Dollars, for the term	beginning
November 21 , 2019 , and ending November 21	mber 21 , 2020 , su	bject to all
the covenants and conditions of the original bond referred to above.		
This continuation is issued upon the express condition that the under said Bond and this and all continuations thereof shall not be cu	•	
the total sum above written.		
Dated this 8th day of August, 2019.		
WESTER By	N SURETY COM	IPANY e President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

MOCCOCCOCCOCC WESTERN SUBSTY COMPANY . DIL OF A HERICA'S OLDSET SONDING COMPANIES S

Form 90-A-8-2012

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

Coverage. Form F1975-1-2016

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

	Paul T. Bruflat	of		Sioux Falls	
State of	South Dakota	, its regularly	elected	Vice President	
as Attorney-in	n-Fact, with full power and a	authority hereby confer	red upon hin	n to sign, execute,	acknowledge and deliver for
and on its bel	nalf as Surety and as its act	and deed, the following	bond:	-	-
One COI	וסיד כו כסע בסוואידע סי	CATBUETT			
One _uu	JRT CLERK COUNTY OF	CALDWELL			
bond with bor	nd number14771315_				
			•		
	IE N. BOWDEN				
as Principal ir	the penalty amount not to	exceed: \$1,000.00			
Western S	Surety Company further certifie	s that the following is a t	rue and exact	copy of Section 7 a	f the by-laws of Western Surety
Company duly	adopted and now in force, to-wi	t:			hall be executed in the corporate
name of the Co	impany by the President, Secre	tarv, anv Assistant Secreti	arv. Treasurer.	. or anv Vice Presider	it or by such other officers as the
Board of Direc	tors may authorize. The Pres	ident, anv Vice President	Secretary at	av Accietant Secretar	y, or the Treasurer may appoint of the Company. The corporate
seal is not nec	essary for the validity of any by such officer and the corporate	onds, policies, undertaking	s. Powers of	Attorney or other ob	ligations of the corporation. The
		• •		soussed there was	sents to be executed by its
Vice Preside	nt with the corp	orate seal affixed this	8th	aused mese pres day of Augus	t 2019
ATTEST	9 0		WES	TERN SUR	ETY COMPANY
	J. Molam		. 7	27	ETT COMPANY
	L. Nelson,	Assistant Secretary	ву		Paul T. Bruffat, Vice Presiden
		•			A STATE OF THE PARTY OF THE PAR
					THE THE YEAR
					- 100 m
	,				
STATE OF S	OUTH DAKOTA				A SEAN AS
COUNTY OF	MINNEHAHA				
795	,				Contraction of the Contraction o
On this _	8th day of Aug	<u>ust</u>		before me, a Notar	y Public, personally appeared
who being h	Paul T. Bruflat y me duly sworn, acknowled	and	l	L. Nelson	Vice President
and Assistan	t Secretary, respectively, of	iged that they signed th I the said WESTERN S	BURFTY CO	MPANY and ackn	owledged said instrument to
be the volunt	ary act and deed of said Co	rporation.			omeages said monument to
ر برمید	*******************	7 44 4			
\$	J. MOHR NOTARY PUBLIC	i		Jan.	1
i (SE	SOUTH DAKOTA	f)į		9 m/0	Notary Public
+ در در در	ر از	My Commission	Expires June	23, 2021	Notary Fubili

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond

6. To accept Audit – Chapter 59 Asset Forfeiture Report by Law Enforcement Agency. Backup: 2

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

4	AGENDA DATE: 11/12/2019
	Type of Agenda Item
	Consent Discussion/Action Executive Session Workshop
	Public Hearing
	What will be discussed? What is the proposed motion?
	Audit - Chapter 59 Asset Forfeiture Report by Law Enforcement Agency
1.	Costs:
	Actual Cost or Estimated Cost \$
	Is this cost included in the County Budget?
	Is a Budget Amendment being proposed?
2.	Agenda Speakers:
	Name Representing Title Judge Haden
(2 <u>)</u>	Barbara Gonzales Mayra S. Castillo
(3)	Mayra S. Castillo
3.	Backup Materials: None To Be Distributed 2 total # of backup pages (including this page)
4.	SAM
	gnature of Court Member Date

Exhibit A (amended on 4.22.19)



Caldwell County Auditor's Office Barbara A. Gonzales

Chief Fiscal Officer

October 28, 2019

Caldwell County, Texas 110 South Main Street Lockhart, TX 78644

Honorable Commissioners' Court:

Re: Chapter 59 Asset Forfeiture Report by Law Enforcement Agency

The Auditor's office conducted an audit on the Caldwell County Sheriff's Office Chapter 59 Asset Forfeiture account. This written review coincides with filing of the 2019 Chapter 59 Asset Forfeiture Report by Law Enforcement Agency to the Attorney General of Texas

Bank statements were reconciled for October 30, 2018 to September 30, 2019 on the Caldwell County Sheriff Forfeiture Account without exception.

The Caldwell County Sheriff Forfeiture Account's beginning balance was \$28,103.49 as of October 1, 2018. After the final judgements on two cases, the District Attorney's Office paid 70% of the seized amount to the Sheriff's Office totaling \$1,422.40 and other property forfeited 18-O-50-Corpus-1998 Mercedes. After many years, the account holding forfeiture monies from the Chisholm Trail Narcotic Task Force has been closed and combined with Sheriff's Office Forfeiture account of \$6,262.75. With the addition of interest earned, \$247.37 and sale of cattle trailer \$134.00 the final balance came to \$36,170.01.

The expenditures from the Caldwell County Sheriff Office were in compliance with Article 59 of the Texas Code of Criminal Procedure. Except for Article 59.06(d), whereas the Law Enforcement agency should present Caldwell County Commissioner's Court a budget with detailed and clearly list of define categories of expenditures prior to forfeiture money being spend. Before each fiscal year, the Caldwell County Sheriff Office should submit such budget to the Commissioner's Court.

We wish to thank the Caldwell County Sheriff's Office for their input and help with this audit.

Respectfully submitted,

Barbara A. Gonzales Caldwell County Auditor

abrie a Donzales

Mayra S. Castillo First Assistant Auditor

P.O. Box 98 Lockhart, TX 78644 Jan Bower Internal Auditor

Phone: 512-398-1801 Fax: 512-398-1829

SPECIAL PRESENTATION

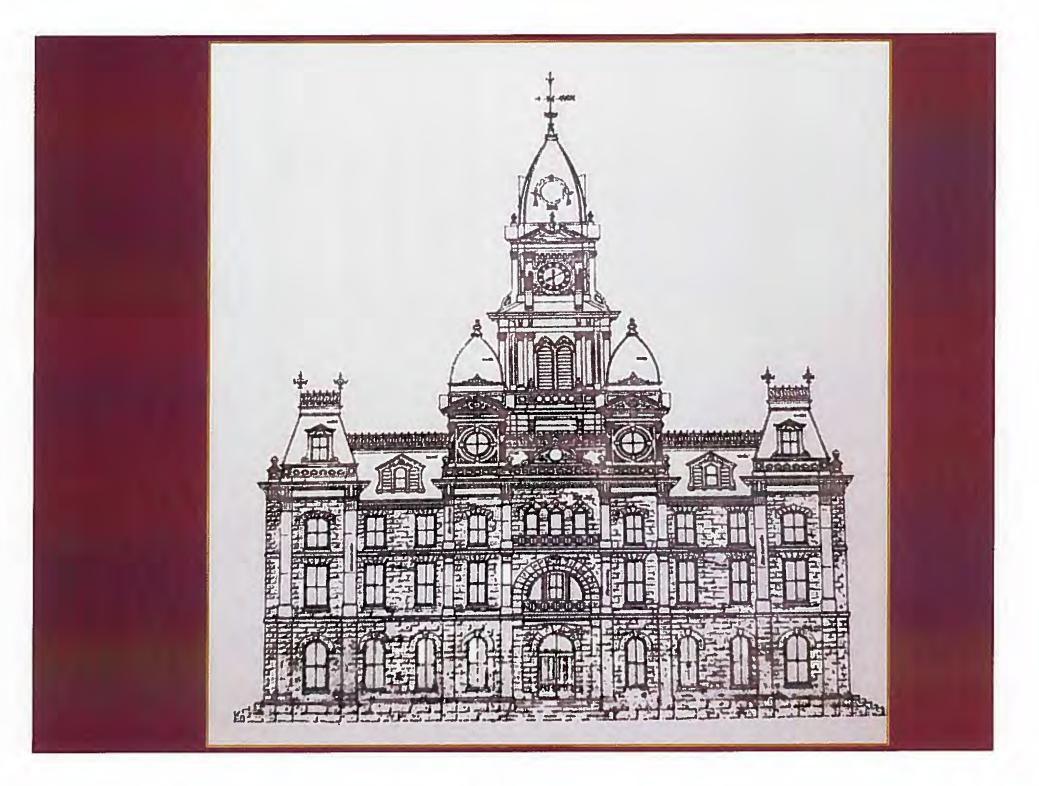
- Power Point presentation for the Caldwell County Historic Courthouse Courtroom Remodel
- To present the Maintenance Crew (Curtis, James, and Gary) with a Certificate of Appreciation

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11/12/2019
Type of Agenda Item
Consent Discussion/Action Executive Session Workshop
Special Presentation
What will be discussed? What is the proposed motion?
Caldwell County Historic Courthouse Courtroom remodel
i. Costs:
Actual Cost or Estimated Cost \$ None
Is this cost included in the County Budget?
Is a Budget Amendment being proposed?
2. Agenda Speakers:
Name Representing Title
1)
2) Curtis Weber
3)
B. Backup Materials: None To Be Distributed 22 total # of backup pages (including this page)
AMM/A
11/5/19
Signature of Court Member Date

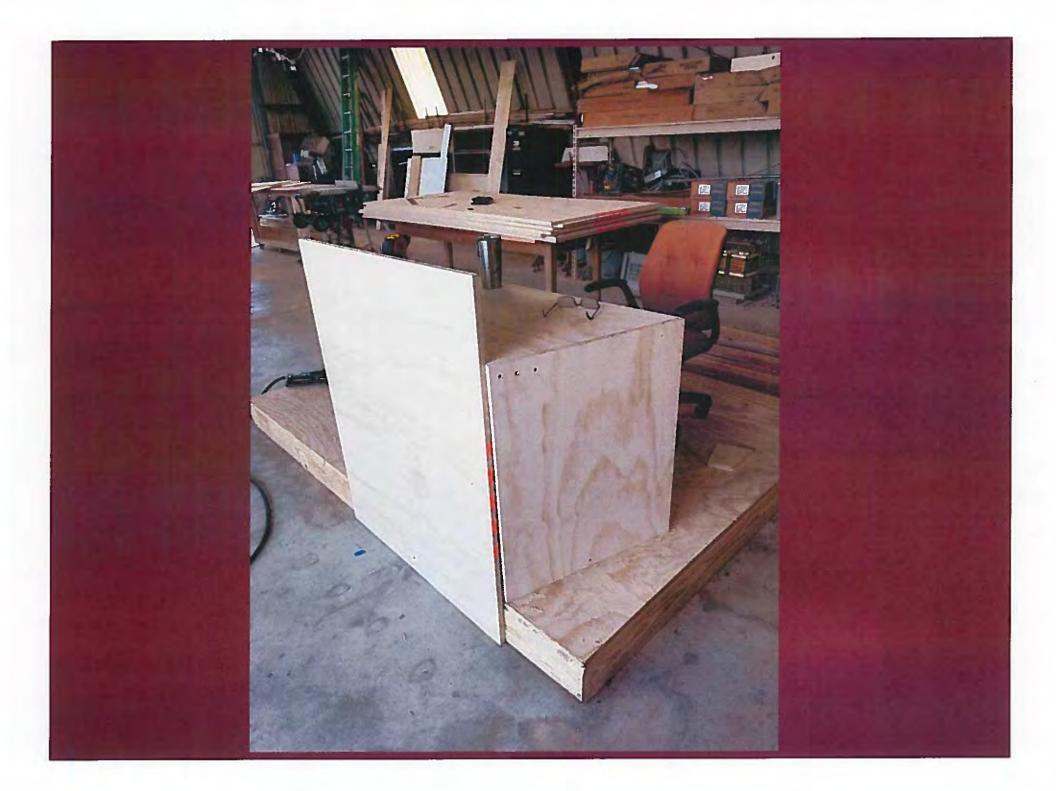
CALDWELL COUNTY HISTORIC COURTHOUSE COURTROOM



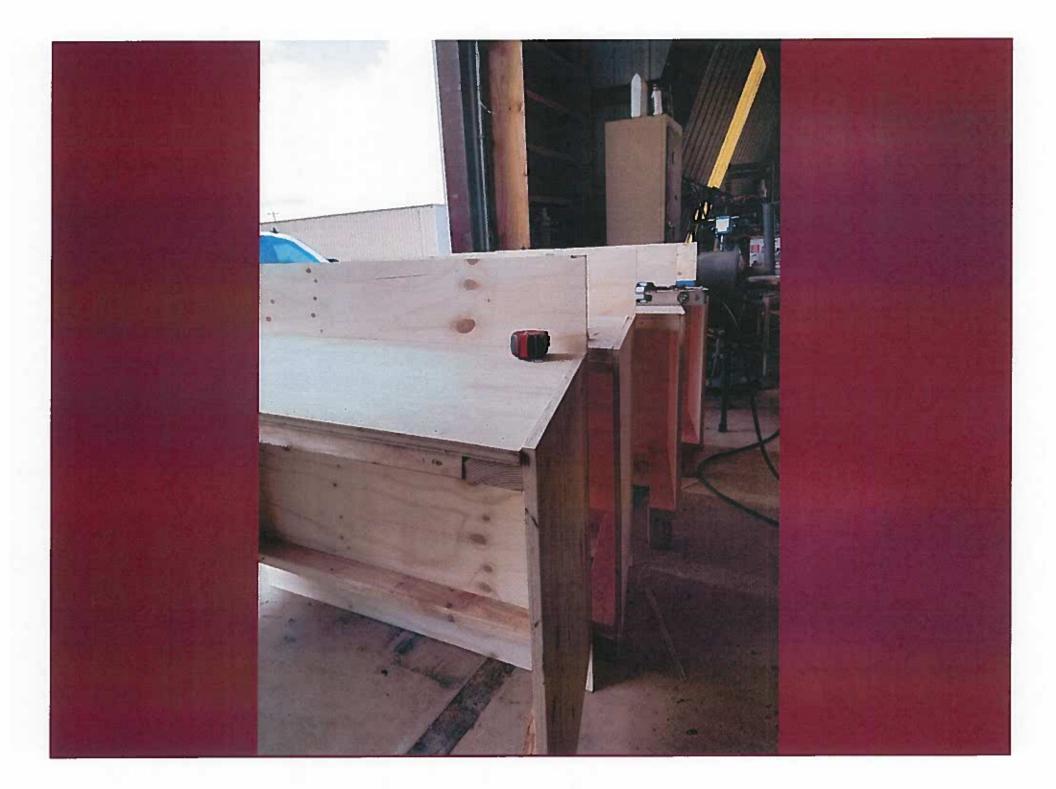






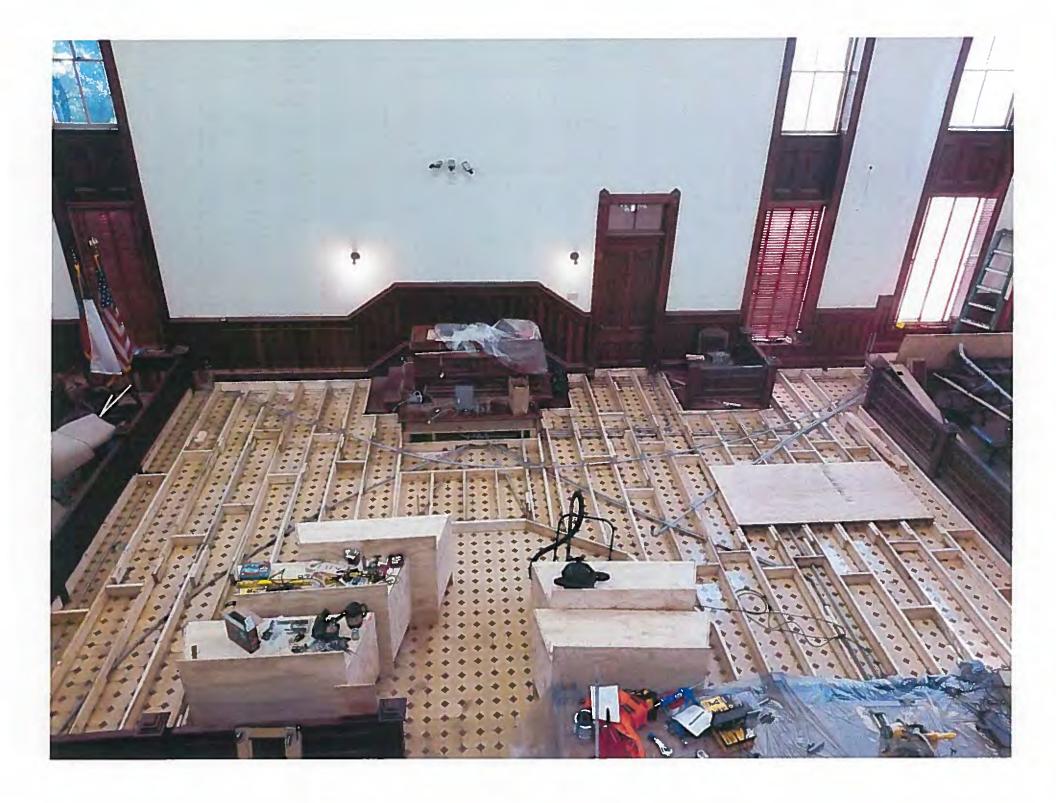




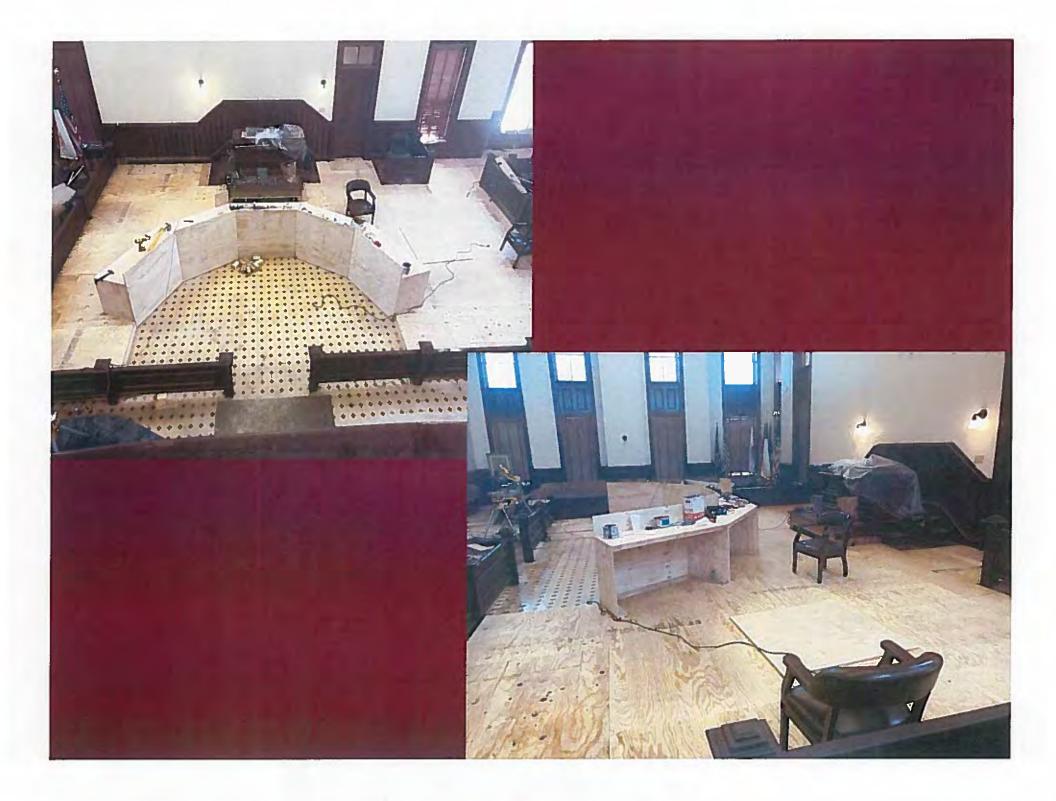








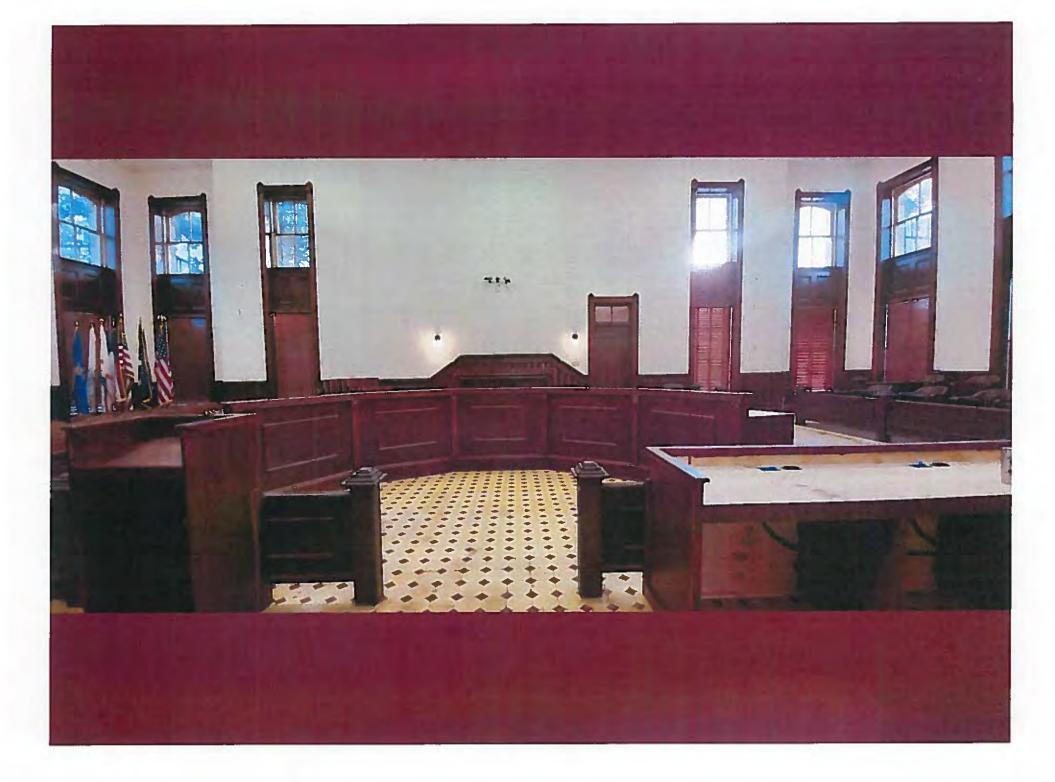






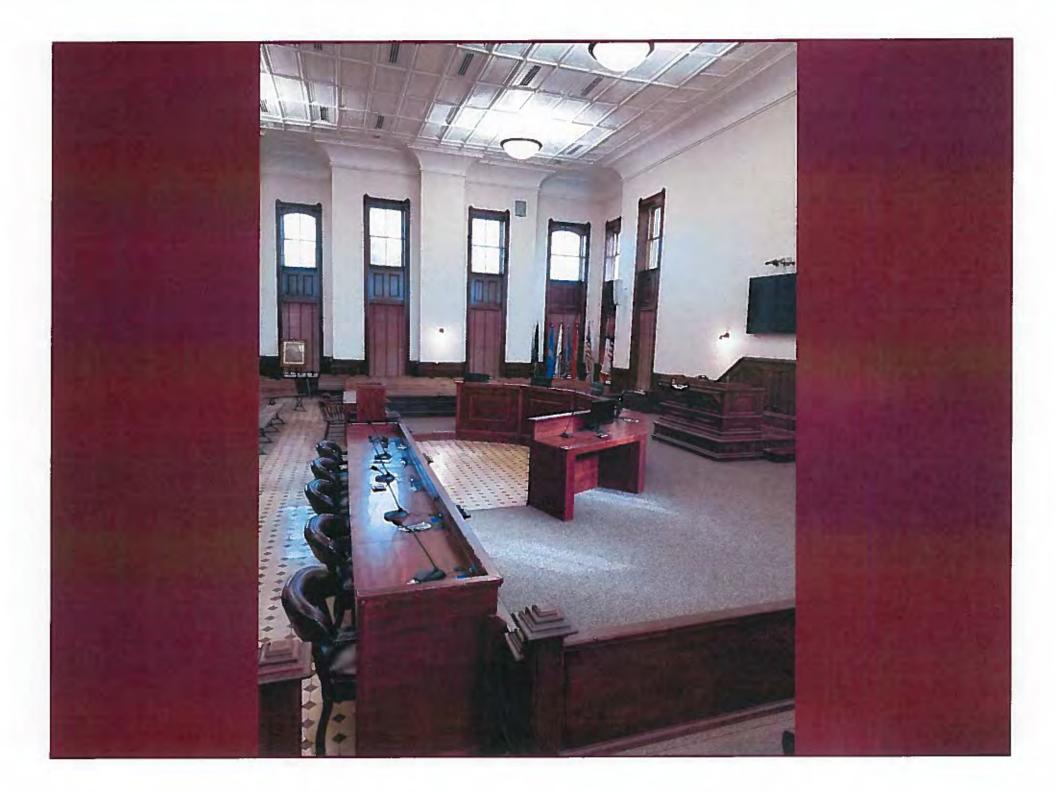


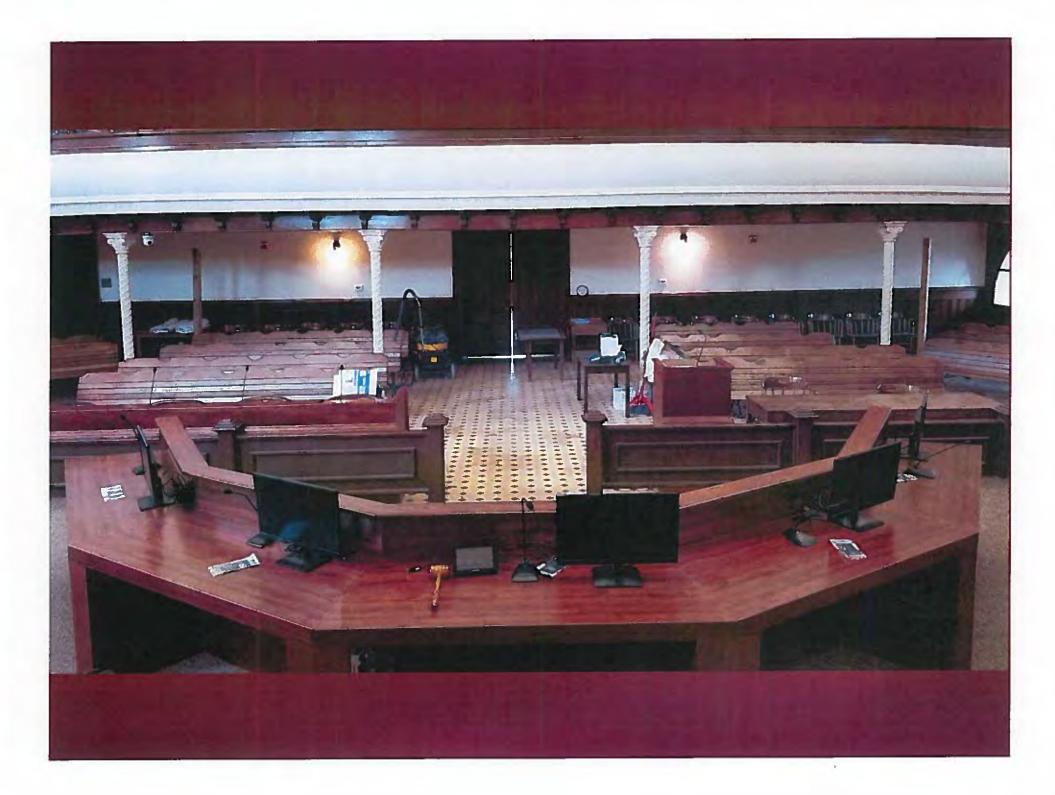


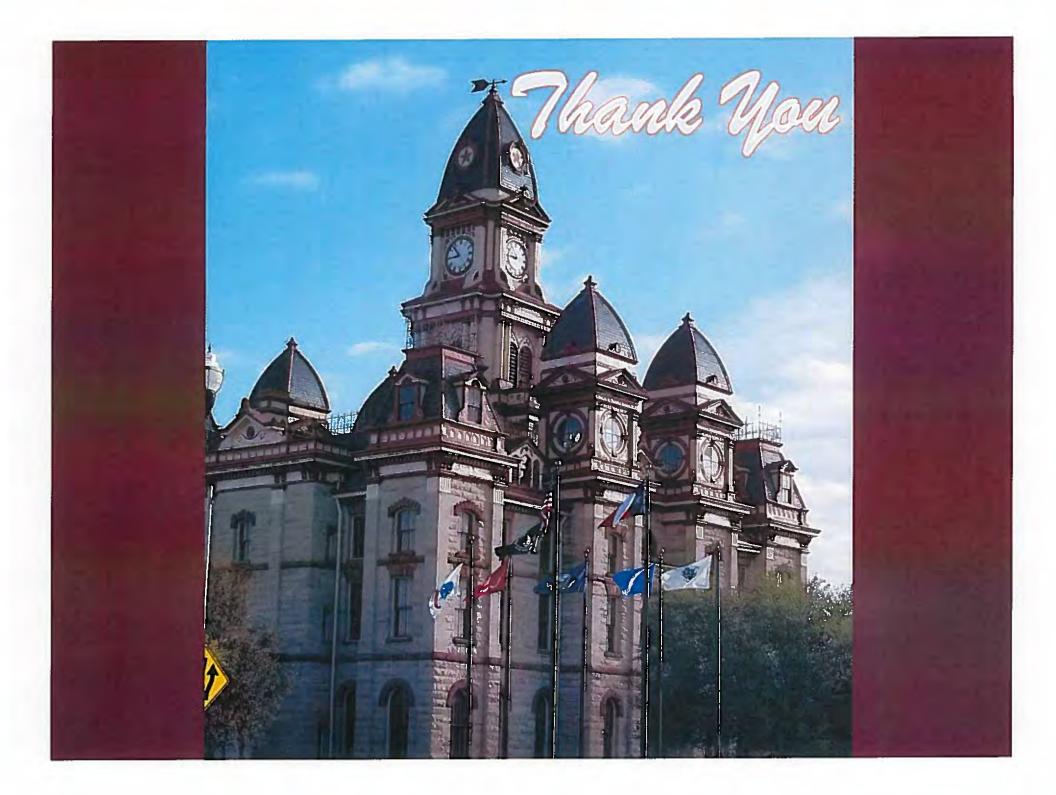












To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11/12/2019					
Type of Agenda Item					
Consent Discussion/Action Executive Session Workshop					
Special Presentation					
What will be discussed? What is the proposed motion?					
to present Maintenance Crew (Curtis, James, and Gary) with a Certificate of Appreciation					
1. Costs:					
Actual Cost or Estimated Cost \$ None					
Is this cost included in the County Budget?					
Is a Budget Amendment being proposed?					
2. Agenda Speakers: Name Representing Title					
(1) Judge Haden					
(2)					
(3)					
3. Backup Materials: None To Be Distributed 4 total # of backup pages (including this page)					
4. Alalia 11/4/19					
Signature of Court Member Date					

Exhibit A (amended on 4.22.19)

AGENDA ACTION ITEMS

7. Discussion/Action regarding the burn ban.

Speaker: Judge Haden / Carine Chalfoun;

Backup: None; Cost: None

8. Discussion/Action to approve a Proclamation recognizing November 2019 as Mediation Awareness month. Speaker: Judge Haden; Backup: 2; Cost: None

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11.12.19
Type of Agenda Item
Consent ✓ Discussion/Action Executive Session Workshop
Public Hearing
What will be discussed? What is the proposed motion?
to approved the Proclamation for MEDIATION AWARENESS for the month of November 2019
1. Costs:
Actual Cost or Estimated Cost \$ None
Is this cost included in the County Budget?
Is a Budget Amendment being proposed?
2. Agenda Speakers: Name Representing Title
(1) Judge Haden
(2)
(3)
3. Backup Materials: None To Be Distributed total # of backup pages (including this page)
4. 0/24/2019
Signature of Court Member Date



PROCLAMATION RECOGNIZING NOVEMBER AS MEDIATION AWARENESS MONTH

STATE OF TEXAS

CALDWELL COUNTY

Teresa Rodriguez County Clerk

WHEREAS, Hays County Dispute Resolution Center was conceived in 2009 and renamed Central Texas Dispute Resolution Center in 2015; and

WHEREAS, the Central Texas Dispute Resolution Center serves Caldwell, Comal, Hays, and Guadalupe counties in the areas of community, civil, family, divorce and child custody disputes and offers services to over half a million people in its service and ancillary areas; and

WHEREAS, one hundred fifty + cases are mediated annually and each court case that is settled by the Central Texas Dispute Resolution Center saves the county five thousand dollars a day in court time; and

WHEREAS, Central Texas Dispute Resolution Center hosts Minimum Continuing Legal Education for attorneys and mediators alike in surrounding counties and conducts peer mediation training that teaches local students lifelong conflict resolution skills; and

NOW, THEREFORE, BE IT RESOLVED that the Caldwell County Commissioners Court does hereby proclaim November 2019 as

MEDIATION AWARENESS MONTH

ADOPTED THIS 12TH DAY OF November 2019

Hoppy Haden
Caldwell County Judge

BJ Westmoreland
Commissioner Precinct 1

Barbara Shelton
Commissioner Precinct 2

Commissioner Precinct 4

ATTEST:

9. Discussion/Action to approve a recognizing November 2019 as National Family Caregivers Month. Speaker: Commissioner Shelton; Backup: 2; Cost: None

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11/12/2019
Type of Agenda Item
Consent Discussion/Action Executive Session Workshop Public Hearing What will be discussed? What is the proposed motion? to approve Proclamation recognizing November 2019 as National Family Caregivers Month.
1. Costs: Actual Cost or Estimated Cost \$ None
Is this cost included in the County Budget?
Is a Budget Amendment being proposed?
2. Agenda Speakers: Name Representing Title
(1) Barbara Shelton
(2)
(3)
3. Backup Materials: None To Be Distributed 2 total # of backup pages (including this page)
4. Verbal approval from Signature of Court Member Date Exhibit A (amended on 4.22.19)



WHEREAS, 3.4 million family caregivers are the backbone of the Texas long-term care system, providing an estimated \$26 million worth of unpaid care each year; and,

WHEREAS, about 1 in 4 Americans are caregivers. Most caregivers also have other jobs and spend an average of 24 hours a week caring for a loved one.; and,

WHEREAS, the total estimated annual economic value of uncompensated care provided by the nation's family caregivers is estimated at \$470 billion; and,

WHEREAS, Texas has joined about two-thirds of the other U.S. states in adopting the CARE Act, a measure to support family caregivers when a patient is released from the hospital; and,

WHEREAS, the Area Agency on Aging of the Capital Areas is recognized as a regional leader in assessing the needs, planning programs and supporting regional aging networks to build capacity to better serve family caregivers including those caring for older persons, veterans, grandchildren and persons with disabilities; and,

WHEREAS, the Capital Area Council of Governments continues its efforts to support caregivers with a wide array of services including training, contingency planning, respite care, home modifications, and other health, wellness and safety supports to assist caregivers to better care for themselves as they care for others; and,

THEREFORE, BE IT RESOLVED, that the Caldwell County Commissioners Court declares the month of November 2019 to be National Family Caregiver Month in the CAPCOG Region to bring awareness to the hours of uncompensated care provided by Family Caregivers throughout the CAPCOG region.

Resolution adopted by the Caldwell County Commissioners Court on this 12 day of November 2019.

	Hoppy Haden County Judge		
B. J. Westmoreland Commissioner, Precinct 1	-	Barbara Shelton Commissioner, Precinct 2	
Edward "Ed" Theriot Commissioner, Precinct 3	-	Joe Ivan Roland Commissioner, Precinct 4	
Attest:	Teresa Rodriguez County Clerk		

10. Discussion/Action to adopt Resolution 03 2020 regarding the voting ballot for candidates to the Caldwell County Appraisal District Board of Directors. Speaker: Judge

Haden; Backup: 3; Cost: None

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11/12/2019			
Type of Agenda Item			
Consent ✓ Discussion/Action			
Public Hearing			
What will be discussed? What is the proposed motion?			
to adopt Resolution 03-2020 regarding the voting ballot for candidates to the Caldwell County Appraisal District Board of Directors.			
1. Costs:			
Actual Cost or Estimated Cost \$_None			
Is this cost included in the County Budget?			
Is a Budget Amendment being proposed?			
2. Agenda Speakers: Name Representing Title			
(1) Judge Haden			
(2)			
(3)			
3. Backup Materials: None To Be Distributed 3 total # of backup pages (including this page)			
4. 98/12/2015			
Signature of Court Member Date			



WHEREAS, Caldwell County Commissioners Court met in a regular session on the 12th day of November, 2019; and

WHEREAS, it has come to the attention of the Caldwell County Commissioners Court that it is time to vote by written resolution for candidate(s) to the Caldwell County Appraisal District Board of Directors; and

WHEREAS, it is incumbent upon the Commissioners Court to see that the Appraisal District Board is comprised of dedicated individuals, and

NOW THEREFORE, BE IT RESOLVED by the Caldwell County Commissioners Court, that the following person(s) be nominated by Directors of the Caldwell County Appraisal District for the 2020-2021 term:

Lisa Shell Allan		
Sally Daniel Kathy Haigler		
Nic Irwin		
John Matthews		
Alfredo Munoz		
Luz Riley		
Lee Rust		
Richard Salisbury		
Sonja Villalobos		
Total:	1,741	
	Hoppy Haden	County Judge
		9
B. J. Westmoreland, Commiss	sioner, Precinct 1	Barbara Shelton, Commissioner, Precinct 2
Edward "Ed" Theriot, Commi	ssioner, Precinct 3	Joe Ivan Roland, Commissioner, Precinct 4
ATTEST:		
Teresa Rodriguez, County Cle	erk	

Caldwell County Appraisal District

DATE:

October 24, 2019

TO:

Presiding Officers

FROM:

Shanna Ramzinski, Chief Appraiser

RE:

Selection of Appraisal District Directors

Enclosed you will find your ballot and the number of votes that your taxing unit is entitled to in this election. The upcoming term of office is from January 1, 2020 to December 31, 2021.

Each taxing unit must cast its vote <u>by written resolution</u> and submit it to the chief appraiser before December 15, 2019. The unit may cast all its votes for one candidate or may distribute the votes among any number of candidates. The five candidates receiving the most votes will be declared the winners.

A voting unit must cast its votes for a person nominated and named on the ballot. Votes cast for someone not listed on the ballot cannot be counted.

The ballot should be dated and signed by the presiding officer of the taxing unit and returned along with a copy of the resolution to the Chief Appraiser, Caldwell County Appraisal District, P. O. Box 900, Lockhart, Texas 78644, before December 15, 2019.

Best Regards,

Manua Kamy nahu Shanna Ramzinski

Chief Appraiser

Enc:

Ballot



ELECTION OF BOARD OF DIRECTORS CALDWELL COUNTY APPRAISAL DISTRICT 2020-2021 TERM

NOMINEE	NUMBER OF VOTES CAST
Lisa Shell Allan	
Sally Daniel	
Kathy Haigler	and the state of t
Nic Irwin	
John Matthews	
Alfredo Munoz	
Luz Riley	
Lee Rust	
Richard Salisbury	
Sonja Villalobos	
TAXING UNIT:	
DATE:	
Presiding Officer Signature	
NUMBER OF VOTES FOR EACH TAXING	UNIT
Caldwell County174	1
City of Lockhart 457	
City of Luling 126	
City of Martindale 30	
City of Mustang Ridge 14	4
City of Niederwald 2	<u>.</u>
City of San Marcos9	
City of Uhland 3	1
Lockhart ISD 1720	0
Luling ISD 451	Į.
Prairie Lea ISD 13	1
Hays ISD 5	1
Gonzales ISD 34	4
San Marcos ISD 20	1
Waelder ISD 20	6
Austin Comm. College	4
TOTAL500	00

11. Discussion/Action to adopt Resolution 04 2020 for the Caldwell County 2020 Census Complete Count Committee. Speaker: Judge Haden/ Dennis Engelke; Backup: 2; Cost: None

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11/12/2019	
Type of Agenda Item	
Consent Discussion/Action Executive Session Workshop	
Special Presentation	
What will be discussed? What is the proposed motion?	
to adopt Resolution 04-2020 for Caldwell County 2020 Census Complete Count Committee	
Committee	
1. Costs:	
Actual Cost or Estimated Cost \$ None	
Is this cost included in the County Budget?	
Is a Budget Amendment being proposed?	
2. Agenda Speakers:	
Name Representing Title	
(1) Judge Haden	
(2)	
(3)	
3. Backup Materials: None To Be Distributed 2 total # of backup p	ages
Mulal I	
4. 0/18/19	
Signature of Court Member Date	_



WHEREAS, the U.S. Census Bureau is required by the United States Constitution to conduct a count of all persons every 10 years; and

WHEREAS, federal and state funding is allocated to communities, and decisions are made on matters of national and local importance based on census data and housing; and

WHEREAS, census data determines how many seats each state will have in the U.S. House of Representatives and is necessary for redistricting of state legislative seats, county precincts, and city councils and voting districts; and

WHEREAS, personal information collected by the Census is confidential and protected by law; and

WHEREAS, the Census count requires extensive work, and the Census Bureau needs partners at the state and local levels to insure a complete and accurate count; and

WHEREAS, a united voice of business, government, community-based and faith-based organizations, educators, media and others will enable the 2020 Census message to reach more citizens; and

WHEREAS, the Caldwell County Complete Count Committee will bring together a cross section of community members who will use their local knowledge and expertise to reach out to all persons of our County.

NOW, THEREFORE, BE IT RESOVLED that the Caldwell County Commissioners Court supports the establishment of the "Caldwell County 2020 Census Complete Count Committee".

Passed this 12th day of November, 2019.

Hoppy Haden	, County Judge
B. J. Westmoreland, Commissioner, Precinct 1	Barbara Shelton, Commissioner, Precinct 2
Edward "Ed" Theriot, Commissioner, Precinct 3	Joe Ivan Roland, Commissioner, Precinct 4
ATTEST:	

12. Discussion/Action to adopt Resolution 05 2020 establishing the Caldwell County Community Services Foundation.

Speaker: Judge Haden/ Dennis Engelke;

Backup: 2; Cost: TBD

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: November 12, 2019	
Type of Age	enda Item
Consent Discussion/Action	Executive Session Workshop
Public Hearing	
What will be discussed? What is the propo	sed motion?
Consider approval of establishing the "Cale Foundation".	dwell County Community Services
1. Costs:	TPD
Actual Cost or Estimated Co	st \$
Is this cost included in the County Budget?	
Is a Budget Amendment being proposed?	
2. Agenda Speakers:	
Name Representing	g Title
(1) Dennis Engelke	Grants Administrator
(2) Hoppy Haden	County Judge
(3)	
وسنسب	Be Distributed 13 total # of backup pages (including this page)
4. BANDIL	October 29, 2019
Signature of Court Member	Date



WHEREAS, Caldwell County Commissioners Court desires to maximize the fiscal stability of nonprofit organizations within the County in order to continue their provision of needed community services to citizens, and

WHEREAS, traditional sources of funding for nonprofit organizations have diminished or have simply gone away while the need for services is ever increasing, and the nonprofit organizations have limited staffs who must continue the day-to-day delivery and administration of client services with minimal opportunities to nurture relationships and goodwill with current donors or funding sources and even less opportunities to engage new sources of funding.

NOW, THEREFORE BE IT RESOLVED, that the Caldwell County Commissioners Court approves the establishment of the "Caldwell County Community Services Foundation" (CCCSF) to identify and secure funding resources and donations from private foundations, businesses, civic-based organizations and individuals; and the resources will be made available to nonprofits serving Caldwell County residents and organizations through a simple, user-friendly grant application and process to be developed and administered by the CCCSF Board of Directors, and

BE IT FURTHER RESOLVED, that the CCCSF Board of Directors will consist of:

Caldwell County Grants Administrator
Caldwell County Purchasing Agent
Representative from Precinct 1
Representative from Precinct 2
Representative from Precinct 3
Representative from Precinct 4
Member-at-Large
Appointed by County Commissioner Precinct 3
Appointed by County Commissioner Precinct 3
Appointed by County Commissioner Precinct 4
Appointed by County Commissioner Precinct 4
Appointed by County Judge

BE IT FURTHER RESOLVED, that the County Judge will be the authorized "Incorporator" of the CCCSF instructed to file appropriate documents to register the CCCSF with the appropriate State agency(ies) to obtain official organization recognition, and to seek 501(c)(3)-status through the Internal Revenue Service, and to establish proper banking credentials for the organization.

Passed this 12th day of November, 2019.

, County Judge
Barbara Shelton, Commissioner, Precinct 2
Joe Ivan Roland, Commissioner, Precinct 4

13. Discussion/Action to accept Budget Amendment #1 in order to clean up the accounting books for FY 2019. Speaker: Judge Haden/ Barbara Gonzales; Backup: 6;

Cost: None

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads — Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

es

Exhibit A

CALDWELL COUNTY BUDGET TRANSFER / AMENDMENT

FY 2018-2019

DATE:	November 12, 2019
DEPARTMENT:	2150 Tax Assessor - Collector

Α	В	С	D	E	
FUND/DEPARTMENT/LINE (EX.001-xxxx-xxxx)	PARTMENT/LINE Account AMOUNT C 001-xxxx-xxxx) Description (Total budgeted amount) (add		REQUESTED CHANGE (add/subtract)	REVISED BUDGET AMOUNT (NEW budgeted amount)	
001-6000-0980	REIMB REVENUE - CCAD	\$ (45,000.00	\$ (46,352.00)	(91,352.00	
001-2140-4110	PROFESSIONAL SERVICES	470,330 00	46,352.00	516,682.00	
TOTALS		\$ 425,330.00	\$ -	\$ 425,330,0	

IN SPECIFICALLY WHY MONIES ARE BEIN	NG TRANSFERRED INTO EACH LINE:
RW 43362 CCAD 201	8 BUDGET ALLOCATION REFUND
ed and approved in Commissioners Court by a voteday of	ot aye and nay on this, 2019.
sed and approved in Commissioners Court by a voteday of orded By	of aye and nay on this, 2019.

0083

CALDWELL COUNTY APPRAISAL DISTRICT

OPERATING ACCOUNT PO BOX 900 LOCKHART, TX 78644 512-398-5550 FIRST LOCKHART NATIONAL BANK LOCKHART, TEXAS

88-321/1149

CHECK

Memo:

DATE

AMOUNT

Jun 11, 2019

**\$46,352.70

Forty-Six Thousand Three Hundred Fifty-Two and 70/100 Dollars

PAY TO THE ORDER

OF

CALDWELL COUNTY
Presiding Officer
110 S Main, Rm 201
Lockhart, TX 78644

VOID AFTER 90 DAYS

Wich Schroedi

#008389# #114903213#

40 2 m & O & IP

CALDWELL COUNTY APPRAISAL DISTRICT
CALDWELL COUNTY

008389

ď.

Check Number 008389

Check Date Jun 11, 2019

Item to be Paid - Description

Check Amount \$46,352.70

Discount Taker

Amount Paic

31,629.85

14,722.85

2018 BUDGET ALLOCATION REFUND - APPR 2018 BUDGET ALLOCATION REFUND - COLL Budget Refund after Audit

Caldwell County Appraisal District

DATE:

June 11, 2019

TO:

Taxing Jurisdiction Presiding Officer

FROM:

Shanna Ramzinski, Chief Appraiser

The Appraisal District Board of Directors approved the 2018 audit report on Tuesday, May 28, 2019.

I have enclosed a summary of the distribution of the surplus funds along with your entity's refund check. The total refund is \$135,353 from the collection and appraisal budgets. Each entity receives a refund from the budget or budgets to which they contributed for 2018. A copy of the audit statement of activities report was previously sent. If you need another copy please let me know.

Please contact me if I may be of assistance.

901-6000-0980

Malua Ramzinski Shanna Ramzinski Chief Appraiser

Enc:

Surplus refund calculations

Refund check



211 Bufkin Ln P.O. Box 900 Lockhart, Texas 78644 United States PHONE (512) 398-5550 FAX (512) 398-5551

E-MAIL general@caldwellcad.org
WE8 SITE www.caldwellcad.org

2018 APPRAISAL BUDGET REFUND Caldwell County Appraisal District Budget REFUND

ENTITIES	2017 TAX LEVY	RATIO %	2018 REFUND	REFUND
CITY OF LOCKHART	\$4,295,179.62		\$93,556.00	\$8,383.61
CITY OF LULING	\$1,152,543.76	2.405%	\$93,556.00	\$2,249.61
CITY OF MARTINDALE	\$296,860.13	0.619%	\$93,556.00	\$ 579.43
CITY OF MUSTANG RIDGE	\$124,155.23	0.259%	\$93,556.00	\$242.33
CITY OF NIEDERWALD	\$16,288.42	0.034%	\$93,556.00	\$31.79
CITY OF SAN MARCOS	\$128,634.64	0.268%	\$93,556.00	\$251.08
CITY OF UHLAND	\$22,174.94	0.046%	\$93,556.00	\$43.28
CALDWELL COUNTY	\$16,204,940.50	33.808%	\$93,556.00	\$31,629.85
LOCKHART ISD	\$16,399,511.91	34.214%	\$93,556.00	\$32,009.63
LULING ISD	\$3,953,058.95	8.247%	\$93,556.00	\$7,715.84
PRAIRIE LEA ISD	\$1,156,453.55	2.413%	\$93,556.00	\$2,257.24
PLUM CREEK CONS. DIST.	\$270,986.28	0.565%	\$93,556.00	\$528 93
PLUM CREEK UNDERGROUND	\$253,324.33	0.529%	\$93,556.00	\$494.45
iAYS ISD	\$446,721.64	0.932%	\$93,556.00	\$871.94
GONZALES ISD	\$320,089.32	0.668%	\$93,556 00	\$624.77
IAN MARCOS ISD	\$1,981,113.81	4.133%	\$93,556.00	\$3,866.87
VAELDER ISD	\$253,250.38	0.528%	\$93,556.00	\$494.31
ALDWELL-HAYS ESD1	\$332,412.26	0.694%	\$93,556 00	\$648.82
ONZALES COUNTY UWD	\$7,934.56	0.017%	\$93,556.00	\$15.49
ALDWELL ESD #2	\$100,407.80	0.209%	\$93,556 00	\$195 98
ALDWELL ESD #3	\$104,940.91	0.219%	\$93,556.00	\$204.83
ALDWELL ESD #4	\$ 81,629.38	0.170%	\$93,556 00	\$159 33
USTIN COMMUNITY COLLEGE	\$28,986.52	0.060%	\$93,556.00	\$56.58
OTALS	\$47,931,598.84	100.00%	\$93,556.00	\$93,556.00

2018 COLLECTION BUDGET REFUND

Caldwell County Appraisal District Budget REFUND

ENTITIES	2017 TAX LEVY	RATIO	2018 REFUND	REFUND
CITY OF LOCKHART	\$4,295,179.62	9.336%	\$41,797.00	\$3,902.35
CITY OF LULING	\$1,181,907.56	2.569%	\$41,797.00	\$1,073 B1
CITY OF MARTINDALE	\$296,860.13	0.845%	\$41,797.00	\$269.71
CITY OF MUSTANG RIDGE	\$124,155.23	0.270%	\$41,797.00	\$112.80
CITY OF NIEDERWALD	\$16,288.42	0.035%	\$41,797.00	\$14.80
CITY OF UHLAND	\$22,174.94	0.048%	\$41,797.00	\$20.15
CALDWELL ESD #2	\$100,407.80	0.218%	\$41,797.00	\$91.22
CALDWELL ESD #3	\$104,940.91	0 228%	\$41,797.00	\$95.34
CALDWELL ESD #4	\$81,629.38	0.177%	\$41,797.00	\$74.16
CALDWELL-HAYS ESD1	\$332,412.26	0.723%	\$41,797.00	\$302,01
CALDWELL COUNTY	\$16,204,940.50	35.225%	\$41,797.00	\$14,722.85
OCKHART ISD	\$16,399,511.91	35.648%	\$41,797.00	\$14,899.63
ULING ISD	\$4,747,743.39	10.320%	\$41,797.00	\$4,313.52
RAIRIE LEA ISD	\$1,564,126.51	3.400%	\$41,797.00	\$1,421.07
ONZALES COUNTY UWD	\$7,934.56	0.017%	\$41,797.00	\$7.21
LUM CREEK CONS DIST	\$270,986,28	0.589%	\$41,797.00	\$246.20
LUM CREEK UWD	\$253,324.33	0.551%	\$41,797.00	\$230.16
OTALS	\$46,004,523.73	100.00%	\$41,797.00	\$41,797.00

14. Discussion/Action to approve Budget Amendment #2 in order for the County Auditor to Purchase new computers and monitors. Speakers: Judge Haden/ Barbara Gonzales/ Mayra Castillo; Backup: 8;

Cost: \$1,264.00

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

	AGENDA DATE: 11/12/2019
	Type of Agenda Item
	Consent ✓ Discussion/Action
	Public Hearing
	What will be discussed? What is the proposed motion?
	to approve Budget Amendment #1 for County Auditor to Purchase New Computers and Monitors
1.	Costs:
	Actual Cost or Estimated Cost \$ 1,264.00
	Is this cost included in the County Budget?
	Is a Budget Amendment being proposed?
2.	Agenda Speakers:
	Name Representing Title
	Judge Haden
(2)	Barbara Gonzales
(3)	Mayra S Castillo
3.	Backup Materials: None To Be Distributed 3 total # of backup pages (including this page)
4. Si	gnature of Court Member Date

Exhibit A (amended on 4.22.19)

CALDWELL COUNTY

BUDGET TRANSFER / AMENDMENT ON BUDGETED POSITION(S) FY 2019-2020

DATE:	Novembe	r 12, 2019		
DEPARTMENT:	2130 COUNT	TY AUDITOR		
A	В	С	D	E
FUND/DEPARTMENT/LINE (EX.001-xxxx-xxxx)	Account Description	CURRENT BUDGET AMOUNT (Total budgeted amount)	REQUESTED CHANGE (add/subtract)	REVISED BUDGET AMOUNT (NEW budgeted amount)
001-2130-5310	MACHINERY & EQUIP	2,000.00	1,270.00	2 270 00
001-2130-4815	TYLER TECH TRAINING	7,600.00	(1,270.00)	3,270.00 6,330.00
TOTALS		\$ 9,600.00	\$ -	\$ 9,600.00
EXPLAIN SPECIFICALL	Y WHY MONIES ARE BI	EING TRANSFERRED IN	TO EACH LINE:	
	PURCHASE (2) MONITORS & COMPU	TER	
			1511	
			·	
Passed and approved in Co	mmissioners Court by a vo		nay on	this
Recorded By Caldwell County Judge			Attested By Caldwell County	Clerk

Caldwell County Clerk



A quote for your consideration.

Based on your business needs, we put the following quote together to help with your purchase decision. Below is a detailed summary of the quote we've created to help you with your purchase decision.

To proceed with this quote, you may respond to this email, order online through your **Premier page**, or, if you do not have Premier, use this **Quote to Order**.

 Quote No.
 3000048676372.1

 Total
 \$2,258.92

 Customer #
 2120993

 Quoted On
 Oct. 22, 2019

 Expires by
 Nov. 21, 2019

 Sales Rep
 Tim Vanzile

 Phone
 (800) 456-3355, 7250210

 Email
 Tim_Vanzile@Dell.com

 Billing To
 ACCOUNTS PAYABLE

CALDWELL COUNTY AUDITOR PO BOX 98 LOCKHART, TX 78644-0098

Message from your Sales Rep

Please contact your Dell sales representative if you have any questions or when you're ready to place an order. Thank you for shopping with Dell!

Regards, Tim Vanzile

Shipping Group

Shipping To

MARK HINNENKAMP
CALDWELL COUNTY AUDITOR
110 S MAIN ST STE 302
LOCKHART, TX 78644-2709
(512) 995-0519

Shipping Method Standard Delivery

Product	Unit Price	Qty	Subtotal
OptiPlex 3070 MT MLK	\$995.47	2	\$1,990.94
Dell 22 Monitor - P2219H	\$133.99	2	\$267.98

Subtotal:	\$2,258.92
Shipping:	\$0.00
Non-Taxable Amount:	\$2,258.92
Taxable Amount:	\$0.00
Estimated Tax:	\$0.00
Total:	\$2 258 92

Special lease pricing may be available for qualified customers and offers. Please contact your DFS Sales

Representative for details.

Shipping Group Details

Shipping To

MARK HINNENKAMP
CALDWELL COUNTY AUDITOR
110 S MAIN ST STE 302
LOCKHART, TX 78644-2709
(512) 995-0519

Shipping Method Standard Delivery

OptiPlex 3070 MT MLK Estimated delivery if purchased today:		\$995.47	Qty 2	Subtotal \$1,990.94
Nov. 04, 2019 Contract # 75AHH Customer Agreement # DIR-TSO-3763				
Description	SKU	Unit Price	Qty	Subtotal
OptiPlex 3070 MT XCTO	210-ASDY	-	2	
Intel Core i7-8700 (6 Cores/12MB/12T/up to 4.6GHz/65W); supports Windows 10/Linux	338-BNZW	49	2	
Win 10 Pro 64 English, French, Spanish	619-AHKN		2	-
No AutoPilot	340-CKSZ	-	2	
Microsoft(R) Office 30 Days Trial	658-BCSB	-	2	
16GB 2X8GB DDR4 2666MHz UDIMM Non-ECC	370-AEBG	-	2	
2.5 inch 1TB 7200rpm SATA Hard Disk Drive	400-BEUK	-	2	
Bracket for 2.5 inch Hard Drive Disk, Mini Tower, OptiPlex	575-BBGL	-	2	-
No Out-of-Band Systems Management	631-ACDC	-	2	
No Additional Hard Drive	401-AANH	-	2	-
Wireless Driver, Intel 9560AC	555-BEYM	-	2	
No PCle add-in card	492-BBFF	de	2	
Dell Black Wireless 10 Key Numeric Keypad Multmedia Keys KM636 Keyboard w/Mouse	580-AEYY	-	2	
Mouse included with Keyboard	570-AADI	•	2	
No Cable Cover	325-BCZQ		2	5
No Additional Cable Requested	379-BBCY	-	2	-
Not selected in this configuration	817-BBBC	-	2	
No Integrated Stand option	575-BBBI	46	2	
SupportAssist	525-BBCL	-	2	
Dell(TM) Digital Delivery Cirrus Client	640-BBLW	-	2	
Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps)	658-BBMR		2	3
Waves Maxx Audio	658-BBRB		2	-
Dell Developed Recovery Environment	658-BCUV	-	2	
Software for OptiPlex Systems	658-BEGX	-	2	
No Media	620-AAOH	-	2	
ENERGY STAR Qualified	387-BBLW	-	2	

Deli 22 Monitor - P2219H Estimated delivery if purchased today: Nov. 04, 2019		\$133.99	2	\$267.98
	011-0202	****	Qty	Subtotal
CFI,Information,VAL,CHASSISDEF,Factory Install	377-8262		2	-
Client ProSupport Plus Asset Label without Company Name	365-0896		2	-
Thank you for choosing Dell ProSupport Plus. For tech support, visit www.dell.com/contactdell or call 1-866-516-3115	997-8367	-	2	2
ProSupport Plus: 7x24 Technical Support, 3 Years	803-8886	-	2	7.
ProSupport Plus: Next Business Day Onsite, 3 Years	803-8830	•	2	5
ProSupport Plus: Keep Your Hard Drive, 3 Years	803-8802	-	2	45
ProSupport Plus: Accidental Damage Service, 3 Years	803-8774	-	2	¥2.
Dell Limited Hardware Warranty Plus Service	803-8583	•	2	25
Foxit PhantomPDF Business	634-BOYF	55	2	
No Optane	400-BFPO	*:	2	1.2
Desktop BTO Standard shipment	800-BBIO	*:	2	
CMS Essentials DVD no Media	658-BBTV	**	2	
No Anti-Virus Software	650-AAAM	20	2	-
Intel(R) Core(TM) i7 Processor Label	389-CGBC	23	2	14.0
No CompuTrace	461-AABF	7.0	2	-
MT: EPA Regulatory LBL for Mexico	389-DQRP		2	(4)
No Additional Add In Cards	382-BBHX		2	-
Optional DisplayPort for Tower	382-BBFU	-	2	(-
Shipping Label for DAO	389-BBUU		2	3.42
Ship Material for OptiPlex Tower	340-CDWT	-	2	147
TPM Enabled	329-BBJL		2	-
No UPC Label	389-BCGW		2	170
Chassis Intrusion Switch Tower	461-AAEF		2	2,50
US Order	332-1286	-	2	(*)
Quick Setup Guide 3070 Tower	340-CMOG	523	2	-
Dell Watchdog Timer	379-BDLB	- 2	2	-
Safety/Environment and Regulatory Guide (English/French Multi-language)	340-AGIK	-	2	-
System Power Cord (Philipine/TH/US)	450-AAOJ		2	
No FGA	817-BBBB	-	2	-
OptiPlex 3070 Tower with 260W up to 85% efficient Power Supply (80Plus Bronze)	329-BEJR	154	2	
Internal Wireless Antennas	555-BDZV	*	2	7-
Intel Wireless-AC 9560, Dual-band 2x2 802.11ac Wi-Fi with MU-MIMO + Bluetooth 5	555-BDZU		2	
No Media Card Reader	379-BBHM		2	•
8x DVD+/-RW 9.5mm Optical Disk Drive	429-ABFH	*	2	
DVD+/-RW Bezel	325-BCXM	-	2	-
Intel Integrated Graphics, Dell OptiPlex	490-BBFG		2	,
Dell Developed Recovery Environment	658-BCUV		2	%-

Contract # 75AHH Customer Agreement # DIR-TSO-3763

Description	SKU	Unit Price	Qty	Subtotal
Dell 22 Monitor - P2219H	210-AQBK	-	2	
Dell Limited Hardware Warranty	814-9381		2	
Advanced Exchange Service, 3 Years	814-9382		2	

Subtotal: \$2,258.92 Shipping: \$0.00 Estimated Tax: \$0.00

Total: \$2,258.92

Important Notes

Terms of Sale

If this purchase includes a third party cloud service offering (such as Office 365 or Google G Suite), your use of the cloud service is subject to the Dell Cloud Solutions Agreement located at https://www.dell.com/learn/us/en/uscorp1/service-contracts-saas-cloud-services.

Unless you have a separate written agreement that specifically applies to this order, your order will be subject to and governed by the following agreements, each of which are incorporated herein by reference and available in hardcopy from Dell at your request: Dell's Terms of Sale, which include a binding consumer arbitration provision and incorporate Dell's U.S. Return Policy and Warranty (for Consumer warranties; for Commercial warranties).

If this purchase includes software; in addition to the foregoing applicable terms, your use of the software is subject to the license terms accompanying the software, and in the absence of such terms, then use of the Dell-branded application software is subject to the Dell End
User License Agreement - Type A and use of the Dell-branded system software is subject to the Dell End User License Agreement - Type S.

If your purchase is for Mozy, in addition to the foregoing applicable terms, your use of the Mozy service is subject to the terms and conditions located at https://mozy.com/about/legal/terms.

If your purchase is for Boomi services or support, your use of the Boomi Services (and related professional service) is subject to the terms and conditions located at https://boomi.com/msa.

If your purchase is for Secureworks services or support, your use of the Secureworks services (and related professional service) is subject to the terms and conditions located at https://www.secureworks.com/eula/eula-us.

If this purchase is for (a) a storage product identified in the DELL EMC Satisfaction Guarantee Terms and Conditions located at **("Satisfaction Guarantee")** and (ii) three (3) years of a ProSupport Service for such storage product, in addition to the foregoing applicable terms, such storage product is subject to the Satisfaction Guarantee.

You acknowledge having read and agree to be bound by the foregoing applicable terms in their entirety. Any terms and conditions set forth in your purchase order or any other correspondence that are in addition to, inconsistent or in conflict with, the foregoing applicable online terms will be of no force or effect unless specifically agreed to in a writing signed by Dell that expressly references such terms.

Pricing, Taxes, and Additional Information

All product, pricing, and other information is valid for U.S. customers and U.S. addresses only, and is based on the latest information available and may be subject to change. Dell reserves the right to cancel quotes and orders arising from pricing or other errors. Please indicate any tax-exempt status on your PO, and fax your exemption certificate, including your Customer Number, to the Dell Tax Department at 800-433-9023. Please ensure that your tax-exemption certificate reflects the correct Dell entity name: Dell Marketing L.P.

Note: All tax quoted above is an estimate; final taxes will be listed on the invoice.

If you have any questions regarding tax please send an e-mail to Tax_Department@dell.com.

For certain products shipped to end-users in California, a State Environmental Fee will be applied to your invoice. Dell encourages customers to dispose of electronic equipment properly.

15. Discussion/Action to approve the Lease Amendment No. 3 for the Department of Agriculture Farm Service Agency's Caldwell County USDA Service Center, 1400 FM 20 East, Suites A & D, commencing January 1, 2020 and ending December 31, 2022. Speaker: Judge Haden; Backup: 3; Cost: None

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

	AGENDA DATE: 11/12/2019
	Type of Agenda Item
	Consent ✓ Discussion/Action
	Public Hearing
	What will be discussed? What is the proposed motion?
	to approve the Lease Amendment No. 3 for the Department of Agriculture Farm Service Agency's Caldwell County USDA Service Center, 1400 FM 20 East, Suites A & D, commencing January 1, 2020 to December 31, 2022.
1.	Costs:
••	Actual Cost or Estimated Cost \$_none
	Is this cost included in the County Budget?
	Is a Budget Amendment being proposed?
2.	Agenda Speakers:
	Name Representing Title
(1 <u>)</u>	Judge Haden
(2 <u>)</u>	
(3 <u>)</u>	
3.	Backup Materials: None To Be Distributed 43 total # of backup pages (including this page)
4. ₋	11/4/19
Sig	nature of Court Member Date

Exhibit A (amended on 4.22.19)

GENERAL SERVICES ADMINISTRATION PUBLIC BUILDINGS SERVICE	LEASE AMENDMENT No.3
LEASE AMENDMENT	TO LEASE NO Caldwell County USDA Service Center
ADDRESS OF PREMISES 1403-A Blackjack Lockhart, TX 78644-3778	PDN Number: N/A

THIS AMENDMENT is made and entered into between Caldwell County whose address is 110 South Main, Suite 303, Lockhart, TX 78644

hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereinafter called the Government:

WHEREAS, the parties here do desire to amend the above Lease.

NOW THEREFORE, these parties for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, covenant and agree that the said Lease is amended, effective upon execution by the Government as follows:

- 1. The lease period of the above described premises will be extended from January 1, 2020 to December 31, 2022.
- 2. Effective January 1, 2020, the Government will pay the Lessor annual rent of \$30,100.00 payable at the rate of \$2,508.00 per month representing, \$12.50 per square foot for 2,408 net useable square feet in arrears.
- The Lessor must have an active/updated registration in System for Award Management (SAM) System
 (https://www.sam.gov) upon receipt of this lease amendment. The Government will not process rent payments to Lessors without an active/updated SAM Registration.

This Lease Amendment contains 1 pages.

All other terms and conditions of the lease shall remain in force and effect. IN WITNESS WHEREOF, the parties subscribed their names as of the below date.

FOR THE LESSOR:	FOR THE GOVERNMENT:
Signature: Name: Title: Entity Name: Date:	Signature: Name: Title: Lease Contracting Officer The United States of Department of Agriculture Date:
WITNESSED FOR THE LESSOR BY:	
Signature: Name: Title: Date:	

DEPARTMENT OF AGRICULCURE FARM SERVICE AGENCY	LEASE AMENDMENT No. 2
	TO LEASE NO. Caldwell County USDA Service Center
LEASE AMENDMENT	ADDRESS OF PREMISES
ELACE MAILINDIAICA	1403-A Blackjack Lockhart, TX 78644-3778

THIS AMENDMENT is made and entered into between

Caldwell County

whose address is:

110 South Main, Suite 303

Lockhart, TX 78644

hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereinafter called the Government:

WHEREAS, the parties hereto desire to amend the above Lease to extend lease term.

NOW THEREFORE, these parties for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, covenant and agree that the said Lease is amended, effective <u>upon execution by the Government</u> as follows:

- 1. Effective upon execution by the Government, the lease period of the above described premises will be extended from November 1, 2017 through December 31, 2019.
- The Government will pay the Lessor annual rent of \$30,100.00 payable at the rate of \$2,508 per month (representing \$12.50 per 2,408 net useable square feet) in arrears.
- 3. The Lessor must have an active/updated registration in the System for Award Management (SAM) System (https://www.sam.gov) upon receipt of this lease Amendment. The Government will not process rent payments to Lessors without an active/updated SAM Registration.

This Lease Amendment contains 1 page.

All other terms and conditions of the lease shall remain in force and effect. IN WITNESS WHEREOF, the parties subscribed their names as of the below date.

FOR THE LESSOR:	FOR THE GOVERNMENT:
Signature: Name: Name: Title: Entity Name: Date: Ken Schawe County Turige County Turige County Turige County Turige	Signature: Name: Christopher Smaw Title: Lease Contracting Officer, USDA Date:
Annual Control of the	

WITNESSED FOR THE LESSOR BY:
Signature:

Name: Mally Cole
Title: Junich Assistant

Lease Amendment Form 12/12

nitials: (A)

R.

GOV'I

16. Discussion/Action to consider the appropriating \$140,000 to support the construction of the permeable paver 36 - vehicle parking lot extension at the Caldwell County Justice Center. Speaker: Judge Haden/ Dennis Engelke; Backup: 5; Cost: \$140,000

Caidwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and <a href="https://example.edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.org/edu.or

	AGENDA DATE: November 12, 2019	
	Type of Agen	da Item
	Consent ✓ Discussion/Action □ E	Executive Session Workshop
	Public Hearing	
	What will be discussed? What is the propose	ed motion?
	Discussion/Action: Consideration of approprious construction of the permeable paver 36-vehi Caldwell County Justice Center.	
1.	Costs:	440.000
	Actual Cost or Estimated Cost	\$ 140,000 .: \$
	Is this cost included in the County Budget?	No
	Is a Budget Amendment being proposed?	Yes
2.	Agenda Speakers:	
	Name Representing	
(1)	Hoppy Haden	County Judge
(2)	Dennis Engelke	Grants Administrator
(3)		
3.	Backup Materials: None To Be	e Distributed 5 total # of backup pages (including this page)
4.	AMAIL.	November 5, 2019
Si	gnature of Court Member	Date

Honorable Judge Hayden and Commissioners

Ref: Caldwell County Justice Center

Low impact development improvements - Phase 2

Civil Engineer Blayne Stansberry: Plans dates 6/14/2019

Judge Hayden,

Please accept our preliminary Estimate for the drainage /parking lot improvements identified by the aforementioned plans

- > \$1500. Swpp allowance
- Striping of parking lots
- > \$1800. Allowance for 6 trees
- > General conditions eg. Portopotty, dumpster, clean-up, insurance
- Maximum of 3 months to complete

EXCLUSIONS:

- > Testing
- ▶ Permitting
- > Impact fees

Total estimate \$220,000.00

Respectfully Countywide Builders

Jim and Winn Smith

jim@countywidere.com

From:

jim@countywidere.com

Sent:

Thursday, August 8, 2019 10:33 AM

To:

'Hoppy Haden'

Cc:

'Winn Smith'; 'BRIAN ALVEY'; 'Loray Chamberlain'

Subject:

Deduction for the pervious cover project

Judge,

Countywide builders will deduct \$10,000. From our estimate if the County's Road team can do all the excavation and haul off to Stansberry specifications. THx Jim Smith

Dennis Engelke

From:

Bill Carter < bill.carter@tceq.texas.gov>

Sent:

Tuesday, November 05, 2019 11:16 AM

То:

'Dennis Engelke'

Subject:

RE: Parking lot project

Good morning Dennis,

The remaining federal funds in your project budget prior to your last request for reimbursement was \$88,352.38. The budget page of the quarterly progress report (QPR) you sent on October 31 showed an estimated federal request amount of \$10,571. That would leave \$77,781.38 federal.

Your email October 31 had a QPR attached with receipts and invoices attached. I will need the costs to be summarized and reported in a Financial Status Report (FSR) form in order to process them as an invoice for reimbursement. I can draft an FSR based on the documentation you sent, for you to complete, if that will help.

Please keep in mind that for costs to be reimbursed under this project, they need to be incurred by February 29, 2020. "Incurred" can mean either an actual financial transaction or a commitment to transfer funds, as in an executed purchase order.

Please let me know if you have questions.

Thanks.

Bill Carter
Project Manager
Nonpoint Source Program MC 203
Planning & Implementation Section
Water Quality Planning Division
Texas Commission on Environmental Quality
PO Box 13087
Austin, Texas 78711-3087
(512) 239-6771
Getting to the heart of the matter.

From: Dennis Engelke <dennis.engelke@co.caldwell.tx.us>

Sent: Tuesday, November 5, 2019 9:29 AM To: Bill Carter
bill.carter@tceq.texas.gov>

Subject: Parking lot project

Additional expenses for the TCEQ parking lot project.

Balance owed Stansberry Engineering \$5,433.91

City of Lockhart permitting fees \$ 500.00

\$ 5,933.91

17. Discussion/Action to ratify acceptance of the Criminal Justice Department "Caldwell County Sheriff's Office Co-Morbidity Initiative Phase 3 Grant" of \$129,086.67. Speaker: Judge Haden/ Dennis Engelke; Backup: 3;

Cost: None

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads — Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

	AGENDA DATE: November 12, 2019
	Type of Agenda Item
	Consent ✓ Discussion/Action
	Public Hearing
	What will be discussed? What is the proposed motion?
	Ratifying acceptance of the Criminal Justice Department "Caldwell County Sheriff's Office Co-Morbidity Initiative Phase 3 Grant" of \$129,086.67.
١.	Costs:
	Actual Cost or Estimated Cost \$\frac{0}{2}
	Is this cost included in the County Budget?
	Is a Budget Amendment being proposed?
2.	Agenda Speakers:
	Name Representing Title
(1)	Dennis Engelke Grants Administrator
(2)	Hoppy Haden County Judge
(3)	
3.	Backup Materials: None To Be Distributed 3 total # of backup pages (including this page)
4.	October 30, 2019
Si	gnature of Court Member Date

Dennis Engelke

From:

Anthony Hardee <a hardee@caldwellcosheriff.com>

Sent:

Wednesday, October 30, 2019 10:21 AM

To:

eGrants@gov.texas.gov

Cc:

'Dennis Engelke'

Subject:

RE: CJD eGrants: Notification of OOG Grant Award for Grant Number: 3519102

To all involved.

Thank you so much for this opportunity to serve our community by continuing the Caldwell County Sheriff's Office Comorbidity Initiative (Phase 3). This means a great deal to those that have endured addiction and resort to less than legal means to feed the ever spiraling cycle of drug use. Again, we at Caldwell County are grateful for the continued support of the Criminal Justice Division. Without your help many would never have had this chance to begin recovery. We are humbled by the Criminal Justice Division's trust and consideration, together we have made a difference in Caldwell County and will continue to do so.

Sincerely,

Lt. Anthony Hardee Caldwell County Sheriff's Office Lockhart, Texas

----Original Message-----

From: eGrants@gov.texas.gov <eGrants@gov.texas.gov>

Sent: Tuesday, October 29, 2019 5:03 PM

To: hoppy.haden@co.caldwell.tx.us; ahardee@caldwellcosheriff.com; barbara.gonzales@co.caldwell.tx.us

Subject: CJD eGrants: Notification of OOG Grant Award for Grant Number:

3519102

It is a pleasure to inform you that your application for funding has been awarded!

See the instructions below for specific information about activating your award. Thank you for your work and best wishes for a successful project.

Instructions for Activating Your Grant

To activate your agency's grant, the Authorized Official should log on to eGrants at https://eGrants.gov.texas.gov and go to the 'My Home' page. In the 'Current Status' column, locate the application(s) marked 'Pending Acceptance of Award'. Click on the grant number and proceed to the 'Accept Award' tab. At the bottom of this page you may click the appropriate tab to 'Accept' or 'Decline' the award for your grant.

General Information and Instructions

View Introduction

View Instructions

10 06 AM

Agency Name: Caldwell County

Grant/App: 3519102

Start Date:

Project Title: Caldwell County Sheriffs Office Comorbidity Initiative Phase 3

Status: Pending AO Acceptance of

End Date:

Current Grant Manager: Madeline De Amaral

Current Program Manager: Andrew Friedrichs

6/30/2020 Liquidation Date:

Current Budget: \$96,815.00

Original Award: \$0.00

Current Award: \$0.00

CFDA: 16 593

OOG Solicitation: RT-Residential Substance Abuse Treatment Program

Fund Source: RT-Residential Substance Abuse Treatment for State

Announcement-amended

Eligibility Profile Namative Conditions of Funding Activities Measures Budget Documents Acceol.Award Summary Upload Files My Mail My.Home Detaits Source.of.Match Budget.Summary S Printer Friendly

Select and Enter Budget Line Item Details O										
	Budget Category	OOG Funds	Cash Match	In Kind Match	GPI	Total Project				
	Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
<u>*</u>	Contractual and Professional Services	\$91,440.00	\$0.00	\$30,480.00	\$0.00	\$121,920.00				
	Travel and Training	\$3,375.00	\$0.00	\$1,125.00	\$0,00	\$4,500.00				
	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
•	Supplies and Direct Operating Expenses	\$2,000.00	\$0.00	\$666,67	\$0.00	\$2,666.67				

Budget Summary Totals OOG Funds: Cash Match: In Kind Match: GPI: Total Project: \$96,815.00 \$0.00 \$32,271.67 \$0.00 \$129,086.67

Export Your Budget Detail Item(s) Export To Excel

Notes by Grantee to OOG: Note from Grantee to OOG

Printer Friendly

Previous

18. Discussion/Action to ratify the acceptance of the VINE/SAVNS grant from the Office of the Attorney General for \$18,618.87. Speaker: Judge Haden/Dennis Engelke; Backup: 29; Cost: None

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: November 12, 2019	
Type of Agenda	a Item
Consent Discussion/Action Exemple Public Hearing What will be discussed? What is the proposed Approve the ratification of acceptance of the Vior of the Attorney General for \$18,618.87.	motion?
Costs: Actual Cost or Estimated Cost Is this cost included in the County Budget?	\$ <u>0</u>
Is a Budget Amendment being proposed?	
2. Agenda Speakers: Name Representing	Title
(1) Dennis Engelke	Grants Administrator
(2) Hoppy Haden	County Judge
(3)	
3. Backup Materials: None To Be D	istributed 29 total # of backup pages (including this page)
4. Signature of Court Member Da	November 1, 2019

Exhibit A

Dennis Engelke

From:

Gersbach, Chris < Chris.Gersbach@oag.texas.gov>

Sent:

Thursday, October 31, 2019 2:49 PM

To: Subject: OAG-GRANTS; Gersbach, Chris FY2020 SAVNS Grant Contracts

Importance:

High

Dear SAVNS Grantee,

Congratulations! You have been awarded a grant contract for the Statewide Automated Victim Notification Service (SAVNS) for the Fiscal Year (FY) 2020 (September 1, 2019 - August 31, 2020).

The grant contracts will be sent to your Authorized Official via DocuSign.

Please make sure to pay special attention to the new language in the following sections:

- -3.1.1 Authorized Modifications to the Participating Entity Service Agreement
- -3.5 E-Vine Upgrade and Cooperation for Implementation
- -4.3.2 Quarterly Requests for Reimbursement
- -4.3.3 Limited Pre-Reimbursement Funding to GRANTEE

Instructions regarding the submission of quarterly requests for reimbursement will be sent to you soon after the grant contract is sent via DocuSign. Please note that we must receive a copy of your executed service agreement with Appriss, Inc. prior to reimbursement. If you have any questions, please contact Chris Gersbach at chris.gersbach@oag.texas.gov or 512-936-1653.

Sincerely,

The Grants Administration Division



RE: FY 2020 SAVNS Grant Contract

Contract Number: 2002913

Grantee: Caldwell County

Amount: \$18,618.87

Executed:

Term: September 1, 2019 – August 31, 2020

Budget Coding:

ORG PCA Agy Obj

SAVNS MAINTENANCE GRANT CONTRACT

OAG Contract No. 2002913

This grant contract ("Grant Contract") is executed between the Office of the Attorney General (OAG) and Caldwell County

(GRANTEE) for certain grant funds. The OAG and GRANTEE may be referred to in this Grant Contract individually as "Party" or collectively as "Parties."

SECTION 1. PURPOSE OF THE CONTRACT

The purpose of the OAG Statewide Automated Victim Notification Service (SAVNS) grant program is to assist Texas counties and other entities in maintaining a statewide system that will provide relevant offender release information, notification of relevant court settings or events to crime victims and other interested individuals, promote public safety, and support the rights of victims of crime. To ensure a standard statewide service to a variety of political subdivisions of the State of Texas, including counties, county Sheriffs, clerks and attorneys, district attorneys, and courts ("Participating Entities"), including GRANTEE, the OAG makes grant funds available for eligible expenses related to SAVNS services delivered to GRANTEE by the vendor certified by the OAG.

The OAG published a Request for Offer (RFO) for Statewide Automated Victim Services May 11, 2019. After an evaluation of offers, the OAG identified, certified, and entered into a contract with a single vendor to provide statewide automated victim notification services ("SAVNS Services"). The initial term of the OAG Vendor Certification and Service Agreement ("OAG Certification Agreement") is from September 1, 2019 to August 31, 2020. The vendor certified to provide the services is Appriss, Inc., ("Certified Vendor"), a Kentucky corporation authorized to do business in Texas.

SECTION 2. TERM OF THE CONTRACT

This Grant Contract shall begin on September 1, 2019 and shall terminate August 31, 2020, unless it is terminated earlier in accordance with another provision of this Grant Contract.

SECTION 3. GRANTEE'S CONTRACTUAL SERVICES

3.1. Grantee Participating Entity Service Contract. GRANTEE shall execute a service agreement with the Certified Vendor to provide services consistent with, and subject to the limitations contained in, the OAG Certification Agreement and documents incorporated therein. Specifically, the Participating Entity Service Contract attached hereto as Exhibit B shall be used by GRANTEE in entering into a contractual relationship with the Certified Vendor. All grant

funds provided under this Grant Contract shall be conditioned on the GRANTEE's use of the exemplar Participating Entity Service Contract, as attached hereto. GRANTEE further acknowledges and agrees that no changes or modifications may be made to the Participating Entity Service Contract or to any executed Participating Entity Service Contract between GRANTEE and the Certified Vendor, except as specifically authorized within this Grant Contract in Section 3.1.1 below or otherwise separately authorized by the OAG in writing. Notwithstanding the foregoing, GRANTEE is encouraged to negotiate and include additional terms and conditions individually tailored to meet the GRANTEE's unique needs related to the SAVNS program, only to the extent any such additional terms and conditions do not limit or otherwise conflict with the exemplar Participating Entity Service Contract as attached hereto as Exhibit B.

- 3.1.1 Authorized Modifications to the Participating Entity Service Agreement. GRANTEE is hereby authorized, without additional approval of the OAG to include additional terms, conditions, or requirements related to the following sections of the Participating Entity Service Agreement as attached hereto as Exhibit B:
 - a. <u>Section 6 Additional Services</u>: GRANTEE may require, negotiate, and include additional terms or conditions relating to the mutual agreement, provision, and payment for Additional Services that do not otherwise modify, impact, or limit the services required under the exemplar Participating Entity Service Agreement;
 - b. <u>Section 7.1 Performance Reports</u>: GRANTEE may require reports relating to the performance standards and requirements of the SAVNS system under the exemplar Participating Entity Service Agreement;
 - c. <u>Section 7.2 Performance Remedies</u>: GRANTEE may require additional terms or conditions relating to the calculation and withholding mechanism for Certified Vendor's failure to meet its performance requirements the exemplar Participating Entity Service Agreement;
 - d. Sections 9.2(a) and 9.2(b)(iii) Standard of Care: GRANTEE may require Certified Vendor to comply with its own internal security standards and incorporate such standards into the Participating Entity Service Agreement by reference;
 - e. Sections 9.3(b), 9.3(c), and 9.3(d) Information Security: GRANTEE may require Certified Vendor to comply with its own internal security standards and incorporate such standards into the Participating Entity Service Agreement by reference;
 - f. Section 9.4(b)(iv) Security Breach Procedures: GRANTEE may require Certified Vendor to comply with its own internal security standards and incorporate such standards into the Participating Entity Service Agreement by reference:
 - g. Section 9.5 Oversight of Security Compliance: GRANTEE may require Certified Vendor to comply with its own internal security standards and incorporate such standards into the Participating Entity Service Agreement by reference;

- h. <u>Section 10.4 Exclusions</u>: GRANTEE may require Certified Vendor to comply with its own internal security standards and incorporate such standards into the Participating Entity Service Agreement by reference;
- i. Section 12.1 Limitation of Liability: The Certified Vendor may request a limitation of liability to be included. It is incumbent on the GRANTEE to determine if the proposed limitation is sufficient and whether or not to include and incorporate such limitation into the Participating Entity Service Agreement;
- j. Section 12.2 Indemnification: GRANTEE may require, negotiate, and include additional or alternative indemnification provisions either in addition to or in lieu of those included within the Participating Entity Service Agreement; and
- **k.** Section 14.5 Dispute Resolution: GRANTEE may require specific dispute resolution provisions compliant with its local laws, regulations, and other policies applicable to the GRANTEE.
- 3.1.2 Executed Copy of Financial Participating Entity Service Contract Required. GRANTEE is hereby placed on immediate financial hold, consistent with Section 9.2 of this Grant Contract, and will remain on financial hold until OAG receives an executed copy of the Participating Service Contract in accordance with and as required by this section. To the extent the executed Participating Entity Service Contract includes any additional terms or conditions that limit or otherwise conflict with the exemplar Participating Entity Service Contract as attached here as Exhibit B, the GRANTEE will continue to remain on financial hold until GRANTEE provides OAG an executed Participating Service Contract in accordance with and as required by this section and consistent with the exemplar Participating Entity Service Contract as attached here as Exhibit B.
- 3.2 Grantee Maintenance Plan. GRANTEE agrees to establish and follow a "Maintenance Plan." The Maintenance Plan, at a minimum, will be designed to accomplish the following: make available offender information that is timely, accurate, and relevant to support the SAVNS Services; verify the Certified Vendor's performance according to the Participating Entity Service Contract; satisfactorily discharge GRANTEE's obligations as described in the Participating Entity Service Contract; and identify and dedicate GRANTEE staff, resources, and equipment necessary to maintain the SAVNS services in the Participating Entity Service Contract.
- 3.3 GRANTEE Service Levels. In addition to other service levels that the GRANTEE may impose, GRANTEE will inspect, monitor, and verify the performances required of the Certified Vendor as provided in the Participating Entity Service Contract as well as this Grant Contract. GRANTEE will execute a Participating Entity Service Contract with the Certified Vendor for the term of this Grant Contract. GRANTEE will verify that input data (the jail and court data elements used by the SAVNS system) is entered accurately and on a timely basis.

GRANTEE will allow on-site monitoring visits to be conducted by OAG or its authorized representative.

- 3.4 Cooperation with Statewide Stakeholders. GRANTEE will reasonably cooperate with and participate in Statewide Stakeholder meetings and efforts to monitor and improve the SAVNS services on a statewide basis. GRANTEE may reasonably agree to designate third-parties to assist the OAG, GRANTEE, and the other Statewide Stakeholders in the overall monitoring, inspection, and verification of the Certified Vendor's performances.
- 3.5 E-Vine Upgrade and Cooperation for Implementation. As part of the contract award and certification by the OAG, the Certified Vendor will begin transitioning to a new system to deliver the SAVNS services known as "E-Vine" with an expected completion by early FY 2023. E-Vine will provide the GRANTEE enhanced functionality and services such as a Service Provider Directory, an Offender Watch List, a Contact List, a quick escape button and Interactive Voice Response Technology. To facilitate this transition, funds for the E-VINE upgrade costs have been added to this Grant Contract. The Certified Vendor will perform work on the transition to E-Vine throughout the next three years and will bill E-Vine costs on a quarterly basis and in addition to the regular SAVNS maintenance fees. The OAG will advise GRANTEE of any associated transition activities as needed and GRANTEE shall reasonably cooperate with the Certified Vendor in these transition activities.
- **3.6** Scope of Services. For the purpose of this Grant Contract, the requirements, duties, and obligations contained in Section 3 of this Grant Contract are collectively referred to as the "Scope of Services." As a condition of reimbursement, GRANTEE agrees to faithfully, timely, and in a good and workman-like manner implement and maintain the services in compliance with the Scope of Services. GRANTEE shall bear full and sole responsibility for the integrity of the fiscal and programmatic management of its SAVNS program.
- 3.7 Special Conditions. The OAG may, at its sole discretion, impose special conditions on GRANTEE, without notice and without amending this Grant Contract. The imposition of any special conditions places GRANTEE on immediate financial hold, consistent with section 9.2, without further notice, until all special conditions are satisfied.

SECTION 4. GRANTEE'S OBLIGATIONS AND REQUIRED REPORTS

4.1 General Matters

- **4.1.1** Required Reports; Form of Reports; Filings with the OAG. GRANTEE shall forward to the OAG the applicable reports on forms as specified by the OAG. GRANTEE shall ensure that it files each document or form required by the OAG in an accurate and timely manner. Unless filing dates are given herein, all other reports and other documents that GRANTEE is required to forward to the OAG shall be promptly forwarded. From time to time, the OAG may require additional information from GRANTEE.
- **4.1.2** Cooperation; Additional Information. GRANTEE shall cooperate fully with the OAG. In addition to the information contained in the required reports, other information may be required

as requested by the OAG.

4.1.3 Notification of Changes in Organization, Changes in Authorized Official or Grant Contact. GRANTEE shall submit written notice to the OAG of any change in the following: GRANTEE's name; contact information; key personnel, officer, director or partner; organizational structure; legal standing; or authority to do business in Texas. Such notice shall be provided, when possible, in advance of such change, but in no event later than ten (10) business days after the effective date of such change. A change in GRANTEE's name requires an amendment to the contract.

To change an Authorized Official, GRANTEE must submit a written request on GRANTEE's letterhead, with an original signature of someone with actual authority to act on behalf of GRANTEE. To change the grant contact, GRANTEE must submit a written request on GRANTEE's letterhead signed by an Authorized Official.

4.1.4 Standards for Financial and Programmatic Management. GRANTEE and its governing body shall bear full and sole responsibility for the integrity of the fiscal and programmatic management of the organization including financial and programmatic policies and procedures.

Such fiscal and programmatic management shall include but is not limited to the following: accountability for all funds and materials received from the OAG; compliance with OAG rules, policies and procedures, and applicable federal and state laws and other applicable requirements; and correction of fiscal and program deficiencies identified through self-evaluation and/or the OAG's monitoring processes. Ignorance of any contract provisions or other requirements referenced in this Grant Contract shall not constitute a defense or basis for waiving or failing to comply with such provisions or requirements.

GRANTEE shall develop, implement, and maintain appropriate financial management and control systems. The systems must include budgets that adequately reflect all functions and resources necessary to carry out authorized activities and the adequate determination of costs; accurate and complete payroll, accounting, and financial reporting records; cost source documentation; effective internal and budgetary controls; allocation of costs; and timely and appropriate audits and resolution of any findings and applicable annual financial statements, including statements of financial position, activities, and cash flows, prepared on an accural basis in accordance with Generally Accepted Accounting Principles or other recognized accounting principle.

- **4.1.5** Security and Confidentiality of Records. GRANTEE shall establish a method to secure the confidentiality of records required to be kept confidential by applicable federal or state law, rules or regulations. This provision shall not be construed as limiting the OAG's access to such records and other information.
- **4.1.6 Public Information Act.** GRANTEE acknowledges that information, documents, and communications created or exchanged in the provision of services required by this Grant Contract may be subject to the Texas Public Information Act, Chapter 552 of the Texas Government Code,

and may be subject to required disclosure in a publicly accessible format pursuant to Section 2252.907 of the Texas Government Code.

4.2 Programmatic Reports

- **4.2.1 Service Reports.** GRANTEE shall submit service delivery reports, programmatic performance reports and other reports to the extent requested by OAG, in a format and on a timely basis, as established by the OAG. GRANTEE will submit other reports as requested by the OAG.
- **4.2.2 Written Explanation of Variance.** GRANTEE shall provide a written explanation to the OAG on a quarterly basis to the extent that the performance of the SAVNS system, the Certified Vendor, or the GRANTEE varies from the projected performance thereof as provided in the Maintenance Plan required by Section 3.2 hereunder. In addition to the written explanation, GRANTEE shall promptly answer any questions from the OAG, whether in writing or otherwise, in connection with the quarterly and annual reports presented to the OAG.
- **4.2.3** Other Program Reports. GRANTEE shall cooperate fully in any social studies, fiscal or programmatic monitoring, auditing, evaluating, and other reviews pertaining to services rendered by GRANTEE, which may be conducted by the OAG or its designees.

GRANTEE shall submit service delivery reports required by the contract or self-evaluations of performance and other reports requested by the OAG in appropriate format and on a timely basis and make available at reasonable times and for reasonable periods client records and other programmatic or financial records, books, reports, and supporting documents for reviewing and copying by the OAG or its designees.

4.2.4 "Problem Log." GRANTEE shall establish a "Problem Log" that records all problems noted with the SAVNS system, including, but not limited to, system down time, system outages, and equipment failure. The Problem Log will provide when the problem was identified, to whom the problem was referred, steps taken to resolve the problem, and when the problem was resolved.

4.3 Financial Matters

- **4.3.1** Annual Budgets. With regard to the use of funds pursuant to this Grant Contract, GRANTEE will immediately review the budget for the fiscal year and the allowable expenditures, as shown on Exhibit A.
- 4.3.2 Quarterly Requests for Reimbursement. OAG grant funds will be paid on a cost-reimbursement basis no more frequently than quarterly pursuant to the process below. Any payments made by the OAG shall not exceed the actual and allowable allocable costs of GRANTEE to obtain services from the Certified Vendor for services within the "scope of services" of this contract. GRANTEE will submit to the OAG requests for reimbursement for the actual and allowable allocable costs incurred by GRANTEE to obtain services from the Certified Vendor for services within the "scope of services" of this Grant Contract. GRANTEE is responsible for submitting its invoices to the OAG in an accurate and timely manner. The requests for reimbursement must be accompanied by supporting

documentation as required by the OAG. The OAG may from time to time require different or additional supporting documentation.

- a. GRANTEE shall submit a request for reimbursement to the OAG for the prior quarter by the fifth (5th) of the next month following the end of each quarter. The four quarters for each fiscal year covered by the term of this Grant Contract end respectively on November 30, February 28, May 31, and August 31.
- b. GRANTEE shall include a verification with its request for reimbursement to stating that the GRANTEE received the services from the Certified Vendor during the preceding quarter and incurred the actual and allowable allocable costs for which GRANTEE seeks reimbursement.
- c. If GRANTEE does not submit the required request for reimbursement and verification to the OAG within forty-five (45) days of the next month following the end of any quarter, the OAG will determine what steps will be taken next, including placing the grant contract on financial hold or terminating the grant contract. If an OAG grant contract is placed on financial hold or terminated, the GRANTEE remains responsible for any contractual obligation it has with Certified Vendor. The OAG will not be responsible for collection efforts on behalf of the Certified Vendor.
- **4.3.3 Limited Pre-Reimbursement Funding to GRANTEE.** Notwithstanding Section 4.3.2 above, the OAG, may, at its sole discretion, provide limited pre-reimbursement funding for reimbursable expenses to GRANTEE. This limited funding is not preferred and may be allowed upon submission of the following written documentation supporting the request:
 - a. A fully executed Participating Entity Services Agreement with the Certified Vendor for the time period covered by this Grant Contract;
 - b. An invoice from the Certified Vendor which includes the dates covered under this Grant Contract:
 - c. A completed OAG form "Verification of Continuing Production Record" which shall be provided by the OAG upon request;
 - d. An invoice to the OAG that complies with the requirements of the OAG; and
 - e. A written justification, signed by the Authorized Official or the Authorized Official's designee, explaining the need for pre-reimbursement funding.
- **4.3.3** Fiscal Year End Required Reports. GRANTEE shall submit fiscal year-end required reports that shall be received by the OAG on or before October 15 of each year covered by the term of this Grant Contract. The year-end reports shall include the following:
 - **a.** Record of Reimbursement. GRANTEE will submit a reconciled record of its expenses for the prior fiscal year.
 - **b.** Equipment Inventory Report. GRANTEE will submit an Equipment Inventory Report which provides a record of the current inventory of items purchased, disposed of, replaced or transferred for any equipment that was purchased with grant funds.
- 4.3.4 Annual Independent Financial Audit Report. GRANTEE shall timely submit to the

OAG a copy of its annual independent financial audit. The timely submission to the OAG is on or before nine (9) months after the end of GRANTEE's accounting year. GRANTEE will contract with an independent CPA firm to perform an annual financial audit engagement. If applicable, GRANTEE's independent CPA firm will determine the type of annual financial audit, which may include a compliance attestation in accordance with the requirements of 2 CFR Part 200 titled Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and/or Texas Single Audit Circular (Single Audit or non-Single Audit financial audit). If applicable, GRANTEE will provide the OAG with any and all annual independent financial audits or audited financial statements, related management letters, and management responses of GRANTEE.

- 4.3.5 Close Out Invoice GRANTEE shall submit a final invoice not later than forty-five (45) days after the earlier of (1) the termination of this Grant Contract; or (2) the end of each state fiscal year covered by the term of this Grant Contract.
- **4.3.6 Refunds and Deductions.** If the OAG determines that an overpayment of grant funds under this Grant Contract has occurred, such as payments made inadvertently or payments made but later determined not to be actual and allowable allocable costs, the OAG may seek a refund from GRANTEE and/or the Certified Vendor. The OAG, in its sole discretion, may offset and deduct the amount of the overpayment from any amount owed as a reimbursement under this Grant Contract, or may choose to require a payment directly from GRANTEE and/or the Certified Vendor rather than offset and deduct any amount. GRANTEE and/or the Certified Vendor shall promptly refund any overpayment to the OAG within thirty (30) calendar days of the receipt of the notice of the overpayment from the OAG unless an alternate payment plan is specified by the OAG.
- 4.3.7 Purchase of Equipment; Maintenance and Repair; Title upon Termination. GRANTEE shall not give any security interest, lien or otherwise encumber any item of equipment purchased with contract funds. GRANTEE shall permanently identify all equipment purchased under this Grant Contract by appropriate tags or labels affixed to the equipment. GRANTEE shall maintain a current inventory of all equipment, which shall be available to the OAG at all times upon request; however, as between the OAG and Grantee title for equipment will remain with Grantee.

GRANTEE will maintain, repair, and protect all equipment purchased in whole or in part with grant funds under this Grant Contract so as to ensure the full availability and usefulness of such equipment. In the event GRANTEE is indemnified, reimbursed, or otherwise compensated for any loss or destruction of, or damage to, the equipment purchased under this Grant Contract, it shall use the proceeds to repair or replace said equipment.

4.3.8 Direct Deposit. GRANTEE may make a written request to the OAG to be placed on Direct Deposit status by completing and submitting to the OAG the State Comptroller's Direct Deposit Authorization Form. After the direct deposit request is approved by the OAG and the setup is completed on the Texas Identification Number System by the State Comptroller's Office, payment

will be remitted by direct deposit and the OAG will discontinue providing GRANTEE with copies of reimbursement vouchers.

SECTION 5. OBLIGATIONS OF OAG

- **5.1 Monitoring.** The OAG is responsible for monitoring GRANTEE to ensure the effective and efficient use of grant funds to accomplish the purposes of this Grant Contract.
- 5.2 Maximum Liability of OAG. The maximum liability of the OAG is contained in the attached Exhibit A. Any change to the maximum liability is void unless supported by a written amendment to this Grant Contract executed between OAG and GRANTEE.
- 5.3 Payment of Authorized Costs. In accordance with the terms of this Grant Contract, the OAG will pay costs as explicitly authorized pursuant to this Grant Contract. The OAG is not obligated to pay unauthorized costs.
- 5.4 Contract Not Entitlement or Right. Reimbursement with contract funds is not an entitlement or right. Reimbursement depends, among other things, upon strict compliance with all terms, conditions and provisions of this Grant Contract. The OAG and GRANTEE agree that any act, action or representation by either party, their agents or employees that purports to increase the maximum liability of the OAG is void, unless a written amendment to this Grant Contract is first executed. GRANTEE agrees that nothing in this Grant Contract will be interpreted to create an obligation or liability of the OAG in excess of the funds delineated in this Grant Contract.
- 5.5 Funding Limitation. GRANTEE agrees that funding for this Grant Contract is subject to the actual receipt by the OAG of grant funds (state and/or federal) appropriated to the OAG. GRANTEE agrees that the grant funds, if any, received from the OAG are limited by the term of each state biennium and by specific appropriation authority to and the spending authority of the OAG for the purpose of this Grant Contract. GRANTEE agrees that notwithstanding any other provision of this Grant Contract, if the OAG is not appropriated the funds, or if the OAG does not receive the appropriated funds for this grant program, or if the funds appropriated to the OAG for this grant program are required to be reallocated to fund other state programs or purposes, the OAG is not liable to pay the GRANTEE any remaining balance on this Grant Contract.

SECTION 6. TERMINATION

- 6.1 Termination for Convenience. Either Party may, at its sole discretion, terminate this Grant Contract, without recourse, liability or penalty, upon providing written notice to the other Party thirty (30) calendar days before the effective date of such termination.
- 6.2 Termination for Cause. In the event that GRANTEE fails to perform or comply with an

obligation of the terms, conditions and provisions of this Grant Contract, the OAG may, upon written notice of the breach to GRANTEE, immediately terminate all or any part of this Grant Contract.

6.3 Termination Not Exclusive Remedy; Survival of Terms and Conditions. Termination is not an exclusive remedy but will be in addition to any other rights and remedies provided in equity, by law, or under this Grant Contract.

Termination of this Grant Contract for any reason or expiration of this Grant Contract shall not release the Parties from any liability or obligation set forth in this Grant Contract that is expressly stated to survive any such termination or by its nature would be intended to be applicable following any such termination. The following terms and conditions, (in addition to any others that could reasonably be interpreted to survive but are not specifically identified), survive the termination or expiration of this Grant Contract: Sections 4, 5, 7, 11, and 12.

- 6.4 Refunds to OAG by GRANTEE. If the GRANTEE terminates for convenience under Section 6.1, or if the OAG terminates under Sections 6.1 or 6.2 before the purpose of this Grant Contract is accomplished, then the OAG may require the GRANTEE and/or the Certified Vendor to refund all or some of the grant funds paid under this Grant Contract. Such funds include those funds representing the number of months of SAVNS services that were previously invoiced and paid by the OAG under this Grant Contract.
- **6.5 Notices to Certified Vendor.** Any termination of this Grant Contract will also be forwarded by the terminating party to the Certified Vendor.

Section 7. Audit rights; Records Retention

- 7.1 Duty to Maintain Records. GRANTEE shall maintain adequate records that enable the OAG to verify all reporting measures and requests for reimbursements related to this Grant Contract. GRANTEE also shall maintain such records as are deemed necessary by the OAG, OAG's auditor, the State Auditor's Office or other auditors of the State of Texas, the federal government, or such other persons or entities designated by the OAG, to ensure proper accounting for all costs and performances related to this Grant Contract.
- 7.2 Records Retention. GRANTEE shall maintain and retain all records as are necessary to fully disclose the extent of services provided under this Grant Contract for a period of seven (7) years after the later of (a) the submission of the last expenditure report required under this Grant Contract, or (b) the full and final resolution of all issues that arise from any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving this Grant Contract. The records include, but may not be limited to, the contract, any contract solicitation documents, any daily activity reports and time distribution and attendance records, and other records that may show the basis of the charges made or performances delivered.

- 7.3 Audit Trails. GRANTEE shall maintain appropriate audit trails to provide accountability for all reporting measures and requests for reimbursement. Audit trails maintained by GRANTEE will, at a minimum, identify the supporting documentation prepared by GRANTEE to permit an audit of its systems. GRANTEE's automated systems, if any, must provide the means whereby authorized personnel have the ability to audit and verify contractually required performances and to establish individual accountability for any action that can potentially cause access to, generation of, or modification of confidential information.
- Access and Audit. At the request of the OAG, GRANTEE shall grant access to and make available all paper and electronic records, books, documents, accounting procedures, practices, and any other items relevant to the performance of this Grant Contract, compliance with applicable state or federal laws and regulations, and the operation and management of GRANTEE to the OAG or its designees for the purposes of inspecting, auditing, or copying such items. GRANTEE will direct any other entity, person, or contractor receiving funds directly under this Grant Contract or through a subcontract under this Grant Contract to likewise permit access to, inspection of, and reproduction of all books, records, and other relevant information of the entity, person, or contractor(s) that pertain to this Grant Contract. All records, books, documents, accounting procedures, practices, and any other items, in whatever form, relevant to the performance of this Grant Contract, shall be subject to examination or audit. Whenever practical as determined at the sole discretion of the OAG, the OAG shall provide GRANTEE with up to five (5) business days' notice of any such examination or audit.
- 7.5 State Auditor. In addition to and without limitation on the other audit provisions of this Grant Contract, pursuant to Section 2262.154 of the Texas Government Code, the State Auditor's Office may conduct an audit or investigation of GRANTEE or any other entity or person receiving funds from the State directly under this Grant Contract or indirectly through a subcontract under this Grant Contract. The acceptance of funds by GRANTEE or any other entity or person directly under this Grant Contract or indirectly through a subcontract under this Grant Contract acts as acceptance of the authority of the State Auditor's Office, under the direction of the Legislative Audit Committee, to conduct an audit or investigation in connection with those funds. Under the direction of the Legislative Audit Committee, GRANTEE or another entity that is the subject of an audit or investigation by the State Auditor's Office must provide the State Auditor's Office with access to any information the State Auditor's Office considers relevant to the investigation or audit. GRANTEE further agrees to cooperate fully with the State Auditor's Office in the conduct of the audit or investigation, including providing all records requested. GRANTEE shall ensure that this paragraph concerning the authority to audit funds received indirectly by subcontractors through GRANTEE and the requirement to cooperate is included in any subcontract it awards. The State Auditor's Office shall at any time have access to and the right to examine, audit, excerpt, and transcribe any pertinent books, documents, working papers, and records of GRANTEE related to this Grant Contract.
- 7.6 Location. Any audit of records shall be conducted at GRANTEE's principal place of business and/or the location(s) of GRANTEE's operations during GRANTEE's normal business hours. GRANTEE shall provide to OAG or its designees, on GRANTEE's premises (or if the

audit is being performed of a subcontractor, the subcontractor's premises if necessary) private space, office furnishings (including lockable cabinets), telephone and facsimile services, utilities, and office-related equipment and duplicating services as OAG or its designees may reasonably require to perform the audits described in this Grant Contract.

SECTION 8. SUBMISSION OF INFORMATION TO THE OAG

The OAG will designate the proper methods for the delivery of information to the OAG by GRANTEE. The OAG generally requires submission of information via email or hard copy format. Some reporting requirements must occur via the internet and/or a web-based data collection method. Accordingly, all reports required under this contract including but not limited to semi-annual statistical reports, annual performance reports, financial status reports, requests for reimbursement, Annual Compiled Financial Statement Report, and any other reports, notices or information must be submitted in the manner directed by the OAG. The manner of delivery may be subject to change during the term of the contract, in the sole discretion of the OAG.

SECTION 9. CORRECTIVE ACTION PLANS AND SANCTIONS

The Parties agree to make a good faith effort to identify, communicate, and resolve problems found by either the OAG or GRANTEE.

- 9.1 Corrective Action Plans. If the OAG finds deficiencies in GRANTEE's performance under this Grant Contract, the OAG, at its sole discretion, may impose one or more of the following remedies as part of a corrective action plan: increase of monitoring visits; require additional or more detailed financial and/or programmatic reports be submitted; require prior approval for expenditures; require additional technical or management assistance and/or make modifications in business practices; reduce the contract amount; and/or terminate this Grant Contract. The foregoing are not exclusive remedies, and the OAG may impose other requirements that the OAG determines will be in the best interest of the State.
- 9.2 Financial Hold. Failure to comply with submission deadlines for required reports, invoices, or other requested information or otherwise failing to comply with the terms of this Grant Contract may result in the OAG, at its sole discretion, placing GRANTEE on immediate financial hold without further notice to GRANTEE and without first requiring a corrective action plan. No reimbursements will be processed until the requested information is submitted. If GRANTEE is placed on financial hold, the OAG, at its sole discretion, may deny reimbursement requests associated with expenses incurred during the time GRANTEE was placed on financial hold.
- 9.3 Sanctions. In addition to financial hold, the OAG, at its sole discretion, may impose other sanctions without first requiring a corrective action plan. The OAG, at its sole discretion, may impose sanctions, including, but not limited to, withholding or suspending funding, offsetting previous reimbursements, requiring repayment, disallowing claims for reimbursement, reducing

funding, terminating this Grant Contract and/or any other appropriate sanction.

9.4 No Waiver. Notwithstanding the imposition of corrective actions, financial hold, and/or sanctions, GRANTEE remains responsible for complying with the contract terms and conditions. Corrective action plans, financial hold, and/or sanctions do not excuse or operate as a waiver of prior failure to comply with this Grant Contract.

SECTION 10. GENERAL TERMS AND CONDITIONS

- 10.1 Federal and State Laws, and Other Applicable Requirements. GRANTEE agrees to comply with all applicable federal and state laws and any other requirements, including 2 CFR Part 200, relevant to the performance of GRANTEE under this Grant Contract.
- 10.2 Uniform Grant Management Act, UGMS and Applicable Standard Federal and State Certifications and Assurances. GRANTEE agrees to comply with applicable laws, including Texas Government Code, Chapter 783, and the Uniform Grant Management Standards (UGMS), and any other applicable federal or state grant management standards or requirements. Further, GRANTEE agrees to comply with the applicable OAG Certifications and Assurances, which are incorporated herein by reference, including, but not limited to, the equal employment opportunity program certification, disclosure and certification regarding lobbying, non-procurement debarment certification, drug-free workplace certification, annual single audit certification, compliance with annual independent financial audit filing requirement, compliance with UGMS and the applicable 2 CFR Part 200, return of grant funds in the event of loss or misuse, and conflict of interest.
- 10.3 Generally Accepted Accounting Principles or Other Recognized Accounting Principles. GRANTEE shall adhere to Generally Accepted Accounting Principles promulgated by the American Institute of Certified Public Accountants, unless other recognized accounting principles are required by GRANTEE and agreed to by the OAG, in advance. GRANTEE shall follow OAG fiscal management policies and procedures in processing and submitting requests for reimbursement and maintaining financial records related to this Grant Contract.
- 10.4 Conflicts of Interest; Disclosure of Conflicts. GRANTEE has not given, or offered to give, nor does GRANTEE intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or employee of the OAG, at any time during the negotiation of this Grant Contract or in connection with this Grant Contract, except as allowed under relevant state or federal law. GRANTEE will establish safeguards to prohibit its employees from using their positions for a purpose that constitutes or presents the appearance of a personal or organizational conflict of interest or personal gain. GRANTEE will operate with complete independence and objectivity without an actual, potential or apparent conflict of interest with respect to its performance under this Grant Contract. GRANTEE must disclose, in writing, within fifteen (15) calendar days of discovery, any existing or potential conflicts of interest relative to its performance under this Grant Contract.

- 10.5 Does Not Boycott Israel. As required by Texas Government Code, section 2270.002, GRANTEE represents and warrants, that neither GRANTEE, nor any subcontractor, assignee, or sub-recipient of GRANTEE, currently boycotts Israel, or will boycott Israel during the term of this Grant Contract. GRANTEE agrees to take all necessary steps to ensure this certification remains true for any future subcontractor or assignee. For purposes of this provision, "Boycott Israel" shall have the meaning assigned by Texas Government Code, Sec. 808.001(1).
- 10.6 Law Enforcement Funding. To the extent applicable, GRANTEE acknowledges that, under article IX, section 4.01 of the General Appropriations Act for the term covered by this Grant Contract, funds may only be expended under this Grant Contract if GRANTEE is in compliance with all rules developed by the Commission on Law Enforcement or if the Commission on Law Enforcement has certified that GRANTEE is in the process of achieving compliance.
- 10.7 Restriction on Abortion Funding. GRANTEE acknowledges that, under article IX, section 6.25 of the General Appropriations Act for the term covered by this Grant Contract, and except as provided by that Act, funds may not be distributed under this Grant Contract to any individual or entity that: (1) performs an abortion procedure that is not reimbursable under the State's Medicaid program; (2) is commonly owned, managed, or controlled by an entity that performs an abortion procedure that is not reimbursable under the State's Medicaid program; or (3) is a franchise or affiliate of an entity that performs an abortion procedure that is not reimbursable under the State's Medicaid program.

SECTION 11. SPECIAL TERMS AND CONDITIONS

11.1 Independent Contractor Status; Indemnity and Hold Harmless Agreement. GRANTEE expressly agrees that it is an independent contractor. Under no circumstances shall any owner, incorporator, officer, director, employee, or volunteer of GRANTEE be considered a state employee, agent, servant, or partner of, or part of any joint venture or joint enterprise with, the OAG or the State of Texas. GRANTEE agrees to take such steps as may be necessary to ensure that each contractor of GRANTEE will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, or partner of, or part of any joint venture or joint enterprise with the OAG or the State of Texas.

All persons furnished, used, retained, or hired by or on behalf of GRANTEE or any of GRANTEE's contractors shall be considered to be solely the employees or agents of GRANTEE or GRANTEE's contractors. GRANTEE or GRANTEE's contractors shall be responsible for ensuring that any and all appropriate payments are made, such as unemployment, workers compensation, social security, any benefit available to a state employee as a state employee, and other payroll taxes for such persons, including any related assessments or contributions required by law.

GRANTEE or contractors are responsible for all types of claims whatsoever due to actions

or performance under this Grant Contract, including, but not limited to, the use of automobiles or other transportation by its owners, incorporators, officers, directors, employees, volunteers, or any third parties. To the extent allowed by law, GRANTEE and/or contractors will indemnify and hold harmless the OAG and/or the State of Texas from and against any and all claims arising out of actions or performance of GRANTEE or GRANTEE's contractors under this Grant Contract. To the extent allowed by law, GRANTEE agrees to indemnify and hold harmless the OAG and/or the State of Texas from any and all liability, actions, claims, demands, or suits, and all related costs, attorney fees, and expenses, that arise from or are occasioned by the negligence, misconduct, or wrongful act, or omission of GRANTEE, its employees, representatives, agents, or subcontractors in their performance under this Grant Contract.

- 11.2 Publicity. GRANTEE shall not use the OAG's name or refer to the OAG directly or indirectly in any media release, public service announcement, or public service disclosure relating to this Grant Contract or any acquisition pursuant hereto, including in any promotional or marketing materials, without first obtaining written consent from the OAG. This section is not intended to and does not limit GRANTEE's ability to comply with its obligations and duties under the Texas Open Meetings Act and/or the Texas Public Information Act.
- 11.3 Intellectual Property. GRANTEE understands and agrees that GRANTEE may copyright any original books, manuals, films, or other original material and intellectual property developed or produced out of funds obtained under this Grant Contract, subject to the royalty-free, non-exclusive, and irrevocable license which is hereby reserved by the OAG and granted by GRANTEE to the OAG or, where applicable, the State of Texas, or if federal funds are expended, the United States Government. Grantee hereby grants the OAG an unrestricted, royalty-free, non-exclusive, and irrevocable license to use, copy, modify, reproduce, publish, or otherwise use, and authorize others to use (in whole or in part, including in connection with derivative works), at no additional cost to the OAG, in any manner the OAG deems appropriate in the exercise of its sole discretion, any component of such intellectual property.

GRANTEE shall obtain from subrecipients, contractors, and subcontractors (if any) all rights and data necessary to fulfill the GRANTEE's obligations to the OAG under this Grant Contract. If a proposed subrecipient, contractor, or subcontractor refuses to accept terms affording the OAG such rights, Grantee shall promptly bring such refusal to the attention of the OAG Program Manager for the contract and not proceed with the agreement in question without further authorization from the OAG.

11.4 Program Income. Gross income directly generated from the grant funds through a project or activity performed under this Grant Contract is considered program income. Unless otherwise required under the terms of this Grant Contract, any program income shall be used by GRANTEE to further the program objectives of the project or activity funded by this grant, and the program income shall be spent on the same project or activity in which it was generated. GRANTEE shall identify and report this income in accordance with the OAG's reporting instructions. GRANTEE shall expend program income during this Grant Contract term; program income not expended in

this Grant Contract term shall be refunded to the OAG.

- 11.5 No Supplanting. GRANTEE shall not supplant or otherwise use funds from this Grant Contract to replace or substitute existing funding from other sources that also supports the activities that are the subject of this Grant Contract.
- 11.6 No Solicitation or Receipt of Funds on Behalf of OAG. It is expressly agreed that any solicitation for or receipt of funds of any type by GRANTEE is for the sole benefit of GRANTEE and is not a solicitation for or receipt of funds on behalf of the OAG or the Attorney General of the State of Texas.
- 11.7 No Subcontracting, Assignment, or Delegation Without Prior Written Approval of OAG. GRANTEE may not subcontract, assign any of its rights, or delegate any of its duties under this Grant Contract without the prior written approval of the OAG. GRANTEE agrees the OAG maintains complete discretion in evaluating any request to subcontract, assign any right, or delegate any duty under this Grant Contract, and the OAG may withhold its approval for any reason or no reason. If the OAG approves subcontracting, assignment, or delegation by GRANTEE, GRANTEE will ensure that its contracts with others shall require compliance with the provisions of this Grant Contract. GRANTEE, in subcontracting for any performances specified herein, expressly understands and agrees that it is not relieved of its responsibilities for ensuring that all performance is in compliance with this Grant Contract and that the OAG shall not be liable in any manner to GRANTEE's subcontractor(s).
- 11.8 No Grants to Certain Organizations. GRANTEE confirms by executing this Grant Contract that it does not make contributions to campaigns for elective office or endorse candidates.
- 11.9 No Waiver of Sovereign Immunity. The Parties agree that no provision of this Grant Contract is in any way intended to constitute a waiver by the OAG or the State of Texas of any immunities from suit or from liability that the OAG or the State of Texas may have by operation of law.
- 11.10 Governing Law; Venue. This Grant Contract is made and entered into in the State of Texas. This Grant Contract and all disputes arising out of or relating thereto shall be governed by the laws of the State of Texas, without regard to any otherwise applicable conflict of law rules or requirements.

Except where state law establishes mandatory venue, GRANTEE agrees that any action, suit, litigation or other proceeding (collectively "litigation") arising out of or in any way relating to this Grant Contract shall be commenced exclusively in the Travis County District Court or the United States District Court in the Western District, Austin Division, and to the extent allowed by law, hereby irrevocably and unconditionally consents to the exclusive jurisdiction of those courts for the purpose of prosecuting and/or defending such litigation. GRANTEE hereby waives and agrees not to assert by way of motion, as a defense, or otherwise, in any suit, action or proceeding, any claim that GRANTEE is not personally subject to the jurisdiction of the above-named courts; the

suit, action or proceeding is brought in an inconvenient forum; and/or the venue is improper.

- 11.11 U.S. Department of Homeland Security's E-Verify System. GRANTEE will ensure that it utilizes the U.S. Department of Homeland Security's E-Verify system to determine the eligibility of any new employee hired after the effective date of this agreement who will be working on any matter covered by this agreement.
- 11.12 No Use of Grant Money for Lobbying. GRANTEE shall not use any grant funds provided by OAG to GRANTEE to influence the passage or defeat of any legislative measure or election of any candidate for public office.
- 11.13 Texas Public Information Act. Information, documentation, and other material in connection with this Grant Contract or the underlying grant may be subject to public disclosure pursuant to Chapter 552 of the Texas Government Code (the "Public Information Act"). In accordance with Section 2252.907 of the Texas Government Code, GRANTEE is required to make any information created or exchanged with OAG, the State of Texas, or any state agency pursuant to the contract, and not otherwise excepted from disclosure under the Texas Public Information Act, available in a format that is accessible by the public at no additional charge to OAG, the State of Texas, or any state agency.

SECTION 12. CONSTRUCTION OF CONTRACT AND AMENDMENTS

- 12.1 Construction of Contract. The provisions of Section 1 are intended to be a general introduction to this Grant Contract. To the extent the terms and conditions of this Grant Contract do not address a particular circumstance or are otherwise unclear or ambiguous, such terms and conditions are to be construed consistent with the general objectives, expectations and purposes of this Grant Contract.
- 12.2 Entire Agreement, including All Exhibits. This Grant Contract, including all exhibits, reflects the entire agreement between the Parties with respect to the subject matter therein described, and there are no other representations (verbal or written), directives, guidance, assistance, understandings or agreements between the Parties related to such subject matter. By executing this Grant Contract, GRANTEE agrees to strictly comply with the requirements and obligations of this Grant Contract, including all exhibits.
- **12.3** Amendment. This Grant Contract shall not be modified or amended except in writing, signed by both parties. Any properly executed amendment of this Grant Contract shall be binding upon the Parties and presumed to be supported by adequate consideration.
- 12.4 Partial Invalidity. If any term or provision of this Grant Contract is found to be illegal or unenforceable, such construction shall not affect the legality or validity of any of its other provisions. The illegal or invalid provision shall be deemed severable and stricken from the contract as if it had never been incorporated herein, but all other provisions shall continue in full

force and effect.

- 12.5 Non-waiver. The failure of any Party to insist upon strict performance of any of the terms or conditions herein, irrespective of the length of time of such failure, shall not be a waiver of that party's right to demand strict compliance in the future. No consent or waiver, express or implied, to or of any breach or default in the performance of any obligation under this Grant Contract shall constitute a consent or waiver to or of any breach or default in the performance of the same or any other obligation of this Grant Contract.
- 12.6 Official Capacity. The Parties stipulate and agree that the signatories hereto are signing, executing and performing this Grant Contract only in their official capacity.

OFFICE OF THE ATTORNEY GENERAL	Caldwell County	
	SAMIL	
Printed Name: Office of the Attorney General	Printed Name: Hoppy Haden Authorized Official	

SAVNS MAINTENANCE GRANT CONTRACT

OAG Contract No. 2002913

EXHIBIT A

Population Size:	Medium
The total liability	of the OAG for any type of liability directly or indirectly arising out of this Grant
Contract and in co	onsideration of GRANTEE'S full, satisfactory and timely performance of all its
duties, responsibil	lities, obligations, liability, and for reimbursement by the OAG for expenses, if

any, as set forth in this Grant Contract or arising out of any performance herein shall not exceed

the following:

Annual Cost for Jail	Annual Cost	Annual E-Vine	MAXIMUM				
	for Courts	Upgrade Cost	REIMBURSABLE COSTS				
\$14.467.87	\$2,527.50	\$1,623.50	\$18,618.87				

The annual costs listed above will be billed by the Vendor on a quarterly basis pursuant to the terms of Participating entity Service Agreement (Exhibit B). The OAG is not obligated to pay for services prior to the commencement or after the termination of this Grant Contract.



Certificate Of Completion

Envelope Id: E57E03C476E24E44A8647F718ECCF00E

Subject: Please DocuSign: FY 2020 SAVNS Grant Award

Template ID:

Source Envelope:

Document Pages: 20

Certificate Pages: 7

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06.00) Central Time (US & Canada)

Signatures: 0

Initials: 0

Karly Watson PO Box 12548 Austin, TX 78711-2548

> Karly.Watson@oag.texas.gov IP Address: 204.64.50.216

Sent: 10/31/2019 3:11:20 PM

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10/31/2019 3:11:12 PM

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Karly Watson@oag texas gov

Location: DocuSign

Timestamp

Envelope Originator:

Status_Sent

Signer Events Signature

Hoppy Haden

hoppy.haden@co.caldwell.tx.us

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(None)

Electronic Record and Signature Disclosure:

Accepted: 11/1/2019 10:32:16 AM

ID: cbad4335-c293-4ef2-88d1-c7b5a1f032a5

Melissa Foley

Melissa.Foley@oag.texas.gov

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Gene McCleskey

Gene McCleskey@oag texas.gov

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Accepted: 1/14/2019 12:34:26 PM

ID: 6a746d16-8742-4c15-ace2-f36a64c991b6

Financial Litigation - FLD Attorney Review

Signing Group: Financial Litigation - FLD Attorney

Review

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Joshua Godbey

Signing Group: Joshua Godbey

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events Signature **Timestamp**

Bruce Williamson

Bruce.Williamson@oag.texas.gov

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Mark Penley

Mark Penley@oag.texas.gov

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Karly Watson

karly.watson@oag.texas.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Not Offered via DocuSign

FLD Contracts

FLDcontracts@oag.texas.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Not Offered via DocuSign

Accounting Contracts

acc_docusign_contracts@oag.texas.gov Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure: Not Offered via DocuSign

Joshua Alexander

Joshua.Alexander@oag.texas.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/31/2019 3:11:20 PM

Payment Events Status Timestamps

Electronic Record and Signature Disclosure

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From time to time, Office of the Attorney General (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Electronic signature

An electronic signature is an electronic identifier, created by a computer, attached to or logically associated with an electronic record, executed or adopted by a person with the intent and with the actual authority to sign the record. Your electronic signature has the same legal force and effect as a manual signature. Your electronic signature constitutes your signature, acceptance, and agreement as if you signed in writing.

Security standards

DocuSign provides security assurance with enterprise-wide ISO 27001:2013 certification, xDTM compliance, as well as SSAE 16, SOC 1 Type 2, SOC 2 Type 2 reports. DocuSign delivers data confidentiality with application level AES 256 bit encryption.

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The Public Information Act, chapter 552 of the Texas Government Code, applies to all information we send and receive. The Public Information Act protects information from public disclosure if it is confidential by any law or rule. If we receive a written request for information, the Public Information Act requires us to publicly disclose requested information that is not confidential by law or rule or otherwise excepted from public disclosure. If you receive any information from us in error, you are not authorized to read, print, retain, copy, or disseminate the information. Any information you receive in error may be confidential information that cannot be disclosed without violating the criminal provisions of the Public Information Act or Texas Penal Code section 39.06. If you receive information in error, please immediately send an e-mail to servicedesk@oag.texas.gov to notify us of the error and delete all copies of the information you received.

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At any time, you may request from us a paper copy of any record we provided or made available electronically to you through the DocuSign system. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Office of the Attorney General

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: servicedesk@oag.texas.gov

To advise Office of the Attorney General of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at servicedesk@oag.texas.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address.

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

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To request delivery from us of paper copies of the notices and disclosures we previously provided to you electronically, you must send us an e-mail to servicedesk@oag.texas.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an e-mail to servicedesk@oag.texas.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take longer time to process.

Required hardware and software

Supported Browsers:	DocuSign supports the latest stable release (except where noted) of the following browsers: Chrome, Firefox, Safari, Internet Explorer 11+, Windows Edge
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	1024 x 768 minimum (for desktops and laptops
Enabled Security Settings:	Allow per session cookies. Users accessing the Internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection. Firewall settings must allow access to the following server: https://docucdn-a.akamaihd.net. DocuSign leverages Akamai as a content delivery service to enhance our application's performance.

^{**} These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Office of the Attorney General as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made

available to me by Office of the Attorney General during the course of my relationship with you.

19. Discussion/Action to regarding the County employee holiday for calendar year 2020. Speaker: Judge Haden; Backup: 3; Cost: None

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11/12/2019
Type of Agenda Item
Consent Discussion/Action Executive Session Workshop Public Hearing What will be discussed? What is the proposed motion? to discuss County employee holidays for calendar year 2020.
1. Costs: Actual Cost or Estimated Cost \$ none Is this cost included in the County Budget? Is a Budget Amendment being proposed? 2. Agenda Speakers:
Name Representing Title Judge Haden
(1) Judge Haden (2) (3)
3. Backup Materials: None To Be Distributed total # of backup pages (including this page)
4. 10/24/2019 Signature of Court Member Date

Exhibit A (amended on 4.22.19)



Observed 2019 County Holidays

January 1 January 21 New Year's Day Martin Luther King, Jr. Day February 18 President's Day April 19 Good Friday May 27 July 4 Memorial Day Independence Day Labor Day September 2 November 11 November 27 (1/2 day) Veterans Day Thanksgiving Day November 28, 29 December 24, 25, 26 Christmas Break Float Day One day per year *Floating Holiday must be taken within calendar year.

2019 Caldwell County Observed Holidays and Paydays

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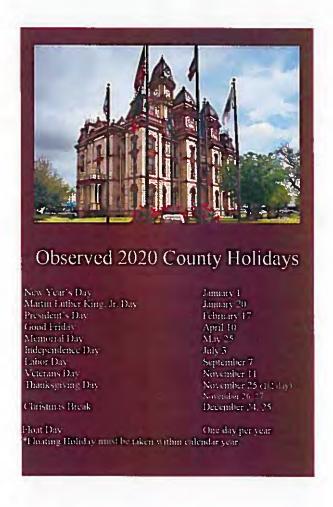
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2020 Caldwell County Observed Holidays and Paydays

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County Holiday

Pay Day

20. Discussion/Action regarding to reschedule the December 24, 2019 Commissioners Court Meeting. Speaker: Judge Haden;

Backup: 2; Cost None

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads — Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11.12.19
Type of Agenda Item
Consent Discussion/Action Executive Session Workshop
Public Hearing
What will be discussed? What is the proposed motion?
to reschedule the December 24, 2019 Commissioners Court meeting
1. Costs:
Actual Cost or Estimated Cost \$ None
Is this cost included in the County Budget?
Is a Budget Amendment being proposed?
2. Agenda Speakers: Name Representing Title
(1) Judge Haden
(2)
(3)
3. Backup Materials: Vone To Be Distributed total # of backup pages (including this page)
4. 98/21/2019
Signature of Court Member Date

Exhibit A (amended on 4.22.19)



Observed 2019 County Holidays

January 1 January 21 New Year's Day Martin Luther King, Jr. Day February 18 President's Day April 19 Good Friday May 27 July 4 Memorial Day Independence Day Labor Day September 2 November 11 November 27 (1/2 day) Veterans Day Thanksgiving Day November 28, 29 December 24, 25, 26 Christmas Break Float Day One day per year *Floating Holiday must be taken within calendar year.

2019 Caldwell County Observed Holidays and Paydays

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21. Discussion/Action regarding a variance request for Compostela Subdivision located on Williamson Road (CR 177) concerning the easement requirement under Appendix D.G) of the Caldwell County Development Ordinance as it applies to the subdivision. Speaker; Commissioner Roland/Kasi Miles/Tracy Bratton; Backup: 19; Cost: None

Caldwell County Agenda Item Request Form

To: All Elected Officials and Department Heads – Hand deliver or scan & email to hoppy.haden@co.caldwell.tx.us and ezzy.chan@co.caldwell.tx.us. Deadline is 5:00 pm Tuesday before the Regular meetings, however, please submit this completed form ASAP. "Anything missing will cause the Agenda Item to be held over to the next Regular meeting," according to our Rules & Procedures.

AGENDA DATE: 11/12/2019
Type of Agenda Item
Consent ✓ Discussion/Action Executive Session Workshop
Public Hearing
What will be discussed? What is the proposed motion?
Regarding a variance request for Compostela Subdivision located on Williamson Road (CR 177) concerning the easement requirement under Appendix D.G) of the Caldwell County Development Ordinance as it applies to the subdivision
1. Costs:
Actual Cost or Estimated Cost \$ None
Is this cost included in the County Budget?
Is a Budget Amendment being proposed?
2. Agenda Speakers: Name Representing Title
(1) Commissioner Joe Roland
(2)
(3)
3. Backup Materials: None To Be Distributed 19 total # of backup pages (including this page)
4. <u>Joe Roland</u> 10/31/2019
Signature of Court Member Date

Exhibit A (amended on 4.22.19)



Barron Oaks Plaza, Building II 901 Soudi MuPac Expy | Ste 225 Anstin, Texas 78746 phone 512,328,2008 fax 512 328 2409

September 3, 2019

Ms. Kasi Miles Caldwell County 1700 FM 2720 Lockhart, TX 78644

RE: Compostela Subdivision – Final Plat

BCG Project 070004-14-004

Dear Ms. Miles:

I represent the applicant in the above-referenced final plat. The applicant understands that Caldwell County staff will place the above-referenced plat on the County Commissioners Court agenda for approval on September 9, 2019 if the applicant requests a variance to the easement requirements set forth in Appendix D.G) of the Caldwell County Development Ordinance ("CDO"). In light of that condition for approval, and subject to and without waiving the applicant's rights under Section 235.0025(d) and (i) of the Texas Local Government Code ("TLGC") (such rights are hereby expressly reserved), the applicant hereby requests a variance to the easement requirements set forth in Appendix D.G) of the CDO.

As stated, by requesting this variance, the applicant is in no way waiving its rights or any claim under Section 235.00125 of the TLGC.

Thank you for your attention to this request.

Jeffrey S. Howard

Sincerely,

cc: Robert W. McDonald, III

Charles R. Wirtanen, P.E., Bowman Consulting Group
Amanda S. Montgomery, First Assistant District Attorney

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Discussion / Action to consider granting an extension on the preliminary plat for Compostela Subdivision located on Williamson Road (CR 177).

Cost: None Speaker: Commissioner Roland / Kasi Miles Backup: 2



Firm Registration No F-4768 4303 Russell Drive, Austin, TX 78704 Phone (512) 326-2667

October 27, 2017

Kasi Miles Caldwell County 1700 FM 2720 Lockhart, TX 78644

Re:

Compostela Subdivision 78 Acres Williamson Road Caldwell County TX

Dear Ms Miles:

The Preliminary for Compostela Subdivision has been delayed due to the pending condemnation action of the proposed Vista Ridge Regional Water Line ensement that will bisect the property. We have recently resubmitted the Preliminary, but we do not expect to have it returned with comments and then be able to clear all of the comments by the deadline as a result of that action.

For this reason, on behalf of the Owner, we respectfully request that the deadline for clearing all comments be extended by 180 days from the current deadline date.

Thank you for your consideration,

Very Truly Yours,

cc: Robert W McDonald, III

Tracy A. Bratton, P.E.

RE: Compostela-Extension request

Tracy Bratton

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িkas: Miles km les479টো utmail.com>, jordan powerk@co.caldwell to us kjordan pewell@co.caldwell to us>, Jacque Themas kjacque thomas@co.caldwell tx us>,

This needs to be placed on the next agenda. I recommend approval. The extenuating circumstances being 1) court detail of the variance which requires them to redesign the project and 2) a new proposed easement that is being taken by Vista Ridge pipeline.

Tracy A. Bratton, P.E. | Bowman Consulting TBPE Firm No. F-14309

From: David Sheets [mailto:david@vigilandassociates com]

Sent: Friday, October 27, 2017 3:19 PM

To: Kasi Miles <miles479@hotmail.com>
Cc: III Robert W. McDonald <txrwmc3@yahoo.com>; Hermann Vigil <hermann@vigilandassociates.com>; Tracy Bratton <tbratton@bowmanconsulting.com>
Subject: Compostela-Extension request

Kasi Miles, Director Sanitation Dept. Caldwell County

Kasi,

Please find attached a letter requesting an extension on the deadline for the Compostela Preliminary.

Thank you!

David

David Sheets
Vigil and Associates
4303 Russell Drive
Austin TX 78704
512 326-2667
david@vigilandassociates.com

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Discussion / Action to consider a variance request from Appendix A, Table B-2 of the Caldwell County Subdivision Ordinance to allow a right-of-way of less than sixty ft. (60') in width concerning Compostela subdivision located on Williamson Road (CR 177).

Cost: None Speaker: Commissioner Roland / Tracy Bratton / Kasi Miles Backup: 18



December 4, 2017

Kasi Miles Caldwell County 1700 FM 2720 Lockhart, TX 78644

RE:

Compostela Subdivision Preliminary Plat BCG Project No. 070004-14-003

Ms. Mlles,

Bowman Consulting has completed our review of the Preliminary Plat application for the Compostela Subdivision, comprised of 78.437 acres located in the Samson Connell League, Abstract No. 63 of Caldwell County, Texas. The plat contains forty-eight (48) lots ranging in size from 1.00 ac. to 1.99 ac. The subdivision has frontage on Williamson Rd. (CR 177).

Approval of the plat as currently configured, will require a variance to *Appendix A.TableB-2* of the Subdivision Ordinance, to allow a right-of-way of less than sixty (t. (60') in width. The ROW area in question is on Clayhili Terrace and approximately 175-ft feet in length.

In the event that the Commoners' Court does not approve the variance, the developer has submitted an alternate preliminary plat with the portion of Clayhill Terrace that is less than the normal ROW width shown as a "private easement for emergency ingress/egress and utilities" This alternate preliminary plat meets the County's Development Standards and does NOT require a variance.

I recommend approval of the variance. I believe that constructing the extension as a public ROW is a better alternative as it ensures longterm maintenance this secondary ingress / egress from the subdivision. Furthermore, the applicant has demonstrated that they can fit the necessary street infrastructure within the narrower-than-normal ROW.

In summary, the preliminary plat appears to be in general conformance with the rules and regulations of Caldwell County except for the described variance. I recommend approval of the variance and the preliminary plat. In the event that the Commissioners' Court does not approve the requested variance, the alternate preliminary plat submitted by the applicant (with a private emergency access easement) is in conformance with the County rules and regulations and is recommended for approval.

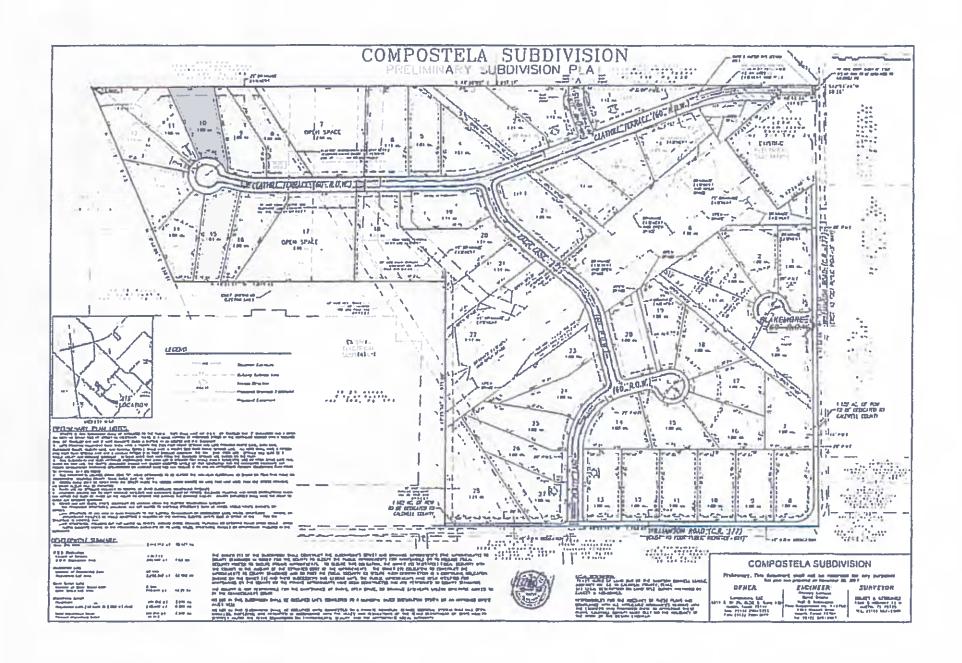
Sincerely.

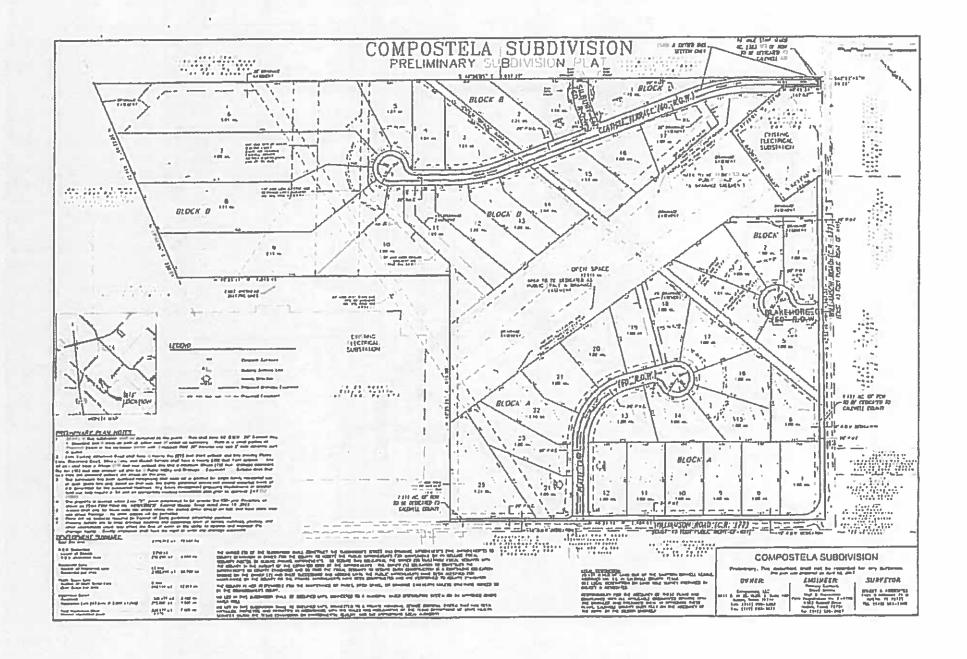
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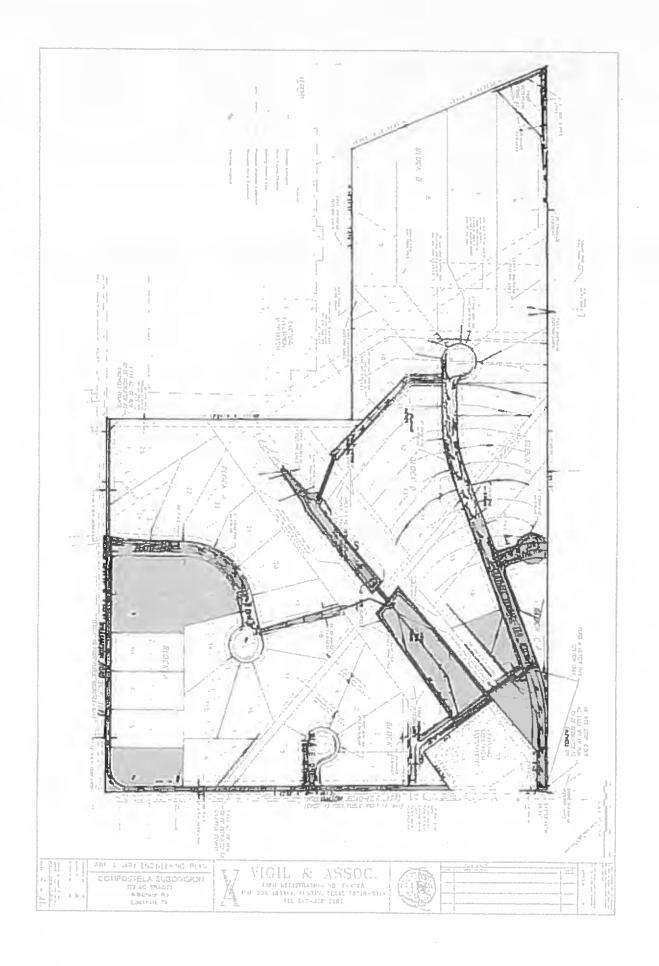
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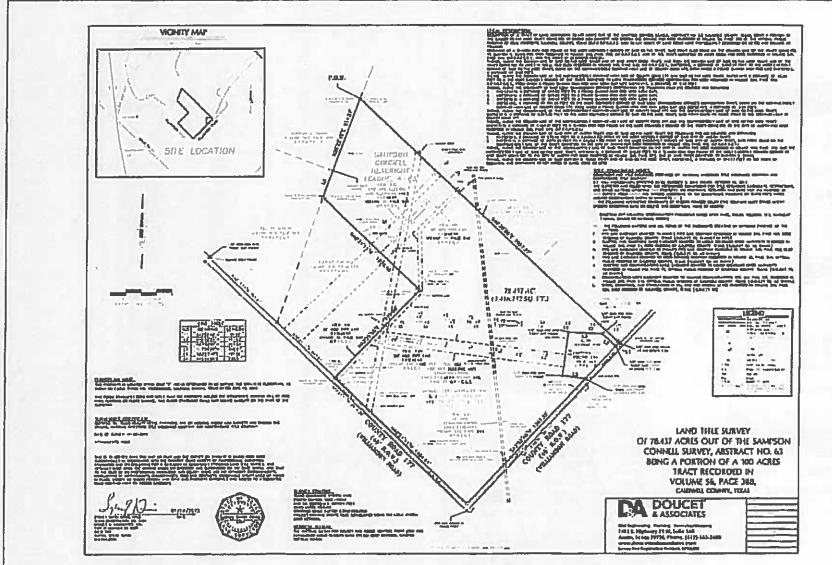
cc: Jacque Thomas

1120 South Capital Of Texas Hwy, Bldg 3, Suite 220, Austin, TX 78746 512.366.9559 | TBPE Firm No. 14309 | TBPL5 Firm No. 101206-00



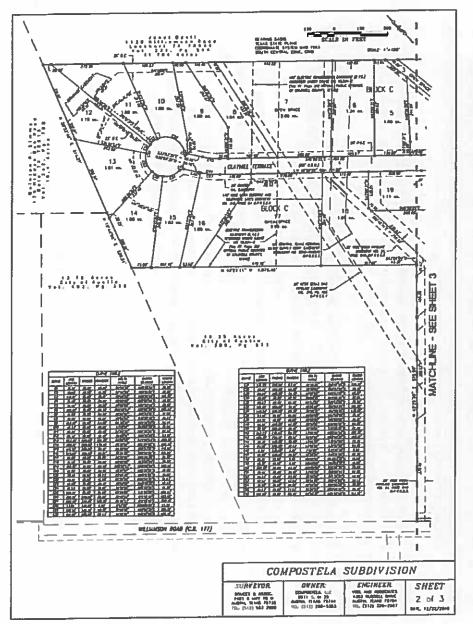


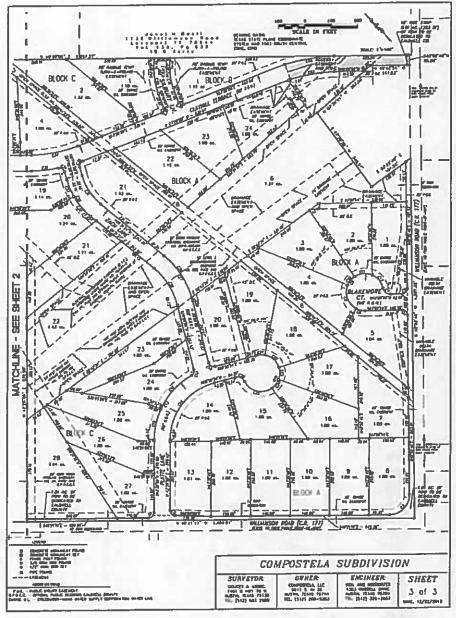




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August 29, 2019

Kasi Miles Caldwell County 1700 FM 2720 Lockhart, TX 78644

RE:

Compostela Subdivision – Final Plat – 3rd Technical Review BCG Project No. 070004-14-004

Ms. Miles.

Bowman Consulting Group has completed our 3rd technical review of the application for Compostela Subdivision Final Plat as submitted July 19, 2019 and we have found the following deficiencies:

FINAL PLAT

- Per CCDO 3.1- "The Commissioners Court will not approve a Final Plat for subdivision of land unless it complies with all applicable requirements of the provisions of this Development Ordinance and other applicable rules and regulations".
- 2. Representations have been made that all easement approvals were dealt with at the time of Preliminary Plat approval. A variance to the requirements of CCDO Appendix D.G) was not granted by the Preliminary Plat approval.
- 3. The rights-of-way shown in the do not comply with CCDO Appendix D.G) EASEMENTS AND RIGHT-OF-WAY REQUIREMENTS. "A letter, statement, or other instrument from the owner of any privately owned easement within the plat boundaries must be provided where such easements are proposed to be crossed by streets (either public or private), or a public utility, or drainage easements, stating that the owner of such easement approves such crossing of his/her private easements for the purposes intended and depicted upon the plat. Where an instrument of record is submitted in lieu of a letter or statement from the owner of any such private easement, the Court shall then refer such instrument to the County's attorney for his/her determination as to whether the conditions in such instrument are sufficient to adequately provide or accommodate the crossings of such private easement by the proposed streets (either public or private), public utility, or drainage easements depicted on the plat".



- Several of the "approval" review documents provided for easements had contingencies that have not been addressed and were considered in approving the Preliminary Plat including the following:
 - A. Austin Energy Easement- According to the Austin Energy document Preliminary Plat review comment "Review and sign off from Austin Energy is required for all final subdivision plats and construction plans for this preliminary subdivision". That "sign off" has not been provided.
 - B. LCRA stated "The grading and elevation information has not been provided and will be reviewed upon receipt", implying their approval was conditional. Has the requested information been provided to LCRA?
 - C. According to the memo provided by David Sheets, Level 3 Communications stated "they would like the right to review and approve any construction plans as they apply to protecting the underground cable prior to starting construction".
 - D. Koch Industries requires the developer to "please provide KPL with specific plans and details regarding the encroachment and construction for review and approval"

In any event, the County needs to be assured that plat dedications of public-right-of way are free of any restrictions that would prevent the use of the right-of-way as intended.

CONSTRUCTION PLANS

1. The construction plans cannot be approved until the easement issues are addressed.

Future submittals of the Final Plat and/or Construction Plans without resolution of the easement issues, will not be accepted for review.

Please let us know if you have any questions in regards to these comments.

Sincerely,

Charles R. Wirtanen, P.E. Bowman Consulting

22. Discussion/Action to consider passing regulations concerning the permitting and operation of game rooms located in the unincorporated areas in Caldwell County.

Speaker: Judge Haden/ Fred Weber;

Backup: 14; Cost: None

SECTION 1. STATUTORY AUTHORIZATION, PURPOSE, ADMINISTRATION, AREA OF APPLICATION, AND DEFINITIONS

1.1 Authority to Regulate

- (a) This Ordinance and these regulations are promulgated pursuant to and in conformity with Chapter 234 of the Texas Local Government Code, as amended, to promote the public health, safety, and welfare, as authorized by Section 234.133 of the Local Government Code.
- (b) It is the intent and purpose of the Caldwell County Commissioners Court to exercise its police power, as authorized under Chapter 234 of the Local Government Code, to establish reasonable and uniform regulation of game rooms to promote the public health, safety, and welfare and to prohibit business activities which merely serve as a front for criminal activities, including but not limited to gambling and tax evasion.
- (c) These regulations do not legalize anything prohibited under the Texas Penal Code or any other law or regulation.

1.2 Administration and Enforcement

- (a) Pursuant to Section 234.133 of the Local Government Code, the State of Texas has granted the Caldwell County Commissioners Court authority to promote the public health, safety, and welfare by regulating the operation of game rooms.
- (b) The Caldwell County Commissioners Court hereby designates and directs the Caldwell County Code Enforcement Office to enforce these regulations.
- (c) The Commissioners Court designates the Caldwell County Code Enforcement Office as Game Room Permit Administrator. The Caldwell County Code Enforcement Office shall supervise, control, and operate the Permit Office. The Caldwell County Code Enforcement Office shall investigate, deny, issue, and attach conditions to, administratively suspend or revoke game room permits pursuant to these regulations and any applicable state law.
- (d) In accordance with Section 234.138(b) of the Local Government Code, as amended, a person commits an offense if the person intentionally or knowingly operates a game room in violation of a regulation adopted under Section 234.133. An offense under this section is a Class A misdemeanor.

1.3 Area Covered by Regulations

These regulations apply to game rooms located:

- (a) in the unincorporated area of Caldwell County, and;
- (b) in the incorporated cities or towns of Caldwell County that execute cooperative agreements with Caldwell County for application of these regulations.

1.4 Definitions

As used in these regulations:

- (a) "Game room" means a for-profit business located in a building or a place that contains in any combination, six or more amusement redemption machines or electronic, electromechanical, or mechanical contrivances that, for consideration, afford a player the opportunity to obtain a prize or thing of value, the award of which is determined solely or partially by chance, regardless of whether the contrivance is designed, made, or adopted solely for bona fide amusement purposes.
- (b) "Amusement redemption machine" means any electronic, electro mechanical, or mechanical contrivance designed, made, and adopted for bona fide amusement purposes that rewards the player exclusively with noncash merchandise, prizes, toys, or novelties, or a representation of value redeemable for those items, that have a wholesale value available from a single play of the game or device of not more than 10 times the amount charged to play the game or device once, or \$5, whichever amount is less.
- (c) "Game room owner" means a person who:
 - (1) has an ownership interest in, or receives the profits from, a game room or an amusement redemption machine located in a game room;
 - (2) is a partner, director, or officer of a business, company, or corporation that has an ownership interest in a game room or in an amusement redemption machine located in a game room;
 - (3) is a shareholder that holds more than ten (10) percent of the outstanding shares of a business company, or corporation that has an ownership interest in a game room or in an amusement redemption machine located in a game room;
 - (4) has been issued by the county clerk an assumed name certificate for a business than owns a game room or an amusement redemption machine located in a game room;
 - (5) signs a lease for a game room;
 - (6) opens an account for utilities for a game room;
 - (7) receives a certificate of occupancy or certificate of compliance for a game room;
 - (8) pays for advertising for a game room; or
 - (9) signs an alarm permit for a game room.

- (d) "Operator" means an individual who:
 - (1) operates a cash register, cash drawer, or other depository on the premises of a game room or of a business where the money earned or the records of credit card transactions or other credit transactions generated in any manner by the operation of a game room or activities conducted in a game room are kept;
 - (2) displays, delivers, or provides to a customer of a game room; merchandise, goods, entertainment, or other services offered on the premises of a game room;
 - (3) takes orders from a customer of a game room for merchandise, goods, entertainment, or other services offered on the premises of a game room;
 - (4) acts as a door attendant to regulate entry of customers or other persons into a game room; or
 - (5) supervises or manages other persons at a game room in the performance of an activity listed in this subsection.
- (e) "Applicant" means a person, corporation, partnership, or other business entity required to submit a game room application and includes all game room owners and operators of the particular game room that is subject of the application.
- (f) "Game Room Permit Administrator" means the Caldwell County Code Enforcement Officer or his designated agent.
- (g) "Peace officer" means an individual as described in Article 2.12 of the Texas Code of Criminal Procedure.
- (h) "Person" means an individual, partnership, corporation, association or other legal entity.
- (i) "Public Building" means a building used by federal, state, or local government that is open to the general public.
- (j) "Regulation" refers to this ordinance and these regulations of Caldwell County, Texas, governing the operation of game rooms.
- (k) "School" means a facility, including all attached playgrounds, dormitories, stadiums, and other appurtenances that are part of the facility, used for the primary purpose of instruction or education, including primary and secondary schools, colleges and universities, both public and private.
- (I) "Gambling device" means a device described in Article 47.01(4)(a) of the Texas Penal Code.
- (m) "Notice" is deemed effective on the date written notice to an Applicant, permit holder, or agent thereof is hand delivered or posted on the front exterior door of the Game Room, or upon receipt by certified mail.

SECTION 2. GAME ROOM PERMITS

2.1 Permit Required

- (a) It shall be unlawful for an owner or operator of a game room to operate, use or maintain, or to allow the operation, use or maintenance, of any room, building or facility in Caldwell County as a game room under the definition provided in this regulation without first securing an official permit from the Caldwell County Game Room Permit Administrator.
- (b) A completed application for a game room permit shall be filed with the Game Room Permit Administrator. The application shall be filed on the form provided by the Game Room Permit Administrator or on an accurate and legible copy of that form. A copy of the application can be obtained at the Caldwell County Code Enforcement Office. The applicant shall apply in person at the Caldwell County Code Enforcement Office. The Game Room Permit Administrator will establish the hours when an application can be submitted. A notice of deficiencies in an application will be mailed to the applicant within ten (10) business days of the receipt of the application if not all the information required by these regulations has been provided in the application. A receipt shall be mailed to the applicant within ten (10) business days of submission of a complete application to the Game Room Permit Administrator. Any failure to provide the information after a notice of deficiencies or a determination by the Game Room Permit Administrator that inaccurate, erroneous, or incomplete information has been submitted will provide grounds for denial or revocation of the application. The Game Room Permit Administrator is authorized to conduct such inspections of the proposed game room as he deems necessary to make a determination whether to approve or deny the application.
- (c) Each application shall be accompanied by:
 - (1) a copy of certification of occupancy or certification of compliance issued by the building official as appropriate for the proposed game room;
 - (2) a true and correct copy of the assumed name certificate filed in the office of the Caldwell County Clerk, bearing the file mark or stamp that evidences its filing, if the game room will be operating under an assumed name;
 - (3) the specific number of amusement redemption machines to be located in the proposed game room (which shall not exceed the number of persons who may occupy the game room premises without exceeding any occupancy restrictions that may be imposed by law;
 - (4) a non-refundable application fee of \$1,000.00;
 - (5) a copy of the applicant's government-issued photo identification; and
 - (6) a certification that the proposed enterprise is exempt from or will be located in compliance with the distance requirements set forth by Subsection 3 of these regulations.

- (d) The Game Room Permit Administrator shall assess and collect at the time of submission of an application a fee of \$1,000.00 to cover the cost of processing the application and investigating the applicant. Any failure by the applicant to provide the documents or pay the application fee required under this section will provide grounds for denial of the application.
- (e) A permit may be renewed for the following year no sooner than 60 days prior to the expiration of the current permit by filing a completed application for the permit with the Game Room Permit Administrator and paying the applicable fee set forth in subsection 2.1(d) of these regulations. A renewal application shall be subject to the same requirements in these regulations for a permit application.
- (f) A new application for a game room permit must be submitted if there is any change in ownership of the game room. Continuing operation of the game room without submitting a new application due to change of ownership shall be grounds for revocation of the game room permit.

2.2 Grounds for Denial, Revocation, or Suspension

- (a) Any violation of these regulations or failure to meet any requirement of these regulations, if applicable, will be a ground for denial, revocation, or suspension of a permit to operate a game room. If a game room's permit has been revoked, denied, or suspended, the game room shall not operate during the pendency of any appeal from the revocation, denial, or suspension.
- (b) The game room permit shall be denied upon the finding by the Game Room Permit Administrator that:
 - (1) the applicant was convicted of any of the following crimes:
 - gambling, gambling promotion, keeping a gambling place, communication gambling information, possession of gambling devices or equipment, or possession of gambling paraphernalia as described in Chapter 47 of the Texas Penal Code;
 - (ii) forgery, credit card abuse or commercial bribery as described in Chapter 32 of the Texas Penal Code;
 - (iii) a criminal offense as described in Chapter 34 of the Texas Penal Code;
 - (iv) criminal attempt, conspiracy or solicitation to commit any of the foregoing offense, or any other offense to the laws of another state or the United States that, if committed in this state, would have been punishable as one or more of the aforementioned offenses; or
 - (v) a criminal offense as described in Chapter 352, Subchapter B of the Texas Local Government Code; and

- (A) less than two years have elapsed since the date of conviction or the date of release from confinement imposed for the conviction, whichever is the later date if the conviction is of a misdemeanor offense; or
- (B) less than five years have elapsed since the date of conviction or the date of release from confinement for the conviction, whichever is the later date, if the conviction is of a felony offense.
- (2) The applicant made a misleading statement in the application for the game room permit;
- (3) The applicant is under eighteen (18) years of age;
- (4) The applicant has had a game room permit revoked within the one-hundred eighty (180) day period immediately preceding the date the application was filed;
- (5) The applicant is delinquent in the payment to the county of taxes, fees, fines or penalties assessed or imposed regarding the operation of a game room;
- (6) The application or renewal fee required by these regulations has not been paid;
- (7) The application is incomplete or fails to provide all required documentation; or
- (8) The location of the proposed game room is one for which a game room permit previously has been revoked.
- (c) The Game Room Permit Administrator shall have the authority and power to initiate a proceeding to revoke or suspend a game room permit if one or more of the following events or conditions have occurred:
 - (1) any violation of any of the offenses contained in subsection 2.2(b)(1) of this regulation has occurred on the premises;
 - (2) the applicant provided false, fraudulent or untruthful information on the original or renewal application form;
 - (3) the game room permit should not have been issued pursuant to these regulations;
 - (4) the owner is convicted of a criminal offense contained in subsection 2.2(b)(1) of this regulation; or
 - (5) there has been a change in the ownership of the game room from that disclosed in the application upon which the current permit was issued.

2.3 Issuance or Denial

- (a) The Game Room Permit Administrator shall not issue a game room permit until final disposition of any charge of any of the crimes listed in subsection 2.2(b)(1) that is pending or that arises during the investigation period. No game room permit shall be issued before there is a final determination of the criminal charge.
- (b) If the Game Room Permit Administrator denies a game room permit, he will give the applicant written notice of the basis for the denial.

2.4 Revocation or Suspension

- (a) If any of the stated events or conditions providing a basis for revocation or suspension of a game room permit under subsection 2.2(c) has occurred, the Game Room Permit Administrator shall forward to the game room permit holder or its designated agent a written notice of revocation. The notice shall set out the reasons for the action. The revocation shall become final on the fifth (5th) day after issuance of notice.
- (b) The enterprise or its designated agent shall have the opportunity to appear before a hearing examiner appointed by the Commissioners Court upon written request submitted to the Game Room Permit Administrator within ten (10) business days of delivery of the notice of revocation. The hearing examiner shall not have participated in any investigation of the alleged grounds for the revocation. The hearing shall be held within fourteen (14) business days of the request for hearing and the enterprise and the Game Room Permit Administrator shall be provided an opportunity to present evidence, cross-examine witnesses and be represented by legal counsel.
- (c) Upon finding that the facts presented at the hearing support a finding that grounds exist for revoking or suspending the game room permit, the hearing examiner may request that the parties present relevant evidence to show whether suspension or revocation of the game room permit is more appropriate. Reasonable conditions may be attached to a game room permit by the hearing examiner based on the evidence presented at the hearing.
- (d) If the hearing examiner determines that a game room permit should be revoked, the hearing examiner shall issue a written order revoking the game room permit, effective immediately.
- (e) If the hearing examiner determines, based upon the nature of the violations, that a suspension in lieu of revocation is appropriate, operation of the game room permit may be suspended for a period not to exceed six (6) months. The hearing examiner shall issue a written order suspending the game room permit and attaching conditions, if applicable, effective upon notice to the owner.
- (f) Upon finding that subsection 2.2(c)(3), 2.2(c)(4), or 2.2(c)(5) of these regulations has been violated, revocation of the game room permit shall be mandatory.
- (g) Revocation shall take immediate effect upon notice by the Game Room Permit Administrator, subject to reinstatement resulting from an appeal when:

- (1) there is a necessity for immediate action to protect the public from injury or imminent danger; or
- (2) a game room permit was issued based on a misrepresentation in the application and but for the misrepresentation the permit would not have been issued.

2.5 Hearings

- (a) A request for hearing must be in writing and delivered to the Game Room Permit Administrator within twenty (20) days of the denial, revocation or suspension. The applicant waives the right to a hearing if the request is not timely received by the administrator.
- (b) The applicant may re-apply for a game room permit if changes are made to bring the proposed game room or application into compliance with these regulations.
- (c) The decision of the hearing officer shall be final.
 - (1) On final decision of the hearing examiner, the losing party may appeal the decision by filing a petition in a district court in the county within 30 days after the date of the decision.
 - (2) An appeal under this section is under the substantial evidence rule, and the judgment of the district court is appealable as in other civil cases.

2.6 Application Fee; Amount

There shall be levied and collected from an applicant for a game room permit an application fee of \$1,000.00 per application for initial permit or a renewal thereof, as authorized by Section 234.135 of the Texas Local Government Code.

2.7 Application Fee Payment; Permit

The application fee provided for in subsection 2.6 of this Ordinance shall be paid to the Game Room Permit Administrator. If the application is approved, the Game Room Permit Administrator shall give the applicant a signed permit. The permit authorizes the applicant to operate the game room for one year from the date the permit is issued, in accordance with the representations made in the application.

2.8 Violations

- (a) Any owner or operator occupying, using, operating or maintaining any place for which a game room permit is required without first paying the fee and securing a permit therefor as required by subsection 2.6 of this Ordinance, or who operates, uses or maintains such place after the permit therefor has been revoked or suspended, shall be assessed a civil penalty of \$10,000.00 per violation, with each day a violation occurs or continues to occur being considered a separate violation.
- (b) An owner or operator commits a Class A misdemeanor offense if the owner or operator intentionally or knowingly operates a game room in violation of this subsection.

2.9 Effect

Each permittee under these regulations must meet and comply with all other requirements of any law or regulation applicable to the premises or any activity conducted thereon and the issuance of a permit under this article shall not excuse the permittee, his agents or employees or any patrons of such premises for any violation of the law.

SECTION 3. OPERATION OF GAME ROOMS

3.1 Inspection by Law Enforcement Officer

- (a) INSPECTION: The Game Room Permit Administrator or peace officer of the Caldwell County Sheriff's Department are authorized to inspect any business in Caldwell County for violations of these game room regulations. This regulation does not authorize a right of entry prohibited by law. Peace officers may enter a business with consent, with a warrant, or under exigent circumstances. A game room permit granted under these regulations gives peace officers implied consent to enter to inspect.
- (b) CONSENT TO ENTRY: Any owner or operator of a game room or other person who does not allow a law enforcement officer to inspect a game room or an amusement redemption machine as required under the Texas Local Government Code Section 234.136 commits an offense. If a person violates this subsection, then that person shall be assessed a civil penalty of \$10,000.00 per violation, with each day a violation occurs or continues to occur being considered a separate violation.
- (c) An owner or operator commits a Class A misdemeanor offense if the owner or operator intentionally or knowingly operates a game room in violation of this subsection.
- (d) Any violation of this subsection is grounds for denial, revocation, or suspension of a game room permit.

3.2 Hours of Operation

- (a) A game room may operate only between the hours of 10:00 a.m. and 10:00 p.m.
- (b) If an owner or operator violates this subsection then that person shall be assessed a civil penalty of \$10,000.00 per violation, with each day a violation occurs or continues to occur being considered a separate violation.
- (c) An owner or operator commits a Class A misdemeanor offense if the owner or operator intentionally or knowingly operates a game room in violation of this subsection.
- (d) Any violation of this subsection is grounds for denial, revocation, or suspension of a game room permit.

3.3 Game Room Permits

- (a) It shall be the duty of any owner or operator of a game room to keep posted or displayed within the game room in plain sight in a common area accessible to the public without having to enter a controlled area of the business a current game room permit.
- (b) If an owner or operator violates this subsection then that person shall be assessed a civil penalty of \$10,000.00 per violation, with each day a violation occurs or continues to occur being considered a separate violation.
- (c) An owner or operator commits a Class A misdemeanor offense if the owner or operator intentionally or knowingly operates a game room in violation of this subsection.
- (d) Any violation of this subsection is grounds for denial, revocation, or suspension of a game room permit

3.4 Distancing and Location Restrictions

- (a) No more than three (3) game rooms shall be allowed to exist or operate in Caldwell County at any one time and shall be located:
 - (1) a minimum of three hundred (300) feet from any existing or planned school, regular place of religious worship, or residence; "planned" means that steps have been taken toward the facility's or structure's development including but not limited to a permit received, a plat approved, design work started, a bond received, or an order approved by a governmental entity's governing body;
 - (2) a minimum of five thousand (5,000) feet from an existing game room; and
 - (3) only on property having frontage and direct access to a state highway or interstate highway.
- (b) This subsection shall apply only to property uses or planned uses in existence at that location at least thirty (30) days prior to the date of application.
- (c) For purposes of this subsection, measurements shall be made in a straight line from the nearest portion of the building or appurtenances of a game room to the nearest portion of the building or appurtenances that is used for the purposes identified in subsection (a) above.
- (d) Game rooms in operation before the passage of this Ordinance and game rooms in construction for which building permits have been issued prior to the passage of this Ordinance are exempted from the requirements imposed by Section 3.4 of this Ordinance so long as the game room remains in continuous operation at the same location.
- (e) If an owner or operator violates this subsection then that person shall be assessed a civil penalty of \$10,000.00 per violation, with each day a violation occurs or continues to occur being considered a separate violation.

(f) Any violation of this subsection is grounds for denial, revocation, or suspension of a game room permit.

3.5 Game Room Sign Required

- (a) A game room shall have each outside door marked with a sign that:
 - (1) reads "GAME ROOM" twelve (12) inch or larger block lettering; and "Open to the public, must be 21 years of age or older" in four (4) inch or larger block lettering.
 - (2) is legible and visible at all times from a distance of fifty (50) feet from the outside door.
- (b) If an owner or operator violates this subsection then that person shall be assessed a civil penalty of \$10,000.00 per violation, with each day a violation occurs or continues to occur being considered a separate violation.
- (c) Any violation of this subsection is grounds for denial, revocation, or suspension of a game room permit.

3.6 Transparent and Uncovered Windows and Doors Required

- (a) A game room shall provide at least one (1) window in the front of the building and at least one (1) other window on one (1) other side meeting the criteria set forth in subsection (c), allowing a clear and unobstructed view of all machines described in subsection 1.4(a) located in a game room.
- (b) Its shall be unlawful for a person to exhibit or display, or to permit to be exhibited or displayed, for commercial use any machine described in subsection 1.4(a) in a game room unless the required transparent windows of the game room:
 - (1) are located on at least two (2) sides of the game room , and each machine described in subsection 1.4(a) located therein is visible through such windows; and
 - (2) at the lowest point are not more than four (4) feet above the adjacent sidewalk or ground level; and
 - (3) at the highest point are at least six and one half (6.5) feet higher than the adjacent sidewalk or ground level; and
 - (4) are at least four (4) feet wide.
- (c) A game room shall provide transparent uncovered glass in each exterior game room window or door.
- (d) It shall be unlawful for a person to cover or tint a game room window or door, or otherwise block a window or door so as to obscure the view of any machine described in subsection 1.4(a) located in a game room, or the interior of the location from a sidewalk through a game room window or door. Any window tint must allow at least 69% visible light transmission.

- (e) If an owner or operator violates this subsection then that person shall be assessed a civil penalty of \$10,000.00 per violation, with each day a violation occurs or continues to occur being considered a separate violation.
- (f) An owner or operator commits a Class A misdemeanor offense if the owner or operator intentionally or knowingly operates a game room in violation of this subsection.
- (g) Any violation of this subsection is grounds for denial, revocation, or suspension of a game room permit.

3.7 Regulation of Amusement Redemption Machines

- (a) It shall be the duty of any owner or operator of a game room when applying for a game room permit from the Game Room Permit Administrator to specify the number of amusement redemption machines to be on the game room premises.
 - (1) All game room permit applications are required to indicate the location of the game room premises where the amusement redemption machines are physically located.
 - (2) It shall be a violation of this regulation for any owner or operator of a game room to have a greater number of amusement redemption machines located in the game room premises than that number specified on the application upon which the current permit was issued.
- (b) If an owner or operator of a game room violates this subsection then that person shall be assessed a civil penalty of \$10,000.00 per violation, with each day a violation occurs or continues to occur being considered a separate violation.
- (c) An owner or operator commits a Class A misdemeanor offense if the owner or operator intentionally or knowingly operates a game room in violation of this subsection.
- (d) Any violation of this subsection is grounds for denial, revocation, or suspension of a game room permit.

3.8 Illegal Machines

- (a) These regulations shall not be construed to authorize or permit the keeping, exhibition, operation, display, or maintenance of any gambling device that is prohibited by the constitution of this state or Chapter 47 of the Texas Penal Code.
- (b) A civil penalty of \$10,000.00 shall be assessed against the owner or operator of a game room for any machine used for illegal gambling.
- (c) If a law enforcement agency determines through investigation that a game room was in violation of Texas Penal Code Chapter 47, then the game room permit shall be immediately revoked.

3.9 Owners of Real Property Operated as Illegal Gaming Facility

It is not a defense to prosecution under this section that an owner of real property is leasing the property to an operator of a game room who operates it as an illegal gaming facility; both shall have civil liability for violation of this regulation.

3.10 Injunction and Civil Penalty

The Criminal District Attorney is authorized to sue in district court for an injunction to prohibit the violation or threatened violation of these game room regulations adopted under Texas Local Government Code € 243.133. The County is entitled to recover reasonable expenses incurred in obtaining injunctive relief, civil penalties, or both, including reasonable attorney's fees, court costs, and investigatory costs.

SECTION 4. MISCELLANEOUS

4.1 Publication of Notice

The Commissioners Court shall cause a notice of the passage of this Ordinance to be published twice within thirty (30) days of the passage of the Ordinance in a newspaper of general circulation within Caldwell County. The notice shall announce the passage of the Ordinance and the availability of additional information from the Caldwell County Commissioners Court.

4.2 Special Provision for Currently Existing Game Rooms

It shall be the duty of any owners and operators of game rooms existing and operating within Caldwell County on the date of the passage of this Ordinance or in construction for which building permits were issued prior to the date of the passage of this Ordinance to submit within sixty (60) days of the passage of this Ordinance an application in conformity with the provisions of this Ordinance. Any person who continues with the operation of a game room without complying with this requirement shall be in violation of this Ordinance and shall be assessed a civil penalty of \$10,000.00 per violation, with each day a violation occurs or continues to occur being considered a separate violation.

4.3 Effective Date

This Ordinance shall become effective upon passage.

23. Discussion/Action to canvass the Constitutional General Election. Speaker: Judge Haden/ Pamela Ohlendorf; Backup: 6; Cost: None

CANVASS OF GENERAL ELECTION

(name)		(office)	
of	, Texas, me	with the	
of(political subdivision holding	ng election)	(body acting as c	anvassing board
sitting as the canvassing board	d to canvass the general	election of	, 20
on	, 20at		Texas.
I certify that the figures on the	e tally sheets correspond	d with the figures on the re	turns.
Witness my hand this	day of		, 20
	j	residing Officer of Canva	ssing Authority





CALDWELL COUNTY ELECTIONS ADMINISTRATION OFFICE

1403 BLACKJACK ST. LOCKHART, TX 78644

CANVASS

I, Pamela Ohlendorf, Elections Administrator for Caldwell County Texas, do certify that the following are a true and accurate statement of the votes cast in the various precincts of Caldwell County for the Constitution/Special Election held November 5, 2019 on behalf of Caldwell County.

Dated: November 7, 2019

Jamela Uhlendry CERA REO
Pamela Ohlendorf CERA REO

Elections Administrator

Caldwell County, Texas

Election Summary Report - Grand Total 2019 General Election

Canvass Reporting

November 5, 2019

Caldwell County, TX

STATISTICS	
	TOTAL
Election Day Precincts Reporting	31 of 31
Precincts Complete	31 of 31
Precincts Partially Reported	0 of 31
Absentee/ Early Precincts Reporting	31 of 31
Registered Voters - Total	24,804
Ballots Cast - Total	4,086
Ballots Cast - Blank	1
Voter Turnout • Total	16.47%

Election Summary Report - Grand Total 2019 General Election

November 5, 2019

Canvass Reporting

Caldwell County, TX

STATE OF TEXAS PROPOSITION 1

Vote For 1

	TOTAL
For	1,156
Against	2,864

STATE OF TEXAS PROPOSITION 2

Vote For 1

	TOTAL
For	2,514
Against	1,499

STATE OF TEXAS PROPOSITION 3

Vote For 1

	TOTAL	
For	3,391	
Against	622	

STATE OF TEXAS PROPOSITION 4

Vote For 1

	TOTAL	
For	2,954	
Against	1,063	

STATE OF TEXAS PROPOSITION 5

Vote For 1

	TOTAL
For	3,617
gainst	420

Election Summary Report - Grand Total 2019 General Election

Canvass Reporting

November 5, 2019

Caldwell County, TX

STATE OF TEXAS PROPOSITION 6

Vote For 1

	TOTAL
For	2,584
Against	1,444

STATE OF TEXAS PROPOSITION 7

Vote For 1

	TOTAL
For	2,778
Against	1,253

STATE OF TEXAS PROPOSITION 8

Vote For 1

	TOTAL
or	3,183
Against	849

STATE OF TEXAS PROPOSITION 9

Vote For 1

	TOTAL
For	1,868
Against	 2,096

STATE OF TEXAS PROPOSITION 10

Vote For 1

	TOTAL
For	3,800
Against	239

Adjournment.

As authorized by Chapter 551 of the Texas Government Code, the Commissioners Court of Caldwell County, Texas reserves the right to adjourn into Executive Session at any time during the course of this meeting to discuss any of the matters listed above The Court may adjourn for matters that may relate to Texas Government Code Section 551.071(1) (Consultation with Attorney about pending or contemplated litigation or settlement offers); Texas Government Code Section 551.071(2) (Consultation with Attorney when the attorney's obligations under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas conflicts with Chapter 551 of the Texas Government Code); Texas Government Code Section 551.072 (Deliberations about Real Property); Texas Government Code Section 551.073 (Deliberations about Gifts and Donations); Texas Government Code Section 551.074 (Personnel Matters); Texas Government Code Section 551.0745 (Deliberations about a County Advisory Body); Texas Government Code Section 551.076 (Deliberations about Security Devices); and Texas Government Code Section 551.087 (Economic Development Negotiations). In the event that the Court adjourns into Executive Session, the Court will announce under what section of the Texas Government Code the Commissioners Court is using as its authority to enter into an Executive Session. The meeting facility is wheelchair accessible and accessible parking spaces are available. Request for accommodations or interpretive services must be made 48 hours prior to this meeting. Please contact the County Judge's office at 512-398-1808 for further information. www.co.caldwell.tx.us