COMMISSIONERS COURT AGENDA

JUNE 25, 2018

Commissioners Court – June 25, 2018

NOTICE OF A MEETING OF THE COMMISSIONERS COURT OF CALDWELL COUNTY, TEXAS



CAROL HOLCOMB

COUNTY CLERK, CALDWELL COUNTY, TEXAS

By Marieta Schene Deputy

Notice is hereby given that an open meeting of the Caldwell County Commissioners Court will be held on the 25th day of June, 2018 at 9:00 A.M. in the 2nd Floor Courtroom, Caldwell County Courthouse located at 110 S. Main Street, Lockhart, Texas at which time the following subjects will be discussed, considered, passed or adopted, to wit:

Call Meeting to Order.

Invocation. Lockhart Ministerial Alliance

Pledge of Allegiance to the Flags.

(Texas Pledge: 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.

<u>Citizens' Comments.</u> 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 comments 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 in the amount of \$ 360,487.43.
- 2. Ratify re-occurring County payments in the amount of:
 - A. \$ 289,706.18 (Payroll for 06/01/2018 06/15/2018)
 - B. \$ 85,916.97 (Payroll Tax for 06/01/2018 06/15/2018)
- 3. Accept May 2018-2019 Tax Collection Report submitted by the Caldwell County Appraisal District.
- 4. Accept ESD financial reporting from Emergency Services District No. 4 (ESD #4) for Fiscal Year Ending April 30, 2018.

- 5. Accept Internal Revenue Service (IRS) Form 990-N Filing (Electronic Notice for Tax-Exempt Organization) for Tri-Community Volunteer Fire Department for year ending 12/31/2017.
- 6. Accept Internal Revenue Service (IRS) Form 990-EZ filing for McMahan Volunteer Fire Department for year ending 12/31/2017.
- 7. Accept Texas A&M AgriLife Extension Continuing Education Credit hours for Commissioner, Precinct 2, Eddie Moses.

SPECIAL PRESENTATION

Martin Ritchey: Presentation of Award to BR3T Long Term Recovery Team for their support of housing recovery in Caldwell County following the devastating Memorial 2015 Flood, All Saints Day 2015 Flood and leadership in building a collaborative team that will serve the community for future disasters.

AGENDA ACTION ITEMS

- 8. Discussion/Action regarding the burn ban. Cost: None; Speaker: Judge Schawe / Martin Ritchey; Backup: None.
- 9. Discussion/Action to execute the Interlocal Agreement between Guadalupe-Blanco River Authority (GBRA) and Caldwell County for Installation, Operation and Maintenance of Flood Sirens. Cost: TBD (County shall be responsible for all Operation & Maintenance expenses which exceed GBRA contribution set forth in the agreement); Speaker: Judge Schawe / Martin Ritchey; Backup: 22.
- 10. Discussion/Action to approve the updated Basic Emergency Operations Plan. Cost: None; Speaker: Judge Schawe / Martin Ritchey; Backup: To be distributed in court.
- 11. Discussion/Action regarding consideration and approval of a Resolution by the Commissioners Court of Caldwell County, Texas authorizing and approving publication of Notice of Intention to issue Certificates Of Obligation; complying with the requirements contained in Securities and Exchange Commission Rule 15c2-12; and providing an effective date. Cost: None; Speaker: Judge Schawe; Backup: 9.
- 12. Discussion/Action regarding the sale of Caldwell County property #45648. Cost: None; Speaker: Judge Schawe; Backup: None.

- 13. Discussion/Action to approve Budget Amendment #16 for Sheriff's Department by increasing earned Estimated Revenue line item 001-6000-0971 / River Patrol Revenue in the amount of \$84,724 aligned with the 001-4300-1160 / River Patrol Expense in the amount of \$70,054 for Sheriff's Department. Cost: None; Speaker: Judge Schawe; Backup: 1.
- 14. Discussion/Action authorizing the Unit Road Department to purchase two pickups and radios from remaining balance in Machinery and Equipment account, (Line item: 002-1101-5310). Cost: TBD; Speaker: Commissioner Theriot / Donald LeClerc; Backup: None.
- 15. Discussion/Action to approve Budget Amendment #17 decreasing budget line item 002-1103-3135 / Operating Supplies in the amount of (\$6,000) and increasing budget line item 002-1103-4529 / Contract Labor in the amount of \$6,000 netting a \$0 cost to Unit Road. Cost: None; Speaker: Judge Schawe / Donald LeClerc; Backup: 1.
- 16. <u>PUBLIC HEARING at 9:30AM:</u> concerning the approval of a Preliminary Plat for Tower Meadows subdivision to include 23 lots on approximately 78.438 acres off Tower Road and Black Ankle Road. Cost: None; Speaker: Commissioner Wright / Kasi Miles; Backup: 4.
- 17. Discussion/Action to consider approval of a Preliminary Plat for Tower Meadows subdivision to include 23 lots on approximately 78.438 acres located off Tower Road and Black Ankle Road. Cost: None; Speaker: Commissioner Wright / Kasi Miles; Backup: 11.
- 18. <u>EXECUTIVE SESSION</u> pursuant to Sections 551.071 and 551.087 of the Texas Government Code: consultation with counsel and deliberation regarding economic development negotiations associated with Project Soar. Possible action may follow in open court. Cost: TBD; Speaker: Commissioner Theriot / Mike Kamerlander; Backup: None.

19. 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 551.074 (Deliberations about Security 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

CONSENT AGENDA.

(The following consent items may be acted upon in one motion).

1. Approve payment of County invoices in the amount of \$ 360,487.43.



Caldwell County, TX

Expense Approval Register

Packet: APPKT02586 - 6/25/18 A/P RUN

THE COUR					
Vendor Name	Payable Number	Description (Item)	Account Name	Account Number	Amount
Fund: 001 - GENERAL FUND					
NEOFUNDS BY NEOPOST	5132018	CCIC POSTAGE INVENTORY	POSTAGE INVENTORY	001-1370	3,000.00
TEXAS AGRICULTURAL FINA	52018	REPORTING PERIOD - MAY 2	DUE TO STATE - OTHER FEES	001-2865	265.00
					3,265.00
ExpitemNumber: 2040 - \	WORKERS' COMP.				
TEXAS ASSOCIATION OF COU	20514-WC3	3RD QUARTER MEMBER # 02	WORKERS' COMP.	001-6510-2040	38,661.00
			ExpltemNumbe	r 2040 - WORKERS' COMP. Total:	38,661.00
ExpitemNumber: 3050 - E	DUES & SUBSCRIPTIONS				
LEXISNEXIS RISK DATA MAN	1623451-20180531	BILLING ID: 1623451 MAY	DUES & SUBSCRIPTIONS	001-6560-3050	50.00
THE LULING NEWSBOY & SIG	62018	ANNUAL RENEWAL	DUES & SUBSCRIPTIONS	001-6560-3050	38.00
CARD SERVICE CENTER	6/15/18	INVOICES FROM 5/31 - 6/13/	DUES & SUBSCRIPTIONS	001-3200-3050	180.00
			ExpltemNumber 3050	- DUES & SUBSCRIPTIONS Total:	268.00
ExpitemNumber: 3100 - F	FOOD SUPPLIES				
FERRIS JOSEPH PRODUCE, IN	104469	ICEBERG 24 CT	FOOD SUPPLIES	001-4310-3100	19.50
SYSCO CENTRAL TEXAS, INC	213531813	CUST # 043430 DAIRY / MEA	FOOD SUPPLIES	001-4310-3100	3,159.27
FERRIS JOSEPH PRODUCE, IN	104482	RED CABBAGE LB	FOOD SUPPLIES	001-4310-3100	82.30
PFG-TEMPLE	9166917	CUST # 435577 DRY GROCER	FOOD SUPPLIES	001-4310-3100	553,30
FERRIS JOSEPH PRODUCE, IN	104490	BANANAS EA	FOOD SUPPLIES	001-4310-3100	279.10
SYSCO CENTRAL TEXAS, INC	213541642	CUST # 043430 DAIRY / MEA	FOOD SUPPLIES	001-4310-3100	2,874.88
FERRIS JOSEPH PRODUCE, IN	1044533	25 LB 6X6 TOMATOES CASE	FOOD SUPPLIES	001-4310-3100	125.00
FERRIS JOSEPH PRODUCE, IN	104539	BANANAS EA	FOOD SUPPLIES	001-4310-3100	124.30
PFG-TEMPLE	9170150	CUST # 435577 DRY GROCE	FOOD SUPPLIES	001-4310-3100	733.35
			ExpltemNum	ber 3100 - FOOD SUPPLIES Total:	7,951.00
ExpltemNumber: 3110 - (OFFICE SUPPLIES				
PRINTING SOLUTIONS	20732	STAMP - CALDWELL COUNTY	OFFICE SUPPLIES	001-3254-3110	21.70
DEWITT POTH & SON	535000-0	CUST # 12430 CARTRIDGE, I	OFFICE SUPPLIES	001-6550-3110	44.64
DEWITT POTH & SON	537735-0	CUST # 12430 FOLDER, FILE,	OFFICE SUPPLIES	001-6640-3110	56.47
DEWITT POTH & SON	537751-0	ACCT # 12430 BINDER, VIE	OFFICE SUPPLIES	001-6560-3110	331.56
COMAL COUNTY TREASURER	002	CUST # 88161086 PRINT JOB	OFFICE SUPPLIES	001-3230-3110	49.94
DEWITT POTH & SON	537975-0	CUST # 12430 DIVIDERS, UN	OFFICE SUPPLIES	001-6580-3110	116.73
DEWITT POTH & SON	536436-0	CUST # 12430 SPOTPAPER	OFFICE SUPPLIES	001-3251-3110	259.67
DEWITT POTH & SON	538208-0	CUST# 12430 STAPLER, DSK	OFFICE SUPPLIES	001-3200-3110	284.85
PRINTING SOLUTIONS	20816	RECEIPT BOOKS 2 PART	OFFICE SUPPLIES	001-7610-3110	167.00
DEWITT POTH & SON	5386341-0	CUST # 12430 STAPLER, DES	OFFICE SUPPLIES	001-3200-3110	299.85
DEWITT POTH & SON	536673-0	CUST # 12430 SPOTPAPER	OFFICE SUPPLIES	001-3254-3110	134.21
DEWITT POTH & SON	538838-0	CUST # 12430 SPOTPAPER	OFFICE SUPPLIES	001-6560-3110	69.50
RELX INC. DBA LEXISNEXIS	30911489968	ACCT # 422MKTQ29 CUST #	OFFICE SUPPLIES	001-3230-3110	-4.09
RELX INC. DBA LEXISNEXIS	30911489968	ACCT # 422MKTQ29 CUST #	OFFICE SUPPLIES	001-3230-3110	66.09
DEWITT POTH & SON	5389460	CUST # 12430 SPOTPAPER	OFFICE SUPPLIES	001-6580-3110	34.75
DEWITT POTH & SON	536793-0	CUST # 12430 CALENDAR,	OFFICE SUPPLIES	001-6520-3110	23.83
DEWITT POTH & SON	536499-0	CUST # 12430 ENVELOPES	OFFICE SUPPLIES	001-3251-3110	85.00
DEWITT POTH & SON	539930-0	CUST # 12430 CRTDG, INK,	OFFICE SUPPLIES	001-3254-3110	176.09
DEWITT POTH & SON	540148-0	CUST # 12430 CRTDG, IJ, HP	OFFICE SUPPLIES	001-3251-3110	146.43
ESRI, INC.	93475738	CUST # 16356 ARCGIS DESK	OFFICE SUPPLIES	001-6550-3110	302.25
CARD SERVICE CENTER	6/15/18	INVOICES FROM 5/31 - 6/13/	OFFICE SUPPLIES	001-2140-3110	64.73
CARD SERVICE CENTER	6/15/18	INVOICES FROM 5/31 - 6/13/		001-4323-3110	94.99
CARD SERVICE CENTER	6/15/18	INVOICES FROM 5/31 - 6/13/	OFFICE SUPPLIES	001-8700-3110	25.50
PRINTING SOLUTIONS	20847	STAMP 4918 ACCREDITED RE		001-6570-3110	56.00
			ExpltemNum	ber 3110 - OFFICE SUPPLIES Total:	2,907.69
ExpltemNumber: 3115 -	CLEANING SUPPLIES				
ELECTION SYSTEMS & SOFT	1029766	ACCT # CO4192 MILITARY KI	Ballot Supplies	001-6550-3115	146.77
ELECTION SYSTEMS & SOFT	1032558	ACCT # CO4192 PRECINCT KI	Ballot Supplies	001-6550-3115	877.04
					3.774

Expense	Approval	Register

Packet: APPKT02586 - 6/25/18 A/P RUN

exherise whitenay vegizter				Packet: APPK102580 - 6/25	/18 A/P KUN
Vendor Name	Payable Number	Description (Item)	Account Name	Account Number	Amount
ELECTION SYSTEMS & SOFT	1039739	ACCT # CO4192 PRCEINCT KI	Ballot Supplies	001-6550-3115	175.44
				115 - CLEANING SUPPLIES Total:	1,199.25
ExpitemNumber: 3120 - P	POSTAGE		'		_,
PURCHASE POWER	5N # 4674606	ACCT # 8000-9090-0465-509	POSTAGE	001-4300-3120	25.03
NEOFUNDS BY NEOPOST	51318	ACCT # 7900 0440 8052 695	POSTAGE	001-4300-3120	300.00
11201 01103 01 11201 031	31316	ACC1 # 7500 0440 0052 055		Number 3120 - POSTAGE Total:	325.03
5			Expiton	Trainer 3220 TOSTAGE TOTAL	323.03
ExpltemNumber: 3130 - C		DATISHE TOSSA CANDAS /	005017016511001155		
CHISHOLM TRAIL VETERINAR	7323	PATIENT - TOSCA CANINE I/	OPERATING SUPPLIES	001-4300-3130	60.99
CHISHOLM TRAIL VETERINAR LARRY D. RIVERA	7904 EMT-18744	PATIENT - TOSCA CANINE I	OPERATING SUPPLIES OPERATING SUPPLIES	001-4300-3130	78.29
GONZALES BUILDING CENTE	INV0745763	4 X 6.5 FT PREMIUM DIGITAL CUST # CALDOO1 TOWEL M	OPERATING SUPPLIES	001-4300-3130 001-6520-3130	701.51
LIVENGOOD FEED STORE	LOINV000165158	ACCT # 1C250 HAY COASTA	OPERATING SUPPLIES	001-4300-3130	468.06
CHISHOLM TRAIL VETERINAR	8628	PATIENT: TOSACA CANINE I	OPERATING SUPPLIES	001-4300-3130	89.50 78.29
GONZALES BUILDING CENTE	9262	BISSEL STURDY SWEED	OPERATING SUPPLIES	001-6520-3130	27.99
M.B. HAMMO ENTERPRISES,	4990	TOILET PAPER REGULAR / RO	OPERATING SUPPLIES	001-4310-3130	461.68
UNIFIRST CORPORATION	822 2079413	CUST # 222727 RTE # F6140	OPERATING SUPPLIES	001-4310-3130	59.30
LIVENGOOD FEED STORE	LOINV000166140	ACCT # 1C250 TEXAS CHOIC	OPERATING SUPPLIES	001-4300-3130	29.64
NEWBART PRODUCTS, INC.	284320	CUST CO # CA6777 IDP SMA	OPERATING SUPPLIES	001-4310-3130	130.43
BRIAN BARRINGTON	700444	LOAD LONGHORN AT 1882 F	OPERATING SUPPLIES	001-4300-3130	100.00
COOKS CORRECTIONAL	N537795	CUST ID: 78644-1 LID 6 CO	OPERATING SUPPLIES	001-4310-3130	717.56
OFFICE DEPOT	143516329001	ACCT # 43682634 100 PK CD	OPERATING SUPPLIES	001-4300-3130	41.22
OFFICE DEPOT	143516445001	ACCT # 43682634 CALC INK	OPERATING SUPPLIES	001-4300-3130	19.12
LIVENGOOD FEED STORE	LOINV00166574	ACCT # 1C250 TEXAS CHOIC	OPERATING SUPPLIES	001-4300-3130	143.96
M.B. HAMMO ENTERPRISES,	5065	TOILET PAPER REGULAR / RO	OPERATING SUPPLIES	001-4310-3130	777.31
SYSCO CENTRAL TEXAS, INC	213531814	CUST # 043430 CHEMICAL &	OPERATING SUPPLIES	001-4310-3130	139.22
GONZALES BUILDING CENTE	INV075103.0	CUST # CALDOO1 ZEP ANTI B	OPERATING SUPPLIES	001-6520-3130	192.74
OFFICE DEPOT	135213920001	ACCT # 43682634 PEN, RETR	OPERATING SUPPLIES	001-4300-3130	58.21
OFFICE DEPOT	135269756001	ACCT # 43682634 PROTECT	OPERATING SUPPLIES	001-4300-3130	54.22
UNIFIRST CORPORATION	822 2083931	CUST # 222727 RTE # 6140 S	OPERATING SUPPLIES	001-4310-3130	59.30
PRINTING SOLUTIONS	20836	MAGISTRATE RECORDATION	OPERATING SUPPLIES	001-4310-3130	138.75
			ExpltemNumber 31	30 - OPERATING SUPPLIES Total:	4,627.29
ExpitemNumber: 3140 - (UNIFORMS				
CINTAS CORPORATION #86	086742443	CONTRACT # 01681 ACCT # 0	UNIFORMS	001-6520-3140	55.68
CINTAS CORPORATION #86	086747309	CONTRACT # 01681 ACCT # 0	UNIFORMS ·	001-6520-3140	76.74
			Expitemi	Number 3140 - UNIFORMS Total:	132.42
Evaltamblumban 3145	TRANSDORTATION SERVICES				
TEXAS DEPT.OF STATE HEALT	TRANSPORTATION SERVICES 2005759	REMOTE BIRTH ACCESS FOR	Remote Site Trans Fees	001 2150 2145	72.20
TEXAS DEFT.OF STATE HEAET	2003739	REMOTE BIRTH ACCESS FOR		001-2150-3145 ANSPORTATION SERVICES Total:	73.20 73.20
			expiretilianiinet 2143 - 14	ANSPORTATION SERVICES TOTAL:	73.20
ExpltemNumber: 3510 -					
JOHN DEERE FINANCIAL	1805-112720	CUST # 1-99 CROSS SCH 40	LULING ANNEX	001-6520-3510	36.16
UNIFIRST CORPORATION	822 2086592	CUST # 222727 RTE # F2900	LULING ANNEX	001-6520-3510	42.85
UNIFIRST CORPORATION	822 20843660	CUST # 222727 RTE # F2900	LULING ANNEX	001-6520-3510	42.85
TAYLOR SECURITY SYSTEMS,	75913	MONITORING FOR FIRE Q3-2		001-6520-3510	111.00
			ExpltemNum	ber 3510 - LULING ANNEX Total:	232.86
ExpitemNumber: 3530 -	MARKET ST. ANNEX-LOCKHART				
LOCKHART - TRUE VALUE	23847 /1	CUST # 11239 1 X 4 X 10 #2	MARKET ST. ANNEX-LOCKHA	001-6520-3530	7.78
			ExpltemNumber 3530 - MAR	KET ST. ANNEX-LOCKHART Total:	7.78
ExpitemNumber: 3550 -	JUDICIAL CENTER-LOCKHART				
SMITH SUPPLY CO LOCKHA	772341	TEFLON PIPE TAPE UT-11	JUDICIAL CENTER-LOCKHART	001-6520-3550	42.75
CARD SERVICE CENTER	6/15/18	INVOICES FROM 5/31 - 6/13/			158.00
TAYLOR SECURITY SYSTEMS,	76018	QRTLY MONITORING FOR FI	JUDICIAL CENTER-LOCKHART		111.00
,				DICIAL CENTER-LOCKHART Total:	311.75
FynitamNumbar 2000	HIVENIE DETENTION CTD 100	KHART	•		
CENTURY A/C SUPPLY	JUVENILE DETENTION CTRLOC 9312001	PICK TICKET # 6821019 ORD	HIVENILE DETENTION CTD 4	001 6570 7590	01.00
CENTURY A/C SUPPLY	9312001	PICKET # 6821871 ORDER #	JUVENILE DETENTION CTRL JUVENILE DETENTION CTRL		82.96 68.72
GENTONI MY GUTTET	J417773			ETENTION CTRLOCKHART Total:	68.72 151.68
		expi	remidence 2300 - JOVENICE D	ETENTION CIRCLOCKHART TOTAL	131.08

Expense Approval Register				Packet: APPKT02586 - 6/25	/18 A/P RUN
Vendor Name	Payable Number	Description (Item)	Account Name	Account Number	Amount
ExpitemNumber: 3600 - B	UILDING MAINTENANCE-LOC	KHART			
JOHN DEERE FINANCIAL	1805-111908	ACC# 1-99 WHT LARGE C-O	BUILDING MAINTENANCE-LO	001-6520-3600	24.82
JOHN DEERE FINANCIAL	1805-111914	ACCT # 1-99 CEMENT - BAG	BUILDING MAINTENANCE-LO	001-6520-3600	13.96
BAKER DISTRIBUTING COMP	ORDER # V607035	CUST# 047519 HSE SERIA	BUILDING MAINTENANCE-LO	001-6520-3600	1,854.00
JOHN DEERE FINANCIAL	1805-100815	ACCT # 1-99 COUPL RED PV	BUILDING MAINTENANCE-LO	001-6520-3600	48.41
		Explt	emNumber 3600 - BUILDING M	AINTENANCE-LOCKHART Total:	1,941.19
ExpltemNumber: 4080 - 4	DULT - ATTY LITIGATION EXP	FNSF			
DAN MCCORMACK	46,452	CAUSE # 46.452 CHAD WILLI	ADULT - ATTY LITIGATION EX	001-3240-4080	5.00
PAUL MATTHEW EVANS	46350	CAUSE # 46350 DEWARD LC	ADULT - ATTY LITIGATION EX	001-3240-4080	20.00
PAUL MATTHEW EVANS	46155	CAUSE # 46155, 46912 VIN	ADULT - ATTY LITIGATION EX	001-3240-4080	5.00
BARBARA MOLINA	46651	CAUSE # 46651 MARK ANTH	ADULT - ATTY LITIGATION EX	001-3240-4080	5.00
LARRY O. RASCO	46,019	COURT APPOINTED WARE	ADULT - ATTY LITIGATION EX	001-3240-4080	5.00
PHIL TURNER LAW PC	17-128	CAUSE # 17-128 ASHLEY NIC	ADULT - ATTY LITIGATION EX	001-3230-4080	5.00
WALTER S. DEAN, SR.	17-234	CAUSE # 17-234 RAQUEL GA	ADULT - ATTY LITIGATION EX	001-3230-4080	5.00
ROBERT A HAEDGE	18-032	CAUSE # 18-032 CLARENCE	ADULT - ATTY LITIGATION EX	001-3230-4080	5.00
ROBERT A HAEDGE	18-061	CAUSE # 18-061 MANDY ELI	ADULT - ATTY LITIGATION EX	001-3230-4080	5.00
DAVID M COLLINS	2017-025	CAUSE # 2017-025 SCOTT L	ADULT - ATTY LITIGATION EX	001-3230-4080	5.00
THE LAW OFFICE OF TREY HI	17-072	CAUSE # 17-072 JAMES BRIA	ADULT - ATTY LITIGATION EX	001-3230-4080	10.00
THE LAW OFFICE OF TREY HI	45,053	CAUSE # 45,053 SABRIYAH F	ADULT - ATTY LITIGATION EX	001-3240-4080	10.00
WALTER S. DEAN, SR.	17-102	CAUSE # 17-102 MATHEW A	ADULT - ATTY LITIGATION EX	001-3230-4080	10.00
THE CASEY LAW FIRM	17-216	CAUSE # 17-216 RODERICK	ADULT - ATTY LITIGATION EX	001-3230-4080	5.00
THE CASEY LAW FIRM	18-071	CAUSE # 18-071 / 17-167 S	ADULT - ATTY LITIGATION EX	001-3230-4080	10.00
1112 01021 0111 11111	20 0/2	•		TTY LITIGATION EXPENSE Total:	110.00
		ten!	Sitemitamoer 4000 " About - A	THE ENGATION EXITENSE TOTAL	210.00
ExpitemNumber: 4110 - P					
BOWMAN CONSULTING GR	246227	PROJ # 070004-02-003 130	Professional Services	001-6600-4110	715.00
BRAZOS VALLEY PATHOLOGY	100438F10029937CBVR	LEACH, JOHN DOB: 3/12/19	PROFESSIONAL SERVICES	001-4310-4110	30.00
BRAZOS VALLEY PATHOLOGY	2017074995	LEACH, JOHN DOB: 3/12/61	PROFESSIONAL SERVICES	001-4310-4110	20.00
AUSTIN RADIOLOGICAL ASS	001-17007540	HERNANDEZ, PEDRO DOB: 1	PROFESSIONAL SERVICES	001-4310-4110	35.00
AUSTIN RADIOLOGICAL ASS	001-1707540	HERNNANDEZ, PEDRO DOB:	PROFESSIONAL SERVICES	001-4310-4110	43.00
DELL SETON MED CNTR AT U	2018075461	ALTAMIRANO, ASHLEY DOB	PROFESSIONAL SERVICES	001-4310-4110	391.89
BCEP PA	2448501386385	ALTAMIRANO, ASHLYEY DO	PROFESSIONAL SERVICES	001-4310-4110	1,310.75
BOWMAN CONSULTING GR	251678	PROJ # 070004-06-002 TX ST	Professional Services	001-6600-4110	550.00
BOWMAN CONSULTING GR	251681	PROJ # 0700004-22-002 LYT	Professional Services	001-6600-4110	55.00
BOWMAN CONSULTING GR	251684	PROJ # 070004-30-003 COU	Professional Services	001-6600-4110	165.00
BOWMAN CONSULTING GR	251690	PROJ # 070004-65-001 DON'	Professional Services	001-6600-4110	165.00
BOWMAN CONSULTING GR	251691	PROJECT # 070004-68-001 H	Professional Services	001-6600-4110	165.00
AUSTIN RADIOLOGICAL ASS	001-1707540 1	HERNANDEZ, PEDRO DOB: 1	PROFESSIONAL SERVICES	001-4310-4110	137.50
AUSTIN RADIOLOGICAL ASS	001-1707540 2	HERNANDEZ, PEDRO DOB: 1	PROFESSIONAL SERVICES	001-4310-4110	64.00
AUSTIN RADIOLOGICAL ASS	001-1707540 3	HERNANDEZ, PEDRO DOB: 1	PROFESSIONAL SERVICES	001-4310-4110	28.00
AUSTIN RADIOLOGICAL ASS	001-1707540 4	HERNANDEZ, PEDRO DOB: 1	PROFESSIONAL SERVICES	001-4310-4110	35.00
SETON EDGAR B. DAVIS HOS	1163882 1	HERNANDEZ, PEDRO DOB: 1	PROFESSIONAL SERVICES	001-4310-4110	604.56
COMAL COUNTY FAMILY VIO	2018-030087	CASE # 2018-030087; 3/29/	PROFESSIONAL SERVICES	001-4300-4110	838.00
AUSTIN RADIOLOGICAL ASS	001-1707540 5	HERNANDEZ, PEDRO DOB: 1	PROFESSIONAL SERVICES	001-4310-4110	137.50
SETON EDGAR B. DAVIS HOS	1163882 2	HERNANDEZ, PEDRO DOB:	PROFESSIONAL SERVICES	001-4310-4110	434.50
AUSTIN RADIOLOGICAL ASS	001-1790322	DELEON, PABLO DOB: 1/17/	PROFESSIONAL SERVICES	001-4310-4110	33.00
BLUEBONNET TRAILS MHMR	27-04-2018	APRIL 2018 CONTRACT SERV	PROFESSIONAL SERVICES	001-4310-4110	600.00
SWAGIT PRODUCTIONS, LLC	10886	ACCT # 2K130701CC STREA	PROFESSIONAL SERVICES	001-6510-4110	575.00
CORRECTIONAL MOBILE ME	5095	X-RAYS FOR APRIL 2018	PROFESSIONAL SERVICES	001-4310-4110	990.00
ACC HEALTH LLC	CCTX01213	DENTAL SERVICES FOR MAY	PROFESSIONAL SERVICES	001-4310-4110	2,600.00
DENTON NAVARRO ROCHA	23921	ACCT # 25241 LEGAL SERVIC	PROFESSIONAL SERVICES	001-6510-4110	36.24
ORKIN - AUSTIN COMMERCI	171162823	ACCT # 291215197 SCH SVC	PROFESSIONAL SERVICES	001-4310-4110	292.27
TEXAS ASSOCIATION OF COU	NRDD-0003600	CLAIM # LE20160400-1 EST	PROFESSIONAL SERVICES	001-6510-4110	279.00
TEXAS ASSOCIATION OF COU	NRDD-0003601	BRIAN COOKS CLAIM # LE20		001-6510-4110	619.51
TEXAS ASSOCIATION OF COU	NRDD-0003626	ARLEIGH POWELL CLAIM # P	PROFESSIONAL SERVICES	001-6510-4110	3,896.73
CALDWELL COUNTY APPRAIS	52018	REIMBURSEMENT REQUEST	PROFESSIONAL SERVICES	001-2140-4110	2,095.07
			ExpitemNumber 4110 -	PROFESSIONAL SERVICES Total:	17,941.52
ExpitemNumber: 4122 -	INMATE MEDICATION				
MEDICAL WHOLESALE, INC.	05614988-IN	ORDER # 0478767 IBURPRO	INMATE MEDICATION	001-4310-4122	147.44
MEDICAL WHOLESALE INC	OS1SOSS IN	ODDED # OATOGOA CDEANA	INIMATE MEDICATION	001 4210 4122	62.00

INMATE MEDICATION

ORDER # 0478684 CREAM

MEDICAL WHOLESALE, INC.

0515055-IN

53.89

001-4310-4122

Expense Approval Register				Packet: APPKT02586 - 6/25	5/18 A/P RUN
Vendor Name	Payable Number	Description (Item)	Account Name	Account Number	Amount
MEDICAL WHOLESALE, INC.	0516244-IN	ORDER # 0479469 1BUPROF	INMATE MEDICATION	001-4310-4122	317.25
MEDICAL WHOLESALE, INC.	0517036-IN	ORDER # 0480384 AIMSTEP	INMATE MEDICATION	001-4310-4122	52,73
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2 - INMATE MEDICATION Total:	571.31
ExpitemNumber: 4123 - A	LITOPSV				
LEGENDS TRI-COUNTY FUNE	2018/050	JOEL SPENCER DOD: 4/29/1	AUTOPSY	001-6510-4123	300.00
CENTRAL TEXAS AUTOPSY, P	12318	CTA 427-17: JONAS RANGEL,	AUTOPSY	001-6510-4123	2,100.00
CENTRAL TEXAS AUTOPSY, P	12320	CTA 463-17: HOLLIS C. MATL	AUTOPSY	001-6510-4123	2,100.00
CENTRAL TEXAS AUTOPSY, P	12327	CTA 105-18: DIANNA BENTE	AUTOPSY	001-6510-4123	2,100.00
			Expltemi	Number 4123 - AUTOPSY Total:	6,600.00
ExpltemNumber: 4135 - E	MPLOYEE PHYSICALS				
SETON FAMILY OF HOSPITAL	3040670V8363	JOHNSON, SHONTEL E DOB;	EMPLOYEE PHYSICALS	001-4310-4135	65.00
ANITA ROSE MANCINI-MICH	127	SHONTEL JOHNSON	EMPLOYEE PHYSICALS	001-4310-4135	250.00
SETON FAMILY OF HOSPITAL	3051902V8363	HAYTER, PAULETTE DOB: 11	EMPLOYEE PHYSICALS	001-4310-4135	65.00
			ExpitemNumber 413:	5 - EMPLOYEE PHYSICALS Total:	380.00
ExpltemNumber: 4150 - A	DULT - EXPERT WITNESS				
MAURO PSYCHOLOGICAL SE	2459	CAUSE # 16-129 JERRY ARA	ADULT - EXPERT WITNESS	001-3230-4150	1,300.00
			ExpitemNumber 4150 - A	DULT - EXPERT WITNESS Total:	1,300.00
ExpltemNumber: 4160 - A	ADULT - INDIGENT ATTORN	NEY FEES			
LARRY O. RASCO	45,953	CAUSE # 45,953 CHRISTOPH	ADULT - INDIGENT ATTORNE	001-3240-4160	300.00
THE LAW OFFICE OF TREY HI	46,080	CAUSE # 46,080 JESSE RODR	ADULT - INDIGENT ATTORNE	001-3240-4160	850.00
DAN MCCORMACK	46,452	CAUSE # 46,452 CHAD WILLI	ADULT - INDIGENT ATTORNE	001-3240-4160	495.00
PAUL MATTHEW EVANS	46350	CAUSE # 46350 DEWARD L C	ADULT - INDIGENT ATTORNE	001-3240-4160	3,500.00
BOVIK & MEREDITH P.C.	46737	CAUSE # 46737 JHAJAYRA TU	ADULT - INDIGENT ATTORNE	001-3240-4160	275.00
DARLON JAMES SOJAK	16-255 2	CAUSE # 16-255 JODIE BRO	ADULT - INDIGENT ATTORNE	001-3230-4160	400.00
DARLON JAMES SOJAK	17-156	CAUSE # 17-156 VINSON WI	ADULT - INDIGENT ATTORNE	001-3230-4160	250.00
PAUL MATTHEW EVANS BARBARA MOLINA	46155 46651	CAUSE # 46155, 46912 VIN	ADULT - INDIGENT ATTORNE	001-3240-4160	750.00
DARLON JAMES SOJAK	51718	CAUSE # 46651 MARK ANTH CAUSE # NO CHARGES VINS	ADULT - INDIGENT ATTORNE ADULT - INDIGENT ATTORNE	001-3240-4160 001-3230-4160	345.00 375.00
LARRY O. RASCO	46,019	COURT APPOINTED WARE	ADULT - INDIGENT ATTORNE	001-3240-4160	600.00
CLIFFORD W. MCCORMACK	46726	CAUSE # 46726 RAUL C. HUE	ADULT - INDIGENT ATTORNE	001-3240-4160	800.00
WALTER S. DEAN, SR.	14-211	CAUSE # 14-211 MALIK HA	ADULT - INDIGENT ATTORNE	001-3230-4160	277.50
PHIL TURNER LAW PC	17-128	CAUSE # 17-128 ASHLEY NIC	ADULT - INDIGENT ATTORNE	001-3230-4160	650.00
WALTER S. DEAN, SR.	17-234	CAUSE # 17-234 RAQUEL GA	ADULT - INDIGENT ATTORNE	001-3230-4160	532.50
ROBERT A HAEDGE	18-032	CAUSE # 18-032 CLARENCE	ADULT - INDIGENT ATTORNE	001-3230-4160	650.00
ROBERT A HAEDGE	18-061	CAUSE # 18-061 MANDY ELI	ADULT - INDIGENT ATTORNE	001-3230-4160	500.00
DAVID M COLLINS	2017-025	CAUSE # 2017-025 SCOTT L	ADULT - INDIGENT ATTORNE	001-3230-4160	650.00
TAHLIA T. STEWART	16-FL-122 5	CAUSE # 16-FL-122 E.F.	ADULT - INDIGENT ATTORNE	001-3230-4160	427.00
THE LAW OFFICES OF CARRIE	17-FL-046 6	CAUSE # 17-FL-046 S.M.D.	ADULT - INDIGENT ATTORNE	001-3230-4160	427.00
THE LAW OFFICES OF CARRIE	17-FL-184 2	CAUSE # 17-FL-184 M. CHIL	ADULT - INDIGENT ATTORNE	001-3230-4160	616.00
CINDY A. DURAN	17-FL-184 4	CAUSE # 17-FL-184 M.R.M.	ADULT - INDIGENT ATTORNE	001-3230-4160	525.00
THE LAW OFFICES OF CARRIE	17-FL-357	CAUSE # 17-FL-357 N.L.T. &	ADULT - INDIGENT ATTORNE	001-3230-4160	301.00
TAHLIA T. STEWART	18-FL-045 1	CAUSE # 18-FL-045 HG, JG &	ADULT - INDIGENT ATTORNE	001-3230-4160	490.00
TAHLIA T. STEWART	18-FL-110	CAUSE # 17 073 JAMES BRIA	ADULT - INDIGENT ATTORNE	001-3230-4160	532.00
THE LAW OFFICE OF TREY HI LILIANA LEON FORES	17-072 17-237	CAUSE # 17-072 JAMES BRIA CAUSE # 17-237 MICHELLE	ADULT - INDIGENT ATTORNE ADULT - INDIGENT ATTORNE	001-3230-4160	1,000.00
LARRY O. RASCO	29,680	CAUSE # 29,680 JOSE HUERT	ADULT - INDIGENT ATTORNE	001-3230-4160 001-3240-4160	500.00 500.00
DAVID MENDOZA	43356	CAUSE # 43356, 43358, 4235	ADULT - INDIGENT ATTORNE	001-3240-4160	500.00
THE LAW OFFICE OF TREY HI	45,053	CAUSE # 45,053 SABRIYAH F	ADULT - INDIGENT ATTORNE	001-3240-4160	490.00
COLIN WISE	45207	CAUSE # 45207 SHANNON L	ADULT - INDIGENT ATTORNE	001-3240-4160	750.00
GLENN WILLIAMS	017-FL-359	CAUSE # 017-FL-359 A.R.	ADULT - INDIGENT ATTORNE	001-3230-4160	140.00
GLENN WILLIAMS	17-287	CAUSE # 17-287 KR, ZA	ADULT - INDIGENT ATTORNE	001-3230-4160	227.50
THE LAW OFFICES OF CARRIE	17-FL-287 2	CAUSE # 17-FL-287 Z.M.R.	ADULT - INDIGENT ATTORNE	001-3230-4160	427.00
GREGORY L. WILSON	17-FL-312 1	CAUSE # 17-FL-312 E.C. & D.	ADULT - INDIGENT ATTORNE	001-3230-4160	364.00
CINDY A. DURAN	17-FL-312 2	CAUSE # 17-FL-312 D.C / E.C	ADULT - INDIGENT ATTORNE	001-3230-4160	553.00
CINDY A. DURAN	17-FL-502 2	CAUSE 17-FL-502 D.V.	ADULT - INDIGENT ATTORNE	001-3230-4160	329.00
GLENN WILLIAMS	18-FL-110	CAUSE # 18-FL-110 N.A.	ADULT - INDIGENT ATTORNE	001-3230-4160	315.00
THE LAW OFFICES OF CARRIE	18-FL-185	CAUSE # 18-FL-185 P.G., A.G	ADULT - INDIGENT ATTORNE	001-3230-4160	350.00
GLENN WILLIAMS	18-FL-34	CAUSE # 18-FL-34 H.,D.	ADULT - INDIGENT ATTORNE	001-3230-4160	350.00
ARRIVE CLICT VALUE LARAC	45 51 544 4	CALLES MAD EL 044 C111			37.00

CAUSE # 12-FL-014 S.W.

JANA CLIFT-WILLIAMS

12-FL-014 1

ADULT - INDIGENT ATTORNE 001-3230-4160

77.00

Expense Approval Register				Packet: APPKT02586 - 6/2	5/18 A/P RUN
Vendor Name	Payable Number	Description (Item)	Account Name	Account Number	Amount
JANA CLIFT-WILLIAMS	15-FL-313 21	CAUSE # 15-FL-313 KBC / KC	ADULT - INDIGENT ATTORNE	001-3230-4160	168.00
JANA CLIFT-WILLIAMS	17-FL-046 7	CAUSE # 17-FL-046 S.M.D.	ADULT - INDIGENT ATTORNE	001-3230-4160	133.00
JUDITH BOHR	17-FL-116 4	CAUSE # 17-FL-116 K.J.M.	ADULT - INDIGENT ATTORNE	001-3230-4160	586.60
ADAM D. ROWINS	17-FL-166 5	CAUSE # 17-FL-166 L.U.	ADULT - INDIGENT ATTORNE	001-3230-4160	70.00
JANA CLIFT-WIŁLIAMS	17-FL-182 7	CAUSE # 17-FL-182 BLV III /	ADULT - INDIGENT ATTORNE	001-3230-4160	175.00
JANA CLIFT-WILLIAMS	17-FL-184 2	CAUSE # 17-FL-184 M.M	ADULT - INDIGENT ATTORNE	001-3230-4160	329.00
ADAM D. ROWINS	17-FL-347 5	CAUSE # 17-FL-347 A.L.G. /	ADULT - INDIGENT ATTORNE	001-3230-4160	56.00
ADAM D. ROWINS	17-FL-502 3	CAUSE # 17-FL-502 D.V.	ADULT - INDIGENT ATTORNE	001-3230-4160	161.00
ADAM D. ROWINS	18-FL-071 3	CAUSE # 18-FL-071 JAF / KLY	ADULT - INDIGENT ATTORNE	001-3230-4160	175.00
JANA CLIFT-WILLIAMS	18-FL-163 1	CAUSE # 18-FL-163 M.A. / R.	ADULT - INDIGENT ATTORNE	001-3230-4160	756.00
ADAM D. ROWINS	18-FL-185	CAUSE # 18-FL-185 M.G. / A	ADULT - INDIGENT ATTORNE	001-3230-4160	203.00
JANA CLIFT-WILLIAMS	18-FL-192	CAUSE # 18-FL-192 R.G.	ADULT - INDIGENT ATTORNE	001-3230-4160	84.00
ADAM D. ROWINS	18-FL-207	CAUSE # 18-FL-207 A.J.	ADULT - INDIGENT ATTORNE	001-3230-4160	462.00
CLIFFORD W. MCCORMACK	05-D-120 3	CAUSE # 05-D-120 S.J.N. &	ADULT - INDIGENT ATTORNE	001-3230-4160	
	08-D-318 3				360.00
CLIFFORD W. MCCORMACK		CAUSE # 08-D-318 J.D.R.	ADULT - INDIGENT ATTORNE	001-3230-4160	195.00
WALTER S. DEAN, SR.	17-102	CAUSE # 17-102 MATHEW A	ADULT - INDIGENT ATTORNE	001-3230-4160	450.00
THE CASEY LAW FIRM	17-216	CAUSE # 17-216 RODERICK	ADULT - INDIGENT ATTORNE	001-3230-4160	750.00
THE CASEY LAW FIRM	18-071	CAUSE # 18-071 / 17-167 S	ADULT - INDIGENT ATTORNE	001-3230-4160	950.00
THE LAW OFFICE OF TREY HI	16-113	CAUSE # 16-113 SERGIO DIA	ADULT - INDIGENT ATTORNE	001-3230-4160	450.00
		Ехр	ltemNumber 4160 - ADULT - IN	IDIGENT ATTORNEY FEES Total:	28,904.10
ExpitemNumber: 4180 - J	UVENILE - INDIGENT ATTORNE	/ FEES			
LARRY O. RASCO	18-J-2684	CAUSE # 18-J-2684 J.L.N.	JUVENILE - INDIGENT ATTOR	001-3240-4180	350.00
DAN MCCORMACK	2677-18CC 1	CAUSE # 2677-18CC J.A.M.	JUVENILE - INDIGENT ATTOR	001-3240-4180	150.00
CLIFFORD W. MCCORMACK	2680-18CC	CAUSE # 2680-18CC C.J.R.	JUVENILE - INDIGENT ATTOR	001-3240-4180	325.00
THE LAW OFFICE OF TREY HI	2665-18CC	CAUSE # 2665-18CC / 2687-1	JUVENILE - INDIGENT ATTOR	001-3240-4180	200.00
VICTOREA D. BROWN	2688-18CC	CAUSE # 2688-18CC R.E.C.	JUVENILE - INDIGENT ATTOR	001-3240-4180	294.06
				IDIGENT ATTORNEY FEES Total:	1,319.06
Francisco Blancisco 4200 1	INCAME ATTAINTICATION FY	·			-,
VICTOREA D. BROWN	UVENILE - ATTY LITIGATION EX		HIVENILE ATTVICTOR	001 7740 4190	E 0.4
VICTOREA D. BROWN	2688-18CC	CAUSE # 2688-18CC R.E.C.	JUVENILE - ATTY LITIGATION	001-3240-4189	5.94
		Expitei	Munuper 4193 - In AFMIFF - VI	TY LITIGATION EXPENSES Total:	5.94
ExpltemNumber: 4260 - 1	RANSPORTATION				
DIANA VARGAS, CSR, RPR	03-08-18	TRAVEL ON 3/08/18	TRANSPORTATION	001-3230-4260	50.00
ROBIN BRAME	6112018	MILEAGE FOR 6/11/18	TRANSPORTATION	001-3230-4260	40.00
DIANA VARGAS, CSR, RPR	06-13-18	TRAVEL - 6/13/18	TRANSPORTATION	001-3230-4260	50.00
			ExpltemNumber 4	4260 - TRANSPORTATION Total:	140.00
ExpltemNumber: 4310 - 4	ADVERTISING AND LEGAL NOTIC	CES			
LOCKHART POST REGISTER	00084844	5/03/18 TEST OF AUTO TABL	ADVERTISING AND LEGAL N	001-6550-4310	72.00
THE LULING NEWSBOY & SIG	50318	ELECTION DEPT TEST TABUL	ADVERTISING AND LEGAL N	001-6550-4310	108.88
111E EOEMG 11E173DO1 & 310	30310			SING AND LEGAL NOTICES Total:	180.88
			Piteriikaiiidei 4310 - ADVERTIS	mid AND LEGAL NOTICES Total.	100.00
ExpltemNumber: 4315 - I					
DAVID BROOKS, ATTORNEY	52018	LEGAL CONSULTATION SERVI	PUBLICATIONS	001-3200-4315	100.00
WEST GROUP PAYMENT CEN	838280420	ACCT # 1004742988 DOS:	PUBLICATIONS	001-3200-4315	231.00
WEST GROUP PAYMENT CEN	838285493	ACCT # 1000732986 CHARG	PUBLICATIONS	001-3200-4315	141.00
			ExpltemNum	ber 4315 - PUBLICATIONS Total:	472.00
ExpitemNumber: 4340 - 1	ULING EMS				
CITY OF LULING	61418	50% OF EMS LOSS (11/17 T	LULING EMS	001-7620-4340	90,046.51
				mber 4340 - LULING EMS Total:	90,046.51
5 to 1 4400 to	PRI PRI I GAIP				,-
ExpitemNumber: 4420 - '	IELEPHUNE				
CHARTER COMMUNICATION					
	0000426052818	ACCT # 8260 16 300 000042	Telephone	001-6510-4420	4,497.33
		ACCT # 8260 16 300 000042	•	001-6510-4420 umber 4420 - TELEPHONE Total:	4,497.33 4,497.33
ExpltemNumber: 4425 -	0000426052818	ACCT # 8260 16 300 000042	•	-	
ExpitemNumber: 4425 -	0000426052818	ACCT # 8260 16 300 000042 ACCT # 875648878 4/16 - 5	•	-	
*	0000426052818 FAX & INTERNET		ExpitemN	umber 4420 - TELEPHONE Total:	4,497.33
AT & T MOBILITY	0000426052818 FAX & INTERNET 875648878X05232018	ACCT#875648878 4/16-5	ExpitemNo	001-6510-4425	4,497.33 417.89
AT & T MOBILITY CHARTER COMMUNICATION	0000426052818 FAX & INTERNET 875648878X05232018 0000426052818	ACCT # 875648878 4/16 - 5 ACCT # 8260 16 300 000042	FAX & INTERNET FAX & INTERNET FAX & INTERNET FAX & INTERNET	001-6510-4425 001-6510-4425	4,497.33 417.89 6,695.97
AT & T MOBILITY CHARTER COMMUNICATION AT&T	0000426052818 FAX & INTERNET 875648878X05232018 0000426052818 6052018	ACCT # 875648878 4/16 - 5 ACCT # 8260 16 300 000042	FAX & INTERNET FAX & INTERNET FAX & INTERNET FAX & INTERNET	001-6510-4425 001-6510-4425 001-6510-4425	4,497.33 417.89 6,695.97 4,374.39
AT & T MOBILITY CHARTER COMMUNICATION AT&T	0000426052818 FAX & INTERNET 875648878X05232018 0000426052818	ACCT # 875648878 4/16 - 5 ACCT # 8260 16 300 000042	FAX & INTERNET FAX & INTERNET FAX & INTERNET FAX & INTERNET	001-6510-4425 001-6510-4425 001-6510-4425	4,497.33 417.89 6,695.97 4,374.39

Expense Approval Register				Packet: APPKT02586 - 6/2	5/18 A/P RUN
Vendor Name	Payable Number	Description (Item)	Account Name	Account Number	Amount
SMITH SUPPLY CO LOCKHA	770559	SWEAT ADAPT FIP 1"	REPAIRS & MAINTENANCE	001-6520-4510	47.55
FLEETPRIDE	94283628	ACCT # 83215 LEECE NEVILL	REPAIRS & MAINTENANCE	001-6650-4510	593.61
L & L SEPTIC AND PORTABLE	659694	SCDEDULED GREASE TRAP C	REPAIRS & MAINTENANCE	001-4310-4510	650.00
GRAINGER	9788482256	ACCT 9788482256 CARTRID	REPAIRS & MAINTENANCE	001-4310-4510	659.10
GRAINGER	9795717876	ACCT # 841505548 CARPET	REPAIRS & MAINTENANCE	001-4310-4510	16.80
SMITH SUPPLY CO LOCKHA	771650	WHITE TUB & TILE ADHSIVE	REPAIRS & MAINTENANCE	001-4310-4510	12.90
ACE AUDIO COMMUNICATIO	180524-01	BROGAN VRS- VANDAL RESIS	REPAIRS & MAINTENANCE	001-4310-4510	313.00
SMITH SUPPLY CO LOCKHA	772356	PLAIN HOSE END 3/4 N-1934	REPAIRS & MAINTENANCE	001-6520-4510	21.30
SMITH SUPPLY CO LOCKHA	772400	PLAIN HOSE END FEMALE 3/	REPAIRS & MAINTENANCE	001-6520-4510	4.70
GRAINGER	9801322950	ACCT # 841505548 DFINIT P	REPAIRS & MAINTENANCE	001-4310-4510	455.25
AERODYNAMICS AIRCONDITI	1124	SERIVCE CALL / LABOR	REPAIRS & MAINTENANCE	001-4310-4510	450.00
GRAINGER	9802640095	ACCT # 841505548 EXTENSI	REPAIRS & MAINTENANCE	001-4310-4510	142.10
LOCKHART - TRUE VALUE	23830 /1	CUST # 11239 PLUG REFILL	REPAIRS & MAINTENANCE	001-6520-4510	7.58
MARK'S PLUMBING PARTS	INV001713810	CUST ID: 278898 WASTE GA	REPAIRS & MAINTENANCE	001-4310-4510	99.55
SMITH SUPPLY CO LOCKHA	772795	COUPLING PVC 3/4"	REPAIRS & MAINTENANCE	001-4310-4510	31.00
ESRI, INC.	93475746	CUST # 403442 ARCGIS DES	REPAIRS & MAINTENANCE	001-6550-4510	403.00
CARD SERVICE CENTER	6/15/18	INVOICES FROM 5/31 - 6/13/	REPAIRS & MAINTENANCE	001-6520-4510	15.68
	5, 55, 55	,		PAIRS & MAINTENANCE Total:	4,178.12
Cunitom Number 4610 G	PENITAL É				,,
ExpitemNumber: 4610 - R	53118	ELECTION OFFICE	DENTALE	001 6550 4640	100.00
MCMAHAN COMMUNITY W PITNEY BOWES GLOBAL FINA		ELECTION OFFICE	RENTALS RENTALS	001-6550-4610	100.00
NEOPOST USA INC	3306270466	ACCT # 0016516092 5/30 - 6		001-4300-4610	99.73
	N7185686	CUST # 01054254 LEASE # N	RENTALS	001-6510-4610	322.30
RICOH USA, INC.	100685474	ACCT # 505575-1010175A16	RENTALS	001-6510-4610	853.35
			Expitem	Number 4610 - RENTALS Total:	1,375.38
ExpltemNumber: 4810 - T					
GT DISTRIBUTORS, INC.	INV0660640	CUST ID: 003167 DEF-TEC	TRAINING	001-4323-4810	74.80
SHANNA CONLEY	6062018	6/06/18 ANNUAL CLERK TRA	TRAINING	001-3251-4810	29.98
JENNIFER WALKER	61218	MILEAGE FOR 6/04 - 06/18	TRAINING	001-3252-4810	89.94
MARK DAVENPORT	61518	FUEL REIMBURSEMENT 6/1	TRAINING	001-4300-4810	20.00
CAPITAL AREA COUNCIL OF	2017RTA 744	SEAN A. QUINN 5/18/17 C	TRAINING	001-4300-4810	40.00
CARD SERVICE CENTER	6/15/18	INVOICES FROM 5/31 - 6/13/	TRAINING	001-4300-4810	10.00
TINA FREEMAN	61818	6/11 - 13/18	TRAINING	001-3220-4810	234.65
TEXAS NARCOTIC OFFICERS	72618	MIKE TAYLOR - TRAINING D	TRAINING	001-4300-4810	325.00
			Expitemi	Number 4810 - TRAINING Total:	824.37
ExpitemNumber: 4850 - F	MISCELLANEOUS				
CALDWELL COUNTY TAX ASS	0354 2018	VIN: 0354	MISCELLANEOUS	001-6510-4850	7.50
CALDWELL COUNTY TAX ASS	1176324	VIN: 1421 TAG: 1176324	MISCELLANEOUS	001-6510-4850	7.50
CALDWELL COUNTY TAX ASS	2371 2018	VIN # 2371 TAG: 1176327	MISCELLANEOUS	001-6510-4850	7.50
CALDWELL COUNTY TAX ASS	2602 2018	VIN # 2602 TAG: 1176329	MISCELLANEOUS	001-6510-4850	7.50
CALDWELL COUNTY TAX ASS	3526 2018	VIN: 3526 TAG: 1176328	MISCELLANEOUS	001-6510-4850	7.50
CALDWELL COUNTY TAX ASS	3590 2018	VIN: 3590 TAG: 1110381	MISCELLANEOUS	001-6510-4850	7.50
CALDWELL COUNTY TAX ASS	5419 2018	VIN: 6419 TAG: 1176325	MISCELLANEOUS	001-6510-4850	7.50
CALDWELL COUNTY TAX ASS	61518	VIN # 1710 TAG: 1097077	MISCELLANEOUS	001-6510-4850	7.50
CALDWELL COUNTY TAX ASS	6152018	JAIL - TRANSPORT VIN# 516	MISCELLANEOUS	001-6510-4850	7.50
CALDWELL COUNTY TAX ASS	9606 2018	VIN # 9606 TAG: 1176326	MISCELLANEOUS	001-6510-4850	7.50
			ExpltemNumbe	r 4850 - MISCELLANEOUS Total:	75.00
ExpitemNumber: 4970 - 1	TRANSFER TO GRANT FUND				
CHIEF SUPPLY CORPORATIO	20608	ACCT # 217513 BDU BATTLE	River Patrol Equipment & Un	001-4300-4970	28.54
CHIEF SUPPLY CORPORATIO	28614	ACCT # 217513 CLASSIC 6" S	River Patrol Equipment & Un	001-4300-4970	72.99
		_		ANSFER TO GRANT FUND Total:	101.53
FynitemNumber: \$120 - 4	CALDWELL CO. COURTHOUSE				
UNIFIRST CORPORATION	822 2088528	CUST # 222727 RTE # F6110	CALDWELL CO. COURTHOUS	001-6520-5120	238.97
ABERNATHY AIR	6418	INSTALLED HARD START KIT	CALDWELL CO. COURTHOUS	001-6520-5120	205.00
UNIFIRST CORPORATION	822 2086269	CUST # 222727 RTE # F6110	CALDWELL CO. COURTHOUS	001-6520-5120	217.45
Januar veni vinitivii		Course water tribin restau		DWELL CO. COURTHOUSE Total:	661.42
Funtamental Page	REACHINEDY AND POLITICISM		ampropriational date - Will		
ExpitemNumber: 5310 - I	MACHINERY AND EQUIPMENT	CHET ID: 003167 INNOVERT	MACHINEDY AND EQUIDME	001-4224-5210	24.05

CUST ID: 003167 INNOVATI MACHINERY AND EQUIPME

QUOTE # 06-180530-091713 MACHINERY AND EQUIPME

GT DISTRIBUTORS, INC. INV0660842

TIMEKEEPING SYSTEMS, INC 354125

001-4324-5310

001-4310-5310

34.95

1,971.86

Expense Approval Register				Packet: APPKT02586 - 6/2	.5/18 A/P RUN
Vendor Name	Payable Number	Description (Item)	Account Name	Account Number	Amount
TIMEKEEPING SYSTEMS, INC	354124	ACCT # CALO64 PIPE-MOUN	MACHINERY AND EQUIPME	001-4310-5310	-857.85
CALDWELL COUNTRY FORD	JKD60337	'18 FRD F-150 VIN # ENDING	MACHINERY AND EQUIPME	001-4300-5310	40,819.29
MILLER UNIFORMS & EMBLE	111804	ACCT # 73 FLXIIIA WITH 2 HI	MACHINERY AND EQUIPME	001-4300-5310	830.00
			ExpitemNumber 5310 - MACI	HINERY AND EQUIPMENT Total:	42,798.25
			Ft	and 001 - GENERAL FUND Total:	276,026.11
Fund: 002 - UNIT ROAD FUND					
ExpitemNumber: 2140 - U					
CINTAS CORPORATION #86	086747303	CONTRACT # 01681 ACCT # 0	UNIFORMS	002-1103-2140	65.68
			Expitemi	umber 2140 - UNIFORMS Total:	65.68
ExpltemNumber: 3130 - C					
JOHN DEERE FINANCIAL	1805-105460 691847	ACCT # 1-99 CHAIN SAW	OPERATING SUPPLIES	002-1101-3130	67.96
SALINAS MASONARY CONTR TEXAS COMM.ON ENVIRON	52518	MASONARY JOB - CR 221 RO ANNUAL TX TIER II CHEMICA	OPERATING SUPPLIES OPERATING SUPPLIES	002-1101-3130 002-1101-3130	25.00 50.00
HANSON EQUIPMENT	265182	# CALOO1 HUB CAP 2.448	OPERATING SUPPLIES	002-1101-3130	7.60
HANSON EQUIPMENT	265186	# CALOO1 LAMINATED TIRE/	OPERATING SUPPLIES	002-1101-3130	269,58
CARD SERVICE CENTER	6/15/18	INVOICES FROM 5/31 - 6/13/	OPERATING SUPPLIES	002-1101-3130	100.73
LOCKHART - TRUE VALUE	23891 /1	CUST # 11239 165' .105 X T	OPERATING SUPPLIES	002-1101-3130	122.30
JOHN DEERE FINANCIAL	1806-122333	ACCT # 1-99 MARKING WAN	OPERATING SUPPLIES	002-1101-3130	29.99
JOHN DEERE FINANCIAL	1806-122344	ACCT # 1-99 MARKING WAN	OPERATING SUPPLIES	002-1101-3130	-29.99
LOCKHART - TRUE VALUE	23948 /1	CUST # 11239 ECHO 1 LB 10	OPERATING SUPPLIES	002-1101-3130	27.98
LOCKHART - TRUE VALUE	23970 /1	CUST # 11239 13 OZ PRUNI	OPERATING SUPPLIES	002-1101-3130	85.95
			ExpitemNumber 313	30 - OPERATING SUPPLIES Total:	757.10
ExpltemNumber: 3135 - D	esignated for Road Const.				
LULING CHEVROLET	100406	CUST # 2000053 LIFTER	OPERATING SUPPLIES	002-1103-3135	481.13
ERGON ASPHALT AND EMUL	9401851895	PROJ DESCRIPTION: 2017-18	Designated for Road Const.	002-1101-3135	2,483.73
			ExpitemNumber 3135 - D	esignated for Road Const. Total:	2,964.86
•	SUPPLIES & SMALL TOOLS				
COUGAR CLEANING EQUIPM	178665	COUGAR BLAST 55 GALLON	SUPPLIES & SMALL TOOLS	002-1102-3136	225.00
GLOSSERMAN AUTOMOTIVE	092047	ACCT # 1010	SUPPLIES & SMALL TOOLS	002-1102-3136	27.36
SALT FLAT FEED & NAPA	168629	ACCT # 27269 GR8 3/8-16X	SUPPLIES & SMALL TOOLS	002-1102-3136	2.27
E & R SUPPLY CO., INC RDO EQUIPMENT CO.	214039 P66151	ACCT # 0023750 STR. F. SAE ACCT # 7269004	SUPPLIES & SMALL TOOLS SUPPLIES & SMALL TOOLS	002-1102-3136 002-1102-3136	201.26 438.05
RDO EQUIPMENT CO.	P66152	ACCT # 7269004 HYDRAULI	SUPPLIES & SMALL TOOLS	002-1102-3136	4.111.23
LOCKHART - TRUE VALUE	23926 /1	CUST # 11239 1/2" VSR HA	SUPPLIES & SMALL TOOLS	002-1102-3136	115.00
AG-PRO COMPANIES	P19627	ACCT # CALDW005	SUPPLIES & SMALL TOOLS	002-1102-3136	173.26
E & R SUPPLY CO., INC	214029	ACCT # 0023750 HOSE END	SUPPLIES & SMALL TOOLS	002-1102-3136	155.28
			ExpltemNumber 3136 -	SUPPLIES & SMALL TOOLS Total:	5,448.71
ExpitemNumber: 3143 - I	FLEX BASE MATERIALS				
BRAUNTEX MATERIALS, INC.	94018	ACCT # 1600 LOCKHART YA	FLEX BASE MATERIALS	002-1101-3143	2,937.60
			ExpitemNumber 314	3 - FLEX BASE MATERIALS Total:	2,937.60
ExpitemNumber: 3163 - I	FUEL				
SCHMIDT & SONS, INC	0431668-IN	CUST # 05-CALDCO TEXAS L	FUEL	002-1101-3163	10,927.70
			Ехј	oltemNumber 3163 - FUEL Total:	10,927.70
ExpitemNumber: 3181 - 1	SIGNS				
PATHMARK TRAFFIC PROD.	027948	CUST # 00C1056 SURF. MT	SIGNS	002-1101-3181	560.00
			Ехрі	ltemNumber 3181 - SIGNS Total:	560.00
ExpitemNumber: 3190 -	TIRES				
SOUTHERN TIRE MART, LLC	63251652	CUST # 142726 11R22.5 RTP	TIRES	002-1101-3190	1,760.00
SOUTHERN TIRE MART, LLC	63250973	CUST # 142726 TRANSFORC	TIRES	002-1103-3190	250.10
			Ехр	ItemNumber 3190 - TIRES Total:	2,010.10
ExpitemNumber: 4510 -	REPAIRS & MAINTENANCE				
E & R SUPPLY CO., INC	213977	ACCT # 0023750 CYLINDER	REPAIRS & MAINTENANCE	002-1102-4510	279.30
JOHN H. RODRIQUEZ, JR.	010255	10 SILVERADO NEW WIND	REPAIRS & MAINTENANCE	002-1102-4510	180.00
JOHN H. RODRIQUEZ, JR.	010280	REPLACE DOOR GLASS	REPAIRS & MAINTENANCE	002-1102-4510	80.00
SOUTHSIDE WRECKER, INC.	594491	LIC # 117-6326 VOLVO DUM	REPAIRS & MAINTENANCE	002-1102-4510	276.00
YOUNGBLOOD AUTOMOTIV	656	LIC # 128-5546 2016 F550	REPAIRS & MAINTENANCE	002-1102-4510	205.80
			ExpltemNumber 4510 - I	REPAIRS & MAINTENANCE Total:	1,021.10

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CXDERSE	Audrova	i keelster

					.,
Vendor Name	Payable Number	Description (Item)	Account Name	Account Number	Amount
ExpitemNumber: 4529 -	CONTRACTED LABOR				
BENNY BOYD LOCKHART, LLC	50864	CUST # 10540 TAG # T1212	CONTRACT LABOR	002-1103-4529	405.35
HENRY'S TOWING SERVICE	02231	'07 SILVERADO LIC # 128558	CONTRACT LABOR	002-1103-4529	55.00
			ExpltemNumber 452	9 - CONTRACTED LABOR Total:	460.35
ExpltemNumber: 4610 -	RENTALS				
HOFMANN'S SUPPLY	832153	CUST # 01734 ACETYLENE S	RENTALS	002-1101-4610	103.84
			Expiten	Number 4610 - RENTALS Total:	103.84
ExpitemNumber: 4630 -	SEAL COATING				
BRAUNTEX MATERIALS, INC.	93873	ACCT # 1600 SODA SPRINGS	SEAL COATING	002-1101-4630	55,810.80
•			ExpltemNum	ber 4630 - SEAL COATING Total:	55,810.80
			Fun	d 002 - UNIT ROAD FUND Total:	83,067.84
Fund: 005 - LAW LIBRARY FU	ND				
ExpltemNumber: 5910 -	OTHER CAPITAL OUTLAY				
RELX INC. DBA LEXISNEXIS	3091495477	ACCT # 422NHLBG4 MAY 20	OTHER CAPITAL OUTLAY	005-1000-5910	392.00
			ExpitemNumber 5910 -	OTHER CAPITAL OUTLAY Total:	392.00
			Fund	005 - LAW LIBRARY FUND Total:	392.00
Fund: 015 - LEOSE-Constable:	5				
ExpitemNumber: 4810 -					
LOCKHART POST REGISTER	00084476	3/29 & 4/12/18 NOTICE OF C	Training-LEOSE-Constable #1	015-4321-4810	248.88
SAM HOUSTON STATE UNIV	3541193	ARTHUR VILLARREAL 7/15 -	Training-LEOSE-Constable #4	015-4324-4810	502.60
SAM HOUSTON STATE UNIV	6142018	JOHNNY JUAREZ - 7/16 - 20/	Training-LEOSE-Constable #4	015-4324-4810	250.00
			Expitem	Number 4810 - TRAINING Total:	1,001.48
			Fun	d 015 - LEOSE-Constables Total:	1,001.48
				Grand Total:	360,487.43

Packet: APPKT02586 - 6/25/18 A/P RUN

Fund Summary

Fund		Expense Amount
001 - GENERAL FUND		276,026,11
002 - UNIT ROAD FUND		83,067.84
005 - LAW LIBRARY FUND		392.00
015 - LEOSE-Constables		1,001.48
	Grand Total:	360.487.43

Account Summary				
Account Number	Account Name	Expense Amount		
001-1370	POSTAGE INVENTORY	3,000.00		
001-2140-3110	OFFICE SUPPLIES	64.73		
001-2140-4110	PROFESSIONAL SERVICE	2,095.07		
001-2150-3145	Remote Site Trans Fees	73.20		
001-2865	DUE TO STATE - OTHER	265.00		
001-3200-3050	DUES & SUBSCRIPTIONS	180.00		
001-3200-3110	OFFICE SUPPLIES	584.70		
001-3200-4315	PUBLICATIONS	472.00		
001-3220-4810	TRAINING	234,65		
001-3230-3110	OFFICE SUPPLIES	111.94		
001-3230-4080	ADULT - ATTY LITIGATIO	60.00		
001-3230-4150	ADULT - EXPERT WITNES	1,300.00		
001-3230-4160	ADULT - INDIGENT ATTO	18,749.10		
001-3230-4260	TRANSPORTATION	140.00		
001-3240-4080	ADULT - ATTY LITIGATIO	50.00		
001-3240-4160	ADULT - INDIGENT ATTO	10,155.00		
001-3240-4180	JUVENILE - INDIGENT AT	1,319.06		
001-3240-4189	JUVENILE - ATTY LITIGAT	5.94		
001-3251-3110	OFFICE SUPPLIES	491.10		
001-3251-4810	TRAINING	29.98		
001-3252-4810	TRAINING	89.94		
001-3254-3110	OFFICE SUPPLIES	332.00		
001-4300-3120	POSTAGE	325.03		
001-4300-3130	OPERATING SUPPLIES	1,454.95		
001-4300-4110	PROFESSIONAL SERVICE	838.00		
001-4300-4610	RENTALS	99.73		
001-4300-4810	TRAINING	395.00		
001-4300-4970	River Patrol Equipment	101.53		
001-4300-5310	MACHINERY AND EQUIP	41,649.29		
001-4310-3100	FOOD SUPPLIES	7,951.00		
001-4310-3130	OPERATING SUPPLIES	2,483.55		
001-4310-4110	PROFESSIONAL SERVICE	7,786.97		
001-4310-4122	INMATE MEDICATION	571.31		
001-4310-4135	EMPLOYEE PHYSICALS	380.00		
001-4310-4510	REPAIRS & MAINTENAN	3,084.70		
001-4310-5310	MACHINERY AND EQUIP	1,114.01		
001-4323-3110	OFFICE SUPPLIES	94.99		
001-4323-4810	TRAINING	74.80		
001-4324-5310	MACHINERY AND EQUIP	34.95		
001-6510-2040	WORKERS' COMP.	38,661.00		
001-6510-4110	PROFESSIONAL SERVICE	5,406.48		
001-6510-4123	AUTOPSY	6,600.00		
001-6510-4420	Telephone	4,497.33		
001-6510-4425	FAX & INTERNET	11,488.25		
001-6510-4610	RENTALS	1,175.65		
001-6510-4850	MISCELLANEOUS	75.00		
001-6520-3110	OFFICE SUPPLIES	23.83		
001-6520-3130	OPERATING SUPPLIES	688.79		
001-6520-3140	UNIFORMS	132.42		
001-6520-3510	LULING ANNEX	232.86		
001-6520-3530	MARKET ST. ANNEX-LOC	7.78		
A01-0350-3330	INMUNE! 31. MININEY-FOC	7.78		

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Account Summary

,	Account Summary :	
Account Number	Account Name	Expense Amount
001-6520-3550	JUDICIAL CENTER-LOCK	311.75
001-6520-3580	JUVENILE DETENTION CT	151.68
001-6520-3600	BUILDING MAINTENANC	1,941.19
001-6520-4510	REPAIRS & MAINTENAN	96.81
001-6520-5120	CALDWELL CO. COURTH	661,42
001-6550-3110	OFFICE SUPPLIES	346.89
001-6550-3115	Ballot Supplies	1,199.25
001-6550-4310	ADVERTISING AND LEGA	180.88
001-6550-4510	REPAIRS & MAINTENAN	403.00
001-6550-4610	RENTALS	100.00
001-6560-3050	DUES & SUBSCRIPTIONS	88.00
001-6560-3110	OFFICE SUPPLIES	401.06
001-6570-3110	OFFICE SUPPLIES	56.00
001-6580-3110	OFFICE SUPPLIES	151.48
001-6600-4110	Professional Services	1,815.00
001-6640-3110	OFFICE SUPPLIES	56.47
001-6650-4510	REPAIRS & MAINTENAN	593,61
001-7610-3110	OFFICE SUPPLIES	167.00
001-7620-4340	LULING EMS	90,046.51
001-8700-3110	OFFICE SUPPLIES	25.50
002-1101-3130	OPERATING SUPPLIES	757.10
002-1101-3135	Designated for Road Co	2,483.73
002-1101-3143	FLEX BASE MATERIALS	2,937.60
002-1101-3163	FUEL	10,927.70
002-1101-3181	SIGNS	560.00
002-1101-3190	TIRES	1,760.00
002-1101-4610	RENTALS	103.84
002-1101-4630	SEAL COATING	55,810.80
002-1102-3136	SUPPLIES & SMALL TOO	5,448.71
002-1102-4510	REPAIRS & MAINTENAN	1,021.10
002-1103-2140	UNIFORMS	65.68
002-1103-3135	OPERATING SUPPLIES	481.13
002-1103-3190	TIRES	250.10
002-1103-4529	CONTRACT LABOR	460.35
005-1000-5910	OTHER CAPITAL OUTLAY	392.00
015-4321-4810	Training-LEOSE-Constabl	248.88
015-4324-4810	Training-LEOSE-Constabl	752.60
	Grand Total:	360,487.43

Project Account Summary

Project Account Key		Expense Amount
None		360,487.43
	Grand Total:	360.487.43



Caldwell County, TX

Payment Register APPKT02586 - 6/25/18 A/P RUN

Payment Date

Payment Date

06/20/2018

Discount Amount Payable Amount

Discount Amount Payable Amount

Discount Amount Payable Amount

Discount Amount Payable Amount

0.00

0.00

Payment Date

Payment Date

0.00

0.00

0.00

0.00

0.00

0.00

06/20/2018

Discount Amount

06/20/2018

0.00

Payment Date

06/20/2018

0.00

06/20/2018

01 - Vendor Set 01

Total Vendor Amount

255.00

205.00

Payment Amount

255.00

Total Vendor Amount

Payment Amount

205.00

Total Vendor Amount

2,600.00

Payment Amount

2,600.00

Payment Amount

313.00

Total Vendor Amount

70.00

56.00

161.00

175.00

203.00

462.00

Total Vendor Amount

450.00

Payment Amount

450.00

450.00

1.127.00

Payment Amount

Payable Amount

Total Vendor Amount

313.00

255.00

205.00

2,600,00

313,00

1,127.00

AP BNK - Pooled Cash - Operation

Vendor Number

Vendor Name

PHOMOR Payment Type 4 SQUARE COMMUNICATIONS, LLC

Description

Description

Payment Number

Check

Payable Number

3451

Vendor Number **ABEAIR**

Vendor Name ABERNATHY AIR

Payment Type

Payment Number

Check

Payable Number

6418

Vendor Name

ACCHEA

ACC HEALTH LLC

Payment Type Payment Number

Check

Vendor Number

Payable Number

CCTX01213

ACEAUD

Payment Type

Check

Vendor Number

Payable Number

180524-01

Vendor Number Vendor Name

ADAROW ADAM D. ROWINS Payment Type **Payment Number**

Check

Payable Number Description 17-FL-166 5

17-FL-347 5 17-FL-502 3 18-FL-071 3

18-FL-185 18-FL-207

Vendor Number Vendor Name **AERDYN**

Payment Type Payment Number

Check

Vendor Number

AG-PRO

Pavable Number

1124

Payment Type Check

Payable Number P19627

Description ACCT # CALDW005

AG-PRO COMPANIES

Payment Number

Vendor Name

Description

DENTAL SERVICES FOR MAY 2018

INSTALLED NEW BULLET CAMERA

Vendor Name

ACE AUDIO COMMUNICATIONS, INC. **Payment Number**

Description

BROGAN VRS- VANDAL RESISTANT SPEAKER

CAUSE # 17-FL-166 L.U. CAUSE # 17-FL-347 A.L.G. / Z.B.G. / Z.Z.G. CAUSE # 17-FL-502 D.V. CAUSE # 18-FL-071 JAF / KLY

06/13/2018 CAUSE # 18-FL-185 M.G. / A.G. / P.E. 06/13/2018 CAUSE # 18-FL-207 A.J. 06/13/2018

INSTALLED HARD START KIT ON COURTHOUSE A/C SYSTE 06/04/2018

AERODYNAMICS AIRCONDITIONING & REFRIG.

Description SERIVCE CALL / LABOR

Payable Date 05/30/2018

Payable Date

Payable Date

Pavable Date

Pavable Date

Payable Date

Payable Date

06/13/2018

06/13/2018

06/13/2018

05/24/2018

05/09/2018

02/02/2018

Due Date

Due Date

Due Date

Due Date

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Due Date

06/25/2018

Due Date

Discount Amount Payable Amount 0.00

06/20/2018

Payment Date

Total Vendor Amount 173.26

Payment Date Payment Amount 06/20/2018 173.26 Discount Amount Payable Amount

06/06/2018 06/25/2018

0.00 173.26 **Payment Register**

APPKT02586 - 6/25/18 A/P RUN

Vendor Number

Vendor Name

ANIMAN

ANITA ROSE MANCINI-MICHELL

Payment Type

Payment Number

Check

Payable Number 127

Description

Description

Description

Description

Description

Description

CUST# 047519 HSE

ACCT # 875648878 4/16 - 5/15/18

HERNANDEZ, PEDRO DOB: 10/31/86 DOS: 4/13/18

HERNNANDEZ, PEDRO DOB:10/31/86 DOS: 4/13/18

HERNANDEZ, PEDRO DOB: 10/31/86 DOS: 5/10/18

HERNANDEZ, PEDRO DOB: 10/31/86 DOS: 5/16/18

SERIAL # 310417724

DELEON, PABLO DOB: 1/17/67 DOS: 5/19/18

SHONTEL JOHNSON

Payable Date Due Date 05/21/2018

Payable Date

Payable Date

Payable Date

04/13/2018

04/13/2018

05/10/2018

05/10/2018

05/10/2018

05/10/2018

05/16/2018

05/19/2018

Payable Date

Payable Date

05/17/2018

05/23/2018

06/05/2018

05/16/2018

06/25/2018

Due Date

Due Date

Due Date

Due Date

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Discount Amount Payable Amount

Payment Date

Payment Date

06/20/2018

06/20/2018

0.00

Discount Amount Payable Amount

0.00

Total Vendor Amount

250.00

417.89

Payment Amount

250.00

Total Vendor Amount

Payment Amount

417.89

Total Vendor Amount

250.00

417.89

Vendor Number CININT

Vendor Name AT & T MORILITY

Payment Number

Check

Vendor Number

Vendor Number

AUSRAD

Payment Type

Payable Number 875648878X05232018

Vendor Name

AT&T ATO189 **Payment Type Payment Number**

Check

Payable Number

6052018

ACCT # 512 A13-0189 725 3 6/5 - 7/4/18

Vendor Name AUSTIN RADIOLOGICAL ASSOCIATION

Payment Type **Payment Number** Check

001-1707540 001-1707540 1 001-1707540 2 001-1707540 3 001-1707540 4 001-1707540 5

Payable Number

001-17007540

001-1790322 Vendor Number Vendor Name BAKDIS BAKER DISTRIBUTING COMPANY

Payment Type Check

Payment Number

Payable Number

ORDER # V607035

Vendor Number Vendor Name BARMOL BARBARA MOLINA

> Payment Type Check

Payment Number

Pavable Number

46651

Vendor Name **Vendor Number** ВСЕРРА RCEP PA

> Payment Type **Payment Number** Check

Payable Number

Description 24485013B6385

ALTAMIRANO, ASHLYEY DOB: 10/285/86 DOS; 4/27/18

CAUSE # 46651 MARK ANTHONY PATLAN

Payable Date 04/27/2018

Due Date 06/25/2018

4,374.39 **Payment Date Payment Amount**

06/20/2018 Discount Amount Payable Amount 0.00

4,374.39

4.374.39

Total Vendor Amount 513.00

Payment Date Payment Amount 06/20/2018 513.00

Discount Amount Payable Amount 06/25/2018 0.00 35.00 06/25/2018 0.00 43.00 06/25/2018 0.00 137.50 06/25/2018 0.00 64.00 06/25/2018 0.00 28.00 06/25/2018 0.00 35.00 06/25/2018 0.00 137.50 06/25/2018 0.00 33.00

0.00

0.00

Payment Date

Total Vendor Amount 1,854.00

Payment Date Payment Amount 1,854.00

06/20/2018 Discount Amount Payable Amount

Total Vendor Amount

1.854.00

350.00

Payment Date **Payment Amount** 06/20/2018 350.00

Discount Amount Payable Amount 350.00

> **Total Vendor Amount** 1.310.75

Payment Amount 1,310.75

06/20/2018 Discount Amount Payable Amount 0.00 1,310.75 **Payment Register** APPKT02586 - 6/25/18 A/P RUN

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

Pavable Date

05/29/2018

05/31/2018

05/01/2018

05/01/2018

05/01/2018

05/14/2018

05/24/2018

05/17/2018

Due Date

Due Date

Due Date

Due Date

Due Date

Due Date

06/25/2018

Due Date

Due Date

Due Date

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Vendor Number

Vendor Name

BENBOY

BENNY BOYD LOCKHART, LLC

Payment Type Payment Number

Check

Vendor Number

BLUETR

Payable Number Description

50864 CUST # 10540 TAG # T1212

Vendor Name

BLUEBONNET TRAILS MHMR

Payment Type **Payment Number**

Check

Payable Number Description

27-04-2018

APRIL 2018 CONTRACT SERVICES

Vendor Number Vendor Name BOVIK & MEREDITH P.C. BOVMER

Payment Type Payment Number

Check

Vendor Number

BOWMAN

Payable Number Description

46737

CAUSE # 46737 JHAJAYRA TURCIOS

Description

Description

Description

Description

Description

ACCT # 1600 SODA SPRINGS RD

ACCT # 1600 LOCKHART YARD

PROJ # 0700004-22-002 LYTTON HILLS PRELIM PLAT

PROJ # 070004-30-003 COUNTY LINE ESTATE SECTION 2

PROJECT # 070004-68-001 HARTLAND RANCH PRELIMAF 05/01/2018

PROJ # 070004-65-001 DON'S FISH CAMP

Vendor Name

BOWMAN CONSULTING GROUP LTD

Payment Type Payment Number

Check

Payable Number Description

246227 PROJ # 070004-02-003 130 ENVIRONMENTAL PARK SITE 01/29/2018

Check

Payable Number Description PROJ # 070004-06-002 TX STATE TUBES DEVELOPMENT F 05/01/2018

251678

Check

Payable Number

251681

Check

Payable Number

251684

Check

Payable Number

251690

Check

Payable Number 251691

Vendor Number Vendor Name BRAMAT BRAUNTEX MATERIALS, INC.

Payment Type Payment Number

Check

Vendor Number

Pavable Number

93873 94018

Vendor Name

BRAVAL **BRAZOS VALLEY PATHOLOGY, PLLC**

Payment Type **Payment Number** Check

Payable Number

100438F10029937CBVR

LEACH, JOHN DOB: 3/12/1961 DOS: 3/28/18

2017074995

LEACH, JOHN DOB: 3/12/61 DOS: 3/29/18

Payable Date 03/28/2018

03/28/2018

Due Date

06/25/2018 06/25/2018

0.00 0.00

Payment Date

06/20/2018

20.00

Total Vendor Amount

405.35

600 00

275.00

935.00

550.00

935.00

165.00

935.00

165.00

58,748.40

50.00

Payment Amount

405 35

Total Vendor Amount

Payment Amount

600.00

Total Vendor Amount

Payment Amount

275.00

Total Vendor Amount

Payment Amount

715.00

550.00

55.00

165.00

165.00

165.00

Total Vendor Amount

58,748,40

Payment Amount

55,810.80

2,937.60

Payment Amount

Total Vendor Amount

30.00

Payable Amount

Payment Date

Payment Date

Payment Date

Payment Date

06/20/2018

06/20/2018

06/20/2018

06/20/2018

06/20/2018

06/20/2018

Discount Amount

06/20/2018

06/20/2018

Discount Amount Payable Amount

Discount Amount Pavable Amount

Discount Amount Payable Amount

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

Payment Date

06/20/2018

0.00

0.00

0.00

06/20/2018

405.35

600.00

275.00

1,815.00

Payment Register

APPKT02586 - 6/25/18 A/P RUN

Vendor Number

Vendor Name

BRIBAR **BRIAN BARRINGTON**

Payment Type

Payment Number

Check

Payable Number Description

700444 LOAD LONGHORN AT 1882 FM 1185

Vendor Number

Vendor Name

CALDCO

CALDWELL COUNTRY FORD

Payment Type

Payment Number

Check

Payable Number

JKD60337

Description

'18 FRD F-150 VIN # ENDING WITH 0337

Vendor Number Vendor Name CALAPP

Payment Type

CALDWELL COUNTY APPRAISAL DIST

Payment Number

Check

Payable Number Description

52018

REIMBURSEMENT REQUEST FOR MAY 2018

Vendor Number

Vendor Name

CALTAX

CALDWELL COUNTY TAX ASSESSOR

Payment Type **Payment Number**

Check

Payable Number Description

0354 2018 VIN: 0354 TAG: 1285587

Check

Payable Number

Description VIN: 1421 TAG: 1176324

1176324

Check

Payable Number Description

VIN # 2371 TAG: 1176327 2371 2018

Check

Payable Number Description

2602 2018 VIN # 2602 TAG: 1176329

Check

Payable Number Description

3526 2018 VIN: 3526 TAG: 1176328

Check

Payable Number Description

VIN: 3590 TAG: 1110381 3590_2018

Check

Payable Number Description

5419 2018 VIN: 5419 TAG: 1176325

Check

Payable Number Description

VIN # 1710 TAG: 1097077 61518

Check

Payable Number Description

JAIL - TRANSPORT VIN# 5167 TAG# 1285589 6152018

Check

Payable Number Description

9606_2018 VIN # 9606 TAG: 1176326

Total Vendor Amount

100.00

Payment Date Payment Amount

06/20/2018

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

Pavable Date

Payable Date

Payable Date

Payable Date

Payable Date

Payable Date

06/15/2018

Pavable Date

06/15/2018

06/15/2018

06/15/2018

06/15/2018

06/15/2018

06/15/2018

06/15/2018

06/15/2018

06/15/2018

06/06/2018

06/04/2018

05/22/2018

Due Date

Due Date

Due Date

06/25/2018

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

100.00 Discount Amount Pavable Amount

> 0.00 100.00

> > **Total Vendor Amount**

40.819.29

Payment Date **Payment Amount**

06/20/2018 40,819,29

Discount Amount Payable Amount

0.00 40,819.29

Total Vendor Amount

2.095.07

Payment Date Payment Amount

06/20/2018

0.00

0.00

0.00

0.00

0.00

06/20/2018

06/20/2018

06/20/2018

06/20/2018

Discount Amount

2,095.07

Discount Amount Payable Amount

0.00

2,095.07

Total Vendor Amount

75.00

Payment Date Payment Amount

06/20/2018

7.50

Discount Amount Pavable Amount

0.00

7.50

7.50

06/20/2018

Discount Amount Payable Amount

7.50

7.50 Discount Amount Payable Amount

7.50

7.50 Pavable Amount

0.00 7.50

06/20/2018 7.50

Discount Amount Payable Amount

7.50

7.50 06/20/2018

Discount Amount Payable Amount 0.00 7.50

7.50

06/20/2018 **Discount Amount Payable Amount**

> 7.50 7.50

06/20/2018 Discount Amount Payable Amount

7.50

7.50

Discount Amount Payable Amount

0.00 7.50

7.50

Discount Amount Payable Amount

7.50

0.00

Payment Register APPKT02586 - 6/25/18 A/P RUN

Vendor Number Vendor Name

CAPCOG CAPITAL AREA COUNCIL OF GOVERNMENTS

Payment Type Payment Number

Check Payment wante

Payment Type

Payment Number

Payable Number Description Payable Date Due Date Discount Amount Payable Amount 2017RTA 744 SEAN A. QUINN 5/18/17 CANINE ENCOUNTERS #4066 06/14/2018 06/25/2018 0.00 40.00

Total Vendor Amount

Payment Amount

Payment Date

Payment Date

Payment Amount

06/20/2018

40.00

649.63

40.00

Vendor Number Vendor Name Total Vendor Amount

CARSER CARD SERVICE CENTER

Payment Type Payment Number Payment Amount
Check Payment Number Payment Amount
649.63

Payable Number Description Payable Date Due Date Discount Amount Payable Amount

6/15/18 INVOICES FROM 5/31 - 6/13/18 ENDING W/ 0057 06/15/2018 06/25/2018 0.00 649.63

Vendor Number Vendor Name Total Vendor Amount

CENAUT CENTRAL TEXAS AUTOPSY, PLLC 6,300.00
Payment Type Payment Number Payment Date Payment Amount

Check
Payable Number
Description
Payable Date
Discount Amount
Payable Amount
Payable Amount
Discount Amount
Payable Amount
Discount Amount
Discount Amount
Discount Amount
Discount Amount
Discount Amount
Discount Amount

06/25/2018 12318 CTA 427-17: JONAS RANGEL, PERFORMED 9/12/17 06/11/2018 0.00 2,100.00 12320 CTA 463-17: HOLLIS C. MATLOCK, PERFORMED 10/12/17 06/11/2018 06/25/2018 0.00 2,100.00 12327 CTA 105-18: DIANNA BENTER, DOS: 2/19/18 06/11/2018 06/25/2018 0.00 2,100.00

Vendor Number Vendor Name Total Vendor Amount

CENAIR CENTURY A/C SUPPLY 151.68
Payment Type Payment Number Payment Date Payment Amount

Check 06/20/2018 151.68
Payable Number Description Payable Date Due Date Discount Amount Payable Amount

 9312001
 PICK TICKET # 6821019 ORDER # 6055217 COND MTR
 05/31/2018
 06/25/2018
 0.00
 82.96

 9312019
 PICKET # 6821871 ORDER # 6056353 CONTROL BOARD
 05/31/2018
 06/25/2018
 0.00
 68.72

Vendor Number Vendor Name Total Vendor Amount

 SPEBUS
 CHARTER COMMUNICATIONS HOLDINGS, LLC
 11,193.30

 Payment Type
 Payment Number
 Payment Date
 Payment Amount

Check 06/20/2018 11,193.30

 Payable Number
 Description
 Payable Date
 Due Date
 Discount Amount
 Payable Amount

 0000426052818
 ACCT # 8260 16 300 0000426 5/08 - 6/24/18
 05/28/2018
 06/25/2018
 0.00
 11,193.30

Vendor Number Vendor Name

 Vendor Number
 Vendor Name
 Total Vendor Amount

 CHISUP
 CHIEF SUPPLY CORPORATION
 101.53

Payment Type Payment Number Payment Amount

Check 06/20/2018 101.53
Payable Number Description Payable Date Due Date Discount Amount Payable Amount

20608 ACCT # 217513 BDU BATTLE RIPA CARGO SHORTS 05/30/2018 06/25/2018 0.00 28.54

28614 ACCT # 217513 CLASSIC 6" SIDE-ZIP BOOT 06/07/2018 06/25/2018 0.00 72.99

 Vendor Number
 Vendor Name
 Total Vendor Amount

 CHIVET
 CHISHOLM TRAIL VETERINARY CLINIC
 217.57

Check 06/20/2018 139.28 Payable Number Description Payable Date Due Date Discount Amount Payable Amount

7323 PATIENT - TOSCA CANINE I/D 17.6 LB 03/28/2018 06/25/2018 0.00 60.99

73.23 PATIENT - TOSCA CANINE I/D 17.6 LB 03/28/2018 06/25/2018 0.00 60.99

Check 06/20/2018 78.29

 Payable Number
 Description
 Payable Date
 Due Date
 Discount Amount
 Payable Amount

 7904
 PATIENT - TOSCA
 CANINE I/D 27.5 LB
 03/28/2018
 06/25/2018
 0.00
 78.29

Check 06/20/2018 139.28

Payable Number Description Payable Date Due Date Discount Amount Payable Amount

8628 PATIENT: TOSACA CANINE I/D 27.5 LB 05/15/2018 06/25/2018 0.00 78.29

6/20/2018 1:43:03 PM Page 5 of 22

Payment Register					АРРКТ0258	6 - 6/25/18 A/P RUN
Vendor Number	Vendor Name					Total Vendor Amount
CINDUR	CINDY A, DURA	AN				1,407.00
Payment Type	Payment Num	ber			Payment Date	Payment Amount 🕦
Check					06/20/2018	1,407.00
Payable Nurr	ıber	Description	Payable Date	Due Date	Discount Amount Pa	•
17-FL-184 4		CAUSE # 17-FL-184 M.R.M.	05/23/2018	06/25/2018	0.00	525.00
17-FL-312 2		CAUSE # 17-FL-312 D.C / E.C.	06/11/2018	06/25/2018	0.00	553.00
17-FL-502 2		CAUSE 17-FL-502 D.V.	06/11/2018	06/25/2018	0.00	329.00
Vendor Number	Vendor Name					Total Vendor Amount
CINTAS	CINTAS CORPO					198 10
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					06/20/2018	198.10
Payable Nun	nber	Description	Payable Date	Due Date	Discount Amount Pa	yable Amount
086742443		CONTRACT # 01681 ACCT # 09158 CUST # 09158	05/23/2018	06/25/2018	0.00	55.68
086747303		CONTRACT # 01681 ACCT # 09387 CUST # 09387	05/30/2018	06/25/2018	0.00	65.68
086747309		CONTRACT # 01681 ACCT # 09158 CUST # 09158	05/30/2018	06/25/2018	0.00	76.74
Vendor Number	Vendor Name					Total Vendor Amount
CITYLU	Vendor Name CITY OF LULING					Total Vendor Amount 90,046.51
CITYLU Payment Type		G			Payment Date	
CITYLU Payment Type Check	CITY OF LULING	G bber			06/20/2018	90,046.51 Payment Amount 90,046.51
CITYLU Payment Type Check Payable Nun	CITY OF LULING	G bber Description	Payable Date	Due Date	•	90,046.51 Payment Amount 90,046.51
CITYLU Payment Type Check	CITY OF LULING	G bber	Payable Date 06/14/2018	Due Date 06/25/2018	06/20/2018	90,046.51 Payment Amount 90,046.51
CITYLU Payment Type Check Payable Nun 51418 Vendor Number	CITY OF LULING Payment Num nber Vendor Name	G ober Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18)	•		06/20/2018 Discount Amount Pa	90,046.51 Payment Amount 90,046.51 Iyable Amount
CITYLU Payment Type Check Payable Nun 61418 Vendor Number CLIMCC	CITY OF LULING Payment Num	G ober Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18)	•		06/20/2018 Discount Amount Pa	90,046.51 Payment Amount 90,046.51 syable Amount 90,046.51
CITYLU Payment Type Check Payable Nun 51418 Vendor Number	CITY OF LULING Payment Num nber Vendor Name	G sber Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK	•		06/20/2018 Discount Amount Pa	90,046.51 Payment Amount 90,046.51 syable Amount 90,046.51 Total Vendor Amount
CITYLU Payment Type Check Payable Nun 61418 Vendor Number CLIMCC Payment Type Check	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num	G Subber Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK Subber	06/14/2018	06/25/2018	06/20/2018 Discount Amount Pa 0.00 Payment Date 06/20/2018	90,046.51 Payment Amount 90,046.51 Hyable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00
CITYLU Payment Type Check Payable Num 61418 Vendor Number CLIMCC Payment Type Check Payable Num	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num	Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK Ober Description	06/14/2018 Payable Date	06/25/2018 Due Date	06/20/2018 Discount Amount Pa 0.00 Payment Date 06/20/2018 Discount Amount Pa	90,046.51 Payment Amount 90,046.51 Hyable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00
CITYLU Payment Type Check Payable Num 61418 Vendor Number CLIMCC Payment Type Check Payable Num 05-0-120 3	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num	Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK aber Description CAUSE # 05-D-120 S.J.N. & M.J.N.	06/14/2018 Payable Date 06/05/2018	06/25/2018 Due Date 06/25/2018	06/20/2018 Discount Amount Pa 0.00 Payment Date 06/20/2018 Discount Amount Pa 0.00	90,046.51 Payment Amount 90,046.51 Hyable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00 Hyayable Amount 360.00
CITYLU Payment Type Check Payable Num 61418 Vendor Number CLIMCC Payment Type Check Payable Num 05-0-120-3 08-0-318-3	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num	Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK aber Description CAUSE # 05-D-120 S.J.N. & M.J.N. CAUSE # 08-D-318 J.D.R.	06/14/2018 Payable Date 06/05/2018 06/05/2018	06/25/2018 Due Date 06/25/2018 06/25/2018	06/20/2018 Discount Amount Pa 0.00 Payment Date 06/20/2018 Discount Amount Pa 0.00 0.00	90,046.51 Payment Amount 90,046.51 Hyable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00 Ayable Amount
CITYLU Payment Type Check Payable Num 61418 Vendor Number CLIMCC Payment Type Check Payable Num 05-0-120 3 08-0-318 3 2680-18CC	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num	Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK aber Description CAUSE # 05-D-120 S.J.N. & M.J.N. CAUSE # 08-D-318 J.D.R. CAUSE # 2680-18CC C.J.R.	Payable Date 06/05/2018 06/05/2018 06/01/2018	O6/25/2018 Due Date 06/25/2018 06/25/2018 06/25/2018	Payment Date 0.00 Payment Date 06/20/2018 Discount Amount Pa 0.00 0.00 0.00 0.00	90,046.51 Payment Amount 90,046.51 Hyable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00 Hyable Amount 360.00 195.00 325.00
CITYLU Payment Type Check Payable Num 61418 Vendor Number CLIMCC Payment Type Check Payable Num 05-0-120-3 08-0-318-3	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num	Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK aber Description CAUSE # 05-D-120 S.J.N. & M.J.N. CAUSE # 08-D-318 J.D.R.	06/14/2018 Payable Date 06/05/2018 06/05/2018	06/25/2018 Due Date 06/25/2018 06/25/2018	06/20/2018 Discount Amount Pa 0.00 Payment Date 06/20/2018 Discount Amount Pa 0.00 0.00	90,046.51 Payment Amount 90,046.51 Hyable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00 Hyable Amount 360.00 195.00
CITYLU Payment Type Check Payable Num 61418 Vendor Number CLIMCC Payment Type Check Payable Num 05-0-120-3 08-0-318-3 2680-18CC 46726 Vendor Number	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num nber Vendor Name	Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK aber Description CAUSE # 05-D-120 S.J.N. & M.J.N. CAUSE # 08-D-318 J.D.R. CAUSE # 2680-18CC C.J.R. CAUSE # 46726 RAUL C. HUERTA	Payable Date 06/05/2018 06/05/2018 06/01/2018	O6/25/2018 Due Date 06/25/2018 06/25/2018 06/25/2018	Payment Date 0.00 Payment Date 06/20/2018 Discount Amount Pa 0.00 0.00 0.00 0.00	90,046.51 Payment Amount 90,046.51 Hyable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00 Hyable Amount 360.00 195.00 325.00
CITYLU Payment Type Check Payable Num 61418 Vendor Number CLIMCC Payment Type Check Payable Num 05-D-120 3 08-D-318 3 2680-18CC 46726 Vendor Number COLWIS	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num nber Vendor Name COLIN WISE	Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK ober Description CAUSE # 05-D-120 S.J.N. & M.J.N. CAUSE # 08-D-318 J.D.R. CAUSE # 2680-18CC C.J.R. CAUSE # 46726 RAUL C. HUERTA	Payable Date 06/05/2018 06/05/2018 06/01/2018	O6/25/2018 Due Date 06/25/2018 06/25/2018 06/25/2018	Payment Date 0.00 Payment Date 06/20/2018 Discount Amount Pa 0.00 0.00 0.00 0.00	90,046.51 Payment Amount 90,046.51 Iyable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00 syable Amount 360.00 195.00 325.00 800.00
CITYLU Payment Type Check Payable Num 61418 Vendor Number CLIMCC Payment Type Check Payable Num 05-0-120-3 08-0-318-3 2680-18CC 46726 Vendor Number	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num nber Vendor Name	Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK ober Description CAUSE # 05-D-120 S.J.N. & M.J.N. CAUSE # 08-D-318 J.D.R. CAUSE # 2680-18CC C.J.R. CAUSE # 46726 RAUL C. HUERTA	Payable Date 06/05/2018 06/05/2018 06/01/2018	O6/25/2018 Due Date 06/25/2018 06/25/2018 06/25/2018	Payment Date 0.00 Payment Date 06/20/2018 Discount Amount Pa 0.00 0.00 0.00 0.00	90,046.51 Payment Amount 90,046.51 Iyable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00 syable Amount 360.00 195.00 325.00 800.00 Total Vendor Amount
CITYLU Payment Type Check Payable Num 61418 Vendor Number CLIMCC Payment Type Check Payable Num 05-D-120 3 08-D-318 3 2680-18CC 46726 Vendor Number COLWIS	CITY OF LULING Payment Num nber Vendor Name CLIFFORD W. I Payment Num nber Vendor Name COLIN WISE Payment Num	Description 50% OF EMS LOSS (11/17 THROUGH 3/18/18) MCCORMACK ober Description CAUSE # 05-D-120 S.J.N. & M.J.N. CAUSE # 08-D-318 J.D.R. CAUSE # 2680-18CC C.J.R. CAUSE # 46726 RAUL C. HUERTA	Payable Date 06/05/2018 06/05/2018 06/01/2018	O6/25/2018 Due Date 06/25/2018 06/25/2018 06/25/2018	06/20/2018 Discount Amount Pa 0.00 Payment Date 06/20/2018 Discount Amount Pa 0.00 0.00 0.00 0.00 0.00	90,046.51 Payment Amount 90,046.51 ayable Amount 90,046.51 Total Vendor Amount 1,680.00 Payment Amount 1,680.00 ayable Amount 360.00 195.00 325.00 800.00 Total Vendor Amount 750.00

CAUSE # 45207 SHANNON LEE CRANE

CASE # 2018-030087; 3/29/18

CUST # 88161086 PRINT JOB - STEVE THOMAS

COMAL COUNTY FAMILY VIOLENCE SHELTER, INC.

Description

COMAL COUNTY TREASURER'S OFFICE

Description

Due Date

Due Date

06/25/2018

06/25/2018

06/25/2018

05/08/2018

Payable Date

Payable Date

05/18/2018

05/11/2018

Discount Amount Payable Amount

Discount Amount Payable Amount

0.00

0.00

Payment Date Payment Amount

750.00

Total Vendor Amount

838.00

Total Vendor Amount

Payment Amount

49.94

838.00

49.94

838.00

49.94

0.00

06/20/2018

Payment Date

06/20/2018

45207

Payment Type

Payment Type

002

Payable Number

Payable Number

2018-030087

Vendor Name

Vendor Name

Payment Number

Payment Number

Vendor Number

Check

Vendor Number

Check

COMTRE

CRICEN

Payment Register

APPKT02586 - 6/25/18 A/P RUN

Payment Date

Payment Date

0.00

0.00

0.00

06/20/2018

06/20/2018

Discount Amount Pavable Amount

0.00

06/20/2018

Payable Date

Payable Date

Payable Date

Payable Date

06/01/2018

04/25/2018

Payable Date

05/17/2018

05/17/2018

05/17/2018

Payable Date

Payable Date

05/22/2018

Payable Date

05/29/2018

05/17/2018

05/07/2018

05/22/2018

Due Date

Due Date

Due Date

Due Date

06/25/2018

06/25/2018

Due Date

06/25/2018

06/25/2018

06/25/2018

Due Date

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Vendor Number

Vendor Name

COOCOR

COOKS CORRECTIONAL

Payment Type

Payment Number

Check

Payable Number Description

N537795

CUST ID: 78644-1 LID 6 COMPT. TRANSLUCENT

Vendor Name

CORMOR

CORRECTIONAL MOBILE MEDICAL SERVICES

Description

COUGAR CLEANING EQUIPMENT, LLC

Description

Description

Description

DAVID BROOKS, ATTORNEY AT LAW

Description

Description

CAUSE # 2677-18CC J.A.M.

CAUSE # 16-255 JODIE BROWN

CAUSE # 17-156 VINSON WILSON

CAUSE # NO CHARGES VINSON WILSON

LEGAL CONSULTATION SERVICES FOR MAY 2018

X-RAYS FOR APRIL 2018

COUGAR BLAST 55 GALLON DRUM 50/50

CAUSE # 46,452 CHAD WILLIAM WRIGHT

Check

Payment Type **Payment Number**

Vendor Number

Payable Number

5095

Vendor Name

Payment Type

COUCLE

Payment Number

Check

Vendor Number

Payable Number

178665

Vendor Name

DAN MCCORMACK **Payment Number**

Check

Vendor Number

DANMCC

Payable Number

Payment Type

2677-18CC 1

46,452

Vendor Number Vendor Name

DISOI

DARLON JAMES SOJAK Payment Number

Check

Payment Type

Payable Number

16-255 2 17-156 51718

Vendor Name

Vendor Number DAVBRO **Payment Type**

Payment Number

Check

Pavable Number

52018

Vendor Number

Vendor Name DAVCOL DAVID M COLLINS

> **Payment Type** Payment Number

Check

Payable Number

2017-025

Vendor Number DAVIMEN **Payment Type**

DAVID MENDOZA **Payment Number**

Vendor Name

Check

Pavable Number

43356

Description

CAUSE # 43356, 43358, 42352 ENKA SHANNON

CAUSE # 2017-025 SCOTT LOHMAN

05/08/2018

Due Date 06/25/2018

0.00

Payment Date

06/20/2018

500.00

Payment Amount

717.56

Total Vendor Amount

717.56

717.56

Total Vendor Amount

990.00

Payment Amount

990.00

Discount Amount Payable Amount

990.00

Total Vendor Amount

225.00

Payment Date Payment Amount

06/20/2018

225.00

Discount Amount Pavable Amount

225.00

Total Vendor Amount

650.00

Payment Amount

Payment Date 650.00

Discount Amount Pavable Amount 0.00 150.00

500.00

Total Vendor Amount

1.025.00

Payment Date Payment Amount 06/20/2018 1,025.00

Discount Amount Payable Amount 0.00 400.00

0.00 250.00 0.00 375.00

Total Vendor Amount

100.00 **Payment Date Payment Amount**

06/20/2018 Discount Amount Payable Amount

0.00

Payment Date

0.00

06/20/2018

100.00

Total Vendor Amount 655.00

Payment Amount 655.00

Discount Amount Payable Amount 655.00

> **Total Vendor Amount** 500.00

Payment Amount

6/20/2018 1:43:03 PM

Day	<i>t</i> ment	Register
rav	AMMELIE	VERIZIEI

Payment Type

APPKT02586 - 6/25/18 A/P RUN

Vendor Number

Vendor Name

DELSET

DELL SETON MED CNTR AT UT

Payment Number

Check

Payable Number

2018075461

ALTAMIRANO, ASHLEY DOB 10/28/1986 DOS: 4/27/18

Payable Date **Due Date** 04/27/2018 06/25/2018

391.89

Total Vendor Amount

Total Vendor Amount

06/20/2018

0.00

Discount Amount Payable Amount

Payment Date Payment Amount

Vendor Number DENNAV

Vendor Name

DENTON NAVARRO ROCHA BERNAL & ZECH, P.C.

35.24

391.89

Payment Type **Payment Number**

Check **Payable Number**

23921

Description

ACCT # 25241 LEGAL SERVICES

Payable Date **Due Date** 06/11/2018 06/25/2018

Payment Date 06/20/2018

Payment Amount

0.00

36.24

Discount Amount Payable Amount

36.24

Vendor Number DEWPOT

Vendor Name

DEWITT POTH & SON

Total Vendor Amount 2.062.50 Dauman

2,005.58	
Amount	

Payment Type	Payment Number				Payment Date	e Payment Amount
Check					06/20/2018	2,063.58
Payable Num	ber Description		Payable Date	Due Date	Discount Amount	Payable Amount
535000-0	CUST # 12430 C	ARTRIDGE, INKJET, HP 9	04/17/2018	06/25/2018	0.00	44.64
536436-0	CUST # 12430 S	POTPAPER	05/02/2018	06/25/2018	0.00	259.67
536499-0	CUST # 12430 E	NVELOPES	05/07/2018	06/25/2018	0.00	85,00
536673-0	CUST # 12430 S	POTPAPER	05/03/2018	06/25/2018	0.00	134.21
536793-0	CUST # 12430 C	CALENDAR, WALL, 30/60	05/04/2018	06/25/2018	0.00	23,83
537735-0	CUST # 12430 F	OLDER, FILE, LTR, 1/3	05/16/2018	06/25/2018	0.00	56.47
537751-0	ACCT # 12430 B	BINDER, VIEW, D-RING	05/16/2018	06/25/2018	0.00	331.56
537975-0	CUST # 12430 D	IVIDERS, UNPNCHD	05/18/2018	06/25/2018	0.00	116.73
<u>538208-0</u>	CUST# 12430 S	TAPLER, DSKTP OTIMA	05/21/2018	06/25/2018	0.00	284.85
5386341-0	CUST # 12430 S	STAPLER, DESKTOP, OPTI	05/24/2018	06/25/2018	0,00	299.85
538838-0	CUST # 12430 S	POTPAPER	05/30/2018	06/25/2018	0.00	69.50
5389460	CUST # 12430 S	POTPAPER	05/31/2018	06/25/2018	0.00	34.75
539930-0	CUST # 12430 (CRTDG, INK, HP 22, TRI	06/11/2018	06/25/2018	0.00	176.09
540148-0	CUST # 12430 C	CRTDG, IJ, HP 932 XL	06/13/2018	06/25/2018	0.00	146.43

Vendor Number DIAVAR

Vendor Name

DIANA VARGAS, CSR, RPR

Total Vendor Amount

Payment Type Check

Payment Number

Payable Number Description 03-08-18 **TRAVEL ON 3/08/18** 06-13-18 TRAVEL - 6/13/18

100.00 **Payment Date**

Payment Amount

50.00

100.00

06/20/2018 Discount Amount Payable Amount 0.00 50.00

0.00

06/20/2018

Payment Date

Vendor Number

Vendor Name

E&RSUP

E & R SUPPLY CO., INC

Total Vendor Amount

635.84

635.84

Check

Payment Number

Payment Date Payment Amount

Due Date

06/25/2018

06/25/2018

Payable Date

03/19/2018

06/13/2018

Payment Type

Payable Number Description Payable Date **Due Date** Discount Amount Payable Amount 213977 ACCT # 0023750 CYLINDER REPAIR 06/01/2018 06/25/2018 0.00 279.30 214029 ACCT # 0023750 HOSE END 155.28 06/08/2018 06/25/2018 0.00 214039 ACCT # 0023750 STR. F. SAE37 SWIVEL 06/11/2018 06/25/2018 0.00 201.26

Vendor Number

Vendor Name

ELESYS

ELECTION SYSTEMS & SOFTWARE INC.

Total Vendor Amount 1,199.25

Payment Amount

Payment Type Payment Number Check

06/20/2018 1,199.25 **Payable Number Payable Date** Description **Due Date** Discount Amount Payable Amount 1029766 **ACCT # C04192 MILITARY KITS 3/6/18** 02/07/2018 06/25/2018 0.00 146.77 1032558 ACCT # C04192 PRECINCT KIT 03/05/2018 06/25/2018 0.00 877.04 ACCT # CO4192 PRCEINCT KIT 04/20/2018 06/25/2018 0.00 1039739 175.44

Payment	Register
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APPKT02586 - 6/25/18 A/P RUN

Vendor Number ERGASP

Vendor Name

ERGON ASPHALT AND EMULSIONS, INC.

Total Vendor Amount

2.483.73

Payment Type Check

Payment Number

Payment Date 06/20/2018

Pavable Number 9401851895

Description

PROJ DESCRIPTION: 2017-18 ASPHALT MATERIAL BID

Pavable Date Due Date 06/25/2018 Discount Amount Payable Amount

2,483.73

Vendor Number

Vendor Name

06/08/2018

0.00

2,483.73

Payment Amount

ESRI

ESRI, INC.

Total Vendor Amount 705,25

Payment Amount

Payment Type **Payment Number Payment Date** Check 06/20/2018

705.25 Payable Number Description **Payable Date** Due Date Discount Amount Payable Amount 93475738 CUST # 16356 ARCGIS DESKTOP BASIC SINGLE USE SECO 06/13/2018 06/25/2018 0.00 302.25 93475746 CUST # 403442 ARCGIS DESKTOP BASIC SINGLE USE PRI 06/11/2018 06/25/2018 0.00 403.00

Vendor Number

Vendor Name

Payment Number

Total Vendor Amount

630.20

FERJOS Payment Type FERRIS JOSEPH PRODUCE, INC.

Payment Date

Payment Amount

Check 06/20/2018 630.20 **Payable Number** Description Payable Date **Due Date** Discount Amount Payable Amount 1044533 25 LB 6X6 TOMATOES CASE SPC 06/02/2018 06/25/2018 0.00 125.00 104469 **ICEBERG 24 CT** 05/30/2018 06/25/2018 0.0019.50 104482 RED CABBAGE LB 05/31/2018 06/25/2018 0.00 82.30 104490 **BANANAS EA** 06/01/2018 06/25/2018 0.00 279.10 **BANANAS EA** 104539 06/04/2018 06/25/2018 0.00 124.30

Vendor Number

Vendor Name FLEETPRIDE **FLEPRI**

Total Vendor Amount

593.61

Payment Type **Payment Number** **Payment Date** 06/20/2018

Payment Amount 593.61

Check **Payable Number**

ACCT #83215 LEECE NEVILLE 7706A SERIAL 340178

Payable Date Due Date 05/14/2018 06/25/2018 Discount Amount Payable Amount

0.00 593.61

Vendor Number GLEWIL

94283628

017-FL-359

18-FL-110

17-287

Vendor Name GLENN WILLIAMS

Total Vendor Amount

Payment Type

Payment Number

Payment Date Payment Amount 06/20/2018

0.00

0.00

0.00

0.00

1.032.50

Check **Payable Number**

Description CAUSE # 017-FL-359 A.R. CAUSE # 17-287 KR, ZA

CAUSE # 18-FL-110 N.A.

Payable Date Due Date 06/11/2018 06/25/2018 06/11/2018 06/25/2018 06/11/2018 06/25/2018

06/25/2018

Due Date

06/25/2018

06/11/2018

Payable Date

05/30/2018

1,032.50 Discount Amount Payable Amount 140.00

18-FL-34 CAUSE # 18-FL-34 H., D. Vendor Number Vendor Name

Total Vendor Amount

227.50

315.00

350.00

GLOAUT **Payment Type** GLOSSERMAN AUTOMOTIVE CENTER

27.36 **Payment Date** Payment Amount

Check

06/20/2018

27.36

Payable Number Description 092047 ACCT # 1010

Discount Amount Payable Amount 0.00

27.36

Vendor Number GONBUI

Vendor Name

GONZALES BUILDING CENTER

Total Vendor Amount 688.79

27.99

468.06

192.74

Payment Type Check

Payment Number

Payment Number

Payment Date **Payment Amount** 688 79

06/20/2018 Payable Number Description Payable Date **Due Date** Discount Amount Payable Amount 9262 BISSEL STURDY SWEED 05/15/2018 06/25/2018 0.00 INV0745763 CUST # CALDOO1 TOWEL MULTI-FOLD 1- PLY NATURAL 04/20/2018 06/25/2018 0.00 INV075103.0 **CUST # CALDOO1 ZEP ANTI BACTERIAL DISENFECTANT** 05/30/2018 06/25/2018 0.00

Payment Register					ADDKT075\$	36 - 6/25/18 A/P RUN
Vendor Number	Vendor Name				AFFRIOZSC	Total Vendor Amount
GRAING	GRAINGER					1,273,25
Payment Type	Payment Numi	her			Payment Date	Payment Amount
Check	Taymont Ham				06/20/2018	1,273.25
Payable Num	ber	Description	Payable Date	Due Date	Discount Amount Pa	•
9788482256		ACCT 9788482256 CARTRIDGE, FOR AP 200, PK2	05/15/2018	06/25/2018	0.00	659.10
9795717876		ACCT # 841505548 CARPET EDGING BAR, ALUMINUM, G	05/22/2018	06/25/2018	0.00	16.80
9801322950		ACCT # 841505548 DFINIT PRPOSE CONTACTR	05/29/2018	06/25/2018	0.00	455.25
9802640095		ACCT # 841505548 EXTENSION CORD, 15A,	05/30/2018	06/25/2018	0.00	142.10
Vendor Number	Vendor Name					Total Vendor Amount
GREWIL	GREGORY L. W	ILSON				364.00
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					06/20/2018	364.00
Payable Num	iber	Description	Payable Date	Due Date	Discount Amount P	ayable Amount
17-FL-312 1		CAUSE # 17-FL-312 E.C. & D.C.	06/11/2018	06/25/2018	0.00	364.00
Vendor Number	Vendor Name					Total Vendor Amount
GTDIST	GT DISTRIBUTO	•				109.75
Payment Type	Payment Num	ber			Payment Date	•
Check					06/20/2018	109.75
Payable Num	iber	Description	Payable Date	Due Date	Discount Amount P	•
INV0660640		CUST ID: 003167 DEF-TEC MK3 INERT	05/16/2018	06/25/2018	0.00	74.80
INV0660842		CUST ID: 003167 INNOVATIVE PRODUCTS MAGNETIC M	05/17/2018	06/25/2018	0.00	34.95
Vendor Number	Vendor Name					Total Vendor Amount
HANEQU	HANSON EQUI	PMENT				277.18
Payment Type	Payment Num	ber			Payment Date	Payment Amount
Check					06/20/2018	277.18
Payable Num	nber	Description	Payable Date	Due Date	Discount Amount P	
265182		# CAL001 HUB CAP 2.448"	05/31/2018	06/25/2018	0.00	7.60
<u>265186</u>		# CAL001 LAMINATED TIRE/WHEEL 6.00-9	05/31/2018	06/25/2018	0.00	269.58
Vendor Number	Vendor Name					Total Vendor Amount
HENTOW	HENRY'S TOW					55.00
Payment Type	Payment Num	iber			Payment Date	•
Check					06/20/2018	55.00
Payable Nun	nber	Description los description	Payable Date	Due Date	Discount Amount P	•
02231		'07 SILVERADO LIC # 1285584	06/07/2018	06/25/2018	0.00	55.00
Vendor Number	Vendor Name					Total Vendor Amount
HOFSUP	HOFMANN'S S				.	103.84
Payment Type	Payment Nurr	nder			Payment Date	•
Check		Paradalan	Boundle Dete	Due Date	06/20/2018	103.84
Payable Nun 832153	IINEL	Description CUST # 01734 ACETYLENE SMALL	Payable Date 05/31/2018	Due Date 06/25/2018	Discount Amount F 0.00	103.84
3 at P. Amille Steam - Pale - Sandry Andry		GOOT IT OFF THE FEET E STRINGE	03/31/2010	30/23/2010	0.00	103.04

Payable Date

06/13/2018

06/13/2018

06/13/2018

06/13/2018

06/13/2018

06/13/2018

06/13/2018

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Total Vendor Amount

77.00

168.00

133.00

175.00

329.00

756.00

84.00

1,722.00

Payment Amount

Payment Date

Discount Amount Payable Amount

0.00

0.00

0.00

0.00

0.00

0.00

0.00

06/20/2018

1,722.00

Vendor Number

Check

Payment Type

Payable Number

12-FL-014 1

15-FL-313 21

17-FL-046 7

17-FL-182 7

17-FL-184 2

18-FL-163 1

18-FL-192

JANWIL

Vendor Name

JANA CLIFT-WILLIAMS

Description

CAUSE # 12-FL-014 S.W.

CAUSE # 17-FL-046 S.M.D.

CAUSE # 17-FL-184 M.M

CAUSE # 18-FL-192 R.G.

CAUSE # 15-FL-313 KBC / KCH

CAUSE # 17-FL-182 BLV III / CAV

CAUSE # 18-FL-163 M.A. / R.A.

Payment Number

Pavme	ent Re	gister
-------	--------	--------

Payment Type

APPKT02586 - 6/25/18 A/P RUN

Total Vendor Amount

Payment Amount

89.94

Total Vendor Amount

Payment Amount

89.94

191.31

89 94

Vendor Number

Vendor Name

JENWAL

JENNIFER WALKER

Check

Payment Number

Payable Number Description

MILEAGE FOR 6/04 - 06/18 61218

Vendor Name

JOHN DEERE FINANCIAL

Check

Payable Number

1805-100815

1805-112720

FARPLA

Vendor Number

Payment Type Payment Number

1805-105460 ACCT # 1-99 CHAIN SAW 1805-111908 ACC# 1-99 WHT LARGE C-OUTLET 1805-111914 ACCT # 1-99 CEMENT - BAG READY MIX CONCRETE

ACCT # 1-99 COUPL RED PVC DWV4X2

CUST # 1-99 CROSS SCH 40 PVC

Description

1806-122333 ACCT # 1-99 MARKING WAND 1806-122344 ACCT # 1-99 MARKING WAND

Vendor Number

Vendor Name

JOHN H. RODRIQUEZ, JR. IR'SAU

Payment Type **Payment Number**

Check

Payable Number Description

'10 SILVERADO NEW WINDSHIELD 010255 REPLACE DOOR GLASS 010280

Vendor Number Vendor Name JUDBOH JUDITH BOHR

Payment Type **Payment Number**

Check

Payable Number

Description

CAUSE # 17-FL-116 K.J.M. 17-FL-116 4

Vendor Number

Vendor Name

L & L SEPTIC AND PORTABLE TOILETS L&LPOR

Payment Type **Payment Number**

Check

Description

Payable Number

659694 SCDEDULED GREASE TRAP CLEANING & MAINTENCE

Vendor Number Vendor Name

LASSIG

LARRY D. RIVERA

Payment Type Payment Number

Check

Payable Number Description **4 X 6.5 FT PREMIUM DIGITAL PRINT REFLECTIVE FILM**

EMT-18744

Vendor Name

Vendor Number LARRAS

45,953

LARRY O. RASCO

Payment Type **Payment Number**

Check

Pavable Number Description 18 J-2684 CAUSE # 18-J-2684 J.L.N. 29,680 CAUSE # 29,680 JOSE HUERTA

46,019

CAUSE # 45,953 CHRISTOPHER ALVARAZ **CAUSE # 46019 TEFFNEY SWIFT**

04/25/2018 05/18/2018

Payable Date

06/01/2018

05/07/2018

Pavable Date

Payable Date

05/07/2018

05/14/2018

05/22/2018

05/22/2018

05/23/2018

06/07/2018

06/07/2018

Payable Date

06/13/2018

06/06/2018

Payable Date

Pavable Date

Payable Date

04/20/2018

05/15/2018

06/13/2018

06/12/2018

Due Date

Due Date

06/25/2018

06/25/2018

06/25/2018

Due Date

06/25/2018

06/25/2018

Due Date

06/25/2018

Due Date

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018 06/25/2018

Due Date

06/25/2018

06/25/2018

06/20/2018 191.31 Discount Amount Payable Amount

0.00 48.41 67.96 0.00 0.00 24.82 0.00 13.96

06/25/2018 06/25/2018 0.00 36.16 06/25/2018 0.00 29.99 06/25/2018 0.00 -29.99

Payment Date

Payment Date

Discount Amount Payable Amount

0.00

06/20/2018

Total Vendor Amount

260.00 **Payment Date Payment Amount**

06/20/2018

260.00

Discount Amount Payable Amount

0.00 180.00

0.00 80.00

> **Total Vendor Amount** 586,60

Payment Date Payment Amount

06/20/2018

586.60

Discount Amount Payable Amount

0.00

586.60

Total Vendor Amount

650.00

Payment Date **Payment Amount** 650.00

06/20/2018

0.00

Payment Date

06/20/2018

Discount Amount Payable Amount

0.00 650.00

Total Vendor Amount

701.51

Payment Date **Payment Amount** 06/20/2018

701.51

Discount Amount Payable Amount 701.51

Total Vendor Amount

1,755.00 **Payment Amount**

1,755.00

Discount Amount Payable Amount 0.00 350.00

0.00 500.00 0.00 300.00 0.00 605.00

Page 11 of 22

Payment Register

APPKT02586 - 6/25/18 A/P RUN

Vendor Number

Vendor Name

LEGTRI

LEGENDS TRI-COUNTY FUNERAL SERVICES

Description

Description

Description

BILLING ID: 1623451

MAY 2018

CAUSE # 17-237 MICHELLE LYNN NEUBAUER

ACCT # 1C250 HAY COASTAL SQ BALE

ACCT # 1C250 TEXAS CHOICE CUBES

ACCT # 1C250 TEXAS CHOICE CUBES

CUST # 11239 1 X 4 X 10 #2 YELLOW PINE

3/29 & 4/12/18 NOTICE OF CONSTABLE'S CAUSE # 16-0-

5/03/18 TEST OF AUTO TABL EQUIPMENT

Payment Type

Payment Number

Check

Payable Number Description

2018/050

JOEL SPENCER DOD: 4/29/18

Vendor Number Vendor Name LEXISNEXIS RISK DATA MANAGEMENT **LEXRIS**

Payment Type

Payment Number

Check

Payable Number

1623451-20180531

Vendor Name

LILFOR LILIANA LEON FORES Payment Type **Payment Number**

Check

Vendor Number

Payable Number

17-237

Vendor Number

LIVFEE

Vendor Name

LIVENGOOD FEED STORE

Payment Type

Payment Number

Check

Payable Number LOINV000165158

LOINV000166140 LOINV00166574

Vendor Number LOCTRU

Vendor Name LOCKHART - TRUE VALUE

Payment Type

23847 /1

Payment Number

Check

Payable Number Description 23830 /1 CUST # 11239 PLUG REFILL KIT

23891 /1 CUST # 11239 165 .105 X TRIMMER LINE CUST # 11239 1/2" VSR HAMMERDRILL 23926 /1 CUST # 11239 ECHO 1 LB 105 CROSS FIRE 23948 /1 23970 /1 CUST # 11239 13 OZ PRUNING SEAL

Description

Vendor Number

Vendor Name

LOCPOS

LULCHE

LOCKHART POST REGISTER

Payment Type Check

Payment Number

Payable Number 00084476 00084844

Vendor Number

Vendor Name

Payment Type

LULING CHEVROLET Payment Number

Check Payable Number

100406

Description CUST # 2000053 LIFTER

Payable Date 06/07/2018

Payable Date

Payable Date

Payable Date

Payable Date

05/01/2018

05/18/2018

05/26/2018

Payable Date

05/31/2018

05/31/2018

06/04/2018

06/06/2018

06/07/2018

06/08/2018

Payable Date

04/05/2018

05/17/2018

05/31/2018

05/31/2018

04/29/2018

Due Date

Due Date

Due Date

Due Date

06/25/2018

06/25/2018

06/25/2018

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Due Date 06/25/2018 Discount Amount Payable Amount

0.00

06/20/2018

Payment Date

Payment Date

0.00

0.00

06/20/2018

481.13

Total Vendor Amount 300.00

Payment Date Payment Amount

06/20/2018

300.00

Discount Amount Payable Amount 0.00 300.00

Total Vendor Amount

50.00

Payment Date Payment Amount 06/20/2018 50.00

Discount Amount Payable Amount

0.00 50.00

Total Vendor Amount

500.00

Payment Date Payment Amount 06/20/2018

500.00

Discount Amount Payable Amount 0.00 500.00

Total Vendor Amount

263.10

Payment Date **Payment Amount** 263.10

06/20/2018 Discount Amount Payable Amount

0.00 89.50 0.00 29.64 0.00 143.96

Total Vendor Amount

366,59

Payment Amount 366.59

Discount Amount Payable Amount 0.00 7.58 0.00 7.78

Payment Date

06/20/2018

0.00 122,30 0.00115.00 0.0027.98 0.00 85.95

Total Vendor Amount

320.88 **Payment Amount**

320.88

Discount Amount Payable Amount 248.88

> 72.00 **Total Vendor Amount**

APPKT02586 - 6/25/18 A/P RUN **Payment Register**

Payable Date

05/16/2018

05/03/2018

Pavable Date

Payable Date

Payable Date

Payable Date

Payable Date

04/26/2018

05/10/2018

05/21/2018

04/25/2018

Payable Date

06/06/2018

05/31/2018

06/07/2018

05/31/2018

06/13/2018

Due Date

06/25/2018

06/25/2018

Due Date

Due Date

Due Date

Due Date

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Vendor Number

Vendor Name

JCOJAN

M.B. HAMMO ENTERPRISES, LLC

Payment Type

Payment Number

Check

Payable Number Description

5065

4990 **TOILET PAPER REGULAR / ROSES TOILET PAPER REGULAR / ROSES**

Description

Description

Description

MCMAHAN COMMUNITY WOMEN'S CLUB

Description

Description

MILLER UNIFORMS & EMBLEMS, INC.

Description

ELECTION OFFICE

FUEL REIMBURSEMENT 6/13/18

CUST ID: 278898 WASTE GASKET

CAUSE # 16-129 JERRY ARANDA

Vendor Number MARDAV

Vendor Name MARK DAVENPORT **Payment Number**

MARK'S PLUMBING PARTS

Payment Number

Vendor Name

Vendor Name

Vendor Name

Payment Number

MEDICAL WHOLESALE, INC.

Check

Payment Type

Payable Number

61518

Vendor Number Vendor Name

MARPLU Payment Type

Payment Number

Check

Payable Number

INV001713810

Vendor Number Vendor Name

MAUPSY

MAURO PSYCHOLOGICAL SERVICES, PLLC

Payment Type Check

Payable Number

2459

Vendor Number Vendor Name

> Payment Type **Payment Number**

Check

MCMCLU

Payable Number 53118

Vendor Number MEDWHO

Payment Type

Check

Pavable Number

0516244-IN 0517036-IN 05614988-IN

0515055-IN

Vendor Number

MILUNI

Payment Type **Payment Number** Check

Payable Number

111804

Vendor Number

NEOFUN **NEOFUNDS BY NEOPOST** Payment Type **Payment Number**

Check Payable Number

51318

Description

ACCT # 7900 0440 8052 6951 4/12, 4/26 & 5/10/18

ORDER # 0478684 CREAM MICONAZOLE AF 1 OZ

ORDER # 0479469 IBUPROFEN 200MG 250 X 2S

ACCT # 73 FLXIIIA WITH 2 HI-LITE TAN CARRIER

ORDER # 0480384 AIMSTEP PREG/KIT CASSETT 30S

ORDER # 0478767 IBURPROFEN 200MG 250 X 2 S

Payable Date 05/13/2018

06/25/2018

Due Date

06/20/2018 0.00

Payment Date

Discount Amount Pavable Amount

777.31 **Total Vendor Amount**

461.68

Total Vendor Amount

1,238.99

1,238.99

20.00

Payment Amount

20.00 Discount Amount Payable Amount

20.00

Total Vendor Amount

99.55 **Payment Date Payment Amount**

06/20/2018 99.55 Discount Amount Payable Amount

Payment Date Payment Amount

Discount Amount Payable Amount

0.00

0.00

Payment Date

0.00

06/20/2018

06/20/2018

0.00 99.55

Total Vendor Amount

1,300.00

Payment Date **Payment Amount** 06/20/2018 1,300.00

Discount Amount Payable Amount 0.00 1,300.00

> **Total Vendor Amount** 100.00

Payment Date **Payment Amount**

06/20/2018 100.00 Discount Amount Payable Amount

0.00 100.00

Total Vendor Amount

571.31 Payment Date Payment Amount

06/20/2018 571.31 Discount Amount Payable Amount 0.00

0.00

0.00

0.00

Payment Date

0.00

06/20/2018

53.89 317.25

52.73 147,44

Total Vendor Amount 830.00

Payment Amount

830.00 Discount Amount Payable Amount

> 830.00 **Total Vendor Amount**

> > 3,300.00

APPKT02586 - 6/25/18 A/P RUN

Check 06/20/2018 3.000.00 **Payable Number** Description Payable Date **Due Date** Discount Amount Payable Amount CCJC POSTAGE INVENTORY 05/13/2018 06/25/2018 5132018 0.00 3,000.00 Vendor Number Vendor Name **Total Vendor Amount NEOPOST USA INC NEOPOS** 322.30 Payment Type **Payment Number Payment Date Payment Amount** Check 06/20/2018 322.30 **Payable Number Payable Date Due Date** Discount Amount Payable Amount N7185686 CUST # 01054254 LEASE # N17031682 6/11 - 7/10/18 06/08/2018 06/25/2018 0.00 322,30 **Vendor Number Vendor Name Total Vendor Amount NEWPRO** NEWBART PRODUCTS, INC. 130.43 **Payment Type Payment Number Payment Date Payment Amount** Check 06/20/2018 130.43 Payable Number Payable Date Description **Due Date** Discount Amount Payable Amount 284320 CUST CO # CA6777 IDP SMART POLICE HOLD 05/02/2018 06/25/2018 0.00 130.43 **Vendor Number Vendor Name Total Vendor Amount** OFFICE DEPOT OFFIDE 172.77 Payment Type **Payment Number Payment Date Payment Amount** Check 06/20/2018 172.77 **Payable Number Payable Date** Description **Due Date** Discount Amount Payable Amount 135213920001 ACCT # 43682634 PEN, RETRACTR, G-2, FN., BLUE 05/07/2018 06/25/2018 0.00 58.21 ACCT # 43682634 PROTECTOR, SHEET, LAM 9X12 135269756001 05/07/2018 06/25/2018 0.00 54.22 143516329001 ACCT # 43682634 100 PK CD / DVD PAPER 05/24/2018 06/25/2018 0.00 41.22 143516445001 ACCT # 43682634 CALC INKROLL PR-42 PACK 05/25/2018 06/25/2018 0.00 19.12 Vendor Number Vendor Name **Total Vendor Amount** ORKIN **ORKIN - AUSTIN COMMERCIAL** 292.27 Payment Type **Payment Number Payment Date Payment Amount** Check 06/20/2018 292.27 Payable Number Discount Amount Payable Amount Description **Pavable Date** Due Date 171162823 ACCT # 291215197 SCH SVC 6/27/18 PC STANDARD 06/18/2018 06/25/2018 0.00 292.27 Vendor Number Vendor Name **Total Vendor Amount** PATHMARK TRAFFIC PROD. OF TX INC **PATMAR** 560.00 Payment Type **Payment Number** Payment Date **Payment Amount** Check 06/20/2018 560.00 Payable Number Description Pavable Date **Due Date** Discount Amount Pavable Amount 027948 CUST # 00C1056 SURF. MT BASE FOR 2 3/8" POST 06/05/2018 06/25/2018 0.00 560.00 **Vendor Number** Vendor Name **Total Vendor Amount PAUEVA** PAUL MATTHEW EVANS 4,275.00 Payment Type **Payment Number Payment Date Payment Amount** Check 06/20/2018 4.275.00 Payable Number Description Payable Date **Due Date** Discount Amount Payable Amount 46155 CAUSE # 46155, 46912 VINSON WILSON 05/17/2018 06/25/2018 0.00 755.00 46350 CAUSE # 46350 DEWARD L CUMMINGS II 05/14/2018 05/25/2018 3,520.00 0.00 **Vendor Number Vendor Name Total Vendor Amount PFGTEM** PFG-TEMPLE 1,286.65 Payment Type **Payment Number Payment Date Payment Amount** Check 06/20/2018 1,286.65 Payable Number Description **Payable Date Due Date** Discount Amount Payable Amount 9166917 **CUST # 435577 DRY GROCERY / FROZEN** 05/31/2018 06/25/2018 0.00 553.30

06/04/2018

06/25/2018

0.00

9170150

CUST # 435577 DRY GROCERY / FROZEN

733.35

Pay	ment	Register
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APPKT02586 - 6/25/18 A/P RUN

Vendor Number

Vendor Name

PHITUR

PHIL TURNER LAW PC

Payment Date | Payment Amount

655.00

Payment Type

17-128

Payment Number

06/20/2018

0.00

655.00

Total Vendor Amount

Check

Payable Number

Description

Payable Date 05/22/2018

Due Date Discount Amount Payable Amount

Vendor Number

PITBOW

Vendor Name

PITNEY BOWES GLOBAL FINANCIAL SERVICES L

Total Vendor Amount 99.73

655.00

Payment Type

Payment Date

Payment Number

Payment Amount

Check

06/20/2018

Payable Number

Description

Due Date **Payable Date** Discount Amount Payable Amount

99.73

3306270466

20816

06/01/2018 06/25/2018 0.00 99.73

ACCT # 0016516092 5/30 - 6/29/18

RECEIPT BOOKS 2 PART

MAGISTRATE RECORDATION FORM

STAMP 4918 ACCREDITED REPRESENTATIVE

CAUSE # 17-128 ASHLEY NICHOLE PULLIN

Vendor Number PRISO1

Vendor Name

Total Vendor Amount 383.45

PRINTING SOLUTIONS

Payment Date

Payment Amount

Check

Payment Type Payment Number

06/20/2018

383.45

Payable Number

Payable Date

Due Date 06/25/2018

Discount Amount Payable Amount

Description STAMP - CALDWELL COUNTY TREASURER 20732

04/13/2018 05/22/2018 06/05/2018

06/06/2018

Payable Date

04/12/2018

06/04/2018

06/04/2018

05/31/2018

Payable Date

06/09/2018

06/25/2018 06/25/2018 06/25/2018

Due Date

06/25/2018

06/25/2018

06/25/2018

06/25/2018

Due Date

06/25/2018

06/25/2018

0.00 0.00

0.00

0.00

21.70 167.00 138.75

56.00

20836 20847

Vendor Number

Vendor Name

Total Vendor Amount

PITPOS

PURCHASE POWER Payment Number

Payment Date

25.03 **Payment Amount**

Payment Type Check

Payable Number Description

4/11/18

06/20/2018 Discount Amount Payable Amount

25.03

SN # 4674606 ACCT # 8000-9090-0465-5093

0.00

25.03

Vendor Number

Vendor Name RDO EQUIPMENT CO.

4.549.28

Payment Type

RDOEQU

Payment Number

06/20/2018

Payment Date Payment Amount

Check Payable Number

Description

Payable Date **Due Date**

4,549.28 Discount Amount Payable Amount

P66151

ACCT # 7269004 WINDOWPANE

Total Vendor Amount

P66152

ACCT # 7269004 HYDRAULIC CYLIN

0.00

438.05

Total Vendor Amount

Vendor Number

Vendor Name

0.00 4,111.23

LEXINE

RELX INC. DBA LEXISNEXIS Payment Number

454.00 Payment Amount

Payment Type Check

Payment Date 06/20/2018

0.00

0.00

0.00

Payment Date

0.00

454.00

Payable Number 30911489968

Description

Payable Date Due Date 05/31/2018 06/25/2018 Discount Amount Payable Amount

62.00

Total Vendor Amount

3091495477

ACCT # 422MKTQ29 CUST # 10001YULN MAY 2018 ACCT # 422NHLBG4 MAY 2018

392.00

Vendor Number

Vendor Name RICOH USA, INC.

Payment Date Payment Amount

853.35

IKONOF Payment Type

Payment Number

06/20/2018

853.35

Check

Pavable Number Description 100685474 ACCT # 505575-1010175A16 5/29 - 6/28/18

Discount Amount Payable Amount 853,35

Payment Amount

505.00

Vendor Number

Vendor Name **ROBERT A HAEDGE** **Total Vendor Amount** 1,160.00

ROBHAE

Payment Type **Payment Number** Check

Payable Number 18-032

18-061

Description CAUSE # 18-032 CLARENCE MATHEN HARRIS

CAUSE # 18-061 MANDY ELIDA MARTINEZ

Payable Date Due Date 05/22/2018 06/25/2018 05/22/2018 06/25/2018

06/20/2018 1,160.00 Discount Amount Payable Amount 0.00 655.00

Payment Register

APPKT02586 - 6/25/18 A/P RUN

Vendor Number

Vendor Name

RORBRA

ROBIN BRAME

Payment Date **Payment Amount**

40.00

Check

Payment Type Payment Number

> **Payable Number** Description

MILEAGE FOR 6/11/18

Payable Date **Due Date**

06/25/2018

06/11/2018

Discount Amount Payable Amount

40.00

40.00

Total Vendor Amount

06/20/2018

Vendor Number

SALMAS

6112018

Payment Type

691847

Vendor Name

SALINAS MASONARY CONTRACTORS

Total Vendor Amount

25.00

25.00

2.27

Payment Number

Payment Date 06/20/2018

0.00

0.00

Payment Amount

Check

Payable Number Description **Pavable Date Due Date** 05/24/2018 06/25/2018 Discount Amount Payable Amount

25.00

Vendor Number SALFEE

Vendor Name

SALT FLAT FEED & NAPA

Total Vendor Amount

Payment Type

Payment Number

Payment Date 06/20/2018

Payment Amount 2.27

Check

Payable Number

Description

MASONARY JOB - CR 221 ROLLING RIDGE RD

Payable Date Due Date Discount Amount Payable Amount

ACCT # 27269 GR8 3/8-16X6 168629

06/11/2018 06/25/2018

Due Date

06/25/2018

0.00

2.27

Vendor Number

Vendor Name

Total Vendor Amount

UNIHOT

SAM HOUSTON STATE UNIVERSITY

502.60

Check

Payment Type Payment Number **Payment Date** 06/20/2018

Payment Amount

Payable Number

Description

Payable Date ARTHUR VILLARREAL 7/15 - 20/18 05/11/2018

502.60

3541193

Discount Amount Payable Amount 0.00

Vendor Number

Vendor Name

SAM HOUSTON STATE UNIVERSITY LEMIT

Total Vendor Amount 250.00

502.60

Payment Amount

Check

SAMHOU

Payment Type **Payment Number**

Payable Number

Description

Payable Date Due Date

Payment Date 06/20/2018 Discount Amount Payable Amount

250.00

6142018

JOHNNY JUAREZ - 7/16 - 20/18 EDUCATION FOR CONSTA 06/14/2018

06/25/2018

0.00

250.00

Vendor Number

Vendor Name

SCHMIDT & SONS, INC

Total Vendor Amount

10.927.70

Payment Type Check

SCHSON

Payment Number

Payment Date

Payment Amount

Pavable Number

Description

Pavable Date Due Date 06/20/2018

10.927.70

0431668-IN

CUST # 05-CALDCO TEXAS LOW EMISSION DIESEL FUEL 05/25/2018

06/25/2018

Discount Amount Pavable Amount

0.00

10,927.70

Vendor Number

Vendor Name

SETON EDGAR B. DAVIS HOSPITAL

0.00

0.00

Total Vendor Amount 1,039.06

SETRHC Payment Type

Payment Number

Payment Date Payment Amount

Check

Payable Number Description

Payable Date Due Date 05/10/2018 06/25/2018

06/20/2018 1,039.06 Discount Amount Payable Amount

Vendor Number

Vendor Name

Total Vendor Amount

604.56

434.50

SETFAM

SETON FAMILY OF HOSPITALS **Payment Number**

Payment Date 06/20/2018

Payment Amount 130.00

130.00

Payment Type Check

Payable Number Description

Payable Date 05/10/2018 05/08/2018

05/16/2018

Due Date

06/25/2018

Discount Amount Payable Amount 0.00 65.00

3040670V8363 3051902V8363

1163882 1

1163882 2

JOHNSON, SHOTEL E DOB; 5/15/1995 DOS: 5/10/18 HAYTER, PAULETTE DOB: 11/20/1954 DOS: 5/08/18

HERNANDEZ, PEDRO DOB: 10/31/1986 DOS: 5/10/18

HERNANDEZ, PEDRO DOB: 10/31/1986 DOS: 5/16/18

06/25/2018 06/25/2018

0.00 65.00

Pavm	ont	Regi	ictor
Lavill	ent	UGE	ISLEI

APPKT02586 - 6/25/18 A/P RUN

Vendor Number SHACON

Vendor Name

SHANNA CONLEY

Payment Date Payment Amount

0.00

Payment Date

0.00

0.00

0.00

0.00

0.00

0.00

06/20/2018

29.98

Check

Payment Type Payment Number

> **Payable Number** Description

6062018 6/06/18 ANNUAL CLERK TRAINING

06/20/2018 **Due Date** Discount Amount Payable Amount

06/25/2018

Due Date

06/25/2018

06/25/2018

Due Date

Due Date

06/25/2018

06/25/2018

29.98

Total Vendor Amount

29.98

Vendor Number **SMISUP**

Vendor Name

SMITH SUPPLY CO.- LOCKHART

Total Vendor Amount

160.20

160.20

Payment Type **Payment Number**

Check

Payable Number Description 770559 **SWEAT ADAPT FIP 1"** 771650 WHITE TUB & TILE ADHSIVE 772341 **TEFLON PIPE TAPE UT-11**

PLAIN HOSE END 3/4 N-1934 PLAIN HOSE END FEMALE 3/4 COUPLING PVC 3/4"

05/23/2018 06/25/2018 05/29/2018 06/25/2018 05/29/2018 06/25/2018 05/29/2018 06/25/2018

Payable Date

Payable Date

05/14/2018

06/01/2018

Payable Date

Pavable Date

05/31/2018

05/30/2018

06/01/2018

06/07/2018

06/12/2018

Discount Amount Payable Amount 47.55 12,90 42.75

21.30

4.70

31.00

Payment Amount

Vendor Number

772356

772400

772795

Vendor Name

SOUTIR SOUTHERN TIRE MART, LLC Payment Type

Payment Number

Check

63250973 **CUST # 142726 TRANSFORCE HT BW** 63251652 CUST # 142726 11R22.5 RTP W/CSG

Total Vendor Amount 2,010.10

Payment Date Payment Amount

06/20/2018 2,010.10

Payable Number Description **Payable Date Due Date** Discount Amount Payable Amount 06/06/2018 06/25/2018 0.00 250.10 06/13/2018 06/25/2018 0.00 1,760.00

Vendor Number

Vendor Name

SOUWRE SOUTHSIDE WRECKER, INC. Payment Type

Payment Number

Check

Payable Number Description

594491 LIC # 117-6326 VOLVO DUMP Payment Date

0.00

Payment Amount

276.00

Total Vendor Amount

06/20/2018 276.00 Discount Amount Payable Amount

Vendor Number

Vendor Name

SWAGIT SWAGIT PRODUCTIONS, LLC

Payment Type Payment Number

Check

Payable Number Description

10886 ACCT # 2K130701CC STREAMING SERVICES: MAY 2018 **Total Vendor Amount**

575.00

Total Vendor Amount

276.00

Payment Date Payment Amount 06/20/2018 575.00

Discount Amount Pavable Amount 0.00 575.00

Vendor Number

Vendor Name

SYSCO CENTRAL TEXAS, INC SYSCO Payment Type **Payment Number**

6.173.37 Payment Date

Payment Amount 6,173.37

Check 06/20/2018 Payable Number Description Payable Date **Due Date** 05/30/2018

213531813 213531814

213541642

CUST # 043430 DAIRY / MEATS / SEAFOOD / POULTRY CUST # 043430 CHEMICAL & JANITORIAL CUST # 043430 DAIRY / MEATS / SEAFOOD / POULTRY

Discount Amount Payable Amount 06/25/2018 0.00 3,159.27 06/25/2018 0.00 06/25/2018 0.00

139.22 2,874.88

Vendor Number

TAHSTE

Vendor Name

TAHLIA T. STEWART

Total Vendor Amount 1.449.00

Payment Type Check

Payment Number

Payment Date **Payment Amount** 06/20/2018 1,449.00 Discount Amount Payable Amount

Payable Number Description Payable Date **Due Date** 16-FL-122 5 CAUSE # 16-FL-122 E.F. 05/23/2018 06/25/2018 0.00 427,00 18-FL-045 1 CAUSE # 18-FL-045 HG, JG & MG 05/23/2018 06/25/2018 490.00 0.00 CAUSE # 18-FL-110 N.A. 18-FL-110 05/23/2018 06/25/2018 0.00 532.00

Pavillelli keristei	Payment	Register	
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APPKT02586 - 6/25/18 A/P RUN

Vendor Number

Vendor Name

Total Vendor Amount

222.00

TAYSEC

TAYLOR SECURITY SYSTEMS, LLC

Payment Date

0.00

Payment Amount

Check

Payment Type Payment Number

06/20/2018

222.00

Payable Number 75913

76018

Description MONITORING FOR FIRE Q3-2018 JULY/AUG/SEPT

QRTLY MONITORING FOR FIRE - Q3-2018 JULY, AUG / SE 06/05/2018

Payable Date **Due Date** 06/05/2018 06/25/2018

06/25/2018

Discount Amount Payable Amount 0.00

111.00 111.00

Vendor Number

Vendor Name

Total Vendor Amount

TXAGFI

TEXAS AGRICULTURAL FINANCE AUTHORITY

265.00 **Payment Amount**

Check

Payment Number

Payment Date

Payment Type

Payable Number

Description

06/20/2018

265.00

52018

REPORTING PERIOD - MAY 2018

Payable Date Due Date 06/06/2018 06/25/2018 Discount Amount Payable Amount

0.00

265.00

Vendor Number **TACRIS**

Vendor Name

Total Vendor Amount

43,456.24

Payment Type

TEXAS ASSOCIATION OF COUNTIES

Payment Date

Payment Amount

Check

Payment Number

06/20/2018

38,661.00

Payable Number

Description

Description

Payable Date **Due Date** Discount Amount Payable Amount

20514-WC3

3RD QUARTER MEMBER # 0280

38,661.00

Check

10/30/2017 06/25/2018 0.00

Payable Number

Payable Date **Due Date**

06/20/2018 Discount Amount Payable Amount

0.00

4,795.24

NRDD-0003600 CLAIM # LE20160400-1 ESTATE OF JESUS JUAREZ NRDD-0003601 BRIAN COOKS CLAIM # LE20160565-1

06/05/2018 06/25/2018 06/05/2018 06/25/2018

06/25/2018

06/25/2018

06/05/2018

0.00 279.00 0.00 619.51

NRDD-0003626 Vendor Number

Vendor Name

Payment Number

3,896.73 **Total Vendor Amount**

50.00

TCEQ Payment Type TEXAS COMM.ON ENVIRONMENTAL QUALITY

Payment Date

Payment Amount

Check

Payable Number Description 06/20/2018

50.00

52518

ANNUAL TX TIER II CHEMICAL REPORT FOR 2017

Payable Date Due Date 05/25/2018

Discount Amount Payable Amount

0.00

0.00

0.00

50.00

Vendor Name

Total Vendor Amount

Vendor Number TEXVITST

TEXAS DEPT.OF STATE HEALTH SERVICES

73.20

Payment Type

Payment Number

Payment Date

Payment Amount 73.20

Check

Description

06/20/2018

Payable Number 2005759

REMOTE BIRTH ACCESS FOR MAY 2018

ARLEIGH POWELL CLAIM # PO20160531-1

Payable Date Due Date 06/01/2018 06/25/2018

Payable Date

Payable Date

06/06/2018

Discount Amount Payable Amount

73.20

Vendor Number

Vendor Name

Total Vendor Amount

325.00

TNOA Payment Type **TEXAS NARCOTIC OFFICERS ASSOCIATION**

Payment Date

Payment Amount

Check

Payment Number

06/20/2018

325.00

325.00

Payable Number 72618

Description

Due Date

06/25/2018

Discount Amount Payable Amount

Vendor Number

Vendor Name

Total Vendor Amount

JAMCA5

THE CASEY LAW FIRM

Payment Date Payment Amount

1,715.00

Payment Type Check

Payment Number Payable Number Description

Due Date Discount Amount Payable Amount

06/20/2018 1,715.00

17-216 18-071

CAUSE # 17-216 RODERICK CORPUS CAUSE # 18-071 / 17-167 SALINA FISHER

MIKE TAYLOR - TRAINING DATED 7/23-25/18

06/05/2018 06/25/2018 06/05/2018 06/25/2018

0.00 0.00

755.00 960.00

Payment Regis					APPKT02586 - 6/25/18 A/P RUN		
Vendor Number	Vendor I		Total Vendor Amount				
		/ OFFICE OF TREY HICKS, PLLC			3,010.00		
Payment Ty	pe raymen	t Number			Payment Date Payment Amount		
Check Payable Number		Description	Payable Date	Due Date	06/20/2018 3,010.00 Discount Amount Payable Amount		
16-113	Humber	CAUSE # 16-113 SERGIO DIAZ	06/06/2018	06/25/2018	0.00 450.00		
17.072		CAUSE # 17-072 JAMES BRIAN GORLEY	05/24/2018	06/25/2018	0.00 1,010.00		
2665-18CC		CAUSE # 2665-18CC / 2687-18CC	06/15/2018	06/25/2018	0.00 200.00		
45,053		CAUSE # 45,053 SABRIYAH F. MOHAMMAD	05/08/2018	06/25/2018	0.00 500.00		
46,080		CAUSE # 46,080 JESSE RODRIGUEZ	04/25/2018	06/25/2018	0.00 850.00		
Vendor Number	Vendor	Name			Total Vendor Amount		
CARWAR	THE LAW	V OFFICES OF CARRIE WARD PLLC	2,121.00				
Payment Ty	pe Paymen	t Number	Payment Date Payment Amount				
Check					06/20/2018 2,121.00		
Payable	Number	Description	Payable Date	Due Date	Discount Amount Payable Amount		
17-FL-0	<u>46 6</u>	CAUSE # 17-FL-046 S.M.D.	05/23/2018	06/25/2018	0.00 427.00		
17-FL-1	<u>84_2</u>	CAUSE # 17-FL-184 M. CHILDREN	05/23/2018	06/25/2018	0.00 616.00		
17-FL-2	87 2	CAUSE # 17-FL-287 Z.M.R.	06/11/2018	06/25/2018	0.00 427.00		
17-FL-3	57	CAUSE # 17-FL-357 N.L.T. & A.M.T.	05/23/2018	06/25/2018	0.00 301.00		
18-FL-1	<u>85</u>	CAUSE # 18-FL-185 P.G., A.G. & P.E.	06/11/2018	06/25/2018	0.00 350.00		
Vendor Number	Vendor	Name	Total Vendor Amount				
LULNEW	THE LUL	ING NEWSBOY & SIGNAL			146.88		
Payment Ty	pe Paymen	t Number			Payment Date Payment Amount		
Check					06/20/2018 146.88		
	Number	Description	Payable Date	Due Date	Discount Amount Payable Amount		
50318		ELECTION DEPT TEST TABULATION EQUIP 5/3/18	05/03/2018	06/25/2018	0.00 108.88		
62018		ANNUAL RENEWAL	06/01/2018	06/25/2018	0.00 38.00		
Vendor Number					Total Vendor Amount		
TIMSYS		EPING SYSTEMS, INC			1,114.01		
Payment Ty	rpe Paymen	t Number		Payment Date Payment Amount			
Check					06/20/2018 1,114.01		
•	2 Number	Description	Payable Date	Due Date	Discount Amount Payable Amount		
354124	•	ACCT # CALO64 PIPE-MOUNT - PP	06/04/2018	06/04/2018	0.00 -857.85		
354125		QUOTE # 06-180530-091713	05/18/2018	06/25/2018	0.00 1,971.86		
Vendor Number					Total Vendor Amount 234.65		
TINMOR TINA FREEN							
Payment Ty	rpe raymer	nt Number			Payment Date Payment Amount		
Check	n Blaumbau	Description	Davable Date	Due Dete	06/20/2018 234.65		
•	e Number	Description 6/11 - 13/18	Payable Date		Discount Amount Payable Amount		
61818		0/11-15/16	06/18/2018	06/25/2018	0.00 234.65		
Vendor Number Vendo					Total Vendor Amount	;	
UNIFIR	UNIFIRS	T CORPORATION			660.72		
Payment Ty	/pe Paymer	nt Number			Payment Date Payment Amount		
Check					06/20/2018 660.72		
Payable Number		Description	Payable Date		Discount Amount Payable Amount		
822 2079413		CUST # 222727 RTE # F6140 SHERIFF'S	05/18/2018	06/25/2018	0.00 59.30		
822 2083931		CUST # 222727 RTE # 6140 SHERIFF'S	06/01/2018	06/25/2018	0.00 59.30		
822 20843660		CUST # 222727 RTE # F2900 PRCT # 2	06/04/2018	06/25/2018	0.00 42.85		
822.20		CUST # 222727 RTE # F6110	06/08/2018	06/25/2018	0.00 217.45		
877.70	8h597	CUST # 222727 RTF # F2900 PRCT # 2	06/11/2018	06/25/2018	0.00 42.85		

06/11/2018

06/15/2018

06/25/2018

06/25/2018

0.00

0.00

42.85

238.97

CUST # 222727 RTE # F2900 PRCT # 2

CUST # 222727 RTE # F6110 COURT HOUSE

822 2086592

822 2088528

Payment Register

Payment Type

APPKT02586 - 6/25/18 A/P RUN

Total Vendor Amount

300.00

Vendor Number **VICBRO**

Vendor Name

VICTOREA D. BROWN **Payment Number**

Payment Date Payment Amount 06/20/2018

0.00

300.00

Check

Payable Number 2688-18CC

Description

CAUSE # 2688-18CC R.E.C.

Payable Date **Due Date**

06/25/2018

06/15/2018

05/22/2018

Discount Amount Payable Amount

300.00

Vendor Number

WALDEA

Vendor Name

WALTER S. DEAN, SR.

1,275.00

Payment Type

Payment Date

Payment Number

06/20/2018

0.00

Payment Amount 1,275.00

Total Vendor Amount

Check

Payable Number Description Payable Date **Due Date** Discount Amount Payable Amount 14-211 CAUSE # 14-211 MALIK HAWKINS 05/22/2018 06/25/2018 0.00 277.50 17-102 CAUSE # 17-102 MATHEW ALLEN STEWART 06/05/2018 06/25/2018 0.00 460.00 CAUSE # 17-234 RAQUEL GARZA

17-234

Vendor Number Vendor Name

WESGRO

WEST GROUP PAYMENT CENTER

Total Vendor Amount

537.50

Payment Date

Payment Amount

372.00

Check

Payment Type Payment Number

06/20/2018

372.00

Total Vendor Amount

Payable Number Description

Due Date

06/25/2018

Discount Amount Payable Amount

838280420

ACCT # 1004742988 DOS: MAY 2018

Payable Date 06/01/2018 06/25/2018

0.00 231.00

838285493

ACCT # 1000732986 CHARGES FOR - MAY 2018

06/01/2018 06/25/2018 0.00 141.00

Vendor Number

Vendor Name

YOUAUT

YOUNGBLOOD AUTOMOTIVE & TIRE

Payment Type Payment Number **Payment Date**

Payment Amount 205.80

205.80

Check

656

Payable Number

Description

LIC # 128-5546 2016 F550

Payable Date **Due Date** 06/07/2018 06/25/2018

06/20/2018 Discount Amount Payable Amount

0.00

205.80

Payment Summary

			Payable	Payment		
Bank Code	Туре		Count	Count	Discount	Payment
AP BNK	Check		287	150	0.00	360,487.43
		Packet Totals:	287	150	0.00	360,487.43

Payment Register

Cash Fund Summary

Fund 999 Name POOLED CASH Amount -360,487.43

Packet Totals:

-360,487.43

- 2. Ratify re-occurring County payments in the amount of:
 - A. \$289,706.18 (Payroll for 06/01/2018 06/15/2018)



Detail Register

Payroll Summary

Packet: PYPKT00996 - 06152018 payroll Payroll Set: 01 - Payroll Set 01

Pay Period: 06/01/2018 - 06/15/2018

Males Paid:

131

Females Paid: **Total Employees:**

57,474.06

116 247

Employer

28,442.91

0.00

0.00

Total	Direct	Deposits:	259
Total	Check	Amounts:	29

9,908.60 9,797.58

MÇ

SS

TAXES Code **Subject To Employee** Federal W/H

350,101.05 29,031.15 5,391.10 371,803.51 5,391.10 23,051.81 371,803.51 23,051.81 355,131.85 Unemployment 0.00

Total:

EARNINGS			
Pay Code		Units	Pay Amount
165 Stipend w/RET		0.00	1,667.50
DA Supplement		0.00	151.67
FH		8.00	0.00
Hourly		293.00	3,594.50
Jud Stip		1.00	200.39
Longevity w/RET		0.00	670.00
LWOP		184.29	-4,466.21
OT		385.50	10,042.68
S		20.50	402,32
SAL		158.50	374,854.47
Vacation		50.00	984.52
	Total:	1,100.79	388,101.84

DEDUCTIONS

loyee Employer
98.46 17,137.02
04.00 0.00
22.38 0.00
65.46 0.00
11.70 0.00
70.73 0.00
20.49 0.00
75.00 0.00
66.00 0.00
96.06 72,544.19
52.57 0.00
99.35 0.00
10.31 0.00
29.09 0.00
21.60 89,681.21

RECAP 01 - Payroll Set 01

0.00 40,921.60 388,101.84 Benefits: Deductions: Taxes: 57,474.06 Earnings:

Net Pay: 289,706.18 Packet: PYPKT00996 - 06152018 payroll Payroll Set: 01 - Payroll Set 01

Department: 6650 - Emerg Mgnt/Homeland Sec

				Direct Deposits: Check Amounts:	2,857,26 0.00				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
165 Stipend w/	RET		0.00	75.00	Federal W/H		3,508.40	360.05	0.0
SAL		_	2.00	3,859.24	MC		3,805.11	55.17	55.1
		Total:	2.00	3,934.24	SS		3,805.11	235.92	235.9
					Unemployment		3,902.61	0.00	0.0
DEDUCTIONS							Total:	651.14	291.0
Code		Subject To	Employee	Employer					
400		3,934.24	196.71	174.68					
520		0.00	100.00	0.00					
550		0.00	31,63	0.00					
551		0.00	62.50	0.00					
590		0.00	0.00	690.44					
615		0.00	35.00	0.00					
		Total:	425.84	865.12					
RECAP 6650	- Emera Mant	:/Homeland Se	-						
Earnings:	3,934.24	Benefits:	0.00	Deductions:	425.84	Taxes:	651.14	Net Pay:	2,857.2
artment: 76	510 - Sanita	ation Depart	ment						
			Total I	Direct Deposits:	0.00				
			Total (Check Amounts:	1,658.85				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Emalau
165 Stipend w	/DET		0.00	37.50	Federal W/H		Subject To	Employee 36.47	Employe 0.0
SAL	NET		1.00	1,964.82	-		1,902.20		
JAL		Totali			MC		2,002.32	29.03	29.0
		Total:	1.00	2,002.32	SS		2,002.32	124.14	124.1
DEDUCTIONS					Unemployment		2,002.32 Total:	0.00 189.64	0.0 153.1
Code		Subject To	Employee	Employer			Total.	105.04	133.1
400		2,002.32	100.12	88.90					
540		0.00	52.05	0.00					
551		0.00	0.00	0.00					
580		0.00	1.66	0.00					
590		0.00	0.00	345.22					
		Total:	153.83	434.12					
RECAP 7610						_			4.570
Earnings:	2,002.32	Benefits:	0.00	Deductions:	153.83	Taxes:	189.64	Net Pay:	1,658.8
artment: 87	700 - Count	ty Agent							
				Direct Deposits: Check Amounts:	2,606.13 0.00				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employ
SAL			3.00	3,224.42	Federal W/H		3,154.88	302.09	0.0
		Total:	3.00	3,224.42	MC		3,224.42	46.75	46.7
					SS		3,224.42	199.91	199.9
DEDUCTIONS					Unemployment		3,224.42	0.00	0.0
Code		Subject To	Employee	Employer			Total:	548.75	246.6
		1,390.85	69.54	61.75					
400		0.00	0.00	345.22					
400 590		0.00							
400 590		Total:	69.54	406.97					
	_	Total:	69.54	406.97					

Department: 6610 - IT-Technology

			irect Deposits: heck Amounts:	3,404.34 0.00			91
		Total	HECK AHOUNG.	0.00			
EARNINGS				TAXES			
Pay Code		Units	Pay Amount	Code	Subject To	Employee	Employe
165 Stipend w/RET		0.00	37.50	Federal W/H	4,147.84	389.63	0.0
S		8.00	169.32	MC	4,582.25	66.45	66.4
SAL.		-14.00	4,221.39	SS	4,582.25	284.10	284.1
Vacation		8.00	259.97	Unemployment	4,641.80	0.00	0.0
	Total:	2.00	4,688.18		Total:	740.18	350.5
DEDUCTIONS							
Code	Subject To	Employee	Employer				
400	4,688.18	234.41	208.16				
520	0.00	200.00	0.00				
550	0.00	46.38	0.00				
551	0.00	42.00	0.00				
580	0.00	3.32	0.00				
590	0.00	0.00	690.44				
615	0.00	17,55	0.00				
013	Total:	543.66	898.60				
	rotai:	343.00	030.00				
RECAP 6610 - IT-Technol			- 3				
Earnings: 4,688.18	Benefits:	0.00	Deductions:	543.66 Taxes:	740.18	Net Pay:	3,404.3
artment: 6640 - Cod	e Investigator						
			Direct Deposits:	1,309.74			
			heck Amounts:	0.00			
EARNINGS				TAXES			
		Units	Pay Amount	Code	Subject To	Employee	Employ
Pay Code		911163	,				
165 Stipend w/RET		0.00	37.50	Federal W/H	1,522.38	88.31	0.0
			•	Federal W/H MC	1,522.38 1,603.60		
165 Stipend w/RET	Total:	0.00	37.50			88.31	23.
165 Stipend w/RET SAL	Total:	0.00 1.00	37.50 1,586.93	MC	1,603.60	88.31 23.25	23.: 99.
165 Stipend w/RET	Pår dele vilkelarighapsk aglikk dele yyskrallingdajn insusyayangskr kup aprova	0.00 1.00 1.00	37.50 1,586.93 1,624.43	MC SS	1,603.60 1,603.60	88.31 23.25 99.42	23. 99. 0.
165 Stipend w/RET SAL	Total:	0.00 1.00 1.00 Employee	37.50 1,586.93	MC SS	1,603.60 1,603.60 1,624.43	88.31 23.25 99.42 0.00	23. 99. 0.
165 Stipend w/RET SAL DEDUCTIONS	Pår dele vilkelarighapsk aglikk dele yyskrallingdajn insusyayangskr kup aprova	0.00 1.00 1.00	37.50 1,586.93 1,624.43	MC SS	1,603.60 1,603.60 1,624.43	88.31 23.25 99.42 0.00	23. 99. 0.
165 Stipend w/RET SAL DEDUCTIONS Code	Subject To	0.00 1.00 1.00 Employee	37.50 1,586.93 1,624.43 Employer	MC SS	1,603.60 1,603.60 1,624.43	88.31 23.25 99.42 0.00	0.0 23.3 99.0 0.0

590

Earnings:

RECAP 6640 - Code Investigator

1,624.43

0.00

Total:

Benefits:

0.00

0.00

103.71

345.22

417.34

Deductions:

103.71

210.98

Taxes:

Net Pay:

1,309.74

RECAP 6600 - Earnings:	3,041.67	Benefits:	0.00	Deductions:	181.58	Taxes:	437.77	Net Pay:	2,422.3
DECAR CCCC	Fng. & Subdi	vislan							
			101.50	433.03					
550		Total:	181.58	135.05					
400 550		0.00	29.50	0.00					
Code		Subject To 3,041.67	Employee 152.08	Employer 135.05					
DEDUCTIONS		Publica - S	Paraders -	Paraul			Total:	437.77	230.4
					Unemployment		3,012.17	0.00	0.0
		Total:	1.00	3,041.67	SS		3,012.17	186.75	186.7
SAL			1,00	3,004.17	MC		3,012.17	43.68	43.6
165 Stipend w/	RET		0.00	37.50	Federal W/H		2,860.09	207.34	0,0
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
EARNINGS					TAXES				
				Direct Deposits: Check Amounts:	2,422.32 0.00				
artment: 66	00 - Eng. &	Subdivision			**************************************	y a ser par year a real real and a real real and a real		a valentas elemente del la). August, prosper in management, a peut per mei men peu
Earnings:	1,716.67	Benefits:	0.00	Deductions:	94.23	Taxes:	578.19	Net Pay:	1,044.2
	Human Reso		2.00	ned week	04.00	Tour	570 -0	41-4 D	4.047.5
		· · · · · · · · · · · · · · · · · · ·	54.25	70.22					
ULD		Total:	94.23	76.22					
615		0.00	8.40	0.00					
400		1,716.67	85.83	76.22			TOTAL.	2/0:13	130.0
Code		Subject To	Employee	Employer	unemployment		Total:	578.19	130.6
DEDUCTIONS					Unemployment		1,708.27 1,716.67	0.00	0.0
		Total:	1.00	1,716.67	MC SS		1,708.27	24.77 105.91	24.7 105.9
SAL		Yearle	1.00	1,716.67	Federal W/H		1,622.44	447.51	0,0
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
EARNINGS			11 14.	Day American	TAXES		make and		
			Total	one on Guilla					
				Direct Deposits: Check Amounts:	1,044.25 0.00				
artment: 65	80 - Humai	n Resources							
Earnings:	1,333.33			Deductions:	00.33	Idaes:	211.00	Net Lah:	קינכחיד
	Veteran Serv	ice Officer Benefits:	0.00	Deductions:	68.33	Taxes:	211.06	Net Pay:	1,053.9
		Total:	68.33	59.20					
580		0.00	1.66	0.00					
400		1,333.33	66.67	59,20					
Code		Subject To	Employee	Employer			Total:	211.06	102.0
DEDUCTIONS		man an analysis of the state of		anna - anna-a-an mhea e ean a-ma-e ean-a-an-an-a	Unemployment		1,333.33	0.00	0.0
					SS		1,333.33	82.67	82.6
		Total:	1.00	1,333.33	MC		1,333.33	19.33	19.3
SAL			1.00	1,333.33	Federal W/H		1,266.66	109,06	0.0
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
EARNINGS					TAXES				
			Total (Check Amounts:	0.00				
			i otai t	Direct Deposits:	1,053.94				

Department: 6550 - Elections

				Direct Deposits: Theck Amounts:	2,373.89 46.18				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
Hourly			16.00	144.00	Federal W/H		2,785.39	110.62	0.0
ОТ			0.25	5.57	MC		3,000.16	43.50	43.5
SAL			6.00	3,245.57	SS		3,000.16	186.01	186.0
		Total:	22.25	3,395.14	Unemployment		3,357.89	0.00	0.0
							Total:	340.13	229.5
DEDUCTIONS	5								
Code		Subject To	Employee	Employer					
400		3,095.45	154.77	137.44					
520		0.00	60.00	0.00					
550		0.00	37.25	0.00					
551		0.00	125.60	0.00					
580		0.00	3.32	0.00					
590		0.00	172.93	706.80					
610		0.00	21.87	0.00					
615		0.00	59.20	0.00					
		Total:	634.94	844.24					
RECAP 655	O. Elections								
Earnings:	3,395.14	Benefits:	0.00	Deductions:	634.94	Taxes:	340.13	Net Pay:	2,420.0
				Direct Deposits: Check Amounts:	6,134.90 3,152.21				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount					
					LOGE			Employee	Employ
-	w/RET			•	Code Federal W/H		Subject To	Employee	
165 Stipend	w/RET		0.00	230.00	Federal W/H		11,056.11	868.40	0.0
165 Stipend	w/RET		0.00 10.50	230.00 203.29	Federal W/H MC		11,056.11 11,729.07	868.40 170.07	0.0 170.0
165 Stipend	w/RET	Total:	0.00 10.50 -3.50	230.00 203.29 12,026.25	Federal W/H MC SS		11,056.11 11,729.07 11,729.07	868.40 170.07 727.21	0.0 170.0 727.2
165 Stipend	w/RET	Total:	0.00 10.50	230.00 203.29	Federal W/H MC		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend	12	Total:	0.00 10.50 -3.50	230.00 203.29 12,026.25	Federal W/H MC SS		11,056.11 11,729.07 11,729.07	868.40 170.07 727.21	0.0 170.0 727.2 0.0
165 Stipend of S SAL	12	Total:	0.00 10.50 -3.50	230.00 203.29 12,026.25	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend S SAL DEDUCTIONS	12		0.00 10.50 -3.50 7.00	230.00 203.29 12,026.25 12,459.54	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend of SSAL DEDUCTIONS Code	12	Subject To	0.00 10.50 -3.50 7.00	230.00 203.29 12,026.25 12,459.54 Employer	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend S S SAL DEDUCTIONS Code 400	12	Subject To 12,459.54	0.00 10.50 -3.50 7.00 Employee 622.96	230.00 203.29 12,026.25 12,459.54 Employer 553.20	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend S S SAL DEDUCTIONS Code 400 520	12	Subject To 12,459.54 0.00	0.00 10.50 -3.50 7.00 Employee 622.96 50.00	230.00 203.29 12,026.25 12,459.54 Employer 553.20 0.00	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	Employe 0.0 170.0 727.2 0.0 897.2
165 Stipend of S SAL DEDUCTIONS Code 400 520 550	12	Subject To 12,459.54 0.00 0.00	0.00 10.50 -3.50 7.00 Employee 622.96 50.00 18.25 110.41	230.00 203.29 12,026.25 12,459.54 Employer 553.20 0.00 0.00	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend S SAL DEDUCTIONS Code 400 520 550 551 580	12	Subject To 12,459.54 0.00 0.00 0.00 0.00	0.00 10.50 -3.50 7.00 Employee 622.96 50.00 18.25 110.41 3.32	230.00 203.29 12,026.25 12,459.54 Employer 553.20 0.00 0.00 0.00	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend (S SAL DEDUCTIONS) Code 400 520 550 551 580 590	12	Subject To 12,459.54 0.00 0.00 0.00 0.00 0.00	0.00 10.50 -3.50 7.00 Employee 622.96 50.00 18.25 110.41 3.32 534.51	230.00 203.29 12,026.25 12,459.54 Employer 553.20 0.00 0.00 0.00 2,104.94	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend S SAL DEDUCTIONS Code 400 520 550 551 580	12	Subject To 12,459.54 0.00 0.00 0.00 0.00 0.00 0.00	0.00 10.50 -3.50 7.00 Employee 622.96 50.00 18.25 110.41 3.32 534.51 67.30	230.00 203.29 12,026.25 12,459.54 Employer 553.20 0.00 0.00 0.00 0.00 2,104.94 0.00	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend of S SAL DEDUCTIONS Code 400 520 550 551 580 590 615	5	Subject To 12,459.54 0.00 0.00 0.00 0.00 0.00 Total:	0.00 10.50 -3.50 7.00 Employee 622.96 50.00 18.25 110.41 3.32 534.51	230.00 203.29 12,026.25 12,459.54 Employer 553.20 0.00 0.00 0.00 2,104.94	Federal W/H MC SS		11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0
165 Stipend of S SAL DEDUCTIONS Code 400 520 550 551 580 590 615	12	Subject To 12,459.54 0.00 0.00 0.00 0.00 0.00 Total:	0.00 10.50 -3.50 7.00 Employee 622.96 50.00 18.25 110.41 3.32 534.51 67.30	230.00 203.29 12,026.25 12,459.54 Employer 553.20 0.00 0.00 0.00 0.00 2,104.94 0.00	Federal W/H MC SS	Taxes:	11,056.11 11,729.07 11,729.07 6,664.21	868.40 170.07 727.21 0.00	0.0 170.0 727.2 0.0

Department: 5401 - Juvenile Probation

			Direct Deposits: Theck Amounts:	14,238.92 0.00			
EARNINGS				TAXES			
Pay Code		Units	Pay Amount	Code	Subject To	Employee	Employe
165 Stipend w/RET		0.00	140.00	Federal W/H	16,963.16	1,324.80	0.00
AL		9.00	19,825.55	MC	18,206.43	264.00	264.0
	Total:	9.00	19,965.55	SS	18,206.43	1,128.80	1,128.8
				Unemployment	19,965.55	0.00	0.0
DEDUCTIONS					Total:	2,717.60	1,392.8
ode	Subject To	Employee	Employer				
100	19,965.55	998.27	886.48				
20	0.00	245.00	0.00	3			
551	0.00	521.00	0,00				
52	0.00	416.33	0.00				
80	0.00	6.64	0.00	VA.			
90	0.00	707.44	2,811.74				
515	0.00	114.35	0.00				
	Total:	3,009.03	3,698.22				
		-	773				
ECAP 5401 - Juvenile P arnings: 19,965.55	Benefits:	0.00	Deductions:	3,009.03 Taxes	s: 2,717.60	Net Pay:	14,238.9
			Direct Deposits: Check Amounts:	5,759.55 0.00			
ARNINGS				TAXES			
ay Code	naga pangana aramananaga, pancar apartifyrandar panara-dynama ngaba adaha selit	Units	Pay Amount	Code	Subject To	Employee	
.65 Stipend w/RET		0.00	52.50	Federal W/H			Employe
AL			52.50	reperal W/n	6,828.37	506.06	* *
		5.00	7,239.10	MC	6,828.37 7,192.96	506.06 104.31	0.0
	Total:				·		0.0 104.3
	Total:	5.00	7,239.10	MC	7,192.96	104.31	0.0 104.3 445.9
DEDUCTIONS	Total:	5.00	7,239.10	MC SS	7,192.96 7,192.96	104.31 445.97	0.0 104.3 445.9 0.0
DEDUCTIONS Code	Total:	5.00	7,239.10	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	Employe 0.0 104.3 445.9 0.0 550.2
The state of the first of the f	aan oo ah	5.00 5.00	7,239.10 7,291.60	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	0.0 104.3 445.9 0.0
Code 100	Subject To	5.00 5.00 Employee	7,239.10 7,291.60 Employer	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	0.0 104.3 445.9 0.0
Code 100 550	Subject To 7,291.60	5.00 5.00 Employee 364.59	7,239.10 7,291.60 Employer 323.75	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	0.0 104.3 445.9 0.0
Code 100 550 551	Subject To 7,291.60 0.00	5.00 5.00 Employee 364.59 61.13	7,239.10 7,291.60 Employer 323.75 0.00	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	0.0 104.3 445.9 0.0
Code 100 550 551 580	Subject To 7,291.60 0.00 0.00	5.00 5.00 Employee 364.59 61.13 29.11	7,239.10 7,291.60 Employer 323.75 0.00 0.00	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	0.0 104.3 445.9 0.0
Code	Subject To 7,291.60 0.00 0.00 0.00	5.00 5.00 Employee 364.59 61.13 29.11 4.98	7,239.10 7,291.60 Employer 323.75 0.00 0.00	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	0.0 104.3 445.9 0.0
Code 100 550 551 580 590	Subject To 7,291.60 0.00 0.00 0.00 0.00	5.00 5.00 Employee 364.59 61.13 29.11 4.98 0.00	7,239.10 7,291.60 Employer 323.75 0.00 0.00 0.00	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	0.0 104.3 445.9 0.0
Code 100 550 551 580 590	Subject To 7,291.60 0.00 0.00 0.00 0.00 0.00	5.00 5.00 Employee 364.59 61.13 29.11 4.98 0.00 7.50	7,239.10 7,291.60 Employer 323.75 0.00 0.00 0.00 1,726.10 0.00	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	0.0 104.3 445.9 0.0
Code 100 550 551 580	Subject To 7,291.60 0.00 0.00 0.00 0.00 0.00 0.00 Total:	5.00 5.00 5.00 Employee 364.59 61.13 29.11 4.98 0.00 7.50 8.40	7,239.10 7,291.60 Employer 323.75 0.00 0.00 0.00 1,726.10 0.00	MC SS	7,192.96 7,192.96 7,230.47	104.31 445.97 0.00	0.0 104.3 445.9 0.0

Department: 4324 - Constables-Pct. 4

				Direct Deposits:	1,046.84				
			Total (Check Amounts:	0.00				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employer
165 Stipend	w/RET		0.00	17.50	Federal W/H		1,215.34	68.10	0.00
Hourly			36.00	450.00	MC		1,290.74	18.71	18.71
SAL			1.00	1,040.52	SS		1,290.74	80.03	80.03
		Total:	37.00	1,508.02	Unemployment		450.00	0.00	0.00
							Total:	166.84	98.74
DEDUCTION	5								
Code		Subject To	Employee	Employer					
400		1,508.02	75.40	66.96					
550		0.00	20.50	0.00					
580		0.00	1.66	0.00					
590		0.00	172.93	361.58					
615		0.00	23.85	0.00					
* 1		Total:	294.34	428.54					
DECAR 433	4 - Constables-	Det 4							
RECAP 432 Earnings:	1,508.02	Benefits:	0.00	Deductions:	294.34	Taxes:	166.84	Mat Davi	1 045 94
carrings.	1,306.02	penents:	0.00	Deductions:	234.34	laxes.	100.04	Net Pay:	1,046.84
nartment.	4330 - Drive	r's Hiconso		.é					
partificite.	7330 - DITE	i 3 Electise							
				Direct Deposits:	505.87				
			Total	Check Amounts:	0.00				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employer
			48.00	588.00	Federal W/H		558.60	7.74	0.00
Hourly		Total:	48.00	588.00	MC		588.00	8.53	8.53
Hourly		iotai:					588.00		36.46
Hourly		i otal;			SS		300.00	36.46	30.90
Hourly DEDUCTION	S						588.00	36.46 0.00	0.00
	S		Employee	Employer	SS Unemployment				0.00
DEDUCTION	S			Employer 26.11			588.00	0.00	

Earnings:

588.00

Benefits:

0.00

Deductions:

29.40

Taxes:

52.73

Net Pay:

505.87

Department: 4322 - Constables-Pct. 2

			irect Deposits: heck Amounts:	1,578.18 0.00				
		Total	HECK MITOBILES.					
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employe
165 Stipend w/RET		0.00	17.50	Federal W/H		1,970.47	233.58	0.0
Hourly		82.00	1,025.00	MC		2,074.62	30.08	30.0
SAL		1.00	1,040.52	SS		2,074.62	128.63	128.6
	Total:	83.00	2,083.02	Unemployment		2,083.02	0.00	0.0
DEDUCTIONS						Total	392.29	158.7
Code	Subject To	Employee	Employer					
400	2,083.02	104.15	92.49					
590	0.00	0.00	345.22					
615	0.00	8.40	0.00					
	Total:	112.55	437.71	A15				
RECAP 4322 - Constables	-Pct. 2							
Earnings: 2,083.02	Benefits:	0.00	Deductions:	112.55	Taxes:	392.29	Net Pay:	1,578.1
		Total C	Check Amounts:	0.00				
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	
165 Stipend w/RET		0.00	17.50	Federal W/H				
						1,515.08	29.76	0.0
Hourly		62.00	775.00	MC		1,606.74	23.30	0.0 23.3
Hourly SAL		62.00 1.00	775.00 1,040.52	MC SS		1,606.74 1,606.74	23.30 99.63	0.0 23.3 99.6
	Total:	62.00	775.00	MC		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	0.0 23.3 99.6 0.0
SAL	Total:	62.00 1.00	775.00 1,040.52	MC SS		1,606.74 1,606.74	23.30 99.63	0.0 23.3 99.6 0.0
DEDUCTIONS	Total:	62.00 1.00	775.00 1,040.52	MC SS		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	0.0 23.3 99.6 0.0
DEDUCTIONS Code	m paramonegam ordes «»» - enterpris gennes segues bestemmensen	62.00 1.00 63.00	775.00 1,040.52 1,833.02	MC SS		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	0.0 23.3 99.6 0.0
DEDUCTIONS Code 400	Subject To	62.00 1.00 63.00 Employee	775.00 1,040.52 1,833.02 Employer	MC SS		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	0.0 23.3 99.6 0.0
DEDUCTIONS Code 400 530	Subject To 1,833.02	62.00 1.00 63.00 Employee 91.66	775.00 1,040.52 1,833.02 Employer 81.40	MC SS		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	0.0 23.3 99.6 0.0
DEDUCTIONS Code 400 530	Subject To 1,833.02 0.00	62.00 1.00 63.00 Employee 91.66 0.00	775.00 1,040.52 1,833.02 Employer 81.40 0.00	MC SS		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	0.0 23.3 99.6 0.0
DEDUCTIONS Code 400 530 550	Subject To 1,833.02 0.00 0.00	62.00 1.00 63.00 Employee 91.66 0.00 29.50	775.00 1,040.52 1,833.02 Employer 81.40 0.00 0.00	MC SS		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	0.0 23.3 99.6 0.0
DEDUCTIONS Code 400 530 550 580	Subject To 1,833.02 0.00 0.00 0.00	62.00 1.00 63.00 Employee 91.66 0.00 29.50 1.66	775.00 1,040.52 1,833.02 Employer 81.40 0.00 0.00 0.00	MC SS		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	0.0 23.3 99.6 0.0
SAL	Subject To 1,833.02 0.00 0.00 0.00 0.00	62.00 1.00 63.00 Employee 91.66 0.00 29.50 1.66 172.93	775.00 1,040.52 1,833.02 Employer 81.40 0.00 0.00 0.00 361.58	MC SS		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	0.0 23.3 99.6 0.0
DEDUCTIONS Code 400 530 550 580 590	Subject To 1,833.02 0.00 0.00 0.00 0.00 0.00 Total:	62.00 1.00 63.00 Employee 91.66 0.00 29.50 1.66 172.93 23.85	775.00 1,040.52 1,833.02 Employer 81.40 0.00 0.00 0.00 361.58 0.00	MC SS		1,606.74 1,606.74 1,803.52	23.30 99.63 0.00	Employe 0.0 23.3 99.6 0.0 122.9

Department: 4310 - County Jail

ırtment: 4310 - Coun	ty Jail		,				
		Total [Direct Deposits:	64,644.15			
		Total (Check Amounts:	6,402.01			
ARNINGS				TAXES			
Pay Code		Units	Pay Amount	Code	Subject To	Employee	Employe
.65 Stipend w/RET		0.00	215.00	Federal W/H	86,059.70	7,240.64	0.0
WOP		100.00	-1,911.20	MC	90,789.25	1,316.48	1,316.4
T		330.00	8,522.60	SS	90,789.25	5,628.93	5,628.9
AL		57.00	85,764.28	Unemployment	92,402.43	0.00	0.0
	Total:	487.00	92,590.68		Total:	14,186.05	6,945.4
EDUCTIONS							
ode	Subject To	Employee	Employer				
00	92,590.68	4,629.55	4,111.01				
20	0.00	100.00	0.00				
30	0.00	554.38	0.00				
50	0.00	188.25	0.00				
51	0.00	116.33	0.00				
80	0.00	29.88	0.00				
90	0.00	864.65	18,723.68				
10	0.00	58.52	0.00				
15	0.00	632,20	0.00				
20	0.00	184,71	0.00				
	Total:	7,358.47	22,834.69				
ECAP 4310 - County Jall arnings: 92,590.68	Benefits:	0.00	Deductions:	7,358.47 Ta	xes: 14,186.05	Net Pay:	71,046.1
					0.,,200.00	6235 de 10 1 d	, _, 0 101-
rtment: 4321 - Cons	tables-Pct. 1						
			Direct Deposits:	524.95 871.79			
ARNINGS			Direct Deposits: Check Amounts:	871.79			
		Total (Check Amounts:	871.79 TAXES	Subject To	Employee	Emala
ay Code		Total (Check Amounts: Pay Amount	871.79 TAXES Code	Subject To	Employee	
ay Code 65 Stipend w/RET		Units 0.00	Pay Amount 17.50	871.79 TAXES Code Federal W/H	1,586.99	62.45	0.0
ay Code 65 Stipend w/RET Jourly		Units 0.00 49.00	Pay Amount 17.50 612.50	871.79 TAXES Code Federal W/H MC	1,586.99 1,670.52	62.45 24.22	0.0 24.2
ay Code 65 Stipend w/RET Jourly	Total:	Units 0.00 49.00 1.00	Pay Amount 17.50 612.50 1,040.52	871.79 TAXES Code Federal W/H MC SS	1,586.99 1,670.52 1,670.52	62.45 24.22 103.58	0.0 24.2 103.5
ay Code 65 Stipend w/RET Jourly	Total:	Units 0.00 49.00	Pay Amount 17.50 612.50	871.79 TAXES Code Federal W/H MC	1,586.99 1,670.52 1,670.52 612.50	62.45 24.22 103.58 0.00	0.0 24.2 103.5 0.0
ay Code 65 Stipend w/RET lourly AL	Total:	Units 0.00 49.00 1.00	Pay Amount 17.50 612.50 1,040.52	871.79 TAXES Code Federal W/H MC SS	1,586.99 1,670.52 1,670.52	62.45 24.22 103.58	0.0 24.2 103.5 0.0
ay Code 65 Stipend w/RET lourly AL DEDUCTIONS	Total:	Units 0.00 49.00 1.00 50.00	Pay Amount 17.50 612.50 1,040.52 1,670.52	871.79 TAXES Code Federal W/H MC SS	1,586.99 1,670.52 1,670.52 612.50	62.45 24.22 103.58 0.00	0.0 24.2 103.5 0.0
Pay Code 165 Stipend w/RET Hourly 16AL DEDUCTIONS Code		Units 0.00 49.00 1.00	Pay Amount 17.50 612.50 1,040.52	871.79 TAXES Code Federal W/H MC SS	1,586.99 1,670.52 1,670.52 612.50	62.45 24.22 103.58 0.00	0.0 24.2 103.5 0.0
EARNINGS Pay Code 165 Stipend w/RET Hourly SAL DEDUCTIONS Code	Subject To	Units 0.00 49.00 1.00 50.00	Pay Amount 17.50 612.50 1,040.52 1,670.52	871.79 TAXES Code Federal W/H MC SS	1,586.99 1,670.52 1,670.52 612.50	62.45 24.22 103.58 0.00	Employe 0.0 24.2 103.5 0.0 127.8

Earnings:

1,670.52

Benefits:

0.00

Deductions:

83.53

Taxes:

190.25

Net Pay:

1,396.74

Department: 3254 - JP Prect. 4

			Direct Deposits: Theck Amounts:	1,735.08 0.00				
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employe
165 Stipend w/RET		0.00	17,50	Federal W/H		2,427.18	195.11	0.0
SAL		2.00	2,926.60	MC		2,574.39	37.33	37.3
	Total:	2,00	2,944.10	SS %		2,574.39	159.61	159.6
				Unemployment		1,317.92	0.00	0.0
DEDUCTIONS						Total:	392.05	196.9
Code	Subject To	Employee	Employer	7.				
400	2,944,10	147.21	130,72					
530	0.00	262.50	0.00					
540	0,00	34.23	0.00					
580	0.00	3.32	0.00					
590	0.00	345.86	723.16					
615	0.00	23,85	0.00	74				
	Total:	816.97	853.88					
				- 3				
RECAP 3254 - JP Prect. 4		0.00		816.97	-	392.05	Net Pay:	1,735.0
Earnings: 2,944.10	Benefits:	0.00	Deductions:	810.97	Taxes:	392.03	Net Pay:	1,755.0
ertment: 4300 - Coun	ty Sheriff		Direct Deposits:	48,142.95				
artment: 4300 - Coun	ty Sheriff		Direct Deposits: Check Amounts:	48,142.95 2,074.62				
artment: 4300 - Count	ty Sheriff	Total (Check Amounts:	2,074.62 TAXES				
EARNINGS Pay Code	ty Sheriff	Total (Check Amounts:	2,074.62 TAXES Code		Subject To	Employee	
EARNINGS Pay Code 165 Stipend w/RET	ty Sheriff	Total (Units 0.00	Pay Amount 557.50	2,074.62 TAXES Code Federal W/H		61,115.57	5,290,55	0.0
EARNINGS Pay Code 165 Stipend w/RET OT	ty Sheriff	Units 0.00 55.25	Pay Amount 557.50 1,514.51	2,074.62 TAXES Code Federal W/H MC		61,115.57 64,530.03	5,290,55 935.65	0.0 935.6
EARNINGS Pay Code 165 Stipend w/RET		Units 0.00 55.25 38.00	Pay Amount 557.50 1,514.51 64,636.71	Z,074.62 TAXES Code Federal W/H MC SS		61,115.57 64,530.03 64,530.03	5,290,55 935.65 4,000.86	Employe 0.0 935.6 4,000.8
EARNINGS Pay Code 165 Stipend w/RET OT	ty Sheriff Total:	Units 0.00 55.25	Pay Amount 557.50 1,514.51	2,074.62 TAXES Code Federal W/H MC		61,115.57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL		Units 0.00 55.25 38.00	Pay Amount 557.50 1,514.51 64,636.71	Z,074.62 TAXES Code Federal W/H MC SS		61,115.57 64,530.03 64,530.03	5,290,55 935.65 4,000.86	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS	Total:	Units 0.00 55.25 38.00 93.25	Pay Amount 557.50 1,514.51 64,636.71 66,708.72	Z,074.62 TAXES Code Federal W/H MC SS		61,115.57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code		Units 0.00 55.25 38.00	Pay Amount 557.50 1,514.51 64,636.71	Z,074.62 TAXES Code Federal W/H MC SS		61,115.57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code	Total: Subject To 66,708.72	Units 0.00 55.25 38.00 93.25 Employee 3,335.46	Pay Amount 557.50 1,514.51 64,636.71 65,708.72 Employer 2,961.88	Z,074.62 TAXES Code Federal W/H MC SS		61,115.57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code 400 520	Total: Subject To 66,708.72 0.00	Units 0.00 55.25 38.00 93.25 Employee 3,335.46 79.00	Pay Amount 557.50 1,514.51 64,636.71 66,708.72 Employer 2,961.88 0.00	Z,074.62 TAXES Code Federal W/H MC SS		61,115,57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code 400 520	Total: Subject To 66,708.72 0.00 0.00	Units 0.00 55.25 38.00 93.25 Employee 3,335.46 79.00 505.50	Pay Amount 557.50 1,514.51 64,636.71 66,708.72 Employer 2,961.88 0.00 0.00	Z,074.62 TAXES Code Federal W/H MC SS		61,115,57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code 400 520 530	Total: Subject To 66,708.72 0.00 0.00 0.00	Units 0.00 55.25 38.00 93.25 Employee 3,335.46 79.00 505.50 38.13	Pay Amount 557.50 1,514.51 64,636.71 66,708.72 Employer 2,961.88 0.00 0.00 0.00	Z,074.62 TAXES Code Federal W/H MC SS		61,115,57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code 400 520 530 540	Total: Subject To 66,708.72 0.00 0.00 0.00 0.00	Units 0.00 55.25 38.00 93.25 Employee 3,335.46 79.00 505.50 38.13 140.38	Pay Amount 557.50 1,514.51 64,636.71 66,708.72 Employer 2,961.88 0.00 0.00 0.00 0.00 0.00	Z,074.62 TAXES Code Federal W/H MC SS		61,115,57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code 400 520 530 540 550	Total: Subject To 66,708.72 0.00 0.00 0.00 0.00	Units 0.00 55.25 38.00 93.25 Employee 3,335.46 79.00 505.50 38.13 140.38 448.00	Pay Amount 557.50 1,514.51 64,636.71 66,708.72 Employer 2,961.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Z,074.62 TAXES Code Federal W/H MC SS		61,115,57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code 400 520 530 540 550 551	Total: Subject To 66,708.72 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 55.25 38.00 93.25 Employee 3,335.46 79.00 505.50 38.13 140.38 448.00 24.90	Pay Amount 557.50 1,514.51 64,636.71 66,708.72 Employer 2,961.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Z,074.62 TAXES Code Federal W/H MC SS		61,115,57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code 400 520 530 540 550 551 580 590	Total: Subject To 66,708.72 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 55.25 38.00 93.25 Employee 3,335.46 79.00 505.50 38.13 140.38 448.00 24.90 1,210.51	Pay Amount 557.50 1,514.51 64,636.71 66,708.72 Employer 2,961.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Z,074.62 TAXES Code Federal W/H MC SS		61,115,57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0
EARNINGS Pay Code 165 Stipend w/RET OT SAL DEDUCTIONS Code 400 520 530 540 550 551	Total: Subject To 66,708.72 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 55.25 38.00 93.25 Employee 3,335.46 79.00 505.50 38.13 140.38 448.00 24.90	Pay Amount 557.50 1,514.51 64,636.71 66,708.72 Employer 2,961.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Z,074.62 TAXES Code Federal W/H MC SS		61,115,57 64,530.03 64,530.03 63,380.84	5,290,55 935.65 4,000,86 0.00	0.0 935.6 4,000.8 0.0

Department: 3252 - JP Prect. 2

165 Stipend w/RET	Employee 315.49 60.81 260.02 0.00 636.32	Employ 0.6 50.1 260.0 0.0 320.1
Pay Code	315.49 60.81 260.02 0.00 636.32	0.4 60.4 260.4 0.4 320.4
Pay Code	315.49 60.81 260.02 0.00 636.32	0.4 60.4 260.4 0.4 320.4
165 Stipend w/RET	315.49 60.81 260.02 0.00 636.32	0.4 60.4 260.4 0.4 320.4
SAL 3.00 4,217.83 MC 4,193.98 Total: 3.00 4,235.33 SS 4,193.98 Unemployment 2,609.15 DEDUCTIONS Code Subject To Employee Employer 400 4,235.33 211.77 188.05 580 0.00 3.32 0.00 590 0.00 0.00 1,035.66 610 0.00 14.63 0.00 615 0.00 41.35 0.00 Total: 271.07 1,223.71 RECAP 3252 - JP Prect. 2 Earnings: 4,235.33 Benefits: 0.00 Deductions: 271.07 Taxes: 636.32 artment: 3253 - JP Prect. 3 Employee Employer Total Direct Deposits: 2,141.58 Total Check Amounts: 0.00 EARNINGS Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 1,7.50 Federal W/H 2,476.96 SAL 70tal Check Total Check Total Code MC 2,624.17 Total Total: 2.00 2,926.60 MC 2,624.17	60.81 260.02 0.00 636.32	60.4 260.4 0.4 320.4
Total: 3.00 4,235.33 SS 4,193.98 2,609.15 Total:	260.02 0.00 636.32	260.0 0.0 320.0
DEDUCTIONS Subject To Employee Employer Femployer Fem	0.00 636.32	0.0 320.4
DEBUCTIONS	636,32	320.
Code Subject To Employee Employer 400 4,235.33 211.77 188.05 580 0.00 3.32 0.00 590 0.00 0.00 1,035.66 610 0.00 14.63 0.00 615 0.00 41.35 0.00 Total: 271.07 1,223.71 RECAP 3252 - JP Prect. 2 Earnings: 4,235.33 Benefits: 0.00 Deductions: 271.07 Taxes: 636.32 artment: 3253 - JP Prect. 3 Total Direct Deposits: 2,141.58 Total Check Amounts: 0.00 EARNINGS Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 5AL Total: 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,926.60 MC 2,624.17		
400	Net Pay:	3,327.
580 0.00 3.32 0.00 590 0.00 0.00 1,035.66 610 0.00 14.63 0.00 615 0.00 41.35 0.00 Total: 271.07 1,223.71 RECAP 3252 - JP Prect. 2 Earnings: 4,235.33 Benefits: 0.00 Deductions: 271.07 Taxes: 636.32 artment: 3253 - JP Prect. 3 Total Direct Deposits: 2,141.58 Total Check Amounts: 0.00 EARNINGS TOTAL Check Amounts: 0.00 EARNINGS TAXES Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 5AL 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,944.10 SS 2,624.17	Net Pay:	3,327.
590 0.00 0.00 1,035.66 610 0.00 14.63 0.00 615 0.00 41.35 0.00 Total: 271.07 1,223.71 RECAP 3252 - JP Prect. 2 Earnings: 4,235.33 Benefits: 0.00 Deductions: 271.07 Taxes: 636.32 artment: 3253 - JP Prect. 3 Total Direct Deposits: 2,141.58 Total Check Amounts: 0.00 EARNINGS TAXES Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 SAL 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,926.60 MC 2,624.17	Net Pay:	3,327.
610 0.00 14.63 0.00 615 0.00 41.35 0.00 615 0.00 41.35 0.00 7 total: 271.07 1,223.71 623.71 636.32 6	Net Pay:	3,327.
615 0.00 41.35 0.00 Total: 271.07 1,223.71 RECAP 3252 - JP Prect. 2 Earnings: 4,235.33 Benefits: 0.00 Deductions: 271.07 Taxes: 636.32 artment: 3253 - JP Prect. 3 Total Direct Deposits: 2,141.58 Total Check Amounts: 0.00 EARNINGS TAXES Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 SAL 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,926.60 MC 2,624.17	Net Pay:	3,327.
615 0.00 41.35 0.00 Total: 271.07 1,223.71 RECAP 3252 - JP Prect. 2 Earnings: 4,235.33 Benefits: 0.00 Deductions: 271.07 Taxes: 636.32 artment: 3253 - JP Prect. 3 Total Direct Deposits: 2,141.58 Total Check Amounts: 0.00 EARNINGS TAXES Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 SAL 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,926.60 MC 2,624.17	Net Pay:	3,327.
Total: 271.07 1,223.71 RECAP 3252 - JP Prect. 2 Earnings: 4,235.33 Benefits: 0.00 Deductions: 271.07 Taxes: 636.32 arttment: 3253 - JP Prect. 3 Total Direct Deposits: 2,141.58 Total Check Amounts: 0.00 EARNINGS Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 SAL 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,944.10 SS 2,624.17	Net Pay:	3,327.
RECAP 3252 - JP Prect. 2 Earnings: 4,235.33 Benefits: 0.00 Deductions: 271.07 Taxes: 636.32 artment: 3253 - JP Prect. 3 Total Direct Deposits: 2,141.58	Net Pay:	3,327.
Earnings: 4,235.33 Benefits: 0.00 Deductions: 271.07 Taxes: 636.32 artment: 3253 - JP Prect. 3 Total Direct Deposits: 2,141.58 Total Check Amounts: 0.00 EARNINGS TAXES Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 SAL Total: 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,944.10 SS 2,624.17	Net Pay:	3,327.
Total Direct Deposits: 2,141.58 Total Check Amounts: 0.00 EARNINGS TAXES Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 SAL Total: 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,944.10 SS 2,624.17	Net Pay:	3,327.
EARNINGS TAXES Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 SAL 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,944.10 SS 2,624.17		
Pay Code Units Pay Amount Code Subject To 165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 SAL 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,944.10 SS 2,624.17		
165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 SAL 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,944.10 SS 2,624.17		
165 Stipend w/RET 0.00 17.50 Federal W/H 2,476.96 5AL 2.00 2,926.60 MC 2,624.17 Total: 2.00 2,944.10 SS 2,624.17	Employee	Employ
Total: 2.00 2,944.10 SS 2,624.17	134.63	_ O.
	38.05	38.
	162.70	162.
Unemployment 1,317.92	0.00	0.
DEDUCTIONS Total:	335.38	200.
Code Subject To Employee Employer		
400 2,944.10 147.21 130.72		
550 0.00 14.75 0.00		
551 0.00 100.00 0.00		
590 0.00 172.93 706.80		
615 0.00 32,25 0.00		
Total: 467,14 837,52		
RECAP 3253 - JP Prect. 3		
Earnings: 2,944.10 Benefits: 0.00 Deductions: 467.14 Taxes: 335.38		

Department: 3240 - County Court Law

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EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employer
Jud Stip		1.00	200,39	Federal W/H		7,361,35	726.82	0.00
SAL		2.00	9,012.69	MC		8,822.00	127.92	127.92
5/12	Total:	3.00	9,213.08	SS		8,822.00	546.96	546.96
	10001	5.00	5,225.00	Unemployment		2,709.19	0.00	0.00
DEDUCTIONS				onemployment		Total:	1,401.70	674.88
Code	Subject To	Employee	Employer			· · · · ·	2,402.70	074.00
400	9,213.08	460.65	409.06					
520	0.00	1,000.00	0.00					
550	0.00	29.50	0.00					
590	0.00	361.58	707.70					
330	Total:	1,851.73	1,116.76					
	Total.	1,031.73	1,110.70					
RECAP 3240 - County Cou								
Earnings: 9,213.08	Benefits:	0.00	Deductions:	1,851.73	Taxes:	1,401.70	Net Pay:	5,959.65
Department: 3251 - JP Pr	ect. 1							
		Total I	Direct Deposits:	2,602.96				
			Check Amounts:	0.00				
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employer
165 Stipend w/RET		0.00	17.50	Federal W/H		3,166,46	228.45	0.00
SAL		3.00	4,206.36	MC		3,377.66	48.98	48.98
	Total:	3.00	4,223.86	SS		3,377,66	209.41	209.41
				Unemployment		2,586.43	0.00	0.00
DEDUCTIONS						Total:	486.84	258.39
Code	Subject To	Employee	Employer					
400	4,223.86	211.20	187.54					
550	0.00	41,38	0.00					
551	0.00	186.25	0.00					
560	0.00	75.00	0.00					
580	0.00	1.66	0.00					
590	0.00	539.52	1,064.31					
615	0.00	79.05	0.00					
	Total:	1,134.06	1,251.85					
RECAP 3251 - JP Prect. 1								
Earnings: 4,223.86	Benefits:	0.00	Deductions:	1,134.06	Taxes:	486.84	Net Pay:	2,602.96

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Department: 3220 - District Clerk

EARNINGS			Direct Deposits:	8,478.47				
EADNINGS		Total (Check Amounts:	0.00		,		
CUMINIOS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employe
5AL		8.00	11,345.58	Federal W/H		10,096.09	796.91	0.0
	Total:	8.00	11,345.58	MC		10,663.37	154.60	154.6
				SS		10,663.37	661.13	661.1
DEDUCTIONS				Unemployment		9,374.82	0.00	0.0
Code	Subject To	Employee	Employer			Total:	1,612.64	815.7
400	11,345,58	567.28	503.75					
550	0.00	14.75	0.00					
551	0.00	58.00	0.00					
580	0.00	4.98	0.00					
590	0.00	534.51	2,795.38					
615	0.00	74.95	0,00					
	Total:	1,254.47	3,299.13					
RECAP 3220 - District C	lerk							
Earnings: 11,345.58	B Benefits:	0.00	Deductions:	1,254.47	Taxes:	1,612.64	Net Pay:	8,478.4
artment: 3230 - Dis	trict Judge	AND THE STATE OF T						Province distinguished the design of the design of the Philodelphia.
			Direct Deposits:	2,193.77				
		Total (Check Amounts:	2,600.71				
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employe
SAL		7.00	6,533.35	Federal W/H		5,588.37	332.09	0.0
	Total:	7.00	6,533.35	MC		6,015.04	87.21	87.2
				SS		6,015.04	372.93	372.9
DEDUCTIONS				Unemployment		6,483.35	0.00	0.0
Code	Subject To	Employee	Employer			Total:	792.23	460.1
400	6,533.35	326.67	290.08					
520	0.00	100.00	0.00					
551	0.00	84.00	0.00					
580	0.00	1.66	0.00					
	0.00	345.86	723.16					
590	0.00	88.45	0.00					
	0.00							
590 615	Total:	946.64	1,013.24					
	Total:	946.64	1,013.24					

Department: 3000 - County Clerk

				Pirect Deposits: Theck Amounts:	942.41 0.00				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
SAL			1.00	1,309.96	Federal W/H		1,028.53	0.00	0.0
		Total:	1.00	1,309.96	MC		1,104.03	16.01	16.0
					SS		1,104.03	68.45	68.4
DEDUCTIONS					Unemployment		1,309.96	0.00	0.0
Code		Subject To	Employee	Employer			Total:	84.46	84.4
400		1,309.96	65.50	58.16					
520		0.00	10.00	0.00					
551		0.00	33.00	0.00					
580		0.00	1.66	0.00					
590		0.00	172.93	361.58					
		Total:	283.09	419.74					
	- County Clerk				707.00	_	04.45		043.4
Earnings:	1,309.96	Benefits:	0.00	Deductions:	283.09	Taxes:	84.46	Net Pay:	942.4
artment: 3	200 - Distric	t Attorney							
	drama ar Palan Addresi va akabakar 100 kalandi 14 - 1500 10 - 1500 10	normani nizati-more-ni Ari-temper 🗾 -ton	Total D	Direct Deposits:	19,485.50	10-41-1- (0-40-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
				heck Amounts:	147.77				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
165 Stipend w	/RET		0.00	17.50	Federal W/H		23,938.11	2,349,47	0.0
DA Supplemen	ıt		0.00	151.67	MC		25,343,43	367.47	367.4
Longevity w/F	RET		0.00	670.00	SS		25,343.43	1,571.30	1,571.3
LWOP			79.73	-2,478.81	Unemployment		26,718.79	0.00	0.0
SAL			14.00	28,545.85			Total:	4,288.24	1,938.7
		Total:	93.73	26,906.21					
DEDUCTIONS									
Code		Subject To	Employee	Employer					
400		26,906.21	1,345.32	1,194.62					
520		0.00	60.00	0.00					
550		0.00	18.25	0.00					
551		0.00	662,50	0.00					
552		0.00	104.16	0.00					
580		0.00	16.60	0.00					
590		0.00	691.72	4,553.30					
610		0.00	0.00	0.00					
615		0.00	86.15	0.00					
		Total:	2,984.70	5,747.92					
RECAP 3200	District Acces								

Department: 2140 - Tax Assessor-Collector

artment: 214	10 - Tax A	ssessor-Colle	ector						
			Total I	Direct Deposits:	6,431.96				
			Total (Check Amounts:	0.00				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
LWOP			4.56	-76.20	Federal W/H		7,682.02	615.71	0.00
S			2.00	29.71	MC		8,205.63	118.97	118.97
SAL			-6.00	8,355.17	SS		8,205.63	508.74	508.74
Vacation		200	10.00	163.41	Unemployment		6,562.35	0.00	0.00
		Total:	10,56	8,472.09			Total:	1,243.42	627.7
DEDUCTIONS									
Code		Subject To	Employee	Employer					
400		8,472.09	423.61	376.17					
520		0.00	100.00	0.00					
551		0.00	50.83	0.00					
580		0.00	6.64	0.00					
590		0.00	172.93	2,087.68					
615		0.00	42.70	0.00					
013		Total:	796.71	2,463.85					
				-, 1					
	Tax Assesso 8,472.09	r-Collector Benefits:	0.00	Deductions:	796.71	Taxes:	1,243.42	Net Pay:	6,431.9
artment: 21!	50 - Coun	ty Clerk	Total	Direct Deposits:	8,870.68				
				Check Amounts:	940.75				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
SAL			9.00	12,544.47	Federal W/H		11,624.02	791.29	0.0
		Total:	9.00	12,544.47	MC		12,301.24	178.36	178.3
					SS		12,301.24	762.67	762.6
DEDUCTIONS					Unemployment		10,524.17	0.00	0.0
Code		Subject To	Employee	Employer			Total:	1,732.32	941.0
400		12,544.47	627.22	556.97					
520		0.00	50.00	0.00					
540		0.00	41.05	0.00					
550		0.00	70.25	0.00					
551		0.00	103.33	0.00					
580		0.00	9.96	0.00					
590		0.00	0.00	2,761.76					
610		0.00	29.26	0.00					
615		0.00	69.65	0.00					
		7.00							

RECAP 2150 - County Clerk

Earnings:

12,544.47

Total:

Benefits:

1,000.72

0.00

3,318.73

Deductions:

1,000.72

Taxes:

1,732.32

9,811.43

Net Pay:

Department: 2120 - County Treasurer

			Direct Deposits: Check Amounts:	2,476.98 0.00				
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employe
SAL		-14.00	3,227.41	Federal W/H		2,950.88	227.54	0.0
Vacation	4/2014	16.00	293,98	MC		3,176.95	46.07	46.0
	Total:	2.00	3,521.39	SS		3,176.95	196.97	196.9
DEDUCTIONS				Unemployment		1,592.42	0.00	0.0
Code	Subject To	Employee	Employer			Total:	470.58	243.0
400	3,521.39	176.07	156.35					
520	0.00	50.00	0.00					
551	0.00	118.66	0.00					
580	0.00	3.32	0.00					
590	0.00	172.93	706.80					
615	0.00	52.85	0.00					
	Total:	573.83	863,15					
RECAP 2120 - County Tre	asurer							
Earnings: 3,521.39	Benefits:	0.00	Deductions:	573.83	Taxes:	470.58	Net Pay:	2,476.9
androphological and the first of the second control of the second			Direct Deposits:	5,945.02				
artment: 2130 - Cour	en la constitue de la constitu		Direct Deposits: Check Amounts:	0,00			dan di kanda dan dan dan dan dan dan dan dan dan	
EARNINGS		Total (Check Amounts:	0.00 TAXES		Cublest To	Empleyee	
EARNINGS Pay Code		Total (Check Amounts:	0.00 TAXES Code	estratorio dell'ori dell'ori dell'ori della constitucio della cons	Subject To 7 474 48	Employee 842 25	
EARNINGS Pay Code FH		Units 8.00	Pay Amount 0.00	0.00 TAXES Code Federal W/H		7,424.48	842.25	0.0
EARNINGS Pay Code		Total (Check Amounts:	0,00 TAXES Code Federal W/H MC		7,424.48 8,045.81	842.25 116.66	0.0 116 .6
EARNINGS Pay Code FH SAL	Total:	Units 8.00 -20.00	Pay Amount 0.00 8,159.35	0.00 TAXES Code Federal W/H		7,424.48	842.25	0.0 116.6 498.8
EARNINGS Pay Code FH SAL		Units 8.00 -20.00 16.00	Pay Amount 0.00 8,159.35 267.16	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81	842.25 116.66 498.85	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation		Units 8.00 -20.00 16.00	Pay Amount 0.00 8,159.35 267.16	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS	Total:	Units 8.00 -20.00 16.00 4.00	Pay Amount 0.00 8,159.35 267.16 8,426.51	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code	Total: Subject To	Units 8.00 -20.00 16.00 4.00	Pay Amount 0.00 8,159.35 267.16 8,426.51	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code 400	Total: Subject To 8,426.51	Units 8.00 -20.00 16.00 4.00 Employee 421.33	Pay Amount 0.00 8,159.35 267.16 8,426.51 Employer 374.13	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code 400	Total: Subject To 8,426.51 0.00	Units 8.00 -20.00 16.00 4.00 Employee 421.33 200.00	Pay Amount 0.00 8,159.35 267.16 8,426.51 Employer 374.13 0.00	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code 400 520	Total: Subject To 8,426.51 0.00 0.00	Units 8.00 -20.00 16.00 4.00 Employee 421.33 200.00 32.50	Pay Amount 0.00 8,159.35 267.16 8,426.51 Employer 374.13 0.00 0.00	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code 400 520 550	Total: Subject To 8,426.51 0.00 0.00 0.00	Units 8.00 -20.00 16.00 4.00 Employee 421.33 200.00 32.50 122.72	Pay Amount 0.00 8,159.35 267.16 8,426.51 Employer 374.13 0.00 0.00 0.00	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code 400 520 550 551	Total: Subject To 8,426.51 0.00 0.00 0.00 0.00	Units 8.00 -20.00 16.00 4.00 Employee 421.33 200.00 32.50 122.72 3.32	Pay Amount 0.00 8,159.35 267.16 8,426.51 Employer 374.13 0.00 0.00 0.00 0.00	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code 400 520 550 551 580 590	Total: Subject To 8,426.51 0.00 0.00 0.00 0.00 0.00	Units 8.00 -20.00 16.00 4.00 Employee 421.33 200.00 32.50 122.72 3.32 172.93	Pay Amount 0.00 8,159.35 267.16 8,426.51 Employer 374.13 0.00 0.00 0.00 0.00 1,052.02	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code 400 520 550 551 580 590 610	Total: Subject To 8,426.51 0.00 0.00 0.00 0.00 0.00 0.00	Units 8.00 -20.00 16.00 4.00 Employee 421.33 200.00 32.50 122.72 3.32 172.93 18.38	Pay Amount 0.00 8,159.35 267.16 8,426.51 Employer 374.13 0.00 0.00 0.00 1,052.02 0.00	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code 400 520 550 551 580 590 610	Total: Subject To 8,426.51 0.00 0.00 0.00 0.00 0.00 0.00 Total:	Units 8.00 -20.00 16.00 4.00 Employee 421.33 200.00 32.50 122.72 3.32 172.93 18.38 52.55	Pay Amount 0.00 8,159.35 267.16 8,426.51 Employer 374.13 0.00 0.00 0.00 1,052.02 0.00 0.00	0,00 TAXES Code Federal W/H MC SS		7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	0.0 116.6 498.8 0.0
EARNINGS Pay Code FH SAL Vacation DEDUCTIONS Code 400 520 550 551 580 590 610 615	Total: Subject To 8,426.51 0.00 0.00 0.00 0.00 0.00 0.00 Total:	Units 8.00 -20.00 16.00 4.00 Employee 421.33 200.00 32.50 122.72 3.32 172.93 18.38 52.55	Pay Amount 0.00 8,159.35 267.16 8,426.51 Employer 374.13 0.00 0.00 0.00 1,052.02 0.00 0.00	0,00 TAXES Code Federal W/H MC SS	Taxes:	7,424.48 8,045.81 8,045.81 8,394.01	842.25 116.66 498.85 0.00	Employe 0.0 116.6 498.8 0.0 615.5

Department: 1102 - Vehicle Maintenance

				Direct Deposits: Theck Amounts:	988.30				
			lotait	neck Amounts:	2,471.54				
EARNINGS					TAXES				
Pay Code			Units	Pay Amount	Code		Subject To	Employee	Employe
SAL			3.00	4,431.35	Federal W/H		4,128.23	333,98	0.0
		Total:	3.00	4,431.35	MC		4,349.80	63.07	63.0
					SS		4,349.80	269.68	269.6
DEDUCTIONS					Unemployment		4,417.30	0.00	0.0
Code		Subject To	Employee	Employer			Total:	666.73	332.7
400		4,431.35	221.57	196.75					
550		0.00	14.05	0.00					
551		0.00	50.00	0.00					
580		0.00	1.66	0.00		30111			
590		0.00	0.00	1,035.66					
615		0.00	17.50	0.00					
		Total:	304.78	1,232.41					
RECAP 1102 -	Vehicle Mai	ntananaa							
MECHAL TIRE.	. AGUICIG IAIGI	menance							
Earnings:	4,431.35	Benefits:	0.00	Deductions:	304.78	Taxes:	666.73	Net Pay:	3,459.8
Earnings: artment: 11	•		e	Deductions: Direct Deposits:	304.78 1,292.92	Taxes:	666.73	Net Pay:	3,459.8
	•		e Total I		,	Taxes:	666.73	Net Pay:	3,459.8
	•		e Total I	Direct Deposits:	1,292.92	Taxes:	666.73	Net Pay:	3,459.8
artment: 11	•		e Total I	Direct Deposits:	1,292.92 1,196.69	Taxes:	666.73 Subject To	,	
artment: 11	•		e Total (Total (Direct Deposits: Check Amounts:	1,292.92 1,196.69 TAXES	Taxes:		Net Pay: Employee 180.73	Employ
artment: 11 EARNINGS Pay Code	•		e Total (Total (Units	Direct Deposits: Check Amounts: Pay Amount	1,292.92 1,196.69 TAXES Code	Taxes:	Subject To	Employee	Employ: 0.0
artment: 11 EARNINGS Pay Code	•	Maintenanc	e Total (Total (Units 2.00	Direct Deposits: Check Amounts: Pay Amount 3,077.51	1,292.92 1,196.69 TAXES Code Federal W/H	Taxes:	Subject To 2,906.09	Employee 180.73	Employ: 0.0 44.3
artment: 11 EARNINGS Pay Code	•	Maintenanc	e Total (Total (Units 2.00	Direct Deposits: Check Amounts: Pay Amount 3,077.51	1,292.92 1,196.69 TAXES Code Federal W/H MC		Subject To 2,906.09 3,059.96	Employee 180.73 44.37	Employ: 0.0 44.3 189.7
artment: 11 EARNINGS Pay Code SAL	•	Maintenanc	e Total (Total (Units 2.00	Direct Deposits: Check Amounts: Pay Amount 3,077.51	1,292.92 1,196.69 TAXES Code Federal W/H MC SS		Subject To 2,906.09 3,059.96 3,059.96	Employee 180.73 44.37 189.72	Employ: 0.0 44.2 189.7 0.0
EARNINGS Pay Code SAL DEDUCTIONS	•	Maintenanc Total:	e Total (Units 2.00 2.00	Direct Deposits: Check Amounts: Pay Amount 3,077.51 3,077.51	1,292.92 1,196.69 TAXES Code Federal W/H MC SS		Subject To 2,906.09 3,059.96 3,059.96 3,077.51	Employee 180.73 44.37 189.72 0.00	Employ: 0.0 44.3 189.7 0.0
EARNINGS Pay Code SAL DEDUCTIONS Code	•	Maintenanc Total: Subject To	e Total (Total (Units 2.00 2.00 Employee	Direct Deposits: Check Amounts: Pay Amount 3,077.51 3,077.51	1,292.92 1,196.69 TAXES Code Federal W/H MC SS		Subject To 2,906.09 3,059.96 3,059.96 3,077.51	Employee 180.73 44.37 189.72 0.00	Employ: 0.0 44.3 189.7 0.0
EARNINGS Pay Code SAL DEDUCTIONS Code 400	•	Maintenanc Total: Subject To 3,077.51	Units 2.00 2.00 Employee 153.87	Direct Deposits: Check Amounts: Pay Amount 3,077.51 3,077.51 Employer 136.64	1,292.92 1,196.69 TAXES Code Federal W/H MC SS		Subject To 2,906.09 3,059.96 3,059.96 3,077.51	Employee 180.73 44.37 189.72 0.00	Employ: 0.0 44.2 189.7 0.0
EARNINGS Pay Code SAL DEDUCTIONS Code 400 580	•	Total: Subject To 3,077.51 0.00	Units 2.00 2.00 Employee 153.87 1.66	Pay Amount 3,077.51 3,077.51 Employer 136.64 0.00	1,292.92 1,196.69 TAXES Code Federal W/H MC SS		Subject To 2,906.09 3,059.96 3,059.96 3,077.51	Employee 180.73 44.37 189.72 0.00	Employ: 0.0 44.2 189.7 0.0
EARNINGS Pay Code SAL DEDUCTIONS Code 400 580 590	•	Total: Subject To 3,077.51 0.00 0.00	Employee 153.87 1.66 0.00	Pay Amount 3,077.51 3,077.51 Employer 136.64 0.00 690.44	1,292.92 1,196.69 TAXES Code Federal W/H MC SS		Subject To 2,906.09 3,059.96 3,059.96 3,077.51	Employee 180.73 44.37 189.72 0.00	Employ: 0.0 44.2 189.7 0.0
EARNINGS Pay Code SAL DEDUCTIONS Code 400 580 590 615	.03 - Fleet	Total: Subject To 3,077.51 0.00 0.00 Total:	Employee 153.87 1.66 0.00 17.55	Pay Amount 3,077.51 3,077.51 Employer 136.64 0.00 690.44 0.00	1,292.92 1,196.69 TAXES Code Federal W/H MC SS		Subject To 2,906.09 3,059.96 3,059.96 3,077.51	Employee 180.73 44.37 189.72 0.00	3,459.8 Employe 0.0 44.3 189.7 0.0 234.0
EARNINGS Pay Code SAL DEDUCTIONS Code 400 580 590 615	•	Total: Subject To 3,077.51 0.00 0.00 Total:	Employee 153.87 1.66 0.00 17.55	Pay Amount 3,077.51 3,077.51 Employer 136.64 0.00 690.44 0.00	1,292.92 1,196.69 TAXES Code Federal W/H MC SS		Subject To 2,906.09 3,059.96 3,059.96 3,077.51	Employee 180.73 44.37 189.72 0.00	Employ: 0.0 44.2 189.7 0.0

 $E_{i}^{(i)}$



Detail Register

Department Summary

Pay Period: 06/01/2018 - 06/15/2018

Packet: PYPKT00996 - 06152018 payroll Payroll Set: 01 - Payroll Set 01

Department: 1000 - Courthouse Security

			Direct Deposits: Check Amounts:	7,156.32 1,169.04				
EARNINGS				TAXES				
Pay Code		Units	Pay Amount	Code		Subject To	Employee	Employe
165 Stipend w/RET		0.00	17.50	Federal W/H		10,124.32	751.70	0.0
SAL		7,00	11,012.81	MC		10,675.83	154.78	154.7
	Total:	7.00	11,030.31	SS		10,675.83	661.90	661.9
				Unemployment		10,986.06	0.00	0.0
DEDUCTIONS						Total:	1,568.38	816.6
Code	Subject To	Employee	Employer					
400	11,030.31	551.51	489.77	70				
550	0.00	44.25	0.00					
551	0.00	59.00	0.00					
580	0.00	4.98	0.00					
590	0.00	172.93	2,087.68					
615	0.00	78.30	0.00					
620	0.00	225,60	0.00					
	Total:	1,136.57	2,577.45					
RECAP 1000 - Courthouse	Security							
Earnings: 11,030.31	Benefits:	0.00	Deductions:	1,136.57	Taxes:	1,568.38	Net Pay:	8,325.3
*			Direct Deposits:	22,658,34				
·			Direct Deposits: Check Amounts:	3,277.23				
EARNINGS		Total (Check Amounts:	3,277.23 TAXES				
Pay Code		Total (Check Amounts: Pay Amount	3,277.23 TAXES Code		Subject To	Employee	
Pay Code 165 Stipend w/RET		Units 0.00	Pay Amount 72.50	3,277.23 TAXES Code Federal W/H		31,556.08	2,525.82	0.0
Pay Code	Totals	Units 0.00 24.00	Pay Amount 72.50 35,211.07	3,277.23 TAXES Code Federal W/H MC		31,556.08 33,320.23	2,525,82 483.16	0.0 483.1
Pay Code 165 Stipend w/RET	Total:	Units 0.00	Pay Amount 72.50	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23	2,525.82 483.16 2,065.84	0.0 483.1 2,065.8
Pay Code 165 Stipend w/RET SAL	Total:	Units 0.00 24.00	Pay Amount 72.50 35,211.07	3,277.23 TAXES Code Federal W/H MC		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS		Units 0.00 24.00 24.00	Pay Amount 72.50 35,211.07 35,283.57	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23	2,525.82 483.16 2,065.84	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code	Subject To	Units 0.00 24.00 24.00	Pay Amount 72.50 35,211.07 35,283.57	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400	Subject To 35,283.57	Units 0.00 24.00 24.00 Employee 1,764.15	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530	Subject To 35,283.57 0.00	Units 0.00 24.00 24.00 Employee 1,764.15 0.00	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530	Subject To 35,283.57 0.00 0.00	Units 0.00 24.00 24.00 Employee 1,764.15 0.00 129.25	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00 0.00	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530 550	Subject To 35,283.57 0.00 0.00 0.00	Units 0.00 24.00 24.00 Employee 1,764.15 0.00 129.25 66.66	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00 0.00 0.00	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530 550 551	Subject To 35,283.57 0.00 0.00 0.00 0.00	Units 0.00 24.00 24.00 Employee 1,764.15 0.00 129.25 66.66 16.60	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00 0.00 0.00 0.00	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530 550 551 580 590	Subject To 35,283.57 0.00 0.00 0.00 0.00 0.00	Units 0.00 24.00 24.00 Employee 1,764.15 0.00 129.25 66.66 16.60 1,603.53	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00 0.00 0.00 0.00 8,040.92	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530 550 551 580 590 610	Subject To 35,283.57 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 24.00 24.00 Employee 1,764.15 0.00 129.25 66.66 16.60 1,603.53 0.00	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00 0.00 0.00 0.00 8,040.92 0.00	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530 550 551 580 590 610	Subject To 35,283.57 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 24.00 24.00 24.00 Employee 1,764.15 0.00 129.25 66.66 16.60 1,603.53 0.00 163.90	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00 0.00 0.00 0.00 8,040.92 0.00 0.00	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530 550 551 580 590 610	Subject To 35,283.57 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 24.00 24.00 24.00 Employee 1,764.15 0.00 129.25 66.66 16.60 1,603.53 0.00 163.90 529.09	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530 550 551 580 590 610	Subject To 35,283.57 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 24.00 24.00 24.00 Employee 1,764.15 0.00 129.25 66.66 16.60 1,603.53 0.00 163.90	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00 0.00 0.00 0.00 8,040.92 0.00 0.00	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	0.0 483.1 2,065.8 0.0
Pay Code 165 Stipend w/RET SAL DEDUCTIONS Code 400 530 550 551 580 590 610	Subject To 35,283.57 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Units 0.00 24.00 24.00 24.00 Employee 1,764.15 0.00 129.25 66.66 16.60 1,603.53 0.00 163.90 529.09	Pay Amount 72.50 35,211.07 35,283.57 Employer 1,566.56 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,277.23 TAXES Code Federal W/H MC SS		31,556.08 33,320.23 33,320.23 35,154.32	2,525,82 483.16 2,065,84 0.00	Employe 0.0 483.1 2,065.8 0.0 2,549.0

B. \$85,916.97(Payroll Tax for 06/01/2018 - 06/15/2018)



Detail Register

Payroll Summary

Packet: PYPKT00996 - 06152018 payroll Payroll Set: 01 - Payroll Set 01

Pay Period: 06/01/2018 - 06/15/2018

Males Paid:

131

Females Paid: **Total Employees:**

57,474.06

116 247

Employer

28,442.91

0.00

0.00

Total	Direct	Deposits:	259
Total	Check	Amounts:	29

9,908.60 9,797.58

MÇ

SS

TAXES Code **Subject To Employee** Federal W/H

350,101.05 29,031.15 5,391.10 371,803.51 5,391.10 23,051.81 371,803.51 23,051.81 355,131.85 Unemployment 0.00

Total:

EARNINGS			
Pay Code		Units	Pay Amount
165 Stipend w/RET		0.00	1,667.50
DA Supplement		0.00	151.67
FH		8.00	0.00
Hourly		293.00	3,594.50
Jud Stip		1.00	200.39
Longevity w/RET		0.00	670.00
LWOP		184.29	-4,466.21
ОТ		385.50	10,042.68
S		20.50	402,32
SAL		158.50	374,854.47
Vacation		50.00	984.52
	Total:	1,100.79	388,101.84

DEDUCTIONS

loyee Employer
98.46 17,137.02
04.00 0.00
22.38 0.00
65.46 0.00
11.70 0.00
70.73 0.00
20.49 0.00
75.00 0.00
66.00 0.00
96.06 72,544.19
52.57 0.00
99.35 0.00
10.31 0.00
29.09 0.00
21.60 89,681.21

RECAP 01 - Payroll Set 01

0.00 40,921.60 388,101.84 Benefits: Deductions: Taxes: 57,474.06 Earnings:

Net Pay: 289,706.18 3. Accept May 2018-2019 Tax Collection Report submitted by the Caldwell County Appraisal District.

CALDWELL COUNTY COMMISSIONERS

Tax Collection Report

MAY 2018

	May	Year to Date	TOTAL	PRIOR YEAR
2017 Tax Collection	\$181,537.13	\$15,203,688.99	\$15,385,226.12	\$14,049,980.53
2016 & Prior Collection	\$61,570.40	\$504,436.08	\$566,006.48	\$593,276.74
Total Tax Collection =	\$243,107.53	\$15,708,125.07	\$15,951,232.60	\$14,643,257.27

note: Above figures include penalties and interest collected

2017 Original Levy

\$16,204,940.50

May 31, 2018 Percent of 2017 Tax Collected	94.56%
May 31, 2017 Percent of 2016 Tax Collected	94.29%
May 31, 2016 Percent of 2015 Tax Collected	94.03%
May 31, 2018 - Balance of Delinquent Tax	\$1,306,127.93
May 31, 2017 - Balance of Delinquent Tax	\$1,270,941.78

\$1,327,883.16

Corrections made to Current Tax Roll

(\$3,893.00)

Corrections made to Delinquent Tax Roll

Shanna Rampuski

(\$11,708.44)

NOTE:

Caldwell County Appraisal District has collected and disbursed Attorney Fees in the amount of \$11,593.35

May 31, 2016 - Balance of Delinquent Tax

Submitted by:

Shanna Ramzinski Interim Chief Appraiser

Caldwell County Appraisal District

CALDWELL COUNTY

Balance Sheet

MAY 2018

DEPOSITS

Date			Amount	
		M & O	1 & S	CHECK#
(1)	9 -M ay-18	\$44,839.08	\$4,236.9	1 EFT
(2)	17-May-18	\$22,418.94	\$2,098.5	6 EFT
(3)	24-May-18	\$49,030.12	\$4,818.0	4 EFT
(4)	6-Jun-18	\$105,799.36	\$9,866.5	2 EFT
(5)		\$0.00	\$0.0	0
(6)		\$0.00	\$0.0	
(7)		\$0.00	\$0.0	
(8)		\$0.00	\$0.0	
(9)		\$0.00	\$0.0	
(10)		\$0.00	\$0.0	
(11)		\$0.00	\$0.0	
(12)		\$0.00	\$0.0	
(13)		\$0.00	\$0.0	
(14)		\$0.00	\$0.0	
(15)		\$0.00	\$0.0	
(16)		\$0.00	\$0.0	
(17)		\$0.00	\$0.0	
(18)		\$0.00	\$0.0	
(19)		\$0.00	\$0.0	
(20)		\$0.00	\$0.0	
(21)		\$0.00	\$0.0	
(22)		\$0.00	\$0.0	
(23)		\$0.00	\$0.0	
(24)		\$0.00	\$0.0	
(25)		\$0.00	\$0.0)0
	Subtotals	\$222,087.50	\$21,020.0)3

TOTAL ALL DEPOSITS \$243,107.53

CALDWELL COUNTY

Balance Sheet

MAY 2018

Collections

	FARM TO MARKET		GENERAL	FUND
	M & O	-	M & O	1 & S
Current Tax Current P & I	\$22.90 \$1.33		\$152,297.10 \$14,002.08	\$13,933.17 \$1,280.55
Delinquent Tax	\$6.71		\$39,750.60	\$4,103.49
Delinquent P & I	\$2.67		\$16,004.11	\$1,702.82
		Subtotals -	\$222,053.89	\$21,020.03
TOTAL FTM	\$33.61	TOTAL GCA	\$243,073.92	
	ROAD & BRIDGE M & O		STATE TAX M & O	
Current Tax	n/a		n/a	
Current P & I	n/a		n/a	
Delinquent Tax	\$0.00		\$0.00	
Delinquent P & I	\$0.00		\$0.00	
TOTAL RAB	\$0.00	TOTAL STX	\$0.00	
	TOTAL COUNTY COLLI	ECTIONS	\$243,107.53	

NOTE:

Caldwell County Appraisal District has collected and disbursed Attorney Fees in the amount of \$11,593.35

Page 2 of 2

Attorney Fees Detail

FTM	\$1.18
GCA	\$11,592.17
RAB	\$0.00
STX	\$0.00

4. Accept ESD financial reporting from Emergency Services District No. 4 (ESD #4) for Fiscal Year Ending April 30, 2018.

June 12, 2018

The Honorable County Judge Ken Schawe, and

Caldwell County Commissioners

110 S. Main St.

Lockhart, Texas 78644

Judge and Commissioners;

Attached is an Affidavit for the Compiled Financial Statement of the Caldwell County Emergency Services District # 4, pursuant to requirements as outlined in the Health and Safety Code, Chapter 775, Section 775.0821.

Also attached as exhibit "A" is the Compiled Financial Statement for the period of May 1, 2017 through April 30, 2018.

If you should have any questions or need additional information, please feel free to contact me.

Sincerely,

Jerry Doyle

President

Caldwell County Emergency Services District #4

P.O. Box 756

Lockhart, Texas 78644

512-213-7267

Jldoyle 1969@yahoo.com

Affidavit of Jerry Doyle

STATE OF TEXAS COUNTY OF CALDWELL

BEFORE ME, the undersigned authority, this day personally appeared JERRY DOYLE, who after being by me duly sworn, on oath deposes and says:

- 1. I am over the age of 18 and am a resident of the State of Texas. I have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
- 2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
- 3. I am the President of Caldwell County Emergency Services District No. 4. I have been it's President since its inception in 2015. The attached document serves as a compiled financial statement as required by the Texas Government Code, Section

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

NOTARY ACKNOWLEDGEMENT

STATE OF TEXAS, COUNTY OF CALDWELL, ss:

LINDA COCHRAN
Notary Public, State of Texas
Notary 1D# 12682102-8
My Commission Expires
FEBRUARY 27, 2021

Notary Public

Title (and Rank)

My commission expires $\frac{2127}{}$

Compiled Financial Statement of: Mid County ESD # 4 as of: 04/30/2018 5/31/2018

<u>Assets</u>	Amou	nt in Dollars
Cash - checking accounts	\$	41,273
Cash - savings accounts		13,559
Certificates of deposit		-
Securities - stocks / bonds / mutual		
funds		-
Notes & contracts receivable		-
Life insurance (cash surrender		
value)		
Personal property (autos, jewelry,		
etc.)		
Retirement Funds (eg. IRAs, 401k)		-
Real estate (market value)		
Other assets (SCBA)		31,409
Other assets (specify)		
Total Assets	\$	86,241
		t- D-U
Liabilities	Amou	nt in Dollars
<u>Liabilities</u> Current Debt (Credit cards,	Amou	nt in Dollars
	Amou \$	nt in Dollars
Current Debt (Credit cards,		13,866
Current Debt (Credit cards, Accounts)		
Current Debt (Credit cards, Accounts) Notes payable (described below)		
Current Debt (Credit cards, Accounts) Notes payable (described below)		
Current Debt (Credit cards, Accounts) Notes payable (described below) Taxes payable		
Current Debt (Credit cards, Accounts) Notes payable (described below) Taxes payable Real estate mortgages (describe)		
Current Debt (Credit cards, Accounts) Notes payable (described below) Taxes payable Real estate mortgages (describe) Other liabilities (specify)		
Current Debt (Credit cards, Accounts) Notes payable (described below) Taxes payable Real estate mortgages (describe) Other liabilities (specify)	\$	13,866
Current Debt (Credit cards, Accounts) Notes payable (described below) Taxes payable Real estate mortgages (describe) Other liabilities (specify)	\$	13,866
Current Debt (Credit cards, Accounts) Notes payable (described below) Taxes payable Real estate mortgages (describe) Other liabilities (specify) Other liabilities (specify) Total Liabilities	\$	13,866

053-18

Date:

Personal Finance Statement of:

Caldwell County ESD #4

Details

1. ASSETS - Details

Mataa	and	Contracts	hold

From Whom Owing	Balance Owing	Original Amount	Original Date	Annual Payment	Maturity Date	History / Purpose

Securities: stocks / bonds / mutual funds

Name of Security	Number of Shares	Cost	Market Value	Date of Acquisition
		\$	- \$ -	

Stock in Privately Held Companies

Company Name	No. of shares	\$ Invested	Est. Market Value
		S -	\$ -

Real Estate

Description / Location	Mar	ket Value	Amo	Int Owing	Orig	inal Cost	Purchase Date
SCBA	\$	31,409	S	13,866	\$	33,635	11/17/2015

2. LIABILITIES - Details

Credit Card & Charge Card Debt

Name of Card / Creditor	Amount Due
	\$ -

Notes Payable (excluding monthly bills)

Name of Creditor	Amoun	t Owing	Original	Amount	Annual Payment		Secured by (Leine)
First Lockhart National Bank	\$	13,866	\$	33,635	7,349.31	3.95%	SCBA
							-

Mortgage / Real Estate Loans Payable

Name of Creditor	Amount Owing	Original Amount	Monthly Payment	Interest Rate	Secured by (Leine)
	\$ -	\$ -	\$ -		

5. Accept Internal Revenue Service (IRS) Form 990-N Filing (Electronic Notice for Tax-Exempt Organization) for Tri-Community Volunteer Fire Department for year ending 12/31/2017.

Form	990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2017

Open to Public Inspection

A For the 2017 Calendar year, or tax year beginning 2017-01-01 and ending 2017-12-31

B Check if available Terminated for Business Gross receipts are normally \$50,000 or less	C Name of Organization: TRI COMMUNITY VOLUNTEER FIRE DEPARTMENT PO BOX 305, FENTRESS, TX,	D Employee Identification Number <u>61-0593329</u>
E Website:	US. 78622 F Name of Principal Officer: MARSELINO GARCIA	
	PO BOX 305. FENTRESS. TX, US. 78622	

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

6. Accept Internal Revenue Service (IRS) Form 990-EZ filing for McMahan Volunteer Fire Department for year ending 12/31/2017.

990-EZ

Department of the Treasury

Short Form **Return of Organization Exempt From Income Tax**

2017

OMB No. 1545-1150

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Internal Revenue Service and ending For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: McMahan Volunteer Fire Department Address change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 74-2353702 Name change Telephop Initial return 291 Whizzerville Road ZIP code Final return/terminated City or town 513-398-6433 78616-2567 Amended return TX **Group Exemption** Foreign province/state/county Foreign postal code Application pending Foreign country name Number > check ► X if the organization is Other (specify) Accounting Method: Cash Accrual not required to attach Schedule B Website: ► N/A (Form 990, 990-EZ, or 990-PF),)◀ (insert/no.) Tax-exempt status (check only one) — X 501(c)(3) 501(c) (4947(a)(1) pr Association Trust K Form of organization: X Corporation Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 d more, or if total assets 58.822 (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-FZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part !) Check if the organization used Schedule O to respond to any question in this Part I. X 12.989 Contributions, gifts, grants, and similar amounts received . 2 Program service revenue including government fees and contracts. 2 4.895 3 Membership dues and assessments . . . 3 4 159 Investment income 4 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses . 0 Gain or (loss) from sale of assett other than inventor (subtract line 5b from line 5a). Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue of contributions Gross income from fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 19,537 2.948 Less: direct expenses from ganging/and fundraising events. 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 16,589 Gross sales of inventory, less returns and allowances. 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 21,242 8 8 55.874 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 10 10 11 Benefits paid to or for members 11 12 12 13 116 Professional fees and other payments to independent contractors 13 14 4,264 14 15 15 52,377 16 16 56,757 17 Total expenses. Add lines 10 through 16. . 17 -883 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 188,961 19 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 188,078 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Form 990-EZ (2017)

art	Balance Sheets. (see the instructions for F Check if the organization used Schedule O to res	art II) nond to any question in th	is Part II			X
	Check if the organization used ochecule of to res	porta to arry queedor in an		Beginning of year		(B) End of year
22	Cash, savings, and investments			106,107	22	61,011
23	Land and buildings			37,458	23	35,500
24	Other assets (describe in Schedule O)			45,396		91,567
25	Total assets			188,961	_	188,078
26	Total liabilities (describe in Schedule O)			188,961	26	100 070
27		must agree with line 21).		188,961	21	188,078
Рa	rt III Statement of Program Service Accomplisher Check if the organization used Schedule O to	nents (see the instruction in	s for Part III) n this Part III			Expenses
A # .	-					uired for section
/Vna	at is the organization's primary exempt purpose? Find the organization's program service accomplishments.	re lighting. Life, incluent o	raest program servi	ces		:)(3) and 501(c)(4) iizations; optional
Jesi se m	neasured by expenses. In a clear and concise manner,	describe the services pro	vided, the number o	f		hers.)
	ons benefited, and other relevant information for each					
28	To provide fire fighting/safety & other safety functions	to residents of the				
	McMahon, TX area & other areas of the county of Cal	dwell and the State of				
	Texas upon request by appropriate entities.]	50.004
		ncludes foreign grants, ch		***	28a	53,821
29						
	•••••				1]
	(Grants \$) If this amount	ncludes foreign grants, ch	neck here	▶	29a	
30	(Grants 9 / Trans Street					
JU					1	
	(Grants \$) If this amount	includes foreign grants, cl			30 <u>a</u>	
31	Other program services (describe in Schedule O)				1	
	(Grants \$) If this amount	includes foreign grants, cl	· · · · · · · · · · · · · · · · · · ·		31a	
	<u> </u>				32	53,821
32	Total program service expenses. (add lines 28a thr	ough 31a)	<u>, 201 0 0 1</u>		1	<u> </u>
32 Pa	irt IV List of Officers, Directors, Trustees, and Ke	y Employees (list each on	e even if not compens	ated—see the inst	truction	s for Part IV)
32 Pa	Total program service expenses. (add lines 28a thrust IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to	y Employees (list each on	e even if not compens n this Part IV	ated—see the Inst	truction	s for Part IV)
32 Pa	Check if the organization used Schedule O to	y Employees (list each on respond to any question i (b) Average	e even if not compens n this Part IV (c) Reportable compensation	(d) Health benefit contributions to	truction	s for Part IV)
Pa	irt IV List of Officers, Directors, Trustees, and Ke	y Employees (list each on respond to any question i	e even if not compens n this Part IV (c) Reportable	ated—see the inst	truction	s for Part IV)
Pa	Check if the organization used Schedule O to (a) Name and title	y Employees (list each on respond to any question i (b) Average hours per week	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Pa Rei	Check if the organization used Schedule O to (a) Name and title d Davidson	y Employees (list each on respond to any question i (b) Average hours per week	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Pa Rei Pre	Check if the organization used Schedule O to (a) Name and title d Davidson sident	y Employees (list each on respond to any question in the contraction of the contraction o	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh	Check if the organization used Schedule O to (a) Name and title d Davidson	y Employees (list each on respond to any question in the contraction of the contraction o	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda	y Employees (list each on respond to any question in the second s	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vice Kat Sec	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary	y Employees (list each on respond to any question in the second to any question in the second to position the seco	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vicc Kat Sec	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker	y Employees (list each on respond to any question in the second s	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vice Kat Sec Her	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker assurer	y Employees (list each on respond to any question in the contract of the contr	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vice Kat Sed Her Tre	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes	y Employees (list each on respond to any question in the second s	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vicc Kat Sec Her Tre Les	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes mber at Large	y Employees (list each on respond to any question in the second s	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vice Kat Kat Tre Les Me	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes mber at Large an McNabb	y Employees (list each on respond to any question in the second to any question in the second to any question in the second to position in the secon	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vice Kat Kat Tre Les Me	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes mber at Large an McNabb	y Employees (list each on respond to any question in the second s	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vice Kat Kat Tre Les Me	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes mber at Large an McNabb	y Employees (list each on respond to any question in the second to any question in the second to any question in the second to position in the secon	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
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Rei Pre Joh Vice Kat Kat Tre Les Me	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes mber at Large an McNabb	y Employees (list each on respond to any question in the second to any question in the second to any question in the second to position in the secon	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
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Rei Pre Joh Vicc Kat Sec Her Tre Les	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes mber at Large an McNabb	y Employees (list each on respond to any question in the second to any question in the second to any question in the second to position in the secon	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vice Kat Kat Tre Les Me	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes mber at Large an McNabb	y Employees (list each on respond to any question in the second to any question in the second to any question in the second to position in the secon	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vice Kat Kat Tre Les Me	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes mber at Large an McNabb	y Employees (list each on respond to any question in the spond to any question in the spond to any question in the spond to any question. (b) Average	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)
Rei Pre Joh Vice Kat Kat Tre Les Me	Check if the organization used Schedule O to (a) Name and title d Davidson sident in Miranda e President ie Wilber cretary b Decker asurer is Barnes mber at Large an McNabb	y Employees (list each on respond to any question in the second to any question in the second to any question in the second to position in the secon	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pi	truction	s for Part IV)

Form 9		74-2353702	2 Page 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	v _
	instructions for Part V) Check if the organization used Schedule O to respond to any question in		Yes No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		165 110
33	detailed description of each activity in Schedule O	. 33	Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		
J 4	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		
	change on Schedule O (see instructions)	. 34	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	. 35b	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	250	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	. 36	×
	during the year? If "Yes," complete applicable parts of Schedule N	30	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	. 37b	×
	Did the organization life Form 1120-FOL for this year?		
38 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	1	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		
	on organization managers or disqualified persons during the year under sections 4912,		
	4955, and 4958	-	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
_	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		
е	transaction? If "Yes," complete Form 8886-T	40e	
41	List the states with which a copy of this return is filed.		
	The organization's books are in care of ► Herb Decker Telephone no. ►	512-39	8-6433
42 a	The state of the s	78616-2992	•
	Localed at 1010 old obtains Line House		Yes No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42b	X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	720	
	If "Yes," enter the name of the foreign country; See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		
	Financial Accounts (FBAR).		
	At any time during the calendar year, did the organization maintain an office outside the United States?	. 42c	X
	If "Yes," enter the name of the foreign country:		
40	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		▶[
43			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes No
44 -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		
44 a	completed instead of Form 990-EZ	. 44a	Х
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		
	completed instead of Form 990-EZ	. 44b	X
	Did the organization receive any payments for indoor tanning services during the year?	. 44c	Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		
	explanation in Schedule O	. 44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45a	X
45 (Did the organization receive any payment from or engage in any transaction with a controlled entity within the		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1=1	
	Form 990-EZ (see instructions).	. 45b	X

Form 990-EZ (2017)

Form 99	0-EZ (2017) McMahan Volunteer Fire D	Department			74-23537U2 Page 4
					Yes No
46	Did the organization engage, directly or indirectly	, in political campaign activ	vities on behalf of or ir	n opposition	
	to candidates for public office? If "Yes," complete				. 46 X
Part	VI Section 501(c)(3) organizations on	ly			
	All section 501(c)(3) organizations m	ust answer questions 4	7–49b and 52, and	complete the table	s for lines
	50 and 51.				
	Check if the organization used Sched	dule O to respond to an	y question in this P	an vi	
					Yes No
47	Did the organization engage in lobbying activities	s or have a section 501(h)	election in effect durin	g the tax	
	year? If "Yes " complete Schedule C. Part II				47 X
48	Is the organization a school as described in sect	ion 170(b)(1)(A)(ii)? If "Yes	s," complete Schedule	E	. 48 X
49 a	Did the organization make any transfers to an ex	cempt non-charitable relate	ed organization?		. 49a X
ь	If "Yes " was the related organization a section 5	27 organization?			. 49b
50	Complete this table for the organization's five hig	hest compensated employ	yees (other than office	rs, directors, trustees,	and key
-	employees) who each received more than \$100,	000 of compensation from	the organization. If th	ere is none, enter "No	ne."
		(b) Average	(c) Reportable	(d) Health benefits,	
	(a) Name and title of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
	(-)	devoted to position	(Forms W-2/1099-MISC)	compensation	
Name	None				
Title		Hr/WK .00			
Name					
Title		Hr/WK .00	1		
Name					
Title	***************************************	Hr/WK .00	ļ		
Name					
Title		Hr/WK .00			
Name					
Title	00 DEE 0 DE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Hr/WK00		<u> </u>	
f	Total number of other employees paid over \$100	0,000	• <u></u>	<u>_</u>	
51	Complete this table for the organization's five hi	ghest compensated indepe	endent contractors wh	o each received more	than
	\$100,000 of compensation from the organization	on. If there is none, enter "I	None."		
	(a) Name and business address of each independ	lent contractor	(b) Type of servi	ice (c) Compensation
	(a) Helite dia pesitess address of cest independ		(, .//-		
Name	None Str				
City	,	ZIP	ļ		
Name	Str				
City	ST	ZIP			
Name	Str				
City	SŢ	ZIP			
Name					
City	" "	ZIP	<u> </u>		
Name			-		
Cit	y ST	ZIP	200		
d					
52	Did the organization complete Schedule A? Not completed Schedule A				▶ X Yes No
Under	penalties of perjury, I declare that I have examined this return, correct, and complete. Declaration of preparer (other than officer	Including accompanying schedule: r) is based on all information of whi	s and statements, and to the ich preparer has anv knowie	best of my knowledge and t doe.	reliet, it is
uue, c	pired, and compete. Declaration of property (out-of than office)	7,10 00000 011 011 1110 1110 1110 1110 1			
01-	Signature of officer			Date	<u> </u>
Sign	··			7/3/2017	
Her				110/2011	
	Type or print name and title Print/Type preparer's name	Preparer's signature	4 / / Da	te	PTIN
Pai	d ' ' ' '	Wohnli	The Mars	Check X s/19/2018 self-employe	
	parer Doretta i Fanrig	anair Shop	y proving	Firm's EIN > 2	
	e Only Firm's address ► 1320 Witter Road, Lo				512) 227-4596
	the IRS discuss this return with the preparer sho		ns .		► Yes No
iviay	the tro discuss this lefall with the brebater sho	THE COURT OF THE PROPERTY OF T			Form 990-EZ (2017)

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Sequence No. 179

Identifying number Business or activity to which this form relates Name(s) shown on return 74-2353702 990EZ McMahan Volunteer Fire Department **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 510,000 73,008 2.030.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 510,000 separately, see instructions (c) Elected cost (a) Description of property 6 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . 11 12 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 15 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Part III Section A 14,606 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction year placed (business/investment use period only—see instructions) in service 3-year property b 5-year property 5.213 73.008 c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property S/I 27.5 yrs. MM h Residential rental MM S/L 27.5 yrs. property ММ 39 yrs. i Nonresidential real S/L MM Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L 12 yrs. b 12-year S/L 40 yrs. MM c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 19,819 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Forms90 for instructions and the latest information.

Employer identification number

McM	lahan Volunteer Fire Department					74-2353	702
Par		ty Status (All org	anizations must con	plete thi	s part.) S	See instructions.	
The	organization is not a private foundati	on because it is: (F	or lines 1 through 12, cl	heck only	one box.)		
1	A church, convention of churche					∖)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	A hospital or a cooperative hosp						
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local govern		ital unit described in se	ction 170	(b)(1)(A)(v	r).	
7	An organization that normally redescribed in section 170(b)(1)(eceives a substantia (A)(vi). (Complete F	al part of its support from Part II.)	n a gover	nmental u	nit or from the genera	l public
8	A community trust described in	section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9	An agricultural research organia or university or a non-land-granuniversity:	zation described in	section 170(b)(1)(A)(ix)	operated	in conjun name, city,	ction with a land-gran and state of the colle	t college ege or
10	An organization that normally re receipts from activities related to support from gross investment acquired by the organization af	o its exempt function income and unrelated income and unrelated income 30, 1975.	ons—subject to certain ted business taxable inc See section 509(a)(2) .	exceptions come (less (Complete	s, and (2) s section 5 e Part III.)	no more than 33 1/39 (11 tax) from busines:	6 OT ITS
11	An organization organized and						
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	escribed in section 50 9	(a)(1) or s	ection 50	9(a)(2). See section	509(a)(3).
í	Type I. A supporting organization(organization. You must cor	s) the power to regu	ularly appoint or elect a	y its supp majority o	orted orga of the direc	anization(s), typically tors or trustees of the	by giving e supporting
	b Type II. A supporting organic control or management of the organization(s). You must o	zation supervised one supporting organ complete Part IV, S	or controlled in connection ization vested in the safections A and C.	me perso	ns that co	ntrol or manage the s	upported
	c Type III functionally integr	ated. A supporting (see instructions)	organization operated in You must complete F	'art IV, Se	ctions A,	D, and E.	
	d Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The organiza	ition generally must sati	isfy a distr	ibution red	quirement and an atte	nization(s) entiveness
	 Check this box if the organi; 	zation received a w	ritten determination from	n the IRS	that it is a	Type I, Type II, Type	111
	functionally integrated, or T	ype III non-function	ally integrated supporting	ng organiz	ation.		0
	f Enter the number of supported provide the following information	organizations	ted organization(s)				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	panization (iv) is the organization (v) Amount of monetor (ines 1–10 listed in your governing support (see			(vi) Amount of other support (see instructions)
				Yes	No		
(A)		1					
(B)							
(C)							
(D)	÷						
(E)							
-		And the second second second					-

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants,")	48,043	34,080	32,698	29,123	30,129	174,073
2 Tax revenues levied for the organization's						
benefit and either paid to or expended on its behalf	15,674	19,782	18,891	16,926	16,895	88,168
3 The value of services or facilities	10,074	10,702	10,001	10,020		
furnished by a governmental unit to the					1	
organization without charge				10.010	47.004	0
4 Total. Add lines 1 through 3	63,717	53,862	51,589	46,049	47,024	262,241
5 The portion of total contributions by each person (other than a				1		
governmental unit or publicly		1	1			
supported organization) included on						
line 1 that exceeds 2% of the amount	1		1	1		
shown on line 11, column (f)						200 044
6 Public support. Subtract line 5 from line 4			3		7	262,241
Section B. Total Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in)	63,717	53,862	51,589	46,049	47,024	262,241
7 Amounts from line 4	03,717	33,002	01,000	40,010	11,000	
payments received on securities loans,						
rents, royalties, and income from						
similar sources	40	49	42	196	159	486
9 Net income from unrelated business						
activities, whether or not the business is						0
regularly carried on			-			0
10 Other Income. Do not include gain or loss from the sale of capital assets						
(Explain in Part VI.)						0
11 Total support. Add lines 7 through 10				100000		262,727
12 Gross receipts from related activities, etc. (s	ee instructions)				12	
13 First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	, or fifth tax year a	s a section 501(c)(3)	
organization, check this box and stop here						2.2
Section C. Computation of Public Su					4.	60.00%
14 Public support percentage for 2017 (line 6,	column (f) divided by	y line 11, column (f))		14	99.82% 0.00%
15 Public support percentage from 2016 Sched	lule A, Part II, line 1	4			15	0,00%
16a 33 1/3% support test—2017. If the organization qualifies a	ation did not check	the box on line 13,	and line 14 is 33	1/3% or more, cne	CK UNIS DOX	▶ X
b 33 1/3% support test—2016. If the organization						T. Taylor L.
box and stop here. The organization qualifi	es as a publicly sup	ported organization	n			.
17a 10%-facts-and-circumstances test—201						
is 10% or more, and if the organization mee	ts the "facts-and-cir	cumstances" test,	check this box and	l stop here. Expla	in in	
Part VI how the organization meets the "fac	ts-and-circumstance	es" test. The organ	ization qualifies as	a publicly support	ed	
organization				16h os 17a and 1		
b 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization r	If the organization	n did not check a b -circumstances" te	ox on line 13, 16a st_check this box	, 166, or 17a, and I and stop here.	ine	
Explain in Part VI how the organization mee	ets the "facts-and-ci-	rcumstances" test.	The organization of	qualifies as a public	cly	-
supported organization						1 1 E 1 F
18 Private foundation. If the organization did						_
instructions			<u>.</u>			

art III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees			1			
	received. (Do not include any "unusual grants.")	48,043	34,080	32,698	29,123	30,129	174,073
	Gross receipts from admissions, merchandise				i		
	sold or services performed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose	15,674	19,782	18,891	16,926	16,895	88,168
	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						0
	organization without charge				10.010	47.004	000.044
6	Total. Add lines 1 through 5	63,717	53,862	51,589	46,049	47,024	262,241
7a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			-			0
C	Add lines 7a and 7b	0	0	0	0	0	U
8	Public support (Subtract line 7c from	- 14			4		262,241
	line 6.)						202,241
	tion B. Total Support	4 4 00 40	41.0044	(a) 2045	(d) 2016	(e) 2017	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015		47,024	262,241
9	Amounts from line 6	63,717	53,862	51,589	46,049	41,024	202,241
10a	Gross income from interest, dividends,				1	ļ	
	payments received on securities loans, rents,		40	40	106		327
	royalties, and income from similar sources	40	49	42	196		<u> </u>
b	Unrelated business taxable income (less				İ		
	section 511 taxes) from businesses						0
	acquired after June 30, 1975			40	196	0	327
C	Add lines 10a and 10b	40	49	42	190		321
11	Net income from unrelated business						
	activities not included in line 10b, whether						C
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						c
	(Explain in Part VI.)						
13	**	63,757	53,911	51,631	46,245	47,024	262,568
	and 12.)						
14	organization, check this box and stop here	ngamzation s mst, s	secona, uma, ioun	ii, or mar tax year e			▶
-							
	ction C. Computation of Public Su Public support percentage for 2017 (line 8, o	pport Percent	u line 13 column	(0)		15	99.88%
15						16	99.89%
16	Public support percentage from 2016 Sched ction D. Computation of Investment			<u> </u>			
	Investment income percentage for 2017 (lin	a 10a column (f) di	ivided by line 13. c	rolumn (f))		17	0.12%
17	Investment income percentage for 2017 (info	chedule A. Part III	line 17	,oiditiii (177		18	0.11%
18	Investment income percentage πom 2016 S 3 33 1/3% support tests—2017. If the organ	visation did not che	ck the box on line		nore than 33 1/3%.		
198	not more than 33 1/3%, check this box and	stop here. The orr	anization qualifies	as a publicly supp	orted organization		▶ 🗓
	33 1/3% support tests—2016. If the organ	ization did not che	ck a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop her	e. The organizatio	n qualifies as a pub	olicly supported org	janization	▶ 🖺
20	Private foundation. If the organization did						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

ect	on A. All Supporting Organizations		\ \frac{1}{2}	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1	Ô
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2		
	organization was described in section 509(a)(1) or (2).	2		
a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
	(b) and (c) below.	3a		la i
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	-		H
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	2h		
	organization made the determination.	3b_		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	2-		-
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		+
a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		۳
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			ı
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	416		P
	despite being controlled or supervised by or in connection with its supported organizations.	4b		h
C	Did the organization support any foreign supported organization that does not have an IRS determination	1	-	1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	4		L
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4.	45-	۳
	purposes.	4c		H
a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			l l
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	100		н
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			Ш
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		-	Щ
	was accomplished (such as by amendment to the organizing document).	5a		1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			P
	designated in the organization's organizing document?	5b		+
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		+
5	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	4		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			Ш
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		4-	4
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			В
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			ų
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	-	4
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			H
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		4
a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			И
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	-	1	4
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	1	4
b				щ
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		4
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	-		9
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10:	a	_
	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

10b

	A (Form 990 or 990-EZ) 2017 McMahan Volunteer Fire Department /4-2353	702	P	age 5
Part l	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Č.
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization operate for the benefit of any supported organization other than the supported organization of the supported organization organiz			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		-	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		Van	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstructioi	1S).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instru	_	_
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	7000		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20	-	-
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		1	1
	activities but for the organization's involvement.	2b		
2	Parent of Supported Organizations. Answer (a) and (b) below.			
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		

instructions. All other Type III non-functionally integrated supporting organ	izations	1	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount	Щ	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1Ь		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1 1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		0

Part V	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
Section	n D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xei	mpt purposes		
2	Amounts paid to perform activity that directly furthers exer	mp	t purposes of supported		
	organizations, in excess of income from activity				
	Administrative expenses paid to accomplish exempt purpo	OSE	es of supported organiza	tions	
	Amounts paid to acquire exempt-use assets				
	Qualified set-aside amounts (prior IRS approval required)				
	Other distributions (describe in Part VI). See instructions.			-	
	Total annual distributions. Add lines 1 through 6.				0
8	Distributions to attentive supported organizations to which	ı th	ne organization is respon	sive	
	(provide details in Part VI). See instructions.	_			
_	Distributable amount for 2017 from Section C, line 6				0
10	Line 8 amount divided by line 9 amount	_		444	0.000
Se	ection E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6				0
	Underdistributions, if any, for years prior to 2017				
2	(reasonable cause required—explain in Part VI). See				
	instructions.		\		
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013	0			
С	From 2014	0			
d	From 2015	0			
e	From 2016	0			
f	Total of lines 3a through e		0		
	Applied to underdistributions of prior years			0	
h	Applied to 2017 distributable amount				0
i	Carryover from 2012 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		0		
4	Distributions for 2017 from				
	Section D, line 7:	0			
а	Applied to underdistributions of prior years			0	
b	Applied to 2017 distributable amount				0
С	Remainder. Subtract lines 4a and 4b from 4.		0		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				0
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		0		
8	Breakdown of line 7:				
a	Excess from 2013	O			
b	Excess from 2014	Q			
C		C			
d		C			
е	Excess from 2017	C			

Cobadula A /E	orm 990 or 990-EZ) 2017 McMahan Volunteer Fire Department	74-2353702	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17; III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, li 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Parlines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	a or 17b; Part IV, Section nes 1c, 2a, 2b,	
	,		

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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

**Employer identification number** 

74-2353702

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

McMahan Volunteer Fire Department Organization type (check one): Section: Filers of: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization McMahan Volunteer Fire Department Employer identification number 74-2353702

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	Texas A & M Forest Service  200 Technology Way, Suite 1162  College Station TX 77845-3424  Foreign State or Province:  Foreign Country:	\$1,625	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	L C R A  3700 Lake Austin Blvd  Austin TX 78703  Foreign State or Province:  Foreign Country:	\$ 16,000	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3	Texas A & M Forest Service 200 Technology Way Suite 1162 College Station TX 77845-3424 Foreign State or Province: Foreign Country:	\$ 3,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4	Texas A & M Forest Service 200 Technology Way Suite 1162 College Station TX 77845-3424 Foreign State or Province: Foreign Country:	\$417	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization McMahan Volunteer Fire Department Employer identification number 74-2353702

Part II	Noncash Property (see instructions). Use duplicate cop	pies of Part II if additional spac	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·····		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
*******		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		· · · · · · · · · · · · · · · · · · ·	<del></del>

Name of org			Employer identification number 74-2353702		
McMahan V Part III	Colunteer Fire Department  Exclusively religious, charitable, etc., cor  (10) that total more than \$1,000 for the year the following line entry. For organizations co contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional se	ar from any one contributor. Comple mpleting Part III, enter the total of exc (Enter this information once. See instr	ed in section 501(c)(7), (8), or ete columns (a) through (e) and clusively religious, charitable, etc.,		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
	(e) Transfer of gift				
	Transferee's name, address, and Z		Relationship of transferor to transferee		
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	For, Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No.	For. Prov. Country  (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part!					
	(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4 Relation	Relationship of transferor to transferee		
	For Prov. Country				

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 74-2353702 McMahan Volunteer Fire Department Form 990-EZ, Part I, Line 8, Other Revenue: Various Specified Grants: 21,242 Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 1,528 Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 19,819 Form 990-EZ, Part I, Line 16, Other Expenses: Fuel: 1,312 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 14,590 Form 990-EZ, Part I, Line 16, Other Expenses: Office Expenses: 393 Form 990-EZ, Part I, Line 16, Other Expenses: Training: 4,039 Form 990-EZ, Part I, Line 16, Other Expenses: Vehicle & Maintenance: 5,508 Form 990-EZ, Part I, Line 16, Other Expenses: Building Maintenance: 240 Form 990-EZ, Part I, Line 16, Other Expenses: Uniforms: 1,789 Form 990-EZ, Part I, Line 16, Other Expenses: Medical: 223 Form 990-EZ, Part I, Line 16, Other Expenses: : 2,936 Form 990-EZ, Part II, Line 24, Other Assets: Machinery and Equipment: Beginning of year. 45,396, End of year: 91,567

Schedule O (Form 990 or 990-EZ) (2017)	Page Z
Name of the organization	Employer identification number
McMahan Volunteer Fire Department	74-2353702
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Elections

Election to Use MACRS Straight Line Method - 7 Yr Property

Pursuant to IRC Section 168(b)(3)(D), the Taxpayer elects to use the straight line method of depreciation in computing the deduction for all 7-year property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - All Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.

7. Accept Texas A&M AgriLife Extension Continuing Education Credit hours for Commissioner, Precinct 2, Eddie Moses.



Precinct:

CONTINUING EDUCATION CREDIT FORM

South Texas County Judges and Commissioners Association Conference
-V.G. Young Institute of County Government
McAllen, Texas
June 11 - 14, 2018

Session	Title	Time	CE	Mark if attended
	Monday, June 11, 2018			
Early Bird Session Commissioners Court Administrative Training: Budgeting 10:00 am - 2:00 pr		10:00 am - 2:00 pm	4.0	0
Tuesday, June 12, 2018				
	4.016 Leadership: Character Driven Success	8:20 - 9:20 am	1.0	. ©
Opening General	Growing A Healthy Texas	9:20 - 10:10 am	1.0	0
Session	Courthouse Security - HCSO Active Shooter Awareness Program	10:30 - 11:20 am	1.0	0
	County Regulatory Authority	11:20 am - 12:10 pm	1.0	0
120	Groundwater Conservation Districts and Groundwater Management	1:20 - 2:10 pm	1.0	②
Special Session County	4.001 Bonds and Certificates of Obligation	2:10 - 3:00 pm	1.0	@
Commissioners Courts	3.004 Regulations and Legal Issues: Right of Ways	3:20 - 4:10 pm	1.0	0
	Recovery: The Forgotten Phase of Emergency Management	4:10 - 5:00 pm	1.0	9
Wednesday, June 13, 2018				
CCAC Phase 2	2.011 Constable: The Office of the Constable	10:10 - 11:10 am	1.0	0 ,
CCAC FRUSE 2	2.013 County Health Officer	11:10 am - 12:00 pm	1.0	0
CCAC Phase 3	3.012 Interlocal Agreements	10:10 - 11:10 am	1.0	0
CCAC Phase 3	4.018 Terrorism Prevention: Cyber Threats	11:10 am - 12:00 pm	1.0	0
	Thursday, June 14, 2018			
	Preventing Opioid Misuse in Texas	8:30 - 9:20 am	1.0	0
General Session	3.003 Lawmaking: Having Your Voice Heard on Legislative Issues	9:20 - 10:10 am	1.0	Ø
	3.013 Working with the Legislature: Legislative Panel	10:10 - 11:00 am	1.0	Ø
	17 Total CE Hours Available	-	Total	13

17 Total CE Hours Available	Total /3
I, Edward I FIRST NAME MI MOSES T.	PARTICIPANT COPY
hereby certify my attendance at each of the sessions as indicated above.	
Signature: County:	Caldwall
I am a O County Judge O County Commissioner OOther	

01 0 2 0 3 0 4

Return to registration desk by noon on Thursday, June 14, 2018 or mail by July 2, 2018 to:

V.G. Young Institute of County Government 1470 William D. Fitch Pkwy, Suite 171

2137 TAMU

College Station, TX 77843-2137

SPECIAL PRESENTATION

Martin Ritchey: Presentation of Award to BR3T Long Term Recovery Team for their support of housing recovery in Caldwell County following the devastating Memorial 2015 Flood, All Saints Day 2015 Flood and leadership in building a collaborative team that will serve the community for future disasters.

ACTION AGENDA ITEMS

8. Discussion/Action regarding the burn ban. Cost: None; Speaker: Judge Schawe/Martin/Ritchey; Backup: None.

9. Discussion/Action to execute the Interlocal Agreement between Guadalupe-Blanco River Authority (GBRA) and Caldwell County for Installation, Operation and Maintenance of Flood Sirens. Cost: TBD (County shall be responsible for all Operation & Maintenance expenses which exceed GBRA contribution set forth in the agreement); Speaker: Judge Schawe / Martin Ritchey; Backup: 22.



<u>Interlocal Agreement between Guadalupe-Blanco River Authority and Caldwell</u> County for Installation, Operation and Maintenance of Flood Sirens

This Interlocal Agreement ("Agreement") is entered into by and between Guadalupe-Blanco River Authority, a conservation and reclamation district, (hereinafter referred to as "GBRA"), and Caldwell County (hereinafter referred to as "County"), and all of which may also be referred to herein individually as a "Party" or collectively as "Parties."

WHEREAS, GBRA, at request of the City of Martindale, obtained a grant from the Texas Water Development Board ("TWDB") to enable the acquisition and installation of two flood sirens ("Sirens") for the benefit of the citizens of the City of Martindale and Caldwell County; and

WHEREAS, GBRA and County have an interest in providing notification of impending flood waters and prevention or minimization of damage or loss to persons or property due to flood waters; and

WHEREAS, GBRA, County and Martindale Water Supply Corporation have executed a license agreement ("License Agreement") granting GBRA permission to install the Sirens on certain sites owned by Martindale; and

WHEREAS, GBRA and County have agreed upon the terms of ownership and operation and maintenance ("O&M") of such Sirens and wish to memorialize such agreement in writing.

NOW, THEREFORE, BE IT AGREED, the parties enter into this Agreement under the authority of the Interlocal Cooperation Act, Texas Government Code §791.001, et seq.; GBRA's Enabling Act, V.A.C.S 8280-106, as amended; and ______.

The Parties agree and stipulate that they each have the authority to perform the functions contemplated herein and that this Agreement is in the best interests of the Parties and the public that they serve.

SCOPE OF PROJECT

The project shall consist of GBRA installing said Sirens, transferring ownership of the Sirens to County and the parties sharing financial responsibility for the maintenance of the Sirens.

OBLIGATIONS OF THE PARTIES

The County shall be responsible for the following:

- O&M of the Sirens in accordance with all applicable local, state and federal rules and regulations including without limitation the standards set by the Federal Emergency Management Agency.
- 2. Payment of the allocated amounts of O&M expenses as set forth below.
- 3. Compliance with data reporting requirements set by the TWDB and as set forth on Exhibit A.
- 4. Assumption of the rights and obligations set forth in the License Agreement attached as Exhibit B.

GBRA shall be responsible for the following:

- 1. Installation of Sirens.
- 2. Payment of allocated amounts of maintenance expenses as set forth below.
- 3. Assignment of the License Agreement.

OWNERSHIP TRANSFER

GBRA hereby assigns, sells, transfers and conveys to County, all of GBRA's right, title, and interest in and to all equipment, components and gages necessary or desirable to install, maintain and operate the Sirens, now or hereafter located on, affixed, attached to, placed and/or used by or for GBRA on those certain tracts of land further described in the License agreement. GBRA expressly waives any and all express or implied warranties of any kind including without limitation merchantability and fitness for a particular purpose. A limited warranty is provided by the manufacturer which is set forth herein as Exhibit C. To the extent allowed, GBRA assigns any and all rights or privileges under the warranty to County. There are no warranties which extend beyond the description on the face hereof.

PAYMENT

The Parties agree that GBRA, utilizing GBRA funds and grant funds provided by TWDB, shall be responsible for payment of the acquisition and installation of the Sirens. Thereafter, GBRA agrees to provide financial assistance associated with the maintenance of such Sirens in an amount not to exceed \$5,000.00 annually. To be eligible for such assistance, County shall provide GBRA with invoices and other documentation which evidences the cost of such maintenance expenses for which reimbursement is requested. County shall be responsible for all O&M expenses which exceed GBRA's contribution set forth above.

Payment conditions, conditions for the dispute of payment and remedies in the event of late payment shall be governed by Texas Government Code § 2251.001, et seq., relating to Payment for Goods and Services by state and local governmental entities.

DURATION OF AGREEMENT

This Agreement shall be effective upon dual execution and continue for a term of ten (10) years.

AUTHORITY

The signers of this Agreement represent that they have full authority to execute this Agreement on behalf of GBRA and County, respectively, and that the respective governing bodies of GBRA and County, have authorized the execution of this Agreement.

INDEPENDENT CONTRACTOR

It is expressly agreed and understood that each Party is and shall be deemed to be an independent contractor, responsible for its respective acts or omissions and that each of the other Parties shall be in no way responsible therefore, and that no Party hereto has authority to bind the other Party nor to hold out to third parties that it has the authority to bind the other Party. Nothing herein contained shall be deemed or construed to create the relationship of employer-employee, principal-agent, an association, joint venture, partners, or partnership or impose a partnership duty, obligation or liability among the Parties. No third party beneficiaries are created by this Agreement. This Agreement is not intended to and shall not create any rights in or confer any benefits upon any other person other than the Parties.

SEVERABILITY

If any clause or provision of this Agreement is held invalid, illegal or unenforceable under present or future federal, state or local laws, then and in that event it is the intention of the Parties that such invalidity, illegality or unenforceability shall not affect any other clause or provision hereof and that the remainder of this Agreement shall be construed as if such invalid, illegal or unenforceable clause or provision was never contained herein; it is also the intention of the Parties hereto that in lieu of each clause or provision of this Agreement that is invalid, illegal or unenforceable, there be added as a part of this Agreement a clause or provision as similar in terms to such invalid, illegal or unenforceable clause or provisions as may be possible, to be legal, valid and enforceable.

GOVERNING LAW AND VENUE

The Parties agree that this Agreement will be governed by and construed in accordance with the laws of the State of Texas. Any action or proceeding brought to enforce the terms of this Agreement or

adjudicate any dispute arising out of this Agreement will be brought in a court of competent jurisdiction in Guadalupe County, Texas.

WAIVER

Nothing in this Agreement is intended to waive any sovereign or governmental immunity available to the parties, their employees, managers, officers, or directors under Texas law or waive any defenses available to the parties under Texas law.

This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. This Agreement may be delivered by facsimile, e-mail or other electronic means. An executed copy of this Agreement delivered by facsimile, e-mail or other electronic means shall for all purposes be considered an original document. Electronic signatures provided in compliance with applicable federal and state laws governing such practice are acceptable.

]	Executed in duplicate originals, each o	f which will have the full force and effect of an original on
	day of, 2018	3.
	GBRA Guadalupe-Blanco River Authority	COUNTY Caldwell County, Texas
	Kevin Patteson General Manager/CEO	Ken Schawe Caldwell County Judge
	Approved as to Form:	Approved as to Form:
	Tom Bohl General Counsel	

Exhibit A

- 2. The term of this CONTRACT begins and the CONTRACTOR begins performing its obligations hereunder on the CONTRACT INITIATION DATE and ends on the EXPIRATION DATE. Delivery of an acceptable FINAL REPORT for the PROJECT no later than the EXPIRATION DATE constitutes completion of the terms of this CONTRACT.
- 3. A progress report, including results to date, must be provided to the EXECUTIVE ADMINISTRATOR according to the PAYMENT REQUEST SCHEDULE throughout the project. Special interim reports on special topics and/or results will be provided as appropriate. Instructions for the progress report are shown in **EXHIBIT E**, TWDB GUIDELINES FOR A PROGRESS REPORT.
- 4. The CONTRACTOR will complete the PROJECT consisting of the following:

A. EARLY WARNING SYSTEM

- (1) <u>Installation Standards</u> The CONTRACTOR shall follow industry standards and best practices to ensure that the early warning systems installation(s) is/are performed properly no later than the INSTALLATION DEADLINE, that maintenance is performed regularly and that the equipment is kept in good working order.
- (2) Recordkeeping The CONTRACTOR shall keep and maintain records relating to the necessity for and the use of the equipment to further the purposes of this CONTRACT. The CONTRACTOR shall be liable for any damage to and loss of such equipment if such damage or loss is due to CONTRACTOR negligence or deliberate misuse.
- (3) <u>Installation Period</u> The CONTRACTOR shall install the early warning systems and data collection gages and make them operational no later than the INSTALLATION DEADLINE proposed in this PROJECT.
- (4) <u>Data Quality</u> The CONTRACTOR shall coordinate equipment and data standards or collection protocols to match existing state or national data collection efforts to insure consistency and compatibility with existing flood warning and forecasting efforts across the state. The TWDB can facilitate this effort.
- (5) <u>Data Reporting Period</u> After the Installation Period, early warning systems must be maintained by the CONTRACTOR for a minimum of a five-year period. Data must be reported to a publicly accessible website or delivered to the TWDB or other coordinated entity for use in providing information on flood conditions. Data collected as part of this PROJECT must be maintained and made available to the TWDB and other public service entities throughout the project period and for as long as the equipment is operational. Annual data reports summarizing the data served by the system are due within 30 days of the following dates:

LICENSE AGREEMENT

Martindale Water Supply Corporation, (hereinafter referred to as "Martindale"), and Guadalupe-Blanco River Authority (hereinafter referred to as "Licensee"), a conservation and reclamation district enter into this License Agreement ("Agreement") on this the ____ day of _____, 2018 upon the terms and conditions set forth below.

I. PURPOSE OF LICENSE AGREEMENT

Martindale grants to Licensee, its successors and assigns, permission to use the licensed property to allow the installation, maintenance, and operation of two flood sirens, herein after alternatively referred to as "Sirens", the physical locations of which are identified on the attached Exhibits A and B. An engineering drawing showing dimensions and design of the Sirens and its appurtenances is shown on attached Exhibit C. The above described property, hereinafter referred to as the "Licensed Property," is described in Exhibits A and B attached to this Agreement and incorporated by reference for all purposes. The parties agree that the Sirens are being installed for the benefit of the citizens of the City of Martindale.

Martindale makes this grant solely to the extent of its right, title and interest in the licensed property, without any express or implied warranties.

Licensee agrees that all installation permitted by this Agreement shall be done in compliance with all applicable local, county, state and/or federal police, traffic, building, health and safety ordinances, laws and regulations existing at the time said construction is performed and as enacted by these authorities during the life of this License.

II. ANNUAL FEE

Martindale and its respective successors and assigns agree that no annual fee shall be assessed for the license and permission herein granted to Licensee.

III. MARTINDALE'S RIGHTS TO LICENSED PROPERTY

This Agreement is expressly subject and subordinate to the present and future right of Martindale, its successors, assigns, lessees, grantees and licensees, to utilize the Licensed Property in any manner deemed in its best interest.

Nothing in this Agreement shall be construed to limit, in any way, the power of Martindale

to modify or improve the Licensed Property subject to this Agreement. Martindale shall have the right, in its sole discretion, to require the Licensee to relocate or remove one or both of the Sirens upon thirty (30) days written notice. If the Sirens are not relocated or removed within the thirty (30) day notice period, Martindale may remove the Siren(s) at Licensee's expense.

Notwithstanding any provision in this Agreement to the contrary, Martindale retains the right to enter upon the Licensed Property, at any time and without notice, assuming no obligation to Licensee.

IV. CONDITIONS

A. <u>Licensee's Responsibilities</u>. Licensee shall pay for all the costs and expenses associated with the purchase and installation of the Sirens and all appurtenances. Licensee shall reimburse Martindale for all costs of replacing or repairing any property of Martindale which was damaged or destroyed as a result of activities authorized under this Agreement by Licensee.

B. Removal or Modification. Licensee agrees that removal or modification of any Sirens now existing or to be later replaced shall be at Licensee's expense. Said removal or modification shall be at Licensee's sole discretion, except where otherwise provided by this Agreement.

C. <u>Default</u>. In the event that Licensee fails to maintain the Sirens, then Martindale shall give Licensee written notice thereof, by registered or certified mail, return receipt requested, to the address set forth below. Licensee shall have thirty (30) days from the date of receipt of such notice to take action to remedy the failure complained of and, if Licensee does not satisfactorily remedy the same within the 30-day period, Martindale may terminate this Agreement.

D. <u>Services</u>. Martindale will supply electric power but will not provide wiring or conduits to the Sirens.

V. COMMENCEMENT & TERMINATION

This Agreement shall begin on the date set forth in the introductory paragraph of this Agreement, and continue thereafter for five (5) years. The Agreement shall automatically renew for successive one (1) year terms until the Agreement is terminated pursuant to this Section.

If Licensee abandons the use of all or any part of the Licensed Property for such purposes set forth in this Agreement, then this Agreement, as to such portion or portions abandoned, shall expire and terminate following thirty (30) days' written notice to the Licensee if such abandonment has not been remedied by Licensee within such period. Martindale shall thereafter have the same

complete title to the Licensed Property so abandoned as though this Agreement had never been made and shall have the right to enter on the Licensed Property and terminate the rights of Licensee, its successors and assigns hereunder. All Sirens of Licensee not removed shall be deemed property of Martindale as of the time abandoned.

This Agreement may be terminated by Licensee by delivering written notice of termination to Martindale not later than thirty (30) days before the effective date of termination. If Licensee so terminates this license, then it may remove the Sirens within the thirty (30) day notice period. Any Sirens not removed within said period are agreed to be the property of Martindale and may be removed by Martindale at the Licensee's expense.

VI. APPLICATION OF LAW

This Agreement shall be governed by the laws of the State of Texas. If the final judgment of a court of competent jurisdiction invalidates any part of this Agreement, then the remaining parts shall be enforced, to the extent possible, consistent with the intent of the parties as evidenced by this Agreement. Venue for all lawsuits concerning this Agreement will be in Guadalupe County, Texas.

VII. COVENANT RUNNING WITH LAND: WAIVER OF DEFAULT

This License Agreement and all of the covenants herein shall run with the land; therefore, the conditions set forth herein shall inure to and bind each party's successors and assigns. Either party may waive any default of the other at any time, without affecting or impairing any right arising from any subsequent or other default.

VIII. ASSIGNMENT

Licensee may assign, sublet or transfer its interest in this Agreement but only with the advance written approval of Martindale which approval shall not be unreasonably withheld. Licensee shall furnish to Martindale a copy of any such assignment or transfer of any of Licensee's rights in this Agreement, including the name, date, address and contact person. Licensee and Caldwell County have executed a Bill Of Sale, Assumption of Operation and Maintenance and Assignment which transfers ownership, operation and maintenance of the Sirens to Caldwell County. Licensee hereby assigns this Agreement, with all its rights and obligations to Caldwell

County. By affixing its signature below, Martindale agrees to such assignment.

IX. NOTICES

All notices, demands and requests for delivery of documents or information hereunder shall be in writing and shall be deemed to have been properly delivered and received as of the time of delivery if personally delivered, as of the time deposited in the mail system if sent by United States certified mail, return receipt requested, and postage prepaid, or as of the time of delivery to Federal Express (or comparable express delivery system) if sent by such method with all costs prepaid. All notices, demands and requests hereunder shall be addressed:

To Caldwell County:

To Licensee At:

GUADALUPE-BLANCO RIVER AUTHORITY General Counsel's Office 933 East Court Street Seguin, Texas 78155

And To Martindale At:

Martindale Water Supply Corporation 206 Main Street Martindale, Texas 78655

or to such other addresses which either party may so designate by sending notice as aforesaid.

X. NOISE COMPLAINTS

The Parties agree that the Sirens to be placed upon Martindale's property are designed for and will when activated, produce a very loud sound. Neither Licensee nor Martindale shall be responsible for the handling of any and all complaints and legal actions made as a result of such Sirens. Caldwell County agrees to hold Licensee and Martindale harmless from any and all complaints and legal actions made or initiated against either party for any and all complaints including but not limited to noise produced by the Sirens and will defend Licensee and Martindale against all noise complaints at Caldwell County's sole expense. Martindale and Licensee will immediately forward

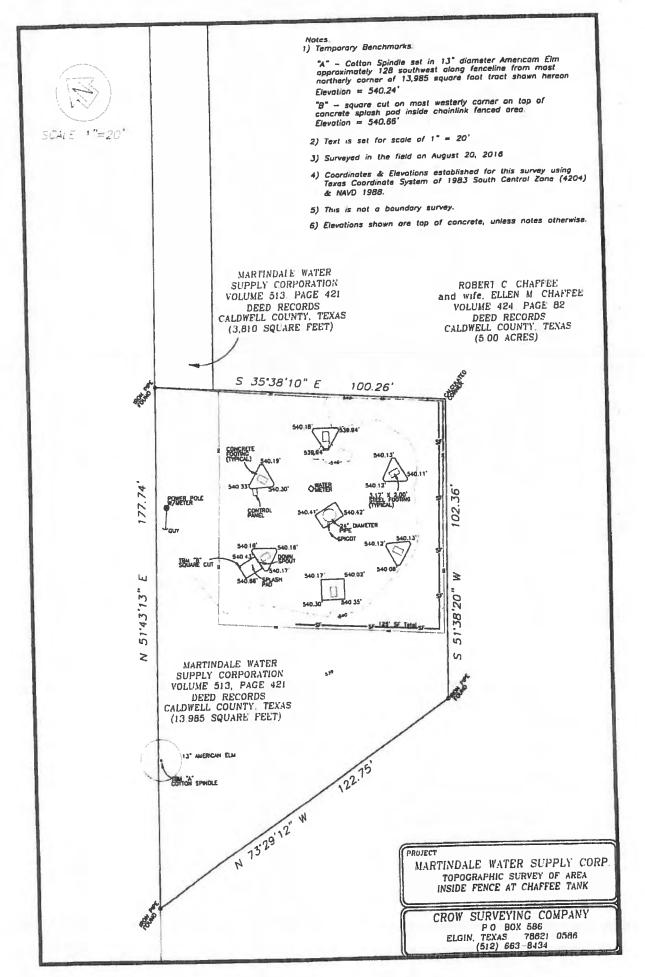
MARTINDALE WAITER SUPPLY CORPORATION President THE STATE OF TEXAS COUNTY OF CALDWELL This instrument was acknowledged before me on this the 29th day of Maech, 2018, by Scott Smith, as President of Martindale Water Supply Corporation My Commission Expires 05/19/2021 GUADALUPE-BLANCO RIVER AUTHORITY By: Kevin Patteson General Manager/CEO THE STATE OF TEXAS COUNTY OF GUADALUPE This instrument was acknowledged before me on this the _____ day of _ by Kevin Patteson, as General Manager/CEO of Guadalupe-Blanco River Authority.

NOTARY PUBLIC, State of Texas

to Caldwell County any and all complaints and notices it receives regarding the loud sound

produced by the Sirens.

CALDWELL COUNTY			
By: Ken Schawe Caldwell Cou	nty Judge		
THE STATE OF TEXAS COUNTY OF CALDWELL	§ §		
This instrument was ackn Ken Schawe, as a Caldwell Cour	owledged before me on this the ty Judge.	day of	, 2018, by
	NOTA DV DI IDI IC S	tate of Tayon	
	NOTARY PUBLIC, S	iale of Texas	



2001-130 Siren Specifications

Power Requirements*

Siren Motor

48V (DC or full wave rectified AC) 110A (nom.)

Rotator Motor

48V (DC or full wave rectified AC) 1A (nom.)

Wiring

Siren Motor

2 AWG

Rotator Motor

12 AWG

Motor Type

Siren

Series wound DC 6 Hp

Rotator

Permanent magnet DC 1/8 Hp

Signal Information

Signal

Frequency Range

Sweep Rate

Steady

790 Hz

N A

Wail

470-790 Hz

10 sec.

Fast Wail

600-790 Hz

3.5 sec.

Signal Duration

3min. std. (programmable)

Signal Output (SPL)

130 dB(C) +/- 1 dB(C) at 100' (30.5 m)

6400 feet

Effective Range at 70dBC

Rotation

3 RPM

Dimensions

Height x Width x Depth

55" x 37" x 41" 140cm x 94cm x 10cm

Weight

Shipping Weight

450 lbs. (205 kg)

Environmental

Operating Temperature -30°C to +60°C°*

- Power requirements refer to the power supplied by the batteries or optional AC operation through 2001TRB.
- ** The siren can operate throughout this temperature range provided that battery temperature is maintained at 18 C or higher.

Exhibit C

Ordering Information*

Siren Motor

Rotating electro-mechanical Siren 130 dB(C) +/- 1dB(C),

48VDC, pole mount included

2001AC1

AC operated motor control, 208 or 220/240VAC (specify

voltage) NEMA 3R control cabinet, two 48VDC contactors

and transformer/rectifier, 182 lbs. 53 kg

2001DC1,2

120VAC motor control, NEMA 4 control cabinet, four

chargers, two 48VDC contactors and NEMA 3R battery

cabinet. 224 lbs. 102 kg

Landline Option

2001HR

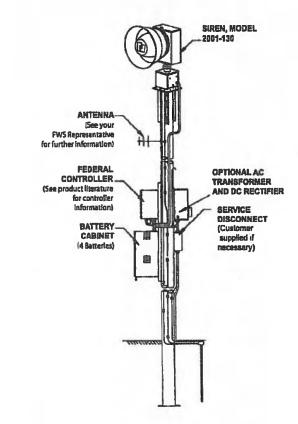
Rotator holding relay for use with external timer

* 2001-130 Siren requires a Federal Controller such as FC or DFCB

(See controller product literature)

¹ For use with Electro-mechanical sirens. Antenna and cable are not included with any radio activation control and must be purchased separately. (See your sales representative)

² Batteries not included.





- a. August 31, 2018
- b. August 31, 2019
- c. August 31, 2020
- d. August 31, 2021
- e. August 31, 2022
- (6) <u>Data Accessibility</u> Data must be reported to a publicly accessible website or delivered to the TWDB for use in providing information on flood conditions. Data collected as part of this PROJECT must be made available to the TWDB and other public service entities throughout the project period and for as long as the equipment is operational.
- (7) <u>Draft Report</u> The draft Early Warning System Report must be submitted to the EXECUTIVE ADMINISTRATOR for review and comment no later than the PROJECT COMPLETION DATE. Information in the report should include at a minimum:
 - a. Types of equipment installed or proposed equipment;
 - b. Location(s) of equipment placement or proposed equipment;
 - c. Scheduled maintenance of equipment or proposed equipment; and
 - d. Scheduled monitoring of equipment or proposed equipment.
- (8) Early Termination If this CONTRACT is terminated for any reason prior to satisfactory performance of CONTRACTOR work or the completion of the PROJECT, then the TWDB may require the return of purchased equipment to the TWDB or may allow the CONTRACTOR to reimburse the TWDB and maintain ownership of the equipment. Upon delivery of the FINAL REPORT, the CONTRACTOR may maintain ownership of the equipment.
- 5. The CONTRACTOR shall complete a DRAFT REPORT according to the guidance given by type of PROJECT as provided in Article III Section 4. DRAFT REPORTS must describe tasks completed, obstacles encountered, and lessons learned. DRAFT REPORTS should include a Table of Contents, List of Figures, List of Tables, a List of References, and any other pertinent information such as the scope of work or other diagrams, graphics, or tables to explain the procedures and results of the project. The DRAFT REPORT also must include an electronic copy of any computer programs, maps, or models along with any manuals or sample data set(s) developed under the terms of this CONTRACT. The CONTRACTOR shall deliver four (4) double-sided copies and one electronic copy (one in Portable Document Format (PDF) and one in Microsoft Word format) of the DRAFT REPORT to the EXECUTIVE ADMINISTRATOR no later than the PROJECT COMPLETION DATE. All DRAFT REPORTS must be prepared according to EXHIBIT D, GUIDELINES FOR AUTHORS SUBMITTING CONTRACT REPORTS TO THE TEXAS WATER DEVELOPMENT BOARD. After a 45-day review period, the EXECUTIVE ADMINISTRATOR will return review comments to the CONTRACTOR.



2645 Federal Signal Drive University Park, Illinois 60484 708.534.3400 fedsig.com

Federal Signal Corporation LIMITED WARRANTY TERMS AND CONDITIONS Effective September 1, 2016

The Integrated Systems Division and Public Safety Systems Group of Federal Signal Corporation ("Federal Signal"), subject to the terms, conditions and exceptions contained herein, warrants each NEW product to be free from defects in material and workmanship, under normal and proper use, care, maintenance and required service only. Start of Warranty, Warranty periods and exceptions to the foregoing Limited Warranty are contained on the Schedule of Products included in this document, and are subject to change at the sole discretion of Federal Signal.

SPECIFIC EXCLUSIONS AND EXCEPTIONS

This Limited Warranty does NOT apply nor is it extended to products that are not manufactured by Federal Signal. These products may be covered by a separate limited warranty provided by the particular manufacturer and all claims and questions regarding the same are to be directed to the particular manufacturer. Goods sourced by Seller from a third party for resale to Buyer shall carry only the warranty extended by the original manufacturer.

Domes, lenses, lamps and batteries installed on Federal Signal products are specifically excluded. Repair or replacement of any product(s) or part(s) under this warranty does NOT extend the term of this warranty, and such product(s) or part(s) shall remain covered by the unexpired portion of the warranty period or for ninety (90) days from the date of return to Federal Signal, whichever is later. This limited warranty applies ONLY to the initial or first installation of the product. This limited warranty shall not apply to products (1) that have been subjected to neglect, abuse, misuse, improper installation, inadequate maintenance, or damage due to improper use of cleaning or cleaning materials or chemicals, or non-compliance with Federal Signal's storage, installation, operation, maintenance' or environmental requirements; (2) that have undergone any modification or repair not previously authorized by Federal Signal in writing, or service, repair or modification by or from any facility other than an authorized Federal Signal service center or technician, or that use non-authorized software or spare or replacement parts; or (3) that fail due to reasonable and normal use or wear and tear, or materials made, furnished or specified by the Buyer or end user.

During the aforesaid warranty period, Federal Signal will, at its sole option, repair or replace the product(s) or particular part(s) that are found to be defective in either material or workmanship, or refund the purchase price for such product(s) or part(s), which are returned or delivered, transport or shipping prepaid by the Buyer or end user, to either Federal Signal or its designated and authorized warranty service center. This limited warranty does not cover travel expenses, the cost of specialized equipment for gaining access to the product(s) or part(s), or labor charges for removal and re-installation of the product.

No person or affiliated company representative is authorized to alter the terms of this warranty, to give any other warranties, to extend the term or duration of this warranty, or to assume any other liability on behalf of Federal Signal in connection with the sale, servicing or repair of any product manufactured by the Federal Signal.

Federal Signal reserves the right to make design changes and improvements in its products without imposing any obligation upon itself to change or improve previously manufactured products.

The use in the product of any part other than parts approved by Federal Signal may invalidate this warranty. Federal Signal reserves the right to determine, in its sole discretion, if the use of non-approved parts invalidates this warranty.

THIS WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND REGARDLESS OF ANY FAILURE OF ESSENTIAL PURPOSE. ALL OTHER WARRANTIES OF WHATSOEVER KIND AND NATURE, WHETHER EXISTING IN CONTRACT OR AT LAW, ARE HEREBY AND FOREVER DISCLAIMED.

UNDER NO CIRCUMSTANCES WILL FEDERAL SIGNAL BE LIABLE OR RESPONSIBLE FOR SPECIAL, COMPENSATORY, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, LOST PROFITS, LOST SALES, OR LOSS OF USE OR LOSS OF BUSINESS OPPORTUNITY BY OR THROUGH THE USE OF THE PRODUCT. FEDERAL SIGNAL'S SOLE AND MAXIMUM LIABILITY WITH RESPECT TO THE PRODUCT, OTHER THAN ITS OBLIGATIONS SET FORTH ABOVE, SHALL BE THE TOTAL PURCHASE PRICE PAID FOR THE PRODUCT.

LIMITED WARRANTY - Schedule of Products

Product	Warranty Period for Parts replacement from the date of manufacture stamped on the product	Warranty period for Factory Labo from the date of delivery to the first user-purchaser
AUDIBLE PRODUCTS		
Speakers	2 years	1 year
Platinum 3000 sirens	5 years	5 years
LED PRODUCTS		
All LED (Light Emitting Diode) products unless otherwise noted	5 years	5 years
LED rotating light assemblies from all lightbars and beacons	5 years	5 years
MicroPulse LED lights	3 years	3 years
416200 Series Corner LEDs	3 years	3 years
416400/416410 Corner LEDs	5 years	5 years
416500 Series Corner LEDs	3 years	3 years
416800/416810 Corner LEDs	3 years	3 years
MB1 LED Message Board	3 years	3 years
STROBE PRODUCTS		
Strobe flash tubes	1 year	1 year
951 strobe beacons	5 years	1 year
651/851 strobe beacons	5 years	1 year
USS, US6, and US7 UltraStar	5 years	1 year
OTHER PRODUCTS		
Halogen Rotating Light assemblies from all lightbars	5 years	1 year
All halogen rotating beacons and mini- lightbars, except Setinel	5 years	1 year
	5 year warranty on LED components Limited lifetime warranty on mechanical components	5 year warranty on LED components Limited lifetime warranty on
LITTLITE MAP LIGHTS	manual components	mechanical components
SWM Interceptor Switch Modules	1 year	1 year
CAM Reverse Camera/Monitor Systems	3 years	3 years
Stinger Spike Systems	5 years	5 years
AIREL	3 years	3 years
PBX Series	3 years	3 years
HRX Series	3 years	3 years
PT Series	3 years	3 years
DOT Flasher	3 years	3 years

LIMITED WARRANTY - Schedule of Products

Mechanical Sirens 2001-130 / 508-128 / Equinox Eclipses / Modole 2 Electronic Sirens MOD1004B / MOD2008B / MOD3012B MOD4016B / MOD5020B / MOD6024B MOD4016B / MOD5020B / MOD6024B MOD8032B DSA2/3/4/5/6 Controllers S52000+ FC Controllers DCFCTBD Controllers U/ UVR/UVIC Controllers Signaling Devices Beacons / Speakers / Sounders ECHO Intercoms Selectone Controllers Audiomaster products Miscellaneous His Informers / Radio Informers Signal Tech – Beacons, Sounders, Strobes FT400BX DEM Products (such as) PC Equipment Field Devices Security and LPR products UPS systems PABX Systems PABAS Systems PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to fatery for service Software Commander (SFCD-XX) Software Maintenance Agreements available *Feederal Signal Offers extended warranties and software maintenance agreements – contact Federal Signal for further Information **On-site services not included*	Product*	Warranty Period for Parts Replacement and Factory
Eliestronic Sirens MOD10048 / MOD2008 / MOD6024B MOD9018 / MOD50208 / MOD6024B MOD9032B DSA2/3/4/5/6 Controllers S2000+ FC Controllers DCFCTBD Controllers 2 years parts and labor from date of delivery, return to factory for service 2 years parts and labor from date of delivery, return to factory for service 3 years parts and labor from date of delivery, return to factory for service Signaling Devices Beacons / Speakers / Sounders ECHO Intercoms Selection Controllers Miscellaneous IP Informers / Radio Informers Signal Tech – Beacons, Sounders, Strobes FT4008X DEM Products (such as) PC Equipment Field Devices Security and LPR products DEM Products PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Commander (SFCD-XX) SmartMsg **Pederal Signal Offers extended warranties and software maintenance agreements – contact Federal Signal for further Information **On-site services not included	Mechanical Sirens	Performed Labor**
MOD1004B / MOD2008B / MOD3012B MOD4016B / MOD5020B / MOD6024B MOD8032B SDA2/3/4/5/6 Controllers SS2000+ FC Controllers SS2000+ FC Controllers Signaling Devices Beacons / Speakers / Sounders ECHO Intercoms Selectone Controllers Audiomaster products Miscellaneous Miscellaneous FI lordorrers / Radio Informers Signal Tech – Beacons, Sounders, Strobes FT400BX DEC MP Products (such as) PC Equipment Field Devices Security and LPR products Security and LPR produc	•	•
MODB0328 2 years parts and labor from date of delivery, return to factory for service SDSA2/3/4/5/6 Controllers SS2000+ FC Controllers SS2000+ FC Controllers SIgnaling Devices Beacons / Speakers / Sounders ECHO Intercoms Selectone Controllers Audiomaster products Miscellaneous Miscellaneous Miscellaneous Miscellaneous FI Holformers / Radio Informers Signal Tech – Beacons, Sounders, Strobes FT4008X DEM Products (such as) PC Equipment Field Devices Security and LPR products S	Electronic Sirens	
SSZ000+ FC Controllers DCFCTBD Controllers UV / UVRI/UVIC Controllers 2 years parts and labor from date of delivery, return to factory for service Signaling Devices Beacons / Speakers / Sounders ECHO Intercoms Selectone Controllers Audiomaster products Wiscellaneous IP Informers / Radio Informers Signal Tech – Beacons, Sounders, Strobes FT400BX DEM Products (such as) PC Equipment Field Devices Security and LPR products PABX Systems PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Commander (SFCD-XX) Free from defects for 12 months from date of acceptance, Software Maintenance Agreements available *Federal Signal Offers extended warranties and software maintenance agreements – contact Federal Signal for further Information **On-site services not included	MOD4016B / MOD5020B / MOD6024B MOD8032B	, , , , , , , , , , , , , , , , , , , ,
PC Controllers DCFCTBD Controllers DCFCTBD Controllers DCFCTBD Controllers DCFCTBD Controllers DCFCTBD Controllers DCFCTBD Controllers Signaling Devices Beacons / Speakers / Sounders ECHO Intercoms Selectone Controllers 5 years parts and labor from date of delivery, return to factory for service Solution aster products Miscellaneous IP Informers / Radio Informers Signal Tech — Beacons, Sounders, Strobes FT400BX DEM Products (such as) PC Equipment Field Devices Security and LPR products UPS systems PABX Systems PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Commander (SFCD-XX) Free from defects for 12 months from date of acceptance, Software Maintenance Agreements available *Federal Signal Offers extended warranties and software maintenance agreements — contact Federal Signal for further information **On-site services not included	Controllers	
Beacons / Speakers / Sounders ECHO Intercoms Selectione Controllers Audiomaster products Miscellaneous IP Informers / Radio Informers Signal Tech — Beacons, Sounders, Strobes FT400BX OEM Products (such as) PC Equipment Field Devices Security and LPR products UPS systems PABX Systems PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Commander (SFCD-XX) SmartMsg *Federal Signal Offers extended warranties and software maintenance agreements — contact Federal Signal for further information **On-site services not included	FC Controllers DCFCTBD Controllers	
ECHO Intercoms Selectione Controllers Audiomaster products Miscellaneous IP Informers / Radio Informers Signal Tech — Beacons, Sounders, Strobes FT400BX OEM Products (such as) PC Equipment Field Devices Security and LPR products UPS systems PABX Systems PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service Free from defects for 12 months from date of acceptance, Software Maintenance Agreements available *Federal Signal Offers extended warranties and software maintenance agreements — contact Federal Signal for further information **On-site services not included	Signaling Devices	
P Informers / Radio Informers Signal Tech — Beacons, Sounders, Strobes 1 year parts and labor from date of delivery, return to factory for service OEM Products (such as) PC Equipment Federal Signal utilizes the original manufacturer's warranty PC Systems PABX Systems PABX Systems PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Software Software Software maintenance agreements – contact Federal Signal for further information PAGA Software maintenance agreements – contact Federal Signal for further information PAGA PA	ECHO Intercoms Selectone Controllers	1 1 100
Signal Tech – Beacons, Sounders, Strobes FT400BX OEM Products (such as) PC Equipment Field Devices Security and LPR products UPS systems PABX Systems PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Commander (SFCD-XX) SmartMsg *Federal Signal Offers extended warranties and software maintenance agreements – contact Federal Signal for further information **On-site services not included	Miscellaneous	
PC Equipment Field Devices Security and LPR products UPS systems PABX Systems PAGA PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Commander (SFCD-XX) SmartMsg Free from defects for 12 months from date of acceptance, Software Maintenance Agreements available *Federal Signal Offers extended warranties and software maintenance agreements — contact Federal Signal for further information **On-site services not included	Signal Tech – Beacons, Sounders, Strobes	· · · · · · · · · · · · · · · · · · ·
Field Devices Security and LPR products UPS systems PABX Systems PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Commander (SFCD-XX) SmartMsg Free from defects for 12 months from date of acceptance, Software Maintenance Agreements available *Federal Signal Offers extended warranties and software maintenance agreements — contact Federal Signal for further information **On-site services not included	OEM Products (such as)	
PAGA 18 months from shipment or 12 months from commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Commander (SFCD-XX) Free from defects for 12 months from date of acceptance, Software Maintenance Agreements available *Federal Signal Offers extended warranties and software maintenance agreements – contact Federal Signal for further information **On-site services not included	Field Devices Security and LPR products UPS systems	Federal Signal utilizes the original manufacturer's warranty
PAGA commissioning/system field acceptance whichever is soone covering parts and labor, return to factory for service. Software Commander (SFCD-XX) Free from defects for 12 months from date of acceptance, Software Maintenance Agreements available *Federal Signal Offers extended warranties and software maintenance agreements – contact Federal Signal for further information **On-site services not included	PAGA	
Commander (SFCD-XX) SmartMsg *Free from defects for 12 months from date of acceptance, Software Maintenance Agreements available *Federal Signal Offers extended warranties and software maintenance agreements – contact Federal Signal for further information **On-site services not included	PAGA	commissioning/system field acceptance whichever is sooner
SmartMsg Software Maintenance Agreements available *Federal Signal Offers extended warranties and software maintenance agreements – contact Federal Signal for further information **On-site services not included	Software	
information **On-site services not included	•	· · · · · · · · · · · · · · · · · · ·
	information	ware maintenance agreements – contact Federal Signal for further
*** Domes, lenses, lamps and batteries installed on Federal Signal products are specifically excluded		

- 130 dB(C) output
- Directional, rotating siren for maximum coverage
- Three distinct warning signals
- · Full battery operation or battery back-up
- Maintenance-free sealed bearing motors
- Weather-resistant coating
- Ideal for outdoor warning
- 5-year limited warranty



The Federal Signal 2001-130 public siren is a high power, rotating, uni-directional outdoor warning siren that offers an anechoic certified signal strength of 130

dB(C) +/- 1 dB(C) at 100-ft. The high-decibel output provides maximum coverage with minimum installation cost. Radio activation can further minimize installation costs by eliminating the need for leased dedicated control lines.

The siren's projector produces a 60-degree projection of sound which rotates at 3 RPM and can produce three distinct warning signals: steady, wail and fast wail. The 2001-130 siren will supply a minimum of 15 minutes of full power output from its batteries after AC power loss. The siren controls are available with battery operation, AC operation, and AC operation with battery back-up, one-way and two-way radio control, wired or wireless ethernet, satellite/cellular or landline.

Ideally suited to provide warning for hazardous weather conditions, fires, floods, chemical spills and other types of emergencies, the 2001-130 siren is a perfect choice to protect any community.

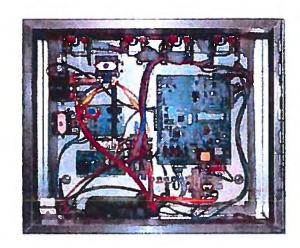


DATA SHEET

DCFCTBD DC Two-Way Digital Controller

Features

- Two-way siren controller for 48VDC sirens
- Two-way radio control and status monitoring
- AFSK two-way signaling format
- Simultaneous single-tone, two-tone sequential, and DTMF, EAS, and POCSAG decoding.
- Push buttons for local activation
- UL Listed for general signaling



The Federal Signal DCFCTBD is a two-way digital, battery-operated status monitoring siren controller for use with the Federal Signal 2001-130 siren and Eclipse siren series. The controller interfaces with an off-the-shelf two-way radio transceiver and communicates to the base control via AFSK signaling. In addition to AFSK, the controllers will simultaneously decode any combination of single-tone, two-tone sequential, DTMF, POCSAG and EAS formats for activation. This makes the two-way controller compatible with virtually any existing siren control system.

All DCFCTBD models come equipped with four independent relay outputs that can be programmed to activate with various codes. There are four landline inputs and four local push buttons for activation, plus reset. Activation codes, relay timing, and optional warning sounds are programmed into the unit through a standard RS232 serial port or over-the-air from the central control point.

The DCFCTBD offers six user programmable functions in addition to the five pre-set functions: arm, disarm, report, growl test and master reset. The controller includes the necessary sensors and wiring to supply information on the following areas of operation: AC power status, communications status, low battery status, intrusion, siren activation, current intrusion, siren rotation and local activation.



DCFCTBD DC Two-Way Digital Controller Specifications

Electrical

AC supply voltage 120 VAC @ 4.0 Amps

Current Draw +/- 10%, 50/60 Hz, maximum standby current

Power Supply 6A @ 13.3VDC

Battery Backup 48VDC

Current Draw < .2 Amps in standby

Serial Ports

Serial Port Protocol RS232C 1200, N, 8, 1

Transceiver

Programmable Frequency Power Out and Private Line options. For further details

consult the Motorola® product Manual.

Signaling Format

AFSK 1200 baud, MSK (Minimum Shift Key) modern type

Useable decode sensitivity: 12dB SINAD (min.)

DTMF 3-12 standard DTMF characters

Two-Tone Sequential

Frequency Range 282 Hz - 3000 Hz (non-CTCSS)

400 Hz - 3000 Hz (CTCSS)

Tone Timing .5 sec - .25 sec min., 8 sec max

Intertone Gap 400ms (maximum)

Tone Accuracy +/- 1.5%

Tone Spacing 5.0% preferred, 3% min.

Single Tone

Frequency Range 282 Hz - 3000 Hz
Tone Timing 0.5 sec. - 8 sec maximum

Tone Accuracy +/- 1.5%

Tone Spacing 5.0% preferred, 3% min.

EAS Supports standard EAS codes and wildcards

POCSAG Supports binary AFSK 512 Baud numeric messages.

Relay Outputs

4 relay outputs SPST

Contact Rating (4 relays standard) 5A @ 28VDC - 5A @ 240VAC

Audio Output

Output Voltage >2V Peak to Peak

Maximum Load 8 Ohms

Total Harmonic Distortion <10% @ 1kHz Sinewave

Environmental

Operating Temperature -30 C to 65 C

Controller Dimensions (with battery cabinet)

HxWxD 62.5"x 23.5"x 16.94" 1588mm x 597mm x 430mm

NEMA 4X Rated

Battery Cabinet Dimensions

HxWxD 18"x 28"x 15.19" 457mm x 711mm x 386mm

Vented NEMA 4X Rated

Shipping Weight

Approx. Shipping Weight 300 lbs. (136.36 kg)
Actual Weight 234 lbs. (106.3 kg)

2001TR: AC Primary Operation

Operating Voltage 208/220/240 VAC single phase

Current Requirements 30 Amps (approx.)

Dimensions 23"x11"x10" (584mm x 279mm x 254mm)

Product Weight 150 lbs. (68.2 kg)

Order information

DCFCTBD1,2 Two-way Federal Controller

DCFCTBDH^{1,2} Two-way Federal Controller, high band 136-174 MHz
DCFCTBDU^{1,2} Two-way Federal Controller, UHF band 403-470 MHz
DCFCTBD-IP^{1,3} IP-enabled two-way electro-mechanical controller

Options

FSPWARE Federal Programming Software

(Non-Digital Applications)

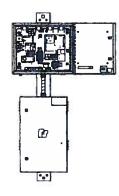
SFCDWARE Federal Commander Digital Software

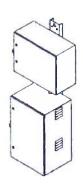
(See literature for details)

Q-DC-IP¹³ Retrofit kit to upgrade existing controller to IP

ES-PROG-DTMF Two-Way DTMF Programming

- ² Antenna and cable are not included with radio activation control and must be ordered separately.
- ³ Broadband radio and Codespear software sold separately.











¹ For use with 2001-130 and Eclipse siren series.

2001-130 Siren

Specifications

Power Requirements*

Siren Motor 48V (DC or full wave rectified AC) 110A (nom.)

Rotator Motor 48V (DC or full wave rectified AC) 1A (nom.)

Wiring

Siren Motor 2 AWG Rotator Motor 12 AWG

Motor Type

Siren Series wound DC 6 Hp
Rotator Permanent magnet DC 1/8 Hp

Signal Information

 Signal
 Frequency Range
 Sweep Rate

 Steady
 790 Hz
 N.A.

 Wail
 470-790 Hz
 10 sec.

 Fast Wail
 600-790 Hz
 3.5 sec.

Signal Duration 3min. std. (programmable)

Signal Output (SPL) 130 dB(C) +/- 1 dB(C) at 100' (30.5 m)

6400 feet

Effective Range at 70dBC

Rotation 3 RPM

Dimensions

Height x Width x Depth 55" x 37" x 41"

140cm x 94cm x 10cm

Weight

Shipping Weight 450 lbs. (205 kg)

Environmental

Operating Temperature -30°C to +60°C**

- Power requirements refer to the power supplied by the batteries or optional AC operation through 2001TRB.
- ** The siren can operate throughout this temperature range provided that battery temperature is maintained at 18°C or higher.

Ordering Information*

Siren Motor Rotating electro-mechanical Siren 130 dB(C) +/- 1dB(C),

48VDC, pole mount included

2001AC¹ AC operated motor control, 208 or 220/240VAC (specify

voltage) NEMA 3R control cabinet, two 48VDC contactors

and transformer/rectifier, 182 lbs. 53 kg

2001DC1.2 120VAC motor control, NEMA 4 control cabinet, four

chargers, two 48VDC contactors and NEMA 3R battery

cabinet. 224 lbs. 102 kg

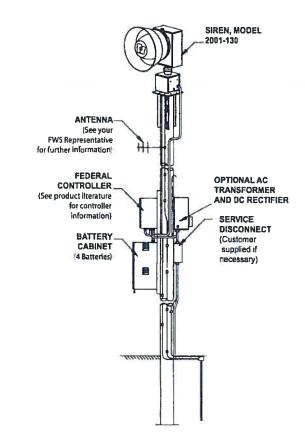
Landline Option

2001HR Rotator holding relay for use with external timer

 2001-130 Siren requires a Federal Controller such as FC or DFCB (See controller product literature)

 For use with Electro-mechanical sirens. Antenna and cable are not included with any radio activation control and must be purchased separately. (See your sales representative)

² Batteries not included.





Advancing security and well being.

10. Discussion/Action to approve the updated Basic Emergency Operations Plan. Cost: None; Speaker:

Judge Schawe / Martin Ritchey; Backup: To be distributed in court.

11. Discussion/Action regarding consideration and approval of a Resolution by the Commissioners Court of Caldwell County, Texas authorizing and approving publication of Notice of Intention to issue Certificates Of Obligation; complying with the requirements contained in Securities and Exchange Commission Rule 15c2-12; and providing an effective date. Cost: None; Speaker: Judge Schawe; Backup: 9.

RESOLUTION

A RESOLUTION BY THE COMMISSIONERS COURT OF CALDWELL COUNTY, TEXAS AUTHORIZING AND APPROVING PUBLICATION OF NOTICE OF INTENTION TO ISSUE CERTIFICATES OF OBLIGATION; COMPLYING WITH THE REQUIREMENTS CONTAINED IN SECURITIES AND EXCHANGE COMMISSION RULE 15c2-12; AND PROVIDING AN EFFECTIVE DATE

WHEREAS, the Commissioners Court (the Commissioners Court) of Caldwell County, Texas (the County) has determined that it is advisable and necessary to issue and sell one or more series of certificates of obligation (the Certificates) in an amount not to exceed \$6,000,000 as provided pursuant to the provisions of the Certificate of Obligation Act of 1971, as amended, Texas Local Government Code, Section 271.041 through Section 271.064, for the purpose of paying contractual obligations of the County to be incurred for making permanent public improvements and for other public purposes, to-wit: (1) purchasing election equipment; (2) acquiring, designing, purchasing, constructing, reconstructing, improving, renovating, enlarging, extending, and/or equipping the County Sheriff's Department, including improvements to the Sheriff's Office, for criminal justice and law enforcement purposes; (3) purchasing equipment and vehicles for public safety, maintenance, and other County administrative purposes; (4) the purchase of materials, supplies, equipment, machinery, landscaping, land, and rights-of-way for authorized County needs and purposes; and (5) the payment of professional services related to the design, construction, project management, and financing of the aforementioned projects. The certificates of obligation will be payable from the levy of an annual ad valorem tax, within the limitations prescribed by law, upon all taxable property within the County and from a lien on and pledge of certain revenues derived from the operation of the County Jail. The certificates of obligation are to be issued, and this notice is given, under and pursuant to the provisions of the Certificate of Obligation Act of 1971, as amended, Texas Local Government Code Section 271.041 through Section 271.064 and Section 361.052, as amended, Texas Local Government Code; and

WHEREAS, prior to the offering, sale, and issuance of the Certificates, the appropriate officials of the County must review and approve the distribution of a "deemed final" preliminary official statement (the *Official Statement*) in order to comply with the requirements contained in 17 C.F.R. §240.15c2-12 (the *Securities and Exchange Commission Rule*); and

WHEREAS, based upon their review of the Official Statement, the appropriate officials of the County must find to the best of their knowledge and belief, after reasonable investigation, that the representations of facts pertaining to the County contained in the Official Statement are true and correct and that, except as disclosed in the Official Statement, there are no facts pertaining to the County that would adversely affect the issuance of the Certificates or the County's ability to pay the debt service requirements on the Certificates when due; and

WHEREAS, the Commissioners Court will comply with the requirements contained in the Securities and Exchange Commission Rule concerning the creation of a contractual obligation between the County and the proposed purchaser(s) of the Certificates (the *Purchasers*)

to provide the Purchasers with an Official Statement in a time and manner that will enable the Purchasers to comply with the distribution requirements and continuing disclosure requirements contained in the Securities and Exchange Commission Rule; and

WHEREAS, the Commissioners Court authorizes the County Judge, County Auditor, County Treasurer, County Clerk, and District Attorney, as appropriate, or their designees, to review, approve, and execute any document or certificate in order to allow the County to comply with the requirements contained in the Securities and Exchange Commission Rule; and

WHEREAS, prior to the issuance of the Certificates, the Commissioners Court is required to publish notice of its intention to issue the Certificates in a newspaper of general circulation in the County, such notice stating (i) the time and place the Commissioners Court tentatively proposes to pass the order authorizing the issuance of the Certificates, (ii) the maximum amount proposed to be issued, (iii) the purposes for which the Certificates are to be issued, (iv) and the manner in which the Commissioners Court proposes to pay the Certificates; and

WHEREAS, the Commissioners Court hereby finds and determines that such documents pertaining to the sale of the Certificates should be approved, and the County should proceed with the giving of notice of intention to issue the Certificates in the time, form, and manner provided by law; and

WHEREAS, the Commissioners Court hereby finds and determines that the adoption of this Resolution is in the best interests of the residents of the County; now, therefore,

BE IT RESOLVED BY THE COMMISSIONERS COURT OF CALDWELL COUNTY, TEXAS THAT:

SECTION 1. The County Clerk is hereby authorized and directed to cause notice to be published of the Commissioners Court's intention to issue the Certificates in an amount not to exceed \$6,000,000 for the purpose of paying contractual obligations of the County to be incurred for making permanent public improvements and for other public purposes, to-wit: (1) purchasing election equipment; (2) acquiring, designing, purchasing, constructing, reconstructing, improving, renovating, enlarging, extending, and/or equipping the County Sheriff's Department, including improvements to the Sheriff's Office, for criminal justice and law enforcement purposes; (3) purchasing equipment and vehicles for public safety, maintenance, and other County administrative purposes; (4) the purchase of materials, supplies, equipment, machinery, landscaping, land, and rights-of-way for authorized County needs and purposes; and (5) the payment of professional services related to the design, construction, project management, and financing of the aforementioned projects. The Certificates will be payable from the levy of an annual ad valorem tax, within the limitations prescribed by law, upon all taxable property within the County and are additionally secured by a lien on and pledge of certain revenues derived from the operation of the County Jail. The notice hereby approved and authorized to be published shall read substantially in the form and content of Exhibit A attached hereto, which notice is incorporated herein by reference as a part of this Resolution for all purposes.

82537166.4 -2-

- SECTION 2. The County Clerk shall cause the notice described in Section 1 to be published in a newspaper of general circulation in the County, once a week for two consecutive weeks, the date of the first publication shall be at least thirty (30) days prior to the date stated therein for passage of the order authorizing the issuance of the Certificates.
- SECTION 3. The County Judge, County Auditor, County Treasurer, County Clerk, and District Attorney, as appropriate, or their designees, are authorized to review and approve the Official Statement pertaining to the offering, sale, and issuance of the Certificates and to execute any document or certificate in order to comply with the requirements contained in the Securities and Exchange Commission Rule.
- SECTION 4. The recitals contained in the preamble hereof are hereby found to be true, and such recitals are hereby made a part of this Resolution for all purposes and are adopted as a part of the judgment and findings of the Commissioners Court.
- SECTION 5. All orders and resolutions, or parts thereof, which are in conflict or inconsistent with any provision of this Resolution are hereby repealed to the extent of such conflict, and the provisions of this Resolution shall be and remain controlling as to the matters resolved herein.
- SECTION 6. This Resolution shall be construed and enforced in accordance with the laws of the State of Texas and the United States of America.
- SECTION 7. If any provision of this Resolution or the application thereof to any person or circumstance shall be held to be invalid, the remainder of this Resolution and the application of such provision to other persons and circumstances shall nevertheless be valid, and the Commissioners Court hereby declares that this Resolution would have been enacted without such invalid provision.
- SECTION 8. It is officially found, determined, and declared that the meeting at which this Resolution is adopted was open to the public and public notice of the time, place, and subject matter of the public business to be considered at such meeting, including this Resolution, was given, all as required by Chapter 551, as amended, Texas Government Code.
- SECTION 9. This Resolution shall be in force and effect from and after the date of its adoption, and it is so resolved.

[The remainder of this page intentionally left blank.]

82537166.4

PASSED AND APPROVED, this the 25th day of June, 2018.

CALDWELL COUNTY, TEXAS

	County Judge	
ATTEST:		
County Clerk and Ex-Officio		
Clerk of the Commissioners Court		
(SEAL OF COMMISSIONERS COURT)		

82537166.4 S-1

Exhibit A

NOTICE OF INTENTION TO ISSUE CALDWELL COUNTY, TEXAS CERTIFICATES OF OBLIGATION

TAKE NOTICE that the Commissioners Court (the Court) of Caldwell County, Texas (the County), shall convene at 9:00 o'clock A.M. on the 13th day of August, 2018, at its regular meeting place in Caldwell County Courthouse, and, during such meeting, the Court will consider the passage of an order authorizing the issuance of certificates of obligation (the Certificates) in an amount not to exceed \$6,000,000 for the purpose or purposes of paying contractual obligations of the County to be incurred for making permanent public improvements and for other public purposes, to-wit: (1) purchasing election equipment; (2) acquiring, designing, purchasing, constructing, reconstructing, improving, renovating, enlarging, extending, and/or equipping the County Sheriff's Department, including improvements to the Sheriff's Office, for criminal justice and law enforcement purposes; (3) purchasing equipment and vehicles for public safety, maintenance, and other County administrative purposes; (4) the purchase of materials, supplies, equipment, machinery, landscaping, land, and rights-of-way for authorized County needs and purposes; and (5) the payment of professional services related to the design, construction, project management, and financing of the aforementioned projects. Certificates will be payable from the levy of an annual ad valorem tax, within the limitations prescribed by law, upon all taxable property within the County and from a lien on and pledge of certain revenues derived by the County from the operation of the County Jail. The Certificates are to be issued, and this notice is given, under and pursuant to the provisions of the Certificate of Obligation Act of 1971, as amended, Texas Local Government Code Section 271.041 through Section 271.064 and Section 361.052, as amended, Texas Local Government Code.

/s/ Carol Holcomb

County Clerk and Ex-Officio Clerk of the Commissioners Court of Caldwell County, Texas

82537166.4 A-1

NOTICE OF INTENTION TO ISSUE CALDWELL COUNTY, TEXAS CERTIFICATES OF OBLIGATION

TAKE NOTICE that the Commissioners Court (the Court) of Caldwell County, Texas (the County), shall convene at 9:00 o'clock A.M. on the 13th day of August, 2018, at its regular meeting place in Caldwell County Courthouse, and, during such meeting, the Court will consider the passage of an order authorizing the issuance of certificates of obligation (the Certificates) in an amount not to exceed \$6,000,000 for the purpose or purposes of paying contractual obligations of the County to be incurred for making permanent public improvements and for other public purposes, to-wit: (1) purchasing election equipment; (2) acquiring, designing, purchasing, constructing, reconstructing, improving, renovating, enlarging, extending, and/or equipping the County Sheriff's Department, including improvements to the Sheriff's Office, for criminal justice and law enforcement purposes; (3) purchasing equipment and vehicles for public safety, maintenance, and other County administrative purposes; (4) the purchase of materials, supplies, equipment, machinery, landscaping, land, and rights-of-way for authorized County needs and purposes; and (5) the payment of professional services related to the design, construction, project management, and financing of the aforementioned projects. The Certificates will be payable from the levy of an annual ad valorem tax, within the limitations prescribed by law, upon all taxable property within the County and from a lien on and pledge of certain revenues derived by the County from the operation of the County Jail. The Certificates are to be issued, and this notice is given, under and pursuant to the provisions of the Certificate of Obligation Act of 1971, as amended, Texas Local Government Code Section 271.041 through Section 271.064 and Section 361.052, as amended, Texas Local Government Code.

/s/ Carol Holcomb
County Clerk and Ex-Officio Clerk of the
Commissioners Court of Caldwell County, Texas

CERTIFICATE OF COUNTY CLERK

8

COUNTY OF CALDWELL §	
THE UNDERSIGNED HEREBY CERTIFIES	S that:
on the 25th day of June, 2018 in regular session	of Caldwell County, Texas (the <i>County</i>), convened on in the regular meeting place of the Court in the eting was at all times open to the public, the duly being as follows:
Ken Schawe Terry Wright Eddie Moses Edward "Ed" Theriot Joe Roland	County Judge Commissioner, Precinct No. 1 Commissioner, Precinct No. 2 Commissioner, Precinct No. 3 Commissioner, Precinct No. 4
and all of such persons were present at the thus constituting a quorum. Among other resolution (the <i>Resolution</i>) entitled:	Meeting, except the following:, business considered at the Meeting, the attached
COUNTY, TEXAS AUTHORIZING NOTICE OF INTENTION TO ISSU COMPLYING WITH THE REQUIRE	MISSIONERS COURT OF CALDWELL AND APPROVING PUBLICATION OF UE CERTIFICATES OF OBLIGATION; EMENTS CONTAINED IN SECURITIES RULE 15c2-12; AND PROVIDING AN
Resolution, a motion was made by Commission	ne Court. After presentation and discussion of the oner that the Resolution be passed and issioner and carried by the following
voted "For" vot	ed "Against" "Abstained"
all as shown in the official Minutes of the Cou	rt for the Meeting.
official records of the County; the duly qualifithe Meeting are those persons shown above, member of the Court was given actual notice had actual notice that the Resolution would be the aforesaid public business, was open to the	rue and correct copy of the original on file in the fied and acting members of the Court on the date of and, according to the records of my office, each of the time, place, and purpose of the Meeting and be considered; and the Meeting and deliberation of public and written notice of said meeting including I given in advance thereof in compliance with the Government Code.

THE STATE OF TEXAS

IN WITNESS WHEREOF, I have sign Commissioners Court, this 25th day of June, 20	ned my name officially and affixed the seal of the 018.
	County Clerk and Ex-Officio Clerk of the Commissioners Court of Caldwell County, Texas
(SEAL OF COMMISSIONERS COURT)	

AFFIDAVIT OF PUBLICATION

THE STATE OF TEXAS	§ §	
COUNTY OF CALDWELL	§ §	
BEFORE ME, the undersigned at on this day personally appeared sworn, upon oath says that he/she is the personal control of the requirements of Subchapter C, Chapter constitute an official publication in which Subchapter C, Chapter 2051, as amended, in said newspaper a true and correct concertificates of obligation on the following	ublisher/editor of the dwell County, Texa er 2051, as amended nich legal notices Texas Government by of the attached	s, which newspaper satisfies each of d, Texas Government Code, so as to may be published as set forth in t Code, and that there was published
	P	Publisher/Editor
SUBSCRIBED AND SWORN, day of,		he undersigned authority, on the
	N	Notary Public in and for the State of Texas
(NOTARY SEAL)		

12. Discussion/Action regarding the sale of Caldwell County property #45648. Cost: None; Speaker: Judge Schawe; Backup: None.

13. Discussion/Action to approve Budget Amendment #16 for Sheriff's Department by increasing earned Estimated Revenue line item 001-6000-0971 / River Patrol Revenue in the amount of \$84,724 aligned with the 001-4300-1160 / River Patrol Expense in the amount of \$70,054 for Sheriff's Department. Cost: None; Speaker: Judge Schawe; Backup: 1.

CALDWELL COUNTY

BUDGET AMENDMENT REQUEST FY 2017-2018

	1	1 2017-2018		
DATE:	June 25, 2018		1	
DEPARTMENT:				
A	В	С	D	Е
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)
001-6000-0971 001-4300-1160	River Patrol Revenue River Patrol Expense	0.00	\$ (84,724.00) 70,054.00	(84,724.00) 70,054.00
001-4300-1160	River Patrol Expense	0.00	70,054.00	70,054.00
TOTALS		\$ -	\$ (14,670.00)	\$ (14,670.00)
YPLAIN SPECIFICALLY W	HY MONIES ARE BEIN	G TRANSFERRED INTO EAC	CH LINE:	
ppropriate Revenue and Expe	enditure funds for River Pa	trol in accordance to the MOU		
	issioners Court by a vote o	f aye and 2018.	nay on this	
corded By			Attested By	

Caldwell County Judge

Caldwell County Clerk

14. Discussion/Action authorizing the Unit Road Department to purchase two pickups and radios from remaining balance in Machinery and Equipment account, (Line item: 002-1101-5310). Cost: TBD; Speaker: Commissioner Theriot / Donald LeClerc; Backup: None.

15. DiscussionAction to approve Budget Amendment #17 decreasing budget line item 002-1103- 3135 / Operating Supplies in the amount of (\$6,000) and increasing budget line item 002-1103-4529 / Contract Labor in the amount of \$6,000 netting a \$0 cost to Unit Road. Cost: None; Speaker: Judge Schawe / Donald LeClerc; Backup: 1.

CALDWELL COUNTY

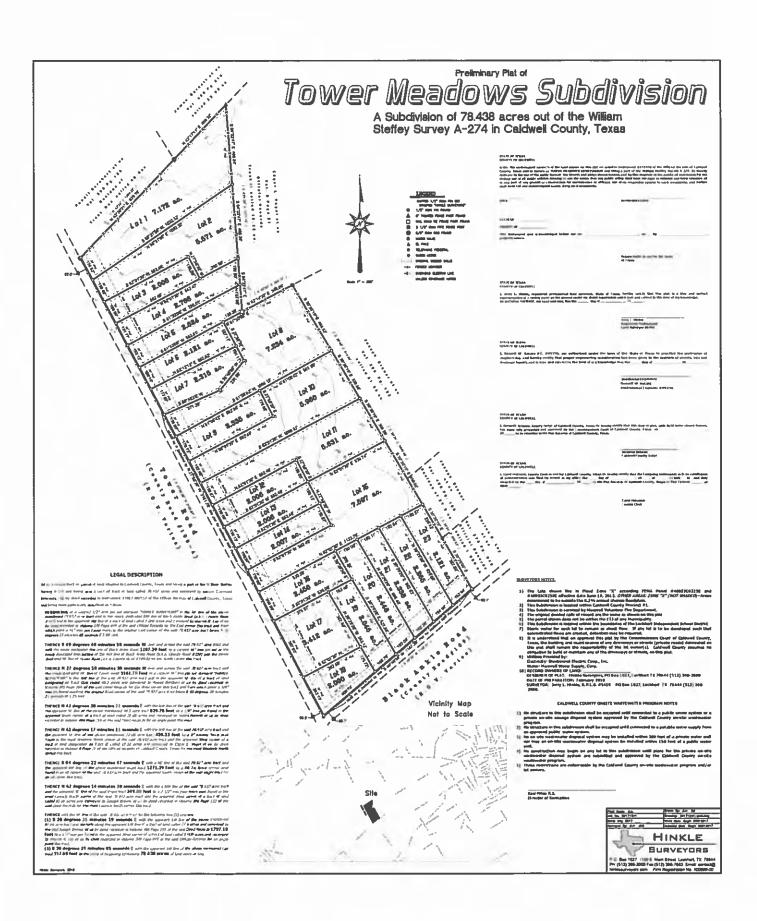
BUDGET TRANSFER / AMENDMENT REQUEST FY 2017-2018

DATE:	June 25, 2018			
DEPARTMENT:	Unit Road			
A	В	C	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
002-1103-3135 002-1103-4529	Operating Supplies Contract Labor	44,000.00 3,000.00	(6,000.00) 6,000.00	38,000.00 9,000.00
002 1103 432)	Contract Euror	3,000.00	0,000.00	2,000.0
TOTALS		\$ 47,000.00	\$ -	\$ 47,000.00
CPLAIN SPECIFICALLY WE	IY MONIES ARE BEIN	G TRANSFERRED INTO EAC	CH LINE:	
' D 1 (A 1 (' 11	ı		. C I 1	f
is budget Amendment includ	es recommending moving	g funds from Operating Supplie	s to Contract Labor	101 \$6,000
	ssioners Court by a vote o	of aye and , 2018.	nay on this	
corded By			Attested By	

Caldwell County Clerk

Caldwell County Judge

16. PUBLIC HEARING at 9:30AM: concerning the approval of a Preliminary Plat for Tower Meadows subdivision to include 23 lots on approximately 78.438 acres off Tower Road and Black Ankle Road. Cost: None; Speaker: Commissioner Wright / Kasi Miles; Backup: 4.



Dear Landowner:

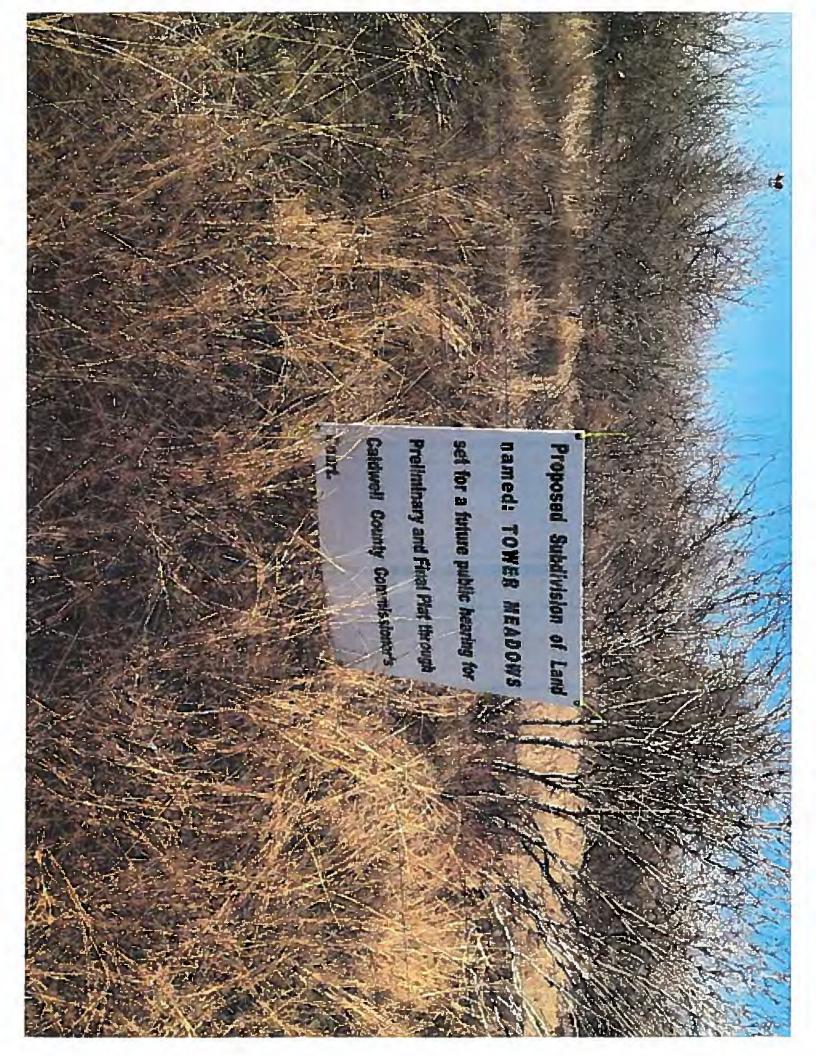
This letter is to inform you of the proposed Preliminary Plat of Tower Meadows Subdivision. In accordance with the Caldwell County Development Ordinance, property owners within 1,000 feet of the tract of land are being notified. The proposed Tower Meadows Subdivision is located off Tower Road and Black Ankle Road. A Subdivision of 78.438 acres out of the William Steffey Survey A-274 and is proposed to consist of 23 lots.

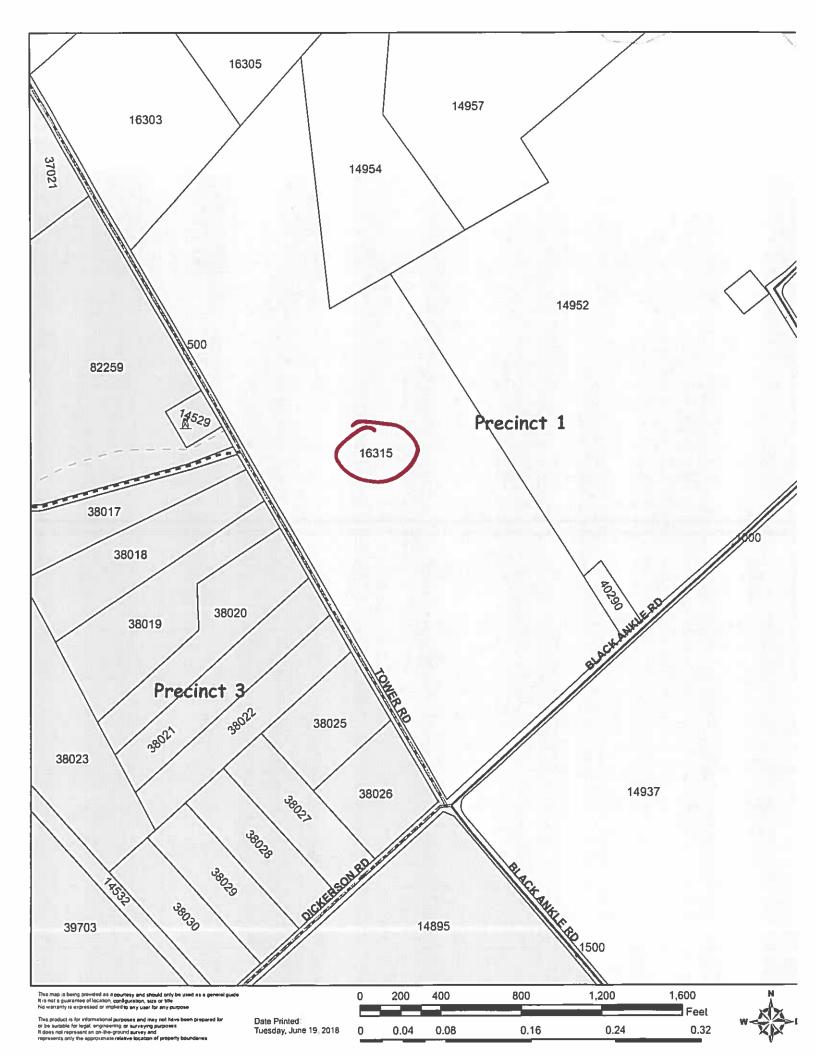
You may find out the date and time of the hearing by checking the Caldwell County Commissioners Court public agenda postings.

Additional information can be obtained from:

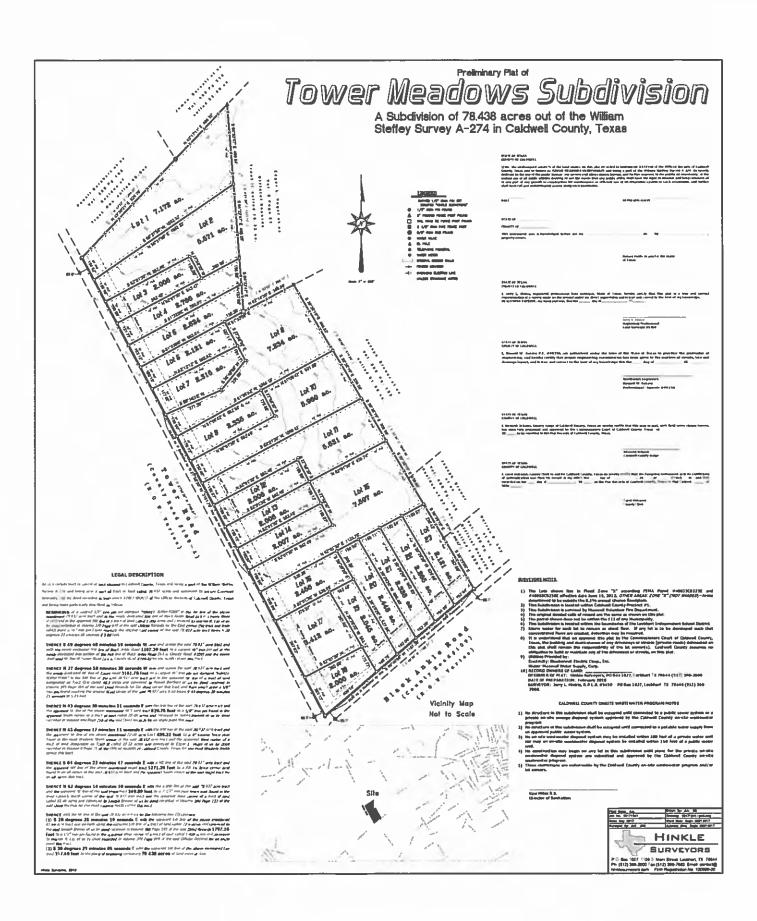
Kasi Miles Caldwell County 1700 FM 2720 Lockhart, Texas 78644 (512) 398-1803

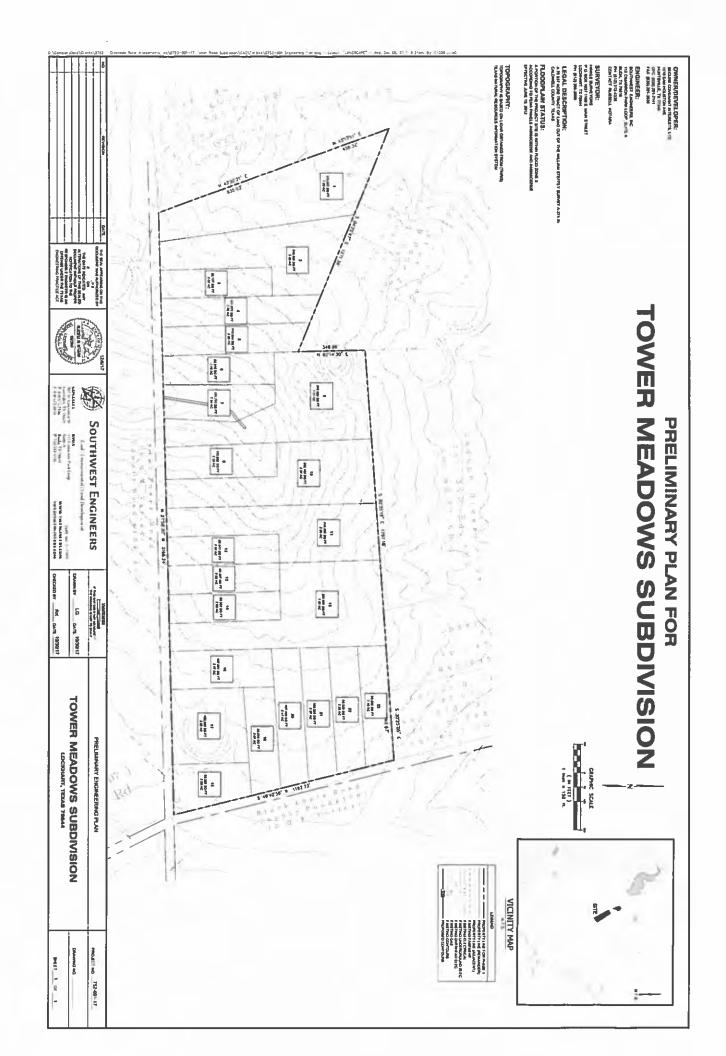
Additionally, comments may be sent via email to miles479@hotmail.com





17. Discussion/Action to consider approval of a Preliminary Plat for Tower Meadows subdivision to include 23 lots on approximately 78.438 acres located off Tower Road and Black Ankle Road. Cost: None; Speaker: Commissioner Wright / Kasi Miles; Backup: 11.





Ken Schawe County Judge 512 398-1808

Jacquelyn Thomas, P.E. County Engineer 512 359-4661

Kasi Miles Subdivision Coordinator 512 398-1803



Engineering and Subdivision Department

110 South Main Street

Lockhart, TX 78644

Fax: 512 398-1828

Terry Wright
Commissioner Precinct 1

Edward Moses
Commissioner Precinct 2

Edward "Ed" Theriot Commissioner Precinct 3

Joe Ivan Roland
Commissioner Precinct 4

May 21, 2018

Kasi Miles Subdivision Coordinator Caldwell County 1700 FM 2720 Lockhart, TX 78644

RE: Tower Meadows - Preliminary Plat Review

Property ID#51737

Ms. Miles,

I have completed the Technical Review of the Tower Meadows Preliminary Plat submittal. The subject plat is comprised of 23 lots located at the corner of Black Ankle Road (CR#109) and Tower Road (CR#109-A). The Applicant has addressed all technical comments and the Plat appears to meet the requirements of the Caldwell County Development Ordinance and Flood Damage Prevention Ordinance. Once all administrative requirements are met and fees paid, I recommend this Plat for approval.

Regards, Jacquely M. Homes

Jacquelyn M. Thomas, P.E.

County Engineer Caldwell County

Bank of America ACHR T 111000026

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1/2/2018

RDER OF Cald well County	\$ "4,200 00
Four Thousand Two Hundred and 00/100*********************************	DOLLARS
Caldwell County	
	*
MEMO	mcial mach

	CALDWELL COUNTY SANITATION DEPT. 405 E. MARKET ST. LOCKHART, TEXAS 78644	6357
	(512) 398-1803	2-22-18
	$C \cap A \cap A \cap A$	DATE & & J
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	FOR Pre. Plat for - Jover Meadows	Subdinsian
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May 17, 2018

Southwest Engineers c/o Campbell Key 205 Cimarron Park Loop, Ste. B Buda, TX 78610

Re: Service Availability - Black Ankle (CR 109) and Tower (CR 109A) - Caldwell County

To Whom It May Concern:

We have determined that the location of your inquiry in Caldwell County is in the certificated service territory of Bluebonnet Electric Cooperative, Inc. and we are therefore willing to provide electric service. Bluebonnet's promise to provide service is contingent upon the applicant fulfilling all the requirements of our Tariff including our Line Extension Policy.

Should you have any questions or need additional information, please give me a call at 979-542-8518.

Sincerely,

Shawn Ely, PMP

Electric Distribution Design Supervisor



GALLEGOS ENGINEERING, INC.

Firm No. F-003084

P.O. BOX 690067 SAN ANTONIO, TEXAS 78269 210-641-0812 PH 210-641-2037 FAX

MEMORANDUM

DATE:

May 4, 2018

TO:

Board of Directors and General Manager

Maxwell Water Supply Corporation

FROM:

Richard M. Gallegos, P.E.

President, Gallegos Engineering, Inc.

SUBJECT: Feasibility Study for Water Service to Tower Meadows

(23 LUE's)

The applicant has requested that the Maxwell Water Supply Corporation (MWSC) provide water service for 23 LUE's for a 79 acre tract located off Tower Road at the intersection with Black Ankle Road. There is an existing 4-inch, 5-inch on the subdivision side and an 8-inch main on the other side of Tower Road.

Our analysis indicates that there is sufficient capacity in the existing mains to meet the domestic demands of 23 LUE's based on Maxwell's historical peak demand. The proposed development lies outside of the extra-territorial jurisdiction (ETJ) of the City of Lockhart therefore fire flow demand was not analyzed.

We recommend that the MWSC Board approve this request, provided the Owner is aware that actual water service to the lots will require an executed water service agreement with MWSC and compliance with the requirements set forth in MWSC's Tariff and Appendix B, which includes the payment of all applicable fees.



SOUTHWEST ENGINEERS

Civil | Environmental | Land Development

TBPE NO. F-1909

HEADQUARTERS

www.swengineers.com

CENTRAL TEXAS

307 St. Lawrence Street, Gonzales, TX 78629 P: 830.672.7546 F: 830.672.2034 112 Cimarron Park Loop Ste. A, Buda, TX 78610 P: 512.312.4336

December 6, 2017

Caldwell County Attention: Kasi Miles 1700 FM 2720 Lockhart, TX 78644

RE:

Tower Meadows Subdivision Engineering Summary Report SWE Project No. 0752-001-17

Dear Ms. Miles,

This Engineering Summary Report is submitted in support of the Preliminary Plat application for the Tower Road Subdivision. Please refer to the attached report for additional information and detailed calculations.

PROJECT SUMMARY

The property is a 78.937+/- acre tract and is undeveloped. The proposed subdivision consists of twenty-three (23) lots ranging in size from 2 to 8 acres. The site is located at the Co. Rd. 107 and 109 intersections along Tower Road. The subdivision is sloped in several directions, as can be seen on the Preliminary Drainage Plan.

All twenty-three (23) proposed lots will have access to existing roadways. Wastewater service is to be provided by individual on-site septic systems. Water supply is to be provided by Maxwell Water Supply Corporation.

No portion of the subdivision is located within a mapped FEMA Floodplain according to the FEMA Map Panel, No. 48055C0225E, effective June 19, 2012.

SUBDIVISION IMPROVEMENTS

There are no streets proposed with this subdivision plat. Drainage considerations have been addressed in the Engineering Summary Report submitted with this letter. Water will be provided to the new lots by Maxwell Water Supply Corporation. Wastewater service will be provided by onsite private septic systems.

If you have any questions or require additional information, please contact me at (512) 312-4336.

Respectfully submitted,

Russell Kotara

Senior Project Engineer

Issued By: Caldwell County Appraisal District 211 Bufkin Ln. P.O. Box 900 Lockhart TX 78644

> 90,00% Owner ID: 16315

STICKTER HESTER ESTATE C/O STICKTER JUDITH RUSSO 6 GARRISON RD

ARLINGTON, MA 02474-8278

Property Information

Geo ID: 0002274-110-000-00 Property ID: 16315

Legal Acres 78 9500

Legal Desc: A274 STEFFEY, WILLIAM C., ACRES 78 95, A103

FLOYD, A048 BARBER, Undivided Interest

90 00000000000%

422 TOWER RD LOCKHART, TX 78644 Situs

DBA:

Exemptions

For	Entities	Valu	Je	Information	

Caldwell County Improvement HS: 25,533 Caldwell County ESD #2 Improvement NHS: Farm to Market Road Land HS: 13.041 Lockhart ISD Land NHS 315,144 Plum Creek Conservation District Productivity Market: 0 Plum Creek Underground Water Productivity Use 0 Assessed Value 353,718

Current/Delinquent Taxes

This is to certify that, after a careful check of the tax records of this office, the following delinquent taxes, penalties, interest and any known costs and expenses as provided by Tax Code §33.48, are due on the described property for the following taxing unit(s):

Year	Entity	Taxable	Tax Due	Disc./P&I	Attorney Fee	Total Due
2017	Caldwell County ESD #2	353,718	353.01	0.00	0.00	353.01
2017	Caldwell County	353,718	2,742.03	0.00	0.00	2,742.03
2017	Farm to Market Road	353,718	0.35	0.00	0.00	0,35
2017	Plum Creek Conservation Distri	353,718	82.06	0.00	0.00	82.06
2017	Plum Creek Underground Water	353,718	75.70	0.00	0.00	75,70
2017	Lockhart ISD	353,718	4,712.80	0.00	0.00	4,712.80
Total	s:		7,965.95	0.00	0.00	7,965.95

7.965.95 Effective Date: 11/27/2017 Total Due if paid by: 11/30/2017



Taxes Paid in 2017	POSSIBLE ROLLBACK
0.00	
0.00	
0.00	
0.00	
0.00	
0.00	
	0.00 0.00 0.00 0.00 0.00

If applicable, the above-described property has/is receiving special appraisal based on its use, and additional rollback taxes may become due based on the provisions of the special appraisal (Comptroller Rule 9.3040) or property omitted from the appraisal roll as described under Tax Code Section 25.21 is not included in this certificate [Tax Code Section 31.08(b)].

Pursuant to Tax Code Section 31.08, if a person transfers property accompanied by a tax certificate that erroneously indicates that no delinquent taxes, penalties or interest are due a taxing unit on the property or that falls to include property because of its omission from an appraisal roll, the unit's tax lien on the property is extinguished and the purchaser of the property is absolved of liability to the unit for delinquent taxes, penaltics or interest on the property or for taxes based on omitted property. The person who was liable for the tax for the year the tax was imposed or the property was omitted remains personally liable for the tax and for any penalties or interest.

A tax certificate issued through fraud or collusion is void.

This certificate does not clear abuse of granted exemptions as defined in Section 11.43 Paragraph(1) of the Texas Property Tax Code,

May Be Subject to Court Costs if Suit is Pending

ure of Authorized Officer of

Date of Issue: Requested By:

11/27/2017 SOUTHWEST ENGINEERS

Fee Amount: 10.00

Reference #:

Page: 1

TAX CERTIFICATE

Certificate # 6528

Issued By:

Caldwell County Appraisal District 211 Bufkin Lin. P.O. Box 900 Lockhart, TX 78644

Property Information

Geo ID 0002274-110-100-00 Property ID 48617

Legal Acres: 78 9500

Legal Desc A274 STEFFEY, WILLIAM C , ACRES 78.95, A103

FLOYD, A048 BARBER, Undivided Interest

10 0000000000%

Situs TOWER RD LOCKHART, TX 78644

DBA:

Exemplions:

Owner ID: 128352 10.00%

KANZEG BRUCE E ESTATE

6 GARRISON RD

ARLINGTON, MA 02474-8278

For Entities

Value Information

Caldwell County Improvement HS: Caldwell County ESD #2 Improvement NHS: Farm to Market Road Land HS: Lockhart ISD Land NHS: Plum Creek Conservation District Productivity Market: Plum Creek Underground Water Productivity Use: Assessed Value

Current/Delinquent Taxes

This is to certify that, after a careful check of the tax records of this office, the following delinquent taxes, penalties, interest and any known costs and expenses as provided by Tax Code §33.48, are due on the described property for the following taxing unit(s):

Year	Entity	Taxable	Tax Due	Disc./P&I	Attorney Fee	Total Due
2017	Caldwell County ESD #2	39,302	39,22	0.00	0.00	39,22
2017	Caldwell County	39,302	304.67	0.00	0.00	304.67
2017	Farm to Market Road	39,302	0.04	0.00	0.00	0.04
2017	Plum Creek Conservation Distri	39,302	9,12	0.00	0.00	9.12
2017	Plum Creek Underground Water	39,302	8.41	0.00	0.00	8.41
2017	Lockhart ISD	39,302	523.64	0.00	0.00	523.64
Total	s:		885.10	0.00	0.00	885.10

Effective Date: 11/27/2017

Total Due if paid by: 11/30/2017

885.10

2,837

1 449

35,016

39.302

0

0



Tax Certificate Issued for:	Taxes Pald in 2017	POSSIBLE ROLLBACK
Lockhart iSD	0.00	
Plum Creek Underground Water	0.00	
Plum Creek Conservation District	0.00	
Farm to Market Road	0.00	
Caldwell County	0 00	
Caldwell County ESD #2	0 00	

If applicable, the above-described property has/is receiving special appraisal based on its use, and additional rollback taxes may become due based on the provisions of the special appraisal (Comptroller Rule 9.3040) or property omitted from the appraisal roll as described under Tax Code Section 25.21 is not included in this certificate [Tax Code Section 31.08(b)].

Pursuant to Tax Code Section 31.08, if a person transfers property accompanied by a tax certificate that erroneously indicates that no delinquent taxes, penalties or interest are due a taxing unit on the property or that fails to include property because of its omission from an appraisal roll, the unit's tax lien on the property is extinguished and the purchaser of the property is absolved of liability to the unit for delinquent taxes, penalties or interest on the property or for taxes based on omitted property. The person who was liable for the tax for the year the tax was imposed or the property was omitted remains personally liable for the tax and for any penalties or interest.

A tax certificate issued through fraud or collusion is void.

This certificate does not clear abuse of granted exemptions as defined in Section 11.43 Paragraph(1) of the Texas Property Tax Code.

May Be Subject to Court Costs if Suit is Pending

ure of Authorized Officer of Collecting

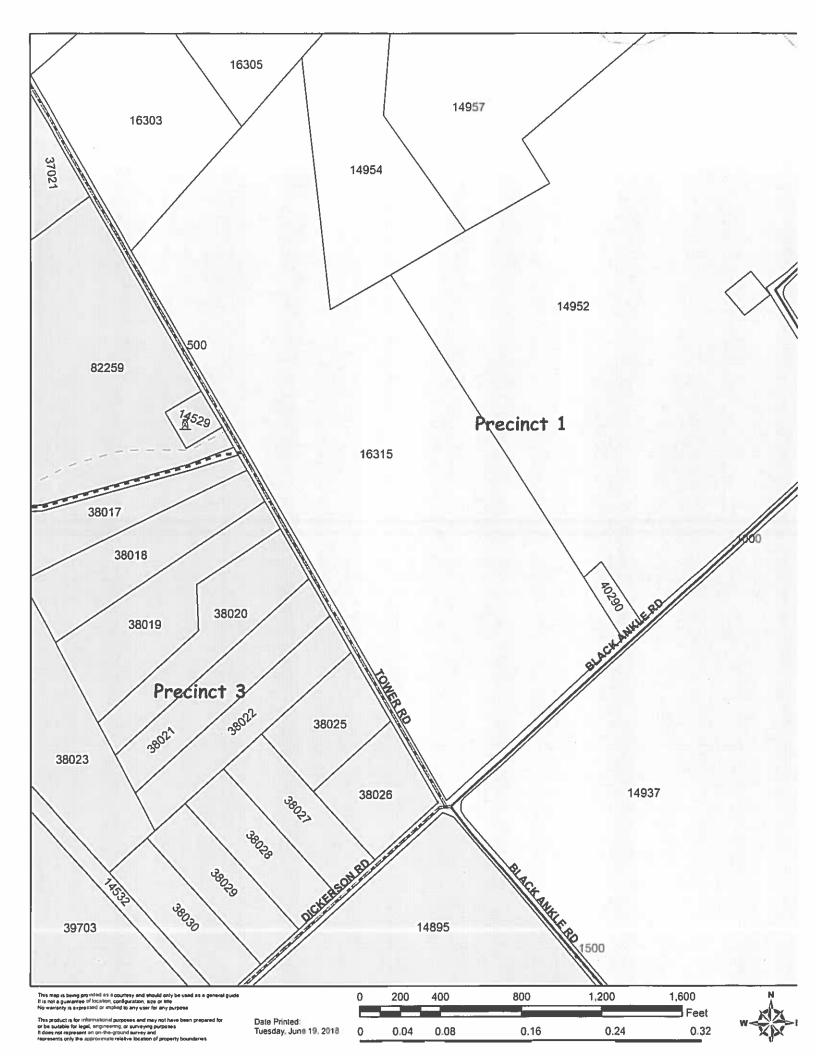
Date of Issue: Requested By:

Fee Amount:

SOUTHWEST ENGINEERS 10.00

Reference #:

Page: 1



18. EXECUTIVE SESSION pursuant to Sections 551.071 and 551.087 of the Texas Government Code: consultation with counsel and deliberation regarding economic development negotiations associated with Project Soar. Possible action may follow in open court. Cost: TBD; Speaker: Commissioner Theriot / Mike Kamerlander; Backup: None.

19. 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