

**Minutes of
Clay County Board of Supervisors
Meeting Held Thursday, January 24, 2019 at 9:00 a.m.**

BE IT REMEMBERED a regular meeting of the Clay County Board of Supervisors was held at the Clay County Courthouse, West Point, Mississippi, on Thursday, January 24, 2019.

PRESENT:

R.B. Davis, Supervisor District 3, Presiding
Lynn D. Horton, Supervisor District 1
Luke Lummus, Supervisor District 2
Shelton Deanes, Supervisor District 4
Joe Chandler, Supervisor District 5

Angela Turner Ford, Board Attorney
Amy G. Berry, Chancery Clerk
Eddie Scott, Sheriff
Paige Lamkin, Tax Assessor/Collector
Porsha Lee, Deputy Tax Assessor/Collector
Treva Hodge, Personnel Manager/Asst. EMA Director
Heather Usury, Growth Alliance

Member of News Media
County Residents

The following proceedings were had:

CALL TO ORDER/INVOCATION

The meeting was called to order by Sheriff Scott. The welcome was given by Supervisor Davis with invocation given by Supervisor Deanes.

ADOPT AGENDA

Motion by Supervisor Deanes to adopt the agenda as prepared.
- Second by Supervisor Horton.

(See Exhibit "A" - Agenda).

AMEND AGENDA

Motion by Supervisor Horton to call for amendments of the agenda.
– Second by Supervisor Deanes.

Heather Usury of the Growth Alliance, update on Sanitation Department by Supervisor Lummus and Grant for ambulance service equipment were added to the agenda.

REFUND FOR WRONG PARCEL PAID

Motion by Supervisor Deanes to authorize Paige Lamkin, Tax Assessor/Collector to issue a refund for tax paid for the wrong parcel of land.
– Second by Supervisor Horton.

AUTHORITY TO VOID RECEIPT

Motion by Supervisor Lummus to authorize Paige Lamkin, Tax Assesor/Collector to void a receipt for failure to include a parcel number.
– Second by Supervisor Horton.

AUTHORITY TO SUBMIT GRANT APPLICATIONS

Motion by Supervisor Deanes to authorize Sheriff Scott to submit Firehouse Subs Grant and American PolicE And Sheriff's Association applications.
– Second by Supervisor Horton.

(See Exhibit "B" - Grant applications).

SALVAGE EQUIPMENT

Motion by Supervisor Lummus to authorize Sheriff Scott to salvage SC1654, relinquish the vehicle to Travelers, receive payment in the amount of \$7,584.00 and the same to seized drug funds on hand to purchase another vehicle.
– Second by Supervisor Deanes.

(See Exhibit "C" - Travelers claim documents).

E-911 APPOINTMENTS

Motion by Supervisor Lummus to appoint Larry Barton, Ken Poole and Alvin Carter to E-911 Board, and to extend appreciation to Mayor Harmon A." Robbie" Robinson and returning members for their service. Terms to begin January 2019 for four years.

– Second by Supervisor Deanes.

CERTIFICATE OF CIRCUIT CLERK

Motion by Supervisor Horton to spread on the minutes the Certificate of Attendance as received by Circuit Clerk Robert “Bob” D. Harrell, Jr. from the Mississippi Judicial College for the Circuit Court Clerks Conference.

– Second by Supervisor Deanes.

(See Exhibit “D” - Certificate of Attendance).

ORDER APPOINTING COURT REPORTERS FOR CHANCERY COURT JUDGES

Motion by Supervisor Horton to approve orders reappointing and setting rates of compensation for Melissa Grimes, Leigh B. Pettit and Susan Alford as Official Court Reports for the Fourteenth Chancery Court District.

– Second by Supervisor Deanes.

PROOF OF PUBLICATION FOR OUT STATE TRAVEL

Motion by Supervisor Deanes to spread on the minutes the proof of publication for out of state travel for Supervisor Deanes, said notice having run on January 8, 2019.

– Second by Supervisor Chandler.

(See Exhibit “E” - Proof of Publication).

CONTRACT WITH BUTLER SNOW TO FILE CONTINUING DISCLOSURE FY 2018

Motion by Supervisor Deanes to approve and authorize the engagement of Butler Snow as counsel for the purpose of filing the Continuing Disclosure documents.

– Second by Supervisor Horton.

(See Exhibit “F” - Contract)

PAYMENT OF SEMI-ANNUAL DEBT SERVICE FOR 2013 INDUSTRIAL DEVELOPMENT BONDS

Motion by Supervisor Deanes to pay the semi-annual debt service for 2013 Industrial Development Bonds in the amount of \$818,630.92.

– Second by Supervisor Lummus.

(See Exhibit “G” - Invoice from Regions Bank).

EMPLOYEE ASSISTANCE PROGRAM CONTRACT

Motion by Supervisor Lummus to approve the Employee Assistance Program Contract between the County and Community Counseling Services for the purpose of helping county employees, their spouses and dependent children with counseling for mental health and/or substance abuse related problems.

– Second by Supervisor Chandler.

(See Exhibit "H" - CCS Contract).

STATE CONTRACT RENTAL AGREEMENT FOR TELECOPIER

Motion by Supervisor Horton to approve the State contract rental agreement with Magnolia Business System for the telecopier in the Chancery Clerk's office.

– Second by Supervisor Lummus.

(See Exhibit "I" - Magnolia Business Systems Rental Agreement and Equipment Fact Sheets).

CONTRACT FOR WESTLAW IN LAW LIBRARY

Motion by Supervisor Horton to approve the contract with Westlaw for the law library in the courthouse.

– Second by Supervisor Chandler.

(See Exhibit "J" - Product Order)

USE OF ENON ROAD TOWER BY AMBULANCE SERVICE

Motion by Supervisor Lummus to continue use of Enon Road Tower by Ambulance Service, while the Ambulance Service transitions to MSWIN Radio System. Use of the tower should not exceed three months.

– Second by Supervisor Chandler.

CONSTABLES FEE INCOME STATEMENT

Motion by Supervisor Deanes to authorize and pay Constables net monthly gross fee income.

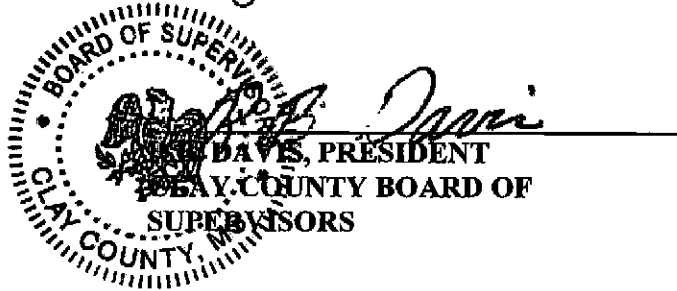
– Second by Supervisor Horton.

(See Exhibit "K" - Constable Contribution and Wages).

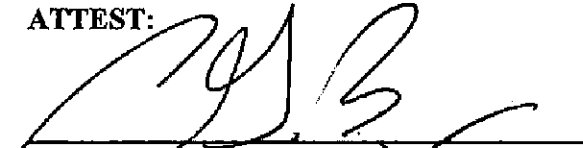
ADJOURN

Motion by Supervisor Deanes to adjourn until Monday, February 4, 2019, at 9:00 a.m.
– Second by Supervisor Horton.

DATED this the 24th day of January, 2019.



ATTEST:



AMY G. BERRY, CHANCERY CLERK
CLERK OF THE CLAY COUNTY
BOARD OF SUPERVISORS

[

EXHIBIT A

[

**Clay County Board of Supervisors
Agenda for Regular Meeting
Thursday, January 24, 2019 at 9:00 a.m.**

- Call to Order
- Welcome and Prayer
- Adopt and Amend Agenda
- Paige Lamkin
 - Refund request for wrong parcel paid
 - Authority to void a receipt
- Eddie Scott
 - Authority to submit applications for two grants – 50/50
 - Firehouse Subs Grant
 - American Police and Sheriff's Association - Grant Opportunity
 - Authority to salvage SD1654 and relinquish to Travelers to receive a net \$7,584.00
- Treva Hodge
 - E911 Appointment for Commission
- Authority to spread on the minutes the Certificate of Training as received from Circuit Clerk Bob Harrell
- Authorize and approve to spread on the minutes Chancery Court order reappointing Court Reporters for new term
- Authorize to spread on the minutes the proof of publication for January 8, 2019 for out of state travel on Supervisor Deanes
- Amy Berry
 - Approve to engage with Butler Snow to file the County's Continuing Disclosure FY 2018
 - Approve to pay the semi-annual debt service payment for the 2013 Industrial Development Bonds in the amount of \$ 818,630.92
 - Approve of the Employee Assistance Program Contract
 - Approve State contract rental agreement with Magnolia Business for Copier in Chancery
 - Approve contract with Westlaw for the Law Library
 - Utilities on tower located at Enon Road to be used by Ambulance Service
- Authorize and approve to pay the Constables the net monthly gross fee income
- Adjourn until Monday, February 4, 2019, at 9:00 a.m.

Amendments:

Trustmark

January 17, 2019
Mortgage Loan 4181263

Clay County
PO BOX 795
West Point, MS 39773

Dear: Clay County

On behalf of Trustmark National Bank, please be advised that Trustmark paid the wrong parcel 081D17A0170000 in the amount of \$641.05 for our mortgage loan collateral 155 Hamlin Rd, West Point MS. The correct parcel is 081D17A0190100.

Please refund the erroneous parcel paid of \$641.05 to the address listed below so we may update the tax reporting correctly.

If you have any questions, please don't hesitate to contact me at 1-800-844-2400

Sincerely,

Mortgage Administration
Tax Division
PO Box 522
Jackson, MS 39205

Trustmark National Bank / Mortgage Banking Administration / P. O. Box 522 / Jackson, MS 39205

**CLAY COUNTY
REAL ESTATE TAX STATEMENT
FOR THE TAX YEAR 2018**

TAXES PAYABLE NOW
*** DELINQUENT FEBRUARY 1, 2019

MCCORMICK ROBIN Y
297 ROSEDALE DR
WEST POINT MS 39773

THE HOLDER OF THIS STATEMENT IS
REQUESTED TO EXAMINE IT THOROUGHLY AND
SHOULD THERE BE A MISTAKE, RETURN IT
IMMEDIATELY TO THIS OFFICE FOR
CORRECTION OR THIS OFFICE IS NOT
RESPONSIBLE

Account #:

| | | | | | | |
|--|---------------------|------------------------------|---------------------------------------|--------------------------------|------------------------|----------------------|
| Parcel Number: 081D 17A | | Receipt Nbr: 0190100 | Land Owner Name: MCCORMICK ROBIN Y | | | |
| Legal Description: Sec-Twn-Rng: 17-17 -06E Acres: 1.26 Forestry Acres: .00 S 17 T 17 R 06 1.26 AC IN NW 1/4 NE 1/4 DB 296/407 | | | | | | |
| District: 3110 | TRUE: ASSESSSED: | Land Value: 12008 1801 | Building Value: 80261 12039 | Total Value: 92269 13840 | Milage Rate: .04959 | Gross Tax: 686.33 |
| DISTRICT 3 INSIDE CITY SEP SCH Homestead Credit Amount: | | | | | | |
| <u>Tax Entities:</u> | <u>Mills:</u> | <u>Percent:</u> | <u>Tax:</u> | <u>Drainage/Special Taxes:</u> | <u>Tax Amount:</u> | |
| COUNTY TAX: | .049590 | 100.00 | 686.33 | | | |
| | | | | Interest | | |
| | | | | Publ. Cost | | |
| TOTAL : | .049590 | 100.00 | 686.33 | | | |

| | |
|-------------------|--------|
| Gross Tax Amount: | 686.33 |
| LESS Credit | .00 |
| PLUS SPL. TAX.... | .00 |
| Forestry Tax..... | .00 |
| | ===== |
| NET TAX AMOUNT .. | 686.33 |
| Voluntary Tax ... | |
| | ===== |
| Total with Vol. : | 686.33 |

Parcel Number: 081D 17A 0190100
Receipt Number: 2018 7066-00
Account #:

MAKE CHECKS PAYABLE TO:
PAIGE LAMKIN, Collector
P O BOX 795
WEST POINT MS 39773

Please Return Statement with Payment

Correct parcel

0170000

Collection Date: 1/10/2019

ORIGINAL AMT PREV COL~D CURRENT DUE AMT COL~D

| | | | | |
|--------------------------|--------|--------|-----|--|
| Property Tax..... | 641.05 | 641.05 | | |
| Assessment..... | | | | |
| Property Tax..... | | | | |
| Interest Fees..... | | | | |
| Printer Fees..... | | | | |
| Recording Fees..... | | | | |
| Miscellaneous Charges... | | | | |
| TOTAL AMOUNT..... | 641.05 | 641.05 | .00 | |

TAXES PAID BY: GRIGGS GALE Y

METHOD: CK CHECK

CK#:

Collected By: PLAMKIN

Collection Number:

4697

MINIMUM DUE:

.00

Option: 4=Void Payment 5=View Payment Detail

| <u>T</u> | <u>PMT#</u> | <u>DATE PAID</u> | <u>AMOUNT PD</u> | <u>PAID BY</u> | <u>COL~D BY</u> | <u>VOID</u> |
|----------|-------------|------------------|------------------|----------------|-----------------|-------------|
| | 001 | 12/20/2018 | 641.05 | TRUSTMARK | ALICE | |

F5=Post Payment/Print Receipt
F9=View Receipt Record

F6=Post Payment/No Print
F12=Cancel

F8=Reprint Receipt

*Incorrect paral paid
Trustmark*

CLAY COUNTY TAX COLLECTOR
 PAIGE LAMKIN
 Real Property Change Form

Parcel Id : 082D415F 0190000 Change Number: 201800002
 Assessment Year: 2018 Change Type: CHANGE
 Name and Address: REGIONAL FOUNDATION FOR MENTAL Date Effective 12/10/2018
 P O BOX 1336 14:59:27
 WEST POINT MS 39773 Date Modified: 12/10/2018
 Operator ID: PLAMKIN

REDWINE CIRCLE PT I S-T-R: 15-17-06E Acres:
 DB 296/594 LOT 45

| | <u>Previous</u> | <u>Current</u> | <u>Difference</u> |
|-------------------|-----------------|----------------|-------------------|
| Tax District | 5110 | 5110 | |
| Asd Cul Land | 1290 | 1290 | |
| Asd Unc Land | | | |
| Asd Imp Val | 3905 | 3905 | |
| Asd Tot Val | 5195 | 5195 | |
| Advalorem Tax | 256.22 | 256.22 | |
| Reg Hmstd Val | | | |
| Reg Hmstd Credit | | | |
| Spcl Hmstd Val | | | |
| Spcl Hmstd Credit | | | |
| Agri Acres | | | |
| Market Acres | | | |
| Timber Acres | | | |
| Timber Tax | | | |
| Imp. Dist: | | | |
| : | | | |
| : | | | |
| : | | | |
| : | | | |
| : | | | |
| Total Tax | 256.22 | 256.22 | |

REASON: EXEMPT FROM TAXES - SHOULD NOT HAVE BEEN BILLED

I hereby certify that the above correction should be made by the Collector.

Paige Lamkin
 Assessor

I hereby certify that the above correction has been made.

Paige Lamkin
 Collector

I hereby certify that the above correction will be incorporated in the final settlement

 Deputy Clerk

[

EXHIBIT B

[

SAMPLE- Visit FirehouseSubsFoundation.org to apply online.



Firehouse Subs Public Safety Foundation
Grant Application

SAMPLE

SAMPLE- Visit FirehouseSubsFoundation.org to apply online.
Congratulations! Your organization has met Firehouse Subs Public Safety Foundation's pre-qualification criteria to be considered for a grant.

STOP HERE & PRINT THIS PAGE.
You will not be able to return to this page.

Thank you for your interest in Firehouse Subs Public Safety Foundation, where we are committed to giving back to communities by supporting first responders and public safety organizations with life-saving equipment and funding resources.

Grants are considered on a quarterly basis by the Foundation's Board of Directors, and ALL applicants will be notified of a decision regarding their application within six weeks of the close of the grant deadline.

PLEASE APPLY EARLY

Due to the large number of applications, technical assistance is available at foundation@firehousesubs.com until two weeks before the deadline. Any inquiries received after that time will not be addressed until the next grant cycle.

PLEASE:

- **DO NOT** send email inquiries to the Firehouse Subs Care Center or through the Firehouse Subs EMS survey.
- **DO NOT** phone the Firehouse Subs main office or Firehouse Subs restaurants with grant inquiries.

The grant process is a partnership. We greatly appreciate your cooperation and compliance.

A PRINTABLE COPY OF THE APPLICATION FORM CAN BE DOWNLOADED HERE.
THE PDF IS AVAILABLE AS A REFERENCE FOR YOUR CONVENIENCE, IT IS NOT MEANT TO BE SUBMITTED.

SAMPLE- Visit FirehouseSubsFoundation.org to apply online.
APPLICATION GUIDELINES AND REQUIRED ATTACHMENTS

STOP HERE & PRINT THIS PAGE.
You will not be able to return to this page.

Please prepare the following attachments before you continue. We cannot consider your application if any of the required information is missing.

- **Background/History**

- Brief history of your department or organization, and how this grant will benefit your community

- **Vendor Equipment Quote**

*You must provide an official vendor quote with the following information for your grant request to be considered. Submitted quotes **MUST** meet the requirements below, please read carefully:*

- **Only one vendor quote can be submitted, our organization no longer accepts multiple quotes. If more than one quote is submitted, your application will be marked incomplete**
- Online quotes will not be accepted
- Must be dated within six months of the application deadline
- Vendor sales representative first and last name & vendor email address must be included
- The name & *physical* address of your organization, and a contact person from your organization must be included
- Must contain *only* the item(s) pertaining to your grant request
- The total dollar amount and equipment quantities in the vendor quote **MUST MATCH** the total that your department is requesting
- Include sales tax if applicable and an estimated freight charge if applicable
- The cost of maintenance plans and extended warranties are not permissible
- Firehouse Subs Public Safety Foundation will not be responsible for restocking fees or costs related to errors within your quote
- Firehouse Subs Public Safety Foundation will not be responsible for additional shipping costs or tax not included in the submitted quote

Note: When requesting a quote from a vendor, we highly recommend sharing our quote requirements with the sales representative and making them aware the quote is for a Firehouse Subs Public Safety Foundation grant application.

- **Most Recent Financial Information**

Your financials must be no more than two years old, and meet the requirements below. One of the following options must be submitted.

- A recent - within one month - Balance Sheet which consists of Assets and Liabilities
- A recent - within one month - Profit & Loss Statement also called an Income Statement
- A current year annual budget showing projected income and expenses
- A previous year audit or 990

Note: Financials must show revenue and expenses.

- **Equipment Inventory**

- Please include a list of apparatus such as vehicles and other major equipment. The lists we receive vary in length depending on the size of the department.

SAMPLE- Visit FirehouseSubsFoundation.org to apply online.

For more details, please reference the **FREQUENTLY ASKED QUESTIONS & TIPS** on the next page.

FREQUENTLY ASKED QUESTIONS & TIPS

*STOP HERE & PRINT THIS PAGE.
You will not be able to return to this page.*

Please Apply Early.

Technical assistance is available through foundation@firehousesubs.com until two weeks prior to the grant deadline. Please **do not** contact area restaurants or Firehouse Subs Care Center with grants questions.

What does the Firehouse Subs Public Safety Foundation support?

Our Mission is to impact the lifesaving capabilities, and the lives of local heroes and their communities. This is accomplished by providing lifesaving equipment and prevention education tools to first responders and public safety organizations. Requests such as event sponsorships, exercise equipment, and family support services are not supported by our Foundation. See below for more information.

Is this grant only available for Fire Departments?

No. Law enforcement, EMS, public safety organizations, non-profits and schools are encouraged to apply for lifesaving equipment.

If my organization has received a grant award from Firehouse Subs Public Safety Foundation in the past, when can we reapply?

We ask that grant recipients wait a minimum of two years from the time of approval before reapplying.

What are the most common reasons a grant application is marked incomplete?

- Online quotes are not permissible
- Quote does not match the dollar amount or quantity requested in the grant application
- Quote is missing pertinent vendor and/or applicant contact information
- Quote includes item(s) that are not being requested in the grant
- Attachments are uploaded that don't pertain to the grant
- Attachments are missing
- Attachments that are not saved as .doc, .pdf, jpeg or .xlsx
- Financials are outdated or do not include both revenues and expenses
- Alternate contact information is missing

Can an individual apply for a fire school or police academy scholarship?

No, however, the Foundation may partner with accredited schools for scholarship programs for individuals pursuing or advancing their career in the public safety sector.

Is the Firehouse Subs Public Safety Foundation grant a matching grant?

There are no matching funds involved in our organization's grants program.

If my request is more or less than \$20,000 will it be denied?

\$15,000-\$25,000 is a guideline. Requests exceeding \$50,000 will not be accepted.

What financial information should we provide?

We look for a balance of funds and financial stability. **Your financials must include both revenue and expenses and meet the requirements listed below.** One of the following options must be submitted:

- A recent - within one month - Balance Sheet which consists of Assets and Liabilities
- A recent - within one month - Profit & Loss Statement also called an Income Statement
- A current year annual budget showing projected income and expenses
- A previous year audit or 990 – If your organization is funded by a local government, you may only have a budget for your department. Please submit the local government's audited financials, along with your specific department's budget if this is the case. These are often available on your city's website.

Note: Financials must show revenue and expenses.

What is needed for the required vendor quote attachment?

NOTE: our organization accepts one vendor quote per application, multiple quotes will not be accepted. You must provide an official vendor quote with the following information for your grant request to be considered to be grant-eligible. Submitted quotes **MUST** meet the requirements below, please read carefully

- **Only one vendor quote can be submitted, our organization no longer accepts multiple quotes.** If more than one quote is submitted, your application will be marked incomplete
- Online quotes will not be accepted
- Must be dated within six months of the application deadline
- Vendor sales representative first and last name & vendor email address must be included
- The name & physical address of your organization, and a contact person from your organization must be included
- Must contain *only* the item(s) pertaining to your grant request
- The total dollar amount and equipment quantities in the vendor quote **MUST MATCH** the total that your department is requesting
- Include sales tax if applicable and an estimated freight charge if applicable
- The cost of maintenance plans and extended warranties are not permissible
- Firehouse Subs Public Safety Foundation will not be responsible for restocking fees or costs related to errors within your quote
- Firehouse Subs Public Safety Foundation will not be responsible for additional shipping costs or tax not included in the submitted quote

Note: When requesting a quote from a vendor, we highly recommend sharing our quote requirements with the sales representative and making them aware the quote is for a Firehouse Subs Public Safety Foundation grant application.

What inventory information should I provide?

Please include a list of apparatus such as vehicles, special equipment and other major equipment. The inventory list will vary according to the size and type of department.

SAMPLE- Visit FirehouseSubsFoundation.org to apply online.

If my department is located more than 60 miles from a Firehouse Subs restaurant, should I still apply?

Our Foundation mainly focuses its resources in areas served by Firehouse Subs restaurants. We recognize the need of rural and volunteer departments throughout the country, and will consider applications outside of the 60 mile guideline.

When can we expect to find out if our grant has been approved or denied?

ALL applicants will be notified of a decision regarding their application within six weeks of the close of the grant deadline. Please do not contact restaurants or the Firehouse Subs Care Center with questions regarding your grant. For technical assistance or questions other than grant status, email foundation@firehousesubs.com. We offer technical assistance until two weeks before the grant deadline.

Does Firehouse Subs Public Safety Foundation fund requests for "use of force"?

As per our guidelines, Firehouse Subs Public Safety Foundation does not accept grant requests for "use of force" items such as guns or tasers.

Are there items that your Foundation does not support?

All requests must fall within our Foundation's funding guidelines which can be found on our website via firehousesubsfoundation.org/about-us/funding-areas. Examples of items that are not supported by our board of directors at this time include power load systems, exercise equipment, radar detectors, body cameras, recording devices, Narcan, safety education robots and costumes, and use of force equipment. Our organization does not accept requests for unmanned aerial vehicles/drones at this time.

Does the Foundation only work with specific equipment vendors?

No, the Firehouse Subs Public Safety Foundation does not endorse any specific equipment vendor or brand. It is up to the grant applicant to submit a quote for the requested equipment which will include the brand and manufacturer. As needed, the Foundation's procurement team will evaluate pricing and reach out to other distributors of the same manufacturer and brand.

Does the Foundation fund requests for refurbished equipment?

No, our organization does not accept grant requests for refurbished or pre-owned equipment.

Does the Foundation accept requests for partial funding?

The Foundation does consider request for partial funding, however, the balance of funds must already be secured and outlined within your grant request. We recommend including a note about the project and the secured funding as part of your organization's background/history attachment.

ACCOUNT REGISTRATION

Applicant First Name _____ Last Name _____

Title _____

Email: _____ (we prefer an official email address for your organization/department)

*Please note, this information cannot be edited once submitted.

APPLICANT and DEPARTMENT INFORMATION
Firehouse Subs Public Safety Foundation
Grant Application

Organization/Department: (this must be your organization's official name) _____

Department Tax ID # (xx-xxxxxxx): _____

Mailing Address 1: _____

Mailing Address 2: _____

City, State & Zip Code: _____

Shipping Address: _____

Organization Phone Number: _____

Organization Phone Ext: _____

Alternate Contact Name: (must be different from applicant name) _____

Alternate Contact Phone Number: (must be different from applicant phone number) _____

Alternate Contact Ext: _____

Alternate Contact Email Address: (must be different from applicant email) _____

Communities Served: _____

Population: _____

Number of Runs/Calls for Service per Year (for fire, EMS and police only): _____

Local Approval Pre-Qualifications (Select the option that applies to your department/organization)

- As required by our community, this request has been presented and approved by our local government as part of our process when applying for external funding.
- Our jurisdiction requires approval from local officials once the award is granted.
- Our jurisdiction does not require pre-approval from local officials.

APPLICATION REQUEST INFORMATION

Please select the type of grant you are requesting:

Equipment Donation/Prevention Education Items

Scholarships/Continuing Education

- Please note, our Foundation only reviews scholarship/continuing education grants connected with accredited schools
- For all-terrain wheelchair grant applications, email foundation@firehousesubs.com to request a paper all-terrain wheelchair grant application, and please title the email All-Terrain Wheelchair Grant Request

EQUIPMENT DONATION/PREVENTION EDUCATION ITEMS

The Foundation will determine the procurement method if your grant is approved. The equipment purchase will be implemented in one of two ways:

1) The Foundation Team will purchase the requested equipment on your behalf, and the vendor will ship it directly to your organization. Upon delivery, you must email a *signed & dated* copy of the packing slip to the Foundation.

OR

2) You will receive a Memo of Understanding from the Foundation. Once it is signed by both parties, you will receive a check to make your purchase according to the vendor quote. After you receive your equipment, you must email *signed and dated* copies of all invoices to the Foundation within one week of delivery.

What Equipment are you requesting? Please include the quantity of each item. _____

Vendor company name: _____

Sales representative first and last name: _____

Sales representative email address: _____

What is the TOTAL cost of the equipment? (including sales tax and shipping, where applicable) _____

I understand that in order to be considered for funding, the total dollar amount and equipment quantities listed on the submitted quote must match the total above.

Has your department applied for this specific request in the past and been denied?

_____ Yes _____ No

If yes, how many times, prior to this application, has this request been submitted? _____

Briefly explain how the equipment will benefit your community and your department.

SAMPLE- Visit FirehouseSubsFoundation.org to apply online.
This would have a direct impact on more than _____ children and _____ senior citizens in our community. (For prevention education items.)

SCHOLARSHIPS/CONTINUED EDUCATION REQUESTS

Please note:

Our Foundation only reviews scholarships/continuing education grants connected with accredited schools.

For all-terrain wheelchair grant applications, please email foundation@firehousesubs.com to request a paper All-Terrain Wheelchair Grant Request.

If you are requesting funds for scholarships or continued education:

How do you plan to use the funds requested? _____

What is the amount of funding you are requesting? _____

Has your department applied for this specific request in the past and been denied?

____ Yes ____ No

If yes, how many times, prior to this application, has this request been submitted? _____

Please provide a detailed description of how the funding will assist your department:

What positive effects will the funds specifically have? Please use statistics when possible.

COMMUNITY IMPACT

Have you unsuccessfully reached out to the city for funds to purchase the equipment?

Was there a particular instance where a life would have been positively impacted if you would have had the equipment available?

What positive effects will the funds specifically have? Please use statistics when possible.

FIREHOUSE SUBS RELATIONSHIP

Address of Firehouse Subs location nearest you:

How far is this location from your department? _____ Miles

How did you hear about our organization? _____

Has your department received funding from Firehouse Subs Public Safety Foundation in the past two years?
This information will be verified, if submitted incorrectly it will result in an automatic denial. Yes No

It is strongly recommended and greatly appreciated that your organization acknowledges the donation by displaying our Foundation logo on donated items/equipment whenever possible. Please note that the artwork will need to be approved by our Foundation team before being displayed.

If approved for funding we may facilitate a media presentation/press event at a local Firehouse Subs restaurant to demonstrate the equipment and acknowledge the donation. It may take up to a year depending on location and donation delivery timeframe. In the meantime, we ask that any immediate media announcements regarding the grant award be approved by the Foundation.

By applying, you grant Firehouse Subs Public Safety Foundation (the "Foundation") permission to use your organization's name and identifying trademarks in connection with this application and in connection with the Foundation's solicitations for support.

Initial Acceptance

PIO (Public Information Officer) Name: _____

(If you do not have a PIO, please list a contact for event planning and publicity. This individual will need to be readily available by email and phone.)

PIO e-mail: _____ PIO phone number: _____

SAMPLE- Visit FirehouseSubsFoundation.org to apply online.

FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION
PRINT/VIDEO RELEASE

Applicant First and Last Name: _____

Applicant Organization: _____

Date: _____

The undersigned representing the organization listed above, and its members, hereby grants Firehouse Subs Public Safety Foundation, Inc., Firehouse Restaurant Group, Inc. (including its subsidiaries and affiliates) and its officers, directors, nominees, designees, successors; and assigns (hereinafter called "Producer"), permission to use, sell, assign, convey, reproduce, copyright, and publish images or visual likenesses, names, and/or voices ("Personal Information") in any motion picture, videotape, photograph, sound or other recording, and/or other media for commercial, informational, educational, advertising, or promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product or the advertising copy which may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless Producer from any liability of any nature or description by virtue of any use whatsoever of my Personal Information, whether intentional or otherwise, including but not limited to any change that may occur or be produced in the taking of said pictures or images or in the recording of any sound, or in any processing in connection with the completion of the finished product.

I Accept the Terms of the Agreement

Section IV - Equipment Request

1. List the requested items.

- Item 1/Qty/price:
- Item 2/Qty/price:
- Item 3/Qty/price:

2. On a separate page:

- Describe the agency's need for these items
- Explain how the requested equipment will increase officer safety
- Discuss why the items are not available through federal or state grants.

PLEASE NOTE

Should APSA fulfill your grant application, we will email you an agreement to sign in which you agree to:

- Use the funds granted to us by APSA for the purpose described above within 90 days of receipt of them.
- Provide us with copies of the receipts for the purchased items
- Send us a digital picture of the items, preferably with officers using them
- Give us permission to post the grant information and picture on our website.

RETURN THE COMPLETED FORM TO:
APSA, PO Box 52, Ste. Genevieve, MO 63670

[

EXHIBIT C

[

CERTIFICATE OF TITLE

Form 79-001-11-7-1-000

STATE OF MISSISSIPPI

ORIGINAL

| VEHICLE IDENTIFICATION NUMBER | MAKE | YEAR | MODEL | BODY | TITLE NUMBER |
|-------------------------------|-------------------------------------|----------|------------|-----------------|--------------|
| 2C3CDXAG8DH570873 | DODG | 2013 | CPO | 4D | G417482-02 |
| TITLE DATE | DATE OF FIRST SALE FOR USE NEW ONLY | NO. CYL. | NEW / USED | TYPE OF VEHICLE | PASS. OR GVW |
| 02142017 | | 06 | X | PASS | 000 |

ODOMETER - TENTHS NOT INCLUDED

082000

ACTUAL MILEAGE

OWNER

CLAY COUNTY MS
P O BOX 815
WEST POINT MS 39773

1ST LIENHOLDER (OR OWNER IF NO LIEN)

CLAY COUNTY MS
P O BOX 815
WEST POINT MS 39773

DATE:

MONTH | DAY | YEAR

2ND LIENHOLDER

DATE:

MONTH | DAY | YEAR

LIEN SATISFACTION: THE UNDERSIGNED HOLDER OF ABOVE DESCRIBED LIEN(S) ON THE MOTOR VEHICLE DESCRIBED HEREON HEREBY ACKNOWLEDGES SATISFACTION THEREOF.

1ST LIEN

(LIENHOLDER)

BY

(SIGNATURE AND TITLE)

THIS

DAY OF

20

2ND LIEN

(LIENHOLDER)

BY

(SIGNATURE AND TITLE)

THIS

DAY OF

20

IN WITNESS WHEREOF I HAVE HEREUNTO SET MY HAND THIS

THE

14 DAY OF

FEBRUARY

20

17

17044030437

00277

The Mississippi Department of Revenue hereby certifies that on application duly made, the person named herein is registered by this office as the lawful owner of the vehicle described subject to the liens or security interests as may subsequently be filed with the Mississippi Department of Revenue. This certificate of title is issued pursuant to the Mississippi Motor Vehicle Title Law Section 63-21-1, Mississippi Code of 1972, and subject to the provisions thereof.



CONTROL NUMBER

21783094

MISSISSIPPI DEPARTMENT OF REVENUE

Herb Frierson

VOID IF ALTERED

*****NOTICE: ANY ALTERATION OR ERASURE VOIDS THE ASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW*****

Federal and State Law requires that you state the mileage in connection with the transfer of ownership. Failure to complete, or providing a false statement, may result in fines and/or imprisonment.

ASSIGNMENT OF TITLE BY REGISTERED OWNER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address, with warranty to be free of all encumbrances except as shown at bottom of page.

Name _____ Address _____

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

CAUTION: READ CAREFULLY BEFORE YOU CHECK A BLOCK

- 1. The mileage stated is in excess of its mechanical limits.
- 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY

ODOMETER READING (No Tenth)

SELLER: Stov County MS

Signature(s): [Signature]

Printed Name(s): Stov County MS

Date of Sale _____

I am aware of the above odometer certification made by seller

BUYER: Signature(s) _____ Printed Name(s) _____

FIRST RE-ASSIGNMENT BY LICENSED DEALER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address, with warranty to be free of all encumbrances except as shown at bottom of page.

Name _____ Address _____

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

CAUTION: READ CAREFULLY BEFORE YOU CHECK A BLOCK

- 1. The mileage stated is in excess of its mechanical limits.
- 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY

ODOMETER READING (No Tenth)

DEALER OR AGENT:

Signature(s) _____ Printed Firm Name _____

Date of Sale _____

I am aware of the above odometer certification made by seller

BUYER: Signature(s) _____ Printed Name(s) _____

SECOND RE-ASSIGNMENT BY LICENSED DEALER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address, with warranty to be free of all encumbrances except as shown at bottom of page.

Name _____ Address _____

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

CAUTION: READ CAREFULLY BEFORE YOU CHECK A BLOCK

- 1. The mileage stated is in excess of its mechanical limits.
- 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY

ODOMETER READING (No Tenth)

DEALER OR AGENT:

Signature(s) _____ Printed Firm Name _____

Date of Sale _____

I am aware of the above odometer certification made by seller

BUYER: Signature(s) _____ Printed Name(s) _____

THIRD RE-ASSIGNMENT BY LICENSED DEALER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address, with warranty to be free of all encumbrances except as shown at bottom of page.

Name _____ Address _____

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

CAUTION: READ CAREFULLY BEFORE YOU CHECK A BLOCK

- 1. The mileage stated is in excess of its mechanical limits.
- 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY

ODOMETER READING (No Tenth)

DEALER OR AGENT:

Signature(s) _____ Printed Firm Name _____

Date of Sale _____

I am aware of the above odometer certification made by seller

BUYER: Signature(s) _____ Printed Name(s) _____

LIENHOLDER TO BE SHOWN ON NEW TITLE

lien in favor of _____

whose address is _____

SCRAPED, DISMANTLED, OR DESTROYED VEHICLE - This is to be filed in by Vehicle Owner, Certificate of Title must be mailed or delivered to the Mississippi Department of Revenue. User hereby warrants that the vehicle described on the reverse side of this Certificate was scrapped, dismantled, or destroyed on _____

Omnibus Signature

Stanley Lee

From: Cianfarani,Dante F <DCIANFAR@travelers.com>
Sent: Friday, January 04, 2019 4:08 PM
To: SLEE@CLAYSHERRIFFMS.ORG
Subject: Travelers claim# FEA4415-001
Attachments: Total Loss Valuation Report.pdf; FEDEX.PDF

Good afternoon.

I will be the adjuster handling this total loss. As you may know already, the vehicle has been deemed a total loss. After considering all of your vehicle's options, mileage, and general condition, in accordance with State Insurance Department Regulation, we have determined the actual cash value (ACV) to be listed in the attached report. Please bear in mind that taxes are not paid to municipalities, unless otherwise explained differently by you. A deductible of \$500.00 will be applied on this settlement and based on the loss type. The actual figures are as follows:

ACV: \$8,075.00
TAX exempt
-DEDUCTIBLE: \$500.00
TITLE FEES: \$9.00
~~Total Settlement: \$7,584.00~~

Attached is a FedEx label and below are title signing instructions to immediately expedite the title and business card of signor.

Has the equipment been removed from vehicle as of yet and if not, what is the plan to do so?
**When ready, please forward me the following if applicable:

- Invoices or quote for decals -
- Invoices or quote for equipment needing replacement- damaged equipment is to remain in the loss vehicle
- Invoices for removal and installation labor -

Thank you and we look forward to hearing from you!

Here are step-by-step instructions to properly complete, endorse and mail your title document to us. Please follow these steps carefully and call me if you have questions.

1. Input the mileage of 134,297 in the odometer section please

2. ** Sign your name exactly as it appears on the title in the SIGNATURE OF SELLER(s) area-
3. ** Print your name exactly as it appears on the title in the NAME OF SELLER(s) area- (business name)
Note: If more than one person is listed as Owner, both should print and sign
4. Return the signed title to Travelers using the attached FedEx Label

****If titled under a business or entity name- sign your authorized name with your title at company hyphenated after. Print the name of the company or entity****

***** provide a business card or letter of authorization to accompany title if this is the case *****

Please call me immediately if any mistakes are made on the title or if you have any questions about the process.

Thank you,

THIS EXAMPLE IS PROVIDED AS A GUIDE ONLY. COMPLETE, SIGN AND SUBMIT YOUR ORIGINAL TITLE.

***** BACK OF TITLE *****

The Phoenix Insurance Company
 Po Box 430
 Buffalo, NY 14240-0430

01/01/2019

Clay County Board Of
 Po Box 815
 West Point MS 39773-0815

Claim Acknowledgment

| | | | | |
|---|-------------------|---|---|------------------------------|
| CLAIM # FEA4415 | LOSS DESIG. AB | ADJ. OFFICE 007 | FIELD OFFICE NAME | REPORTING STATE |
| CLAIM HANDLER Casey Thornburg | | PHONE NUMBER (610)736-2554 | | SUPERVISOR MMG |
| ACCOUNT INFORMATION | | | | |
| PARENT COMPANY NAME Clay County Board Of | | | ACCOUNT NAME Clay County Board Of | |
| RISK LOCATION ADDRESS Po Box 815 West Point MS 39773-0815 | | | MAILING ADDRESS Po Box 815 West Point MS 39773-0815 | |
| LOCATION CODE: 2G66578A810 | | | | |
| POLICY PROFILE | | | | |
| POLICY FORM HN810 | | POLICY NUMBER 2G66578A | | EFFECTIVE DATE 09/01/2018 |
| LOSS ACCIDENT INFORMATION | | | | |
| DATE OF ACCIDENT 12/27/2018 | | ACCIDENT LOCATION | | |
| TIME OF ACCIDENT | | Hwy 50 Wb+Harmon Lake Rd West Point MS 39773 | | |
| DATE REPORTED 12/28/2018 | | | | |
| DESCRIPTION OF ACCIDENT Iv driver responding to call, raining, iv hydroplaned, left road hitting light pole. | | | | |
| AUTHORITIES | | | | |
| REPORT # | | | | VIOLATION |
| SUMMONS | | | | |

The Phoenix Insurance Company
Po Box 430
Buffalo, NY 14240-0430

01/02/2019

4 County Electric Assoc.
Hwy 82 E
Columbus MS

Insured: Clay County Board Of
Claim Number: FEA4415
Claimant: 4 County Electric Assoc.
Date of Loss: 12/27/2018

Dear 4 County Electric Assoc.,

I am sorry I have been unable to reach you. I am writing to inform you that at this time we have reviewed all of the information available to us and concluded our research surrounding the accident that occurred on 12/27/2018. It is our obligation to pay, on behalf of our insured, claims in which our insured is determined to be legally liable. After reviewing all of the information presented, we have determined that our insured is not legally liable for the damages you sustained from this loss.

As a result of our investigation, we have determined that our insured is protected by government immunity under Mississippi Tort Claim Act ("MTCA"). Miss. Code Ann. § 11-46-7. Due to these facts, we are denying your claim.

If you have any questions or have additional information that you would like us to consider, please contact me at (610)736-2554 or CJTHORNB@travelers.com.

Sincerely,

Casey Thornburg
Claim Professional
Direct: (610)736-2554
Office: (800)842-9897 Ext. 736-2554
Fax: (866)874-0219
Email: CJTHORNB@travelers.com

TRAVELERS 

159

The Phoenix Insurance Company
Po Box 430
Buffalo, NY 14240-0430



Clay County Board Of
Po Box 815
West Point MS 39773-0815

MAILER 6/03

F3162C1S19003000159 00001 N

654

654

CCC ONE MARKET VALUATION REPORT

Prepared for TRAVELERS

REPORT SUMMARY

CLAIM INFORMATION

| | |
|--------------------|--|
| Owner | Clay County Board Of Supervisors West Point, MS 39773 |
| Loss Unit | SD1654 Police 2013 Dodge CHARGER POLICE 6cyl. 3.6l Sedan |
| Loss Unit Type | SPECIALTY VEHICLES |
| Loss Incident Date | 12/27/2018 |
| Claim Reported | 01/03/2019 |

The CCC ONE® Market Valuation Report reflects CCC Information Services Inc.'s opinion as to the value of the loss unit, based on information provided to CCC by TRAVELERS.

INSURANCE INFORMATION

| | |
|-------------------------|-----------------------|
| Report Reference Number | 91356026 |
| Claim Reference | FEA4415001 |
| Adjuster | Phinisee, Billie Jean |
| Appraiser | Edwards, Sean |
| Odometer | 134,297 |
| Last Updated | 01/03/2019 04:17 PM |

VALUATION SUMMARY

| | |
|-----------------------|--------------------|
| Base Value | \$ 8,075.00 |
| Adjusted Value | \$ 8,075.00 |
| DMV | + \$ 9.00 |
| Deductible | - \$ 500.00 |
| Total | \$ 7,584.00 |

The total may not represent the total of the settlement as other factors (e.g. license and fees) may need to be taken into account.

BASE VALUE

This is derived from comparable unit(s) available or recently available in the marketplace at the time of valuation, per our valuation methodology described on the next page.

Inside the Report

| | |
|-------------------------------|---|
| Valuation Methodology..... | 2 |
| Loss Unit Information..... | 3 |
| Comparable Units..... | 6 |
| Valuation Notes..... | 8 |
| Supplemental Information..... | 9 |

[

EXHIBIT D



Certificate of Attendance


The University of Mississippi Law Center
Awards this Certificate to

Robert "Bob" D. Harrell, Jr.

for having attended the
Circuit Court Clerks Conference
Cabot Lodge Millsaps ~ Jackson, Mississippi
January 9-11, 2019
conducted by the
Mississippi Judicial College



Program Manager



Director

STATE OF MISSISSIPPI
COUNTY OF CLAY

I, Amy G. Berry, Chancery Clerk of Clay County, Mississippi, in and for said State and County, do hereby certify that the attached document is a true and correct copy of Order reappointing court reporter as same appears of record in 2019-0002 in the office of the Chancery Clerk in West Point, Mississippi.

Given under my hand and official seal, this the 10th day of Jan., 2019.

AMY G. BERRY, CHANCERY CLERK OF
CLAY COUNTY, MISSISSIPPI

BY: Wicki Ray, D.C.
Deputy Clerk



IN THE CHANCERY COURT OF LOWNDES COUNTY, MISSISSIPPI

**IN THE MATTER OF THE REAPPOINTMENT OF
MELISSA GRIMES AS AN OFFICIAL COURT
REPORTER OF THE FOURTEENTH CHANCERY
COURT DISTRICT**

2002-0139

ORDER REAPPOINTING COURT REPORTER

Came on this day for consideration by the Court for reappointment of Melissa Grimes as an Official Court Reporter of the Fourteenth Chancery Court District of Mississippi, and it appearing to the satisfaction of the Court that Melissa Grimes is a competent machine shorthand reporter, the Court hereby orders the following, to-wit:

It is therefore ordered, adjudged and decreed that under the provisions of Miss. Code Ann. §9-13-1 (1972), Melissa Grimes, be and she is hereby, reappointed as one of the Official Court Reporters of the Fourteenth Chancery Court District effective January 1, 2019, and for a term of four years thereafter unless sooner removed pursuant to Miss. Code Ann. §9-13-5(1972); that said Melissa Grimes shall enter into bond in the penal sum of \$2,000.00 as provided by Miss. Code Ann. §9-13-9 (1972), and take the oath as required by Miss. Code Ann. §9-13-3 (1972).

It is further ordered, adjudged and decreed that a copy of this reappointment of the above-mentioned Melissa Grimes shall be certified by the Lowndes County Chancery Clerk and that a copy of the oath and bond of the above-mentioned Melissa Grimes shall be certified by the Chickasaw County Chancery Clerk, and that copies of the same shall be filed in each of the counties of the Fourteenth Chancery Court District, to-wit: Clay, Lowndes Noxubee, Oktibbeha, Webster and Chickasaw.

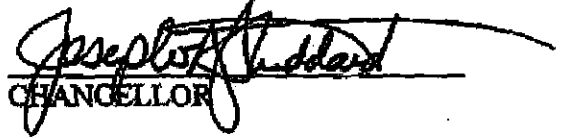
Filed On This Date
Clay County Chancery Clerk

9/192

JAN 10 2018

It is further ordered, adjudged and decreed that said bond shall be recorded at length in the bond record book of Chickasaw County, Mississippi.

SO ORDERED, ADJUDGED AND DECREED this the 2nd day of January, 2019.


CHANCELLOR

10/192

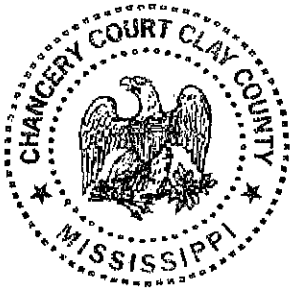
STATE OF MISSISSIPPI
COUNTY OF CLAY

I, Amy G. Berry, Chancery Clerk of Clay County, Mississippi, in and for said State and County, do hereby certify that the attached document is a true and correct copy of order setting compensation of court reporter as same appears of record in 2019-0002 in the office of the Chancery Clerk in West Point, Mississippi.

Given under my hand and official seal, this the 10th day of Jan., 2019.

AMY G. BERRY, CHANCERY CLERK OF
CLAY COUNTY, MISSISSIPPI

BY: Vicki Ray, D.C.
Deputy Clerk



IN THE CHANCERY COURT OF LOWNDES COUNTY, MISSISSIPPI

**IN THE MATTER OF COMPENSATION OF
MELISSA GRIMES AS AN OFFICIAL COURT
REPORTER OF THE FOURTEENTH CHANCERY
COURT DISTRICT AND FOR THE APPOINTMENT
OF HER SALARY AMONG THE COUNTIES WITH
THE DISTRICT**

2002-0139

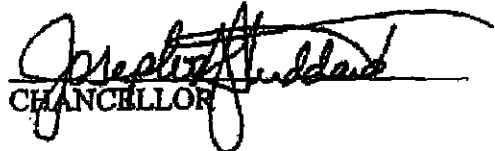
ORDER SETTING COMPENSATION FOR COURT REPORTER

There having come on for consideration the matter of the compensation of the Chancery Court Reporter, Melissa Grimes, and having considered the same, it is hereby ordered by the undersigned Judge of the Fourteenth Judicial Chancery Court District that the salary for said Court Reporter, Melissa Grimes, is hereby set as provided by law at \$60,609.40 per year, plus benefits, and prorated between the counties as follows:

| <u>County</u> | <u>Percentage</u> | <u>County</u> | <u>Percentage</u> |
|---------------|-------------------|---------------|-------------------|
| Lowndes | 34.783% | Clay | 8.696% |
| Oktibbeha | 21.739% | Noxubee | 8.696% |
| Chickasaw | 17.391% | Webster | 8.696% |

Said salary shall remain in effect until further Order of this Court.

SO ORDERED, this the 2nd day of January, 2019.


CHANCELLOR

11/192

Filed On This Date
Clay County Chancery Clerk

JAN 10 2018

Amy G. Berry
Chancery Clerk

STATE OF MISSISSIPPI
COUNTY OF CLAY

I, Amy G. Berry, Chancery Clerk of Clay County, Mississippi, in and for said State and County, do hereby certify that the attached document is a true and correct copy of Order as same appears of record in 2019-0002 in the office of the Chancery Clerk in West Point, Mississippi.

Given under my hand and official seal, this the 14th day of January 2019.



AMY G. BERRY, CHANCERY CLERK OF
CLAY COUNTY, MISSISSIPPI

BY: Wicki Ray, D.C.
Deputy Clerk

IN THE CHANCERY COURT OF CHICKASAW COUNTY, MISSISSIPPI
SECOND JUDICIAL DISTRICT

IN RE: APPOINTMENT OF LEIGH B. PETTIT
AS OFFICIAL COURT REPORTER OF THE
FOURTEENTH CHANCERY COURT DISTRICT OF MISSISSIPPI
2007-2066-RPF
CAUSE NO. ~~CV2007-000066~~

ORDER

Came on this day for consideration by the Court, the appointment of Leigh B. Pettit ("Leigh") as one of the Official Court Reporters of the Fourteenth Chancery Court District of Mississippi. Leigh is a competent machine shorthand reporter.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that pursuant to Section 9-13-1 of the Mississippi Code of 1972, Leigh is appointed one of the Official Court Reporters of the Fourteenth Chancery Court District commencing on January 1, 2019. Leigh shall enter into bond in the penal sum of \$2,000.00 and make oath as required by Section 9-13-9 of the Mississippi Code of 1972.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that a copy of this appointment and Leigh's Oath and Bond be certified by the Chancery Clerk of Chickasaw County, Mississippi, and copies filed in each of the counties of the Fourteenth Chancery Court District.

IT IS FURTHER ORDERED that Leigh's bond shall be recorded at length in the bond record book of Chickasaw County, Mississippi.

2/1/19
Filed On This Date
Clay County Chancery Clerk
JAN 14 2019
Document #: 9
Amy G. Berry
Chancery Clerk

2007-2066 RPF
Filed 01/07/2019
Tiffany Lovvorn, Chancery Clerk
2nd Judicial District, Chickasaw Co, MS
By LASSIE DAVIS, DC

Case: 13CH1:19-cv-00002-PDE Filed: 01/14/2019 Page 1 of 2

Leigh's salary is set at \$60,609.40 per year, plus benefits, and prorated


between the counties as follows:

| | | | |
|-----------|--------|---------|-------|
| Lowndes | 34.78% | Clay | 8.70% |
| Oktibbeha | 21.73% | Noxubee | 8.70% |
| Chickasaw | 17.39% | Webster | 8.70% |

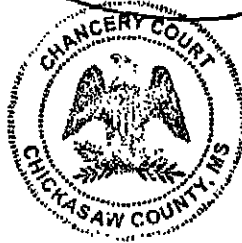
Said salary shall remain in effect until further order of the Court.

SO ORDERED, ADJUDGED AND DECREED on this, the 7th day of

~~December, 2018.~~
January 2019



CHANCELLOR



Certified A True Copy
This 7th day of Jan, 2019
TIFFANY LOVVORN, CHANCERY CLERK
Chickasaw County, Mississippi
By: Jane Davis D.C.

22/192

STATE OF MISSISSIPPI
COUNTY OF CLAY

I, Amy G. Berry, Chancery Clerk of Clay County, Mississippi, in and for said State and County, do hereby certify that the attached document is a true and correct copy of Order Setting Compensation for Court Reporter as same appears of record in 2019-0002 in the office of the Chancery Clerk in West Point, Mississippi.

Given under my hand and official seal, this the 14th day of January 20 19.



AMY G. BERRY, CHANCERY CLERK OF
CLAY COUNTY, MISSISSIPPI

BY: Vicki Ray, D.C.
Deputy Clerk

IN THE CHANCERY COURT OF LOWNDES COUNTY, MISSISSIPPI

**IN THE MATTER OF COMPENSATION OF
SUSAN ALFORD AS AN OFFICIAL COURT
REPORTER OF THE FOURTEENTH CHANCERY
COURT DISTRICT AND FOR THE APPOINTMENT
OF HER SALARY AMONG THE COUNTIES WITH
THE DISTRICT**

2019-0022

ORDER SETTING COMPENSATION FOR COURT REPORTER

There having come on for consideration the matter of the compensation of the Chancery Court Reporter, Susan Alford, and having considered the same, it is hereby ordered by the undersigned Judge of the Fourteenth Judicial Chancery Court District that the salary for said Court Reporter, Susan Alford, is hereby set as provided by law at \$60,609.40 per year, plus benefits, and prorated between the counties as follows:

| <u>County</u> | <u>Percentage</u> | <u>County</u> | <u>Percentage</u> |
|---------------|-------------------|---------------|-------------------|
| Lowndes | 34.783% | Clay | 8.696% |
| Oktibbeha | 21.739% | Noxubee | 8.696% |
| Chickasaw | 17.391% | Webster | 8.696% |

Said salary shall remain in effect until further Order of this Court.

SO ORDERED, this the 7th day of January, 2019.

Paulo D. Tringale, III
CHANCELLOR

29/192

Filed On This Date
Clay County Chancery Clerk

JAN 14 2019

Amy G. Berry
Chancery Clerk 1

STATE OF MISSISSIPPI
COUNTY OF CLAY

I, Amy G. Berry, Chancery Clerk of Clay County, Mississippi, in and for said State and County, do hereby certify that the attached document is a true and correct copy of Order Appointing Court Reporter as same appears of record in 2019-0002 in the office of the Chancery Clerk in West Point, Mississippi.

Given under my hand and official seal, this the 14th day of January, 2019.



AMY G. BERRY, CHANCERY CLERK OF
CLAY COUNTY, MISSISSIPPI

BY: Vicki Ray, D.C.
Deputy Clerk

**IN THE CHANCERY COURT OF LOWNDES COUNTY, MISSISSIPPI
FOURTEENTH JUDICIAL CHANCERY COURT DISTRICT**

**IN THE MATTER OF APPOINTMENT OF
SUSAN ALFORD AS AN OFFICIAL COURT
REPORTER OF THE FOURTEENTH CHANCERY
COURT DISTRICT**

2019-0022

ORDER APPOINTING COURT REPORTER

Came on this day for consideration by the Court for appointment of Susan Alford as an Official Court Reporter of the Fourteenth Chancery Court District of Mississippi, and it appearing to the satisfaction of the Court that Susan Alford is a competent person as a certified court reporter in Mississippi since 1993 and as a machine shorthand reporter, the Court hereby orders the following, to-wit:

It is therefore ordered, adjudged and decreed that under the provisions of Miss. Code Ann. §9-13-1 (1972), Susan Alford, be and she is hereby, appointed as one of the Official Court Reporters of the Fourteenth Chancery Court District effective January 1, 2019, and for a term of four years thereafter unless sooner removed pursuant to Miss. Code Ann. §9-13-5(1972); that said Susan Alford shall enter into bond in the penal sum of \$2,000.00 as provided by Miss. Code Ann. §9-13-9 (1972), and take the oath as required by Miss. Code Ann. §9-13-3 (1972).

It is further ordered, adjudged and decreed that a copy of this appointment of the above-mentioned Susan Alford shall be certified by the Lowndes County Chancery Clerk and that a copy of the oath and bond of the above-mentioned Susan Alford shall be certified by the Chickasaw County Chancery Clerk and that copies of the same shall be filed in each of the counties of the Fourteenth Chancery Court District, to-wit: Clay, Lowndes Noxubee, Oktibbeha, Webster and Chickasaw.

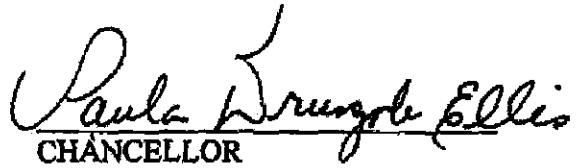
Filed On This Date
Clay County Chancery Clerk

JAN 14 2019

18/192

It is further ordered, adjudged and decreed that said bond shall be recorded at length in the bond record book of Chickasaw County, Mississippi.

SO ORDERED, ADJUDGED and DECREED on this the 7th day of January, 2019.


CHANCELLOR

19/192

EXHIBIT E

AFFP

AFFIDAVIT OF PUBLICATION

STATE OF MISSISSIPPI
COUNTY OF CLAY

SS

Cindy Cannon being duly sworn, says:

That she is Classified Clerk of Daily Times Leader, a daily newspaper of general circulation, printed and published in West Point, Clay County, Mississippi; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

January 8, 2019

That said newspaper was regularly issued and circulated on those dates:
SIGNED

Cindy Cannon
CLASSIFIED CLERK

Subscribed to and sworn to me this 11th day of Jan, 2019.

Amy Perry by Christina Bradshaw sc

My Commission Expires January 6, 2020

NOTICE OF COST OF OUT OF STATE TRAVEL BY BOARD OF SUPERVISORS

PURSUANT to Section 18-9-87(6) of Mississippi Code of 1972, any members of the Board of Supervisors travel out of State they shall publish an itemized listing of expenses incurred in the said travel in a newspaper of general circulation.

WHEREAS, at the regular meeting held Monday, January 7, 2019, at 8:00 a.m., the Clay County Board of Supervisors voted to publish the said itemized listing of expenditures of out of State travel incurred by Supervisor Shelton Deane to attend the MS Local Leadership Conference held at the White House on September 10, 2018. The expenditures associated with the said travel were as follows:

LODGING
\$707.17

FOOD
\$112.00

FLIGHT/TRAVEL
\$615.40

TOTAL
\$1,834.57

SO PUBLISHED this 7th day of January, 2019.

/s/ R. B. Davis
R. B. Davis, President
Clay County Board of Supervisors

PUBLISHED
JANUARY 8, 2019

[

EXHIBIT F

Amy Berry

From: Pamela Wilder <Pamela.Wilder@butlersnow.com>
Sent: Wednesday, January 09, 2019 4:37 PM
To: aberry@claycounty.ms.gov
Cc: 'angela@bturnerlaw.com'
Subject: FY 2018 Continuing Disclosure Engagement Letter - Clay County MS.PDF;Information Checklist for FY 2018 Continuing Disclosure - Clay County, MS.DOCX
Attachments: FY 2018 Continuing Disclosure Engagement Letter - Clay County MS_45585329_1.PDF; Information Checklist for FY 2018 Continuing Disclosure - Clay County, MS_45585297_1.DOCX
Importance: High

Good Afternoon,

With regard to the County's Continuing Disclosure reporting for fiscal year ended **September 30, 2018**, please review the following attachments, and note the instructions for each item:

1. **Continuing Disclosure Engagement Letter:** In order to engage Butler Snow LLP for the County's FY 2018 Continuing Disclosure reporting, please email a scanned copy of the executed engagement letter and disclosure statement (Exhibit "A" to the letter) to me, and we will begin work on the required documentation.
2. **Information Checklist for FY 2018:** Please update all of the requested information and/or follow the high-lighted instructions in the checklist, and return the information to me by email.
3. **Other Required Information:** Please email copies of the following items to me: **2018-19 Condensed Budget**; and **FY 2018 Audited Financial Statements or unaudited financial information.**

Please send the requested executed documents, updated checklist and the financial information to me no later than March 1, 2019, so that we will have necessary time to prepare and complete the disclosure reporting by the March 29, 2019 deadline.

If you have any questions, please do not hesitate to contact us.

We appreciate your assistance, and we look forward to working with you again this year.

Many thanks!
Pamela R. Wilder
Paralegal
Butler Snow LLP

D: (601) 985-4335 | F: (601) 985-4500
1020 Highland Colony Parkway, Suite 1400, Ridgeland, MS 39157
P.O. Box 6010, Ridgeland, MS 39158-6010
Pamela.Wilder@butlersnow.com | [vCard](#)

[Twitter](#) | [LinkedIn](#) | [Facebook](#) | [YouTube](#)

BUTLER | SNOW

January 7, 2019

VIA E-MAIL AT ABERRY@CLAYCOUNTY.MS.GOV

Amy Berry, Chancery Clerk
Clay County, Mississippi
P.O. Box 815
West Point, Mississippi 39773-0815

Re: Clay County, Mississippi Fiscal Year 2018 Continuing Disclosure Submission
(the "Disclosure Submission")

Dear Amy:

We are pleased to confirm our engagement as dissemination agent (the "Dissemination Agent") to Clay County, Mississippi (the "County") in connection with its annual continuing disclosure undertaking. We appreciate your confidence in us and will do our best to continue to merit it. This letter sets forth the role we propose to serve and the responsibilities we propose to assume as Dissemination Agent in connection with the Annual Filing for fiscal year ended September 30, 2018.

We understand that pursuant to Securities and Exchange Commission Rule 15c2-12, as amended from time to time (the "Rule"), the County is required to provide on an annual basis certain financial information and operating data to the Municipal Securities Rulemaking Board (the "MSRB") through the MSRB's Electronic Municipal Market Access system at www.emma.msrb.org ("EMMA"), in the electronic format then prescribed by the Securities and Exchange Commission (the "SEC") (the "Required Electronic Format") pursuant to the Rule.

We also understand that pursuant to the County's Policies and Procedures for Continuing Disclosure/SEC Rule 15c2-12 Compliance (the "Policy"), a staff designee of the County is required to appoint or engage a dissemination agent to assist in carrying out its obligations under the Policy and the Rule, and the County is hereby appointing us to serve as Dissemination Agent in connection with the Annual Filing for fiscal year 2018 to be filed on or before March 28, 2019.

SCOPE OF ENGAGEMENT

As Dissemination Agent we will examine the County's continuing disclosure responsibility, consult with parties to the County; compile the Annual Filing (with the assistance of the County) and file an Annual Filing for and on behalf of the County. We will rely upon information provided to us without undertaking to verify the same by independent investigation. During the course of this engagement, we will rely on you to provide us with complete and timely information on all developments pertaining to any aspect of the Annual Filing. We understand that you will direct members of your staff and other employees of the County to cooperate with us in this regard.

Our duties in this engagement are limited to those expressly set forth above.

ATTORNEY-CLIENT RELATIONSHIP

Upon execution of this engagement letter, the County will be our client and an attorney-client relationship will exist between us. We further assume that all other parties understand that in this transaction we represent only the County, we are not counsel to any other party, and we are not acting as an intermediary among the parties. Our services as Dissemination Agent are limited to those contracted for in this letter, and the County's execution of this engagement letter will constitute an acknowledgment of those limitations.

Our representation of the County and the attorney-client relationship created by this engagement letter will be concluded upon the filing of the Annual Filing.

PROSPECTIVE CONSENT

As you are aware, Butler Snow represents many political subdivisions, companies and individuals. It is possible that during the time that we are representing the County, one or more of our present or future clients will have transactions, litigation, or other matters with the County. We do not believe that such representation, if it occurs, will adversely affect our ability to represent you as provided in this engagement letter, either because such matters will be sufficiently different from the filing of the Annual Filing so as to make such representations not adverse to our representation of you, or because the potential for such adversity is remote or minor and outweighed by the consideration that it is unlikely that advice given to the other client will be relevant to any aspect of the issuance filing of the Annual Filing. The County's local counsel is hereby authorized to discuss and/or review with Butler Snow any such matters described in this paragraph (including any form of potential conflict waiver, if applicable). Execution of this engagement letter will signify the County's consent to our representation of others consistent with the circumstances described in this paragraph.

FEE STRUCTURE

Based upon: (i) our current understanding of the terms, structure, size and schedule of the Annual Filing, (ii) the duties we will undertake pursuant to this letter, (iii) the time we anticipate devoting to the Annual Filing, and (iv) the responsibilities we assume, our fee for this engagement will be \$3,000.00. Such fee may vary: (i) if material changes in the structure of the financing occur or (ii) if unusual or unforeseen circumstances arise which require a significant increase in our time or our responsibilities. If, at any time, we believe that circumstances require an adjustment of our original fee estimate, we will consult with you.

In addition, this letter authorizes us to incur expenses and make disbursements on behalf of the County, which we will include in our invoice. Disbursement expenses will include such items as travel costs, photocopying, deliveries and other out-of-pocket costs.

PUBLICITY CONCERNING THIS MATTER

Often projects and matters such as this are of interest to the public. Also, many clients desire favorable publicity. Therefore, you agree that we may respond to inquiries from the news media and we may initiate and publish information to the public on this matter (including but not

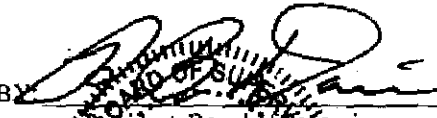
EXHIBIT A

Event Notice

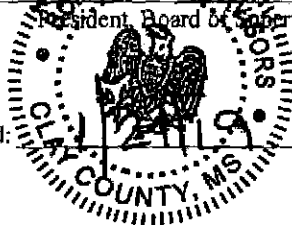
The County certifies that none of the event notices have occurred with respect to the Bonds:

- (1) Principal and interest payment delinquencies;
- (2) Non-payment related defaults, if material;
- (3) Unscheduled draws on debt service reserves, if any, reflecting financial difficulties;
- (4) Unscheduled draws on credit enhancements reflecting financial difficulties;
- (5) Substitution of credit or liquidity providers, or their failure to perform;
- (6) Adverse tax opinions, the issuance by the Internal Revenue Service of proposed or final determinations of taxability, Notices of Proposed Issue (IRS Form 5701-TEB) or other material notices or determinations with respect to the tax status of the Bonds, or other material events affecting the tax status of the Bonds;
- (7) Modifications to rights of Bondholders, if material;
- (8) Bond calls, if material, and tender offers;
- (9) Defeasances;
- (10) Release, substitution, or sale of property, if any, securing repayment of the Bonds, if material;
- (11) Rating changes;
- (12) Bankruptcy, insolvency, receivership, or similar event of the Issuer;
- (13) The consummation of a merger, consolidation, or acquisition involving the Issuer or the sale of all or substantially all of the assets of the Issuer, other than in the ordinary course of business, the entry into a definitive agreement to undertake such an action or the termination of a definitive agreement relating to any such actions, other than pursuant to its terms, if material; and/or
- (14) Appointment of a successor or additional trustee or the change of name of a trustee, if material.

CLAY COUNTY, MISSISSIPPI

BY: 

President, Board of Supervisors

Dated:  _____

limited to our firm website) unless you instruct us not to do so. In any event, we will not divulge any non-public information regarding this matter.

RECORDS

At your request, papers and property furnished by you will be returned promptly upon receipt of payment for outstanding fees and client charges. Our own files, including lawyer work product, pertaining to the transaction will be retained by us. For various reasons, including the minimization of unnecessary storage expenses, we reserve the right to dispose of any documents or other material retain by us after the termination of this engagement.

If the foregoing terms are acceptable to you, please so indicate by (1) returning the enclosed copy of this engagement letter dated and signed by an authorized officer; and (2) returning the material event notice certification dated and signed by an authorized officer, attached hereto as **Exhibit A**. Please retain a copy of the original engagement letter and material event notice certification for your files.

We look forward to working with you again on your Annual Filing.


BUTLER SNOW LLP

Elizabeth Lambert Clark

By: _____
Elizabeth Lambert Clark

Accepted and Approved:

CLAY COUNTY, MISSISSIPPI

BY:  _____
President, Board of Supervisors

Dated:  _____

cc: Angela Turner Ford, Esq., Board Attorney (via email: angela@bturnerlaw.com)

Clay County – Information Checklist for Continuing Disclosure (FY 2018)

Tax Levy per \$1,000 Valuation¹

| | 2018-19 | 2017-18 |
|---|--------------|--------------|
| GENERAL COUNTY | | |
| Countywide – General Fund | 35.10 | 35.10 |
| Bridges & Culverts | 7.00 | 7.00 |
| Clay County School District | 0.00 | 0.00 |
| Tombigbee River Valley Water Management District | 0.69 | 0.69 |
| County Utilization Fund | 1.00 | 1.00 |
| Tombigbee River Watershed Area | 0.20 | 0.20 |
| East MS Community College Maintenance | 1.41 | 1.41 |
| Vocational Training School Maintenance | 0.77 | 0.77 |
| Vocational Training School Capital Outlay | 0.68 | 0.68 |
| East MS Community College Capital Outlay | 0.90 | 0.90 |
| Tombigbee Regional Library System | 0.57 | 0.57 |
| East MS Community College Debt Service | 0.62 | 0.62 |
| DHS Building Bonds 1999 | 0.00 | 0.00 |
| Daily Times Leader Building Renovation Notes 2011 | 0.00 | 0.00 |
| UNA Community Center GO Note 2017 | 0.12 | 0.12 |
| Daily Times Leader Building Renovation Notes 2012 | 0.00 | 0.00 |
| GO Acquisition & Construction Notes 2014 | 0.25 | 0.25 |
| Fire Protection | | |
| Supervisor District One Road Bonds 2013 | 0.52 | 0.52 |
| Supervisor District Two Road Bonds 2001 | 0.20 | 0.20 |
| Supervisor District Three Road Bonds 2000 | 0.27 | 0.27 |
| Supervisor District Four Road Bonds 2008 | 0.17 | 0.17 |
| Supervisor District Four Road Bonds UNA | 0.56 | 0.56 |
| Supervisor District Five Road Bonds 2000 | 0.00 | 0.00 |
| Supervisor District Five Road Bonds 2013 | 0.00 | 0.00 |
| TOTAL | 50.26 | 50.26 |

¹ Tax levy figures are given in mills. There is a 9 cents per acre of all uncultivated lands for the prevention of forest fires.

Clay County – Information Checklist for Continuing Disclosure (FY 2018)

PLEASE UPDATE/VERIFY ALL BALANCES AS OF March 1, 2018:

Outstanding General Obligation Bonded Debt

| Issue | Date of Issue | Outstanding Principal |
|---|---------------|-----------------------|
| Taxable General Obligation Industrial Development Bond ² | 09/12/13 | \$9,875,000 |

Outstanding General Obligation Bonded Debt of Supervisor Districts

| Issue | Date of Issue | Outstanding Principal |
|--|---------------|-----------------------|
| General Obligation Road & Bridge Bonds, District 3 | 08/01/00 | \$150,000 |
| General Obligation Road & Bridge Bonds, District 2 | 02/22/01 | 150,000 |
| General Obligation Road & Bridge Bonds, District 4 | 10/01/08 | 280,000 |
| General Obligation Road & Bridge Bonds, District 5 | 05/01/13 | 389,000 |
| General Obligation Road & Bridge Bonds, District 1 | 09/03/13 | 389,000 |
| Total | | \$1,358,000 |

Other Debt

(As of September 30, 2018)

| Issue | Date of Issue | Outstanding Principal |
|---|---------------|-----------------------|
| CAP Loan | 6/01/2007 | \$586,619.32 |
| CAP Loan | 9/01/2011 | 471,658.22 |
| Equipment Notes | 6/30/2010 | 59,000.00 |
| Capital Leases | Various | 956,242.97 |
| Cadence Bank - Construction/Acquisition Bank Note | 3/15/2014 | 92,000.00 |
| Cadence Bank - Land Acquisition Bank Note | 3/15/2016 | 36,000.00 |
| Certificates of Participation (Lease Purchase), Series 2018 | 5/01/2018 | \$4,015,000 |

² This bond, secured by the pledge of the County, was purchased by the Mississippi Development Bank from the proceeds of its \$11,000,000 Mississippi Development Bank Taxable Special Obligation Bonds, Series 2013 (Clay County, Mississippi Taxable General Obligation Industrial Development Bond Project), dated September 12, 2013. This obligation is not subject to the County's statutory debt limitations.

Clay County – Information Checklist for Continuing Disclosure (FY 2018)

Please show assessed value for 2018-19

Overlapping/Underlying General Obligation Indebtedness

| Municipality | Current Assessed Valuation |
|--------------|----------------------------|
| West Point | \$ |

| School District | Current Assessed Valuation |
|-----------------------------|----------------------------|
| Clay County School District | \$ |

40243850.v1

[

EXHIBIT G



RECEIVED

Regions Corporate Trust
400 W. Capitol Ave, Suite 700
Attn: Shelli Jordan
Little Rock AR 72201
(501) 371-7253

DATE: January 17, 2019
BI# 5744

Clay County, Mississippi
Attn: Amy Berry
P. O. Box 815
West Point, MS 39773
aberry@claycounty.ms.gov

**RE: Mississippi Development Bank Taxable Special Obligation Bonds, Series 2013
(Clay County, Mississippi General Obligation Bond Project)**

| DESCRIPTION | AMOUNT |
|------------------------------------|----------------------|
| Debt Service Payable March 1, 2019 | |
| Principal | 575,000.00 |
| Interest: | 258,063.36 |
| Funds on Deposit: | (14,432.44) |
| TOTAL | \$ 818,630.92 |

****FUNDS DUE BY February 25, 2019****

If you intend to transfer Federal Funds VIA Federal Reserve Bank Wire Transfer System, please direct your transfer to the instructions shown below:

WELLS FARGO BANK
ABA #121000248
FOR CREDIT TO: A/C #2020050839788
ACCOUNT: SEI PRIVATE TR CO ACF REGIONS BANK
ORIGINATOR TO BENEFECIARY INFORMATION: CID4080001098

If you plan to pay by check, check must be received five days prior to payment date:

Regions Corporate Trust
400 W. Capitol Ave, Suite 700
Attn: Shelli Jordan
Little Rock AR 72201

THANK YOU FOR YOUR BUSINESS!

[

EXHIBIT H

[

EMPLOYEE ASSISTANCE PROGRAM
CONTRACT
Between
CLAY COUNTY, MISSISSIPPI
&
COMMUNITY COUNSELING SERVICES

Clay County enters into this Employee Assistance Program contract, hereinafter referred to as EAP, for services as of the Effective Date listed on page 3 of this Contract. This Contract constitutes the entire agreement on these services. Clay County, Mississippi, with an office located at 365 Court Street, West Point, MS 39773-0815, 662-492-5049 (fax) and Community Counseling Services (CCS), with an administrative office located at 222 Mary Holmes Drive, PO Box 1336, West Point, MS 39773-1336, 662-524-4364 (fax), mutually agree for CCS to provide EAP services to Clay County under the following Contract guidelines:

1. **Definitions:** For the purposes of this Contract, the following terms shall have meanings given them in this section, unless the context requires otherwise:
 - a. Employee Assistance Program (EAP) means a systematic counseling service provided by CCS (pursuant to this agreement) that is intended to help Covered Members resolve their mental health / substance abuse and related problems;
 - b. A "Covered Member" is an individual who is eligible for Covered Services for CCS. These individuals include employees of Clay County, their spouses and dependent children;
 - c. Covered Services are listed in Section 2 of this Contract;
 - d. Program Coordinator is a representative of Clay County who will be responsible for and will coordinate the EAP services with CCS;
 - e. EAP Referral means that the Program Coordinator has referred a Covered Member to CCS as a condition of the Covered Member's continued employment with Clay County;
 - f. "Brief Counseling" means stabilization or resolution within four sessions.
2. **EAP Services:** CCS agrees to render to the Clay County Covered Member the following services under the terms of this Contract:
 - a. Consulting Services:
 - i. Upon request, training Clay County's supervisory personnel in methods of implementing the EAP;
 - ii. Regular contact with the Program Coordinator over the term of the Contract;
 - iii. Current information about the EAP in the form of bulletin board notices and other relevant material.
 - b. Referral and Treatment:
 - i. Initial screening and three (3) brief counseling sessions for Covered Members;
 - ii. Treatment referral to an outside provider agency if the needed service is not offered by CCS;
 - iii. Psychiatric evaluations \ medication evaluations will be billed to the County's group health insurance, if the care is provided. The Covered Member will be responsible for any co-pay or deductible;

- iv. Emergency consultations are available through our Mobile Crisis Response Team (M-cERT) at 888-843-3022, 24 hours a day - seven days a week;
 - v. Two Intensive Outpatient Alcohol/Drug Treatments (IOP) will be included under this Contract. Any additional treatments will be billed to the County at a cost of Seven-Hundred-Fifty Dollars, (\$750.00);
 - vi. Two Residential Alcohol/Drug Treatments for adults will be included under this Contract. Any additional treatments will be billed to the County at a rate of Eighteen-Hundred dollars (\$1,800.00) for 30 days of treatment. **THIS IS ADULT TREATMENT ONLY;**
- c. EAP Referral Considerations:
 - i. If the Covered Member seeks treatment through an EAP Referral, the Covered Member will be asked to sign an authorization to enable CCS to make Progress Reports to the Program Coordinator. These reports will advise the Program Coordinator if the Covered Member is attending the suggested treatment, how the Covered Member is progressing, and when treatment is terminated;
 - ii. If the Covered Member seeks treatment as a self-referral, treatment will be confidential. No reports will be made to the Program Coordinator or any other individual including family members, unless the Covered Member initiates a request and authorizes the release of information.
 - d. Excluded Services: All other services that CCS is qualified to provide, if not described in section 2, are excluded from the Contract. If one of these services is deemed to be necessary by CCS and approved by the Covered Member (or the Program Coordinator, if an EAP Referral), that service will be provided at the current rate at the time of the referral.
 - e. Educational Workshops, specifically requested by the Program Coordinator, will be provided at a cost negotiated by CCS and Clay County. These workshops include, but are not limited to, Effective Coping Management for Stress and Mental Health First Aid.
3. **Professional Fee:** Inconsideration of CCS' services under this Contract, Clay County agrees to pay CCS a professional fee in the yearly amount of four-thousand five hundred dollars (\$4,500.00) due in equal monthly payments of three-hundred -seventy-five dollars (\$375.00). If opting to pay monthly, the payment of \$375.00 shall be payable at the beginning of each month during the term of this Contract.
4. **Responsibility for Payment:** If service is provided to a Covered Member who is receiving treatment pursuant to an EAP Referral by the Program Coordinator, or other designated representative of Clay County, Clay County is responsible for payment to CCS for that service.
5. **Notice of EAP Eligibility:** Proof of employment will be required prior to receiving services.
6. **Records Management:** CCS will keep all Covered Members files under lock and key and will maintain all case records pertaining to services provided under applicable law, regulation and standards of professional practice. This obligation is not terminated upon termination of this Contract.
7. **Term and Termination:** This agreement shall commence on the Effective Date and thereafter shall remain in force until:
- a. Ninety days after either party has notified the other in writing of the intent to terminate without cause; or


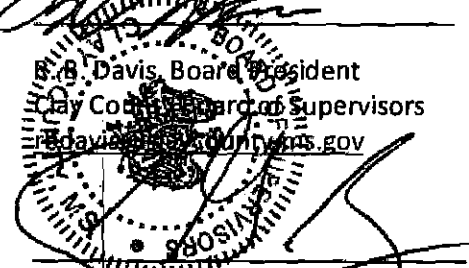
- b. Notice of Termination with cause, by either party, effective immediately in the event of:
 - i. Material breach of Contract; or
 - ii. Misrepresentation at the time the Contract was entered; or
 - iii. Insolvency

8. **Declarations:**

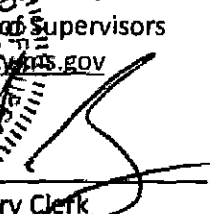
- a. *Entire Agreement (Merger Clause):* This Contract contains the sole agreement of the parties related to CCS's provision of services to Clay County and terminates any previous Contracts or agreements, if any, between CCS and Clay County, relating to the provision of Covered Services. Except as otherwise expressly set forth in the section of the Contract addressing Professional Fees, any prior Contracts or agreements, understanding, or representations, whether verbal or written, are of no force and effect.
 - b. *Modification(s) and Waiver (Amendments):* Clay County and CCS may, from time to time, propose modifications to this Contract by sending written notice of the proposed modification(s) to the other party. If neither party objects to the proposed modification(s) within thirty (30) days of the date the notice is mailed, the modification(s) shall be deemed approved and shall become a part of this Contract. Except as otherwise specifically provided in this Contract, no modification(s) shall be binding unless executed in writing by the parties.
 - c. *Notice:* Any notice required or permitted to be given pursuant to the terms and provisions of the Contract shall be in writing and can be hand-delivered or sent via fax, US mail, or by email to the address or email address set forth in the Preamble of the Contract or provided below.
 - d. *Severability:* If any terms, provisions or condition of the Contract shall be determined to be invalid by a court of competent jurisdiction, such invalidity shall in no way affect the validity of any other terms, provision, or condition of this Contract, and the remainder of this Contract shall survive in full force and effect.
 - e. *Non-Disclosure:* The parties recognize that the reimbursement rates and other aspects of this Contract are competitively sensitive; therefore, the parties will endeavor to the extent practicable, to refrain from disclosing the Contract to unaffiliated third parties.
9. **Terms of the Contract:** The term of this Contract shall be from July 1, 2018 through June 30, 2019. The Contract shall automatically renew annually thereafter.

Jackie Edwards, Executive Director
Community Counseling Services
jedwards@ccsms.org

Richard D. Duggin, Operations / CFO
Community Counseling Services
rduggin@ccsms.org

B. B. Davis, Board President
Clay County Board of Supervisors
bdavis@claycounty.ms.gov



Amy Berry, Chancery Clerk
Clay County, Mississippi
aberry@claycounty.ms.gov

EXHIBIT I

630 0

630

Old machine was
under a 60 mth stat~~t~~
Contract rental for
\$220.00 per mth

New lease proposed for
48 mths @ \$254.00

MAGNOLIA BUSINESS SYSTEMS

1540 Gardner Blvd. Columbus, Mississippi 39702
 PH: (662) 244-8894 FAX: (662) 244-8892

MACHINE RENTAL AGREEMENT

| | | | | | |
|--------------------|-------------------------|-----------------|-------------------------|-------------------|--------------|
| Invoice To: | Clay Co. Chancery Clerk | Ship To: | Clay Co. Chancery Clerk | Phone # | 662-494-3124 |
| | 365 Court Street | | P.O. Box 815 | Phone # | |
| | West Point, MS 39773 | | West Point, MS 39773 | PO # | |
| | | | | Contract # | |
| Equipment | BH 658e | Serial # | TBA | Location | Court House |

48 Month Rental Agreement @ \$254.03 per month, starting TBD and ending TBD.

Customer Signature  President Date: 1/24/19

I HAVE READ AND UNDERSTAND THE SERVICE TERMS AND CONDITIONS BELOW:

TERMS AND CONDITIONS OF RENTAL AGREEMENT

APPROVAL: This document will serve as a sales contract and is subject to approval and acceptance by Magnolia Business Systems, Inc. and when accepted is binding upon both parties. The equipment mentioned remains property of Magnolia Business unless buyout is exercised at rental end.

CONDITIONS: Under this agreement, it is understood that Magnolia Business Systems, Inc. will rent the listed equipment. Magnolia Business Systems, Inc. will perform maintenance as outlined in the terms and conditions of a separate machine service agreement which must remain in effect for the rental term. Maintenance rates are subject to increase after 12 (twelve) months.

SECURITY INTEREST: It is expressly agreed that buyer hereby grants to Magnolia Business Systems, Inc. a security interest in and to all supplies, machines and equipment, including the proceeds thereof covered by this sales contract until full payment of the purchase price for such items has been made to Magnolia Business Systems, Inc. This document shall constitute a security agreement and authorizes the filing of a financing statement which Magnolia Business Systems, Inc. deems desirable to protect security interest herein, and does further authorize the filing of any securing documents such as a Uniform Commercial Code (UCC) document with the state and recording of this sales contract or any financing statement or other document in connection with buyer's signature thereon as Magnolia Business Systems, Inc. may deem necessary.

LOSS: Loss or damage to said items by fire, theft, misuses or otherwise while in possession of buyer shall not relieve buyer from making all payments due.

ENTIRE AGREEMENT: This instrument constitutes the entire agreement of the parties and neither party shall be bound exempt in accordance herewith. NO ORAL REPRESENTATION OR ASSURANCES in any way modify or explain any of the terms and conditions herein.

TAXES: Any taxes or fees imposed by any federal, state, municipal or other government authority that may be applicable to the production, sale, use, storage, delivery or transportation of the goods together with all duties, tariffs and brokerage charges shall be added to the price and paid by the buyer except where the buyer shall have provided a property certificate of exception thereon. Purchaser shall be responsible for the payment of such taxes and fees even if all or any part thereof has not been added to the invoice price.

CREDIT: Magnolia Business Systems, Inc. reserves the right to alter or suspend credit or to change any credit terms provided for in this order when in its sole discretion the financial condition of the buyer so warrants in any such case. Magnolia Business Systems, Inc. may require cash payments or additional security from buyer before shipment, may accelerate the date of any payment and may withhold any shipment or further shipments and cancel any unfilled orders.

PERIOD OF AGREEMENT AND CANCELLATION: Under this Rental Agreement, the agreed full term price of the Rental Agreement is the sum due. The establishment of monthly installment payments are simply a convenience to the customer, and upon cancellations prior to the period on the face of this agreement, the customer remains obligated for the balance of the installment payments. It is expressly understood that the agreed charges are based on the length of the service or Rental Agreement period and involve disproportionate front end expenses to Magnolia Business Systems, Inc. Customer is responsible for the full contract price regardless of early cancellation.

CONTRACT FEES: Magnolia Business Systems, Inc. will charge \$75.00 (Seventy Five dollars) on the first invoice for filing and administration costs associated with set-up of your account. This applies to any account that is set up under a cost per copy, internal lease, or otherwise financed plan from Magnolia Business Systems, Inc. Unlike a security deposit this charge is nonrefundable.

LOCATION: Renter will be responsible for furnishing suitable space and electrical requirements. Renter shall not move equipment without approval from Magnolia Business Systems, Inc.

CANCELLATION: This agreement may be cancelled only on agreement of both parties and if only by a buyout.

ABUSE: Abuse is defined as any action, not in accordance with Magnolia Business Systems, Inc. operation instructions or accepted standards, resulting in damage to the covered equipment. Examples of abuse are; Staples (or other conductive materials) being on equipment and subsequently falling into the insides of the equipment causing damage. Not following the listed methods for operation of the equipment. Not following instructions on proper use and care of equipment. Improper misfed removal procedures etc.

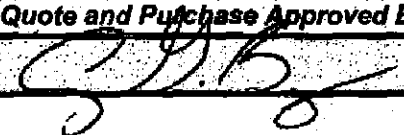
100 10

MAGNOLIA BUSINESS SYSTEMS

Is Pleased to Provide you the Following Quotation

Clay County Chancery

Konica Minolta bizhub 658e Monochrome Printer/Copier/Scanner
(65 Pages Per Minute)

| Quote Date: | | Ordered By: | | GPO ID/Entity Code: 783091 | | |
|--|--|------------------------|------------------------|-----------------------------|------------------------|----------|
| 1/10/2019 | | Amy Berry/Ginger Allen | | (NOT AN ALL INCLUSIVE RATE) | | |
| Quote Good for 30 Days | | | | | | |
| QTY | Description | Inv. Code | 36 Month MBS Rental | 48 Month MBS Rental | 60 Month MBS Rental | |
| 1 | bizhub 658e 4GB Monochrome Print/Copy/Scan | AA6R011 | \$296.42 | \$254.07 | \$224.96 | |
| 1 | PC-415 Large Paper Feed Drawer | A9HFY2 | Included | Included | Included | |
| 1 | FS-536 Floor Finisher (50 sheet stapling) | A87GWY3 | Included | Included | Included | |
| 1 | RU-513 Relay Unit (for FS-536 finisher) | A87JWY2 | Included | Included | Included | |
| 1 | AC Line Monitor (Monitors Voltage) | MIP-15 | Included | Included | Included | |
| <i>Freight, Set Up, Installation, and Start Up Toner are Included at no additional charge.</i> | | | | | | |
| Quote and Purchase Approved By: | | | | * | | |
|  | | | Total Payment | \$296.42 | \$254.07 | \$224.96 |

Maintenance Program

Maintenance programs are based on the national average of 5% coverage per color on paper. All service labor, travel, service parts, and toner is covered. You buy paper as needed.

| | |
|-------------------|--------|
| Document Scans | N/A |
| Monochrome Prints | 0.0049 |

Thank you for your time in reviewing this quote, if it meets with your approval you may sign above or if you have any questions please call me at 662-244-8894 or my cell at 662-295-5261.

I will be glad answer questions, make clarifications or adjustments. Thank you for the opportunity to provide service to you.

Sincerely,
William Sullivan
Account Executive



[

EXHIBIT J

[

858 0



THOMSON REUTERS

Attachment

Order ID: Q-00400630

Contact your representative mitch.billings@thomsonreuters.com with any questions. Thank you.

Payment Method:
Payment Method: Bill to Account
Account Number: 1003204564

Order Confirmation Contact (#28)
Contact Name: AMY BERRY
Email: aberry@claycounty.ms.gov

Shipping Information:
Shipping Method: Ground Shipping - U.S. Only

| Account Number | Account Name | Account Address | Action |
|----------------|-------------------------|--|--------|
| 1003204564 | CLAY COUNTY LAW LIBRARY | 365 COURT ST WEST POINT MS 39773-2954 US | New |

| Quantity | Unit | Service Material # | Description |
|----------|-------|--------------------|---|
| 1 | Seats | 42115691 | Mississippi Core for Patron Access (Westlaw PRO™) |
| 1 | Seats | 42115616 | Pat Acc - State Analytical for Patron Access |

| Account Contact First Name | Account Contact Last Name | Account Contact Email Address | Account Contact Customer Type Description |
|-------------------------------|------------------------------|--|--|
| AMY | BERRY | aberry@claycounty.ms.gov | EML PSWD CONTACT |
| AMY | BERRY | aberry@claycounty.ms.gov | PATRON ACC TECH CONT |

| From IP Address | To IP Address | From IP Address | To IP Address | From IP Address | To IP Address |
|-----------------|---------------|-----------------|---------------|-----------------|---------------|
| 111.111.111.111 | | | | | |

| Sub Material | Active Subscription to be Lapsed |
|--------------|---|
| 40988660 | Government Select Level 2 States (WestlawNext™) |

130.79



THOMSON REUTERS

Order Form

Order ID: Q-00400630

Contact your representative mitch.billings@thomsonreuters.com with any questions. Thank you.

Account Address
Account #: 1003204564
CLAY COUNTY LAW LIBRARY
PATRON ACCESS
365 COURT ST
WEST POINT MS 39773-2954 US

Shipping Address
Account #: 1003204564
CLAY COUNTY LAW LIBRARY
PATRON ACCESS
365 COURT ST
WEST POINT MS 39773-2954 US

Billing Address
Account #: 1003204564
CLAY COUNTY LAW LIBRARY
PATRON ACCESS
365 COURT ST
WEST POINT, MS 39773-2954 US

This Order Form is a legal document between West Publishing Corporation and Subscriber. West Publishing Corporation also means "West", "we" or "our" and Subscriber means "you", or "I". Subscription terms, if any, follow the ordering grids below.

Table with 5 columns: Service Material, Product, Monthly Charges, Minimum Term (Months), Year Over Year Increase During Minimum Term. Row 1: 40757482, WEST PROFLEX, \$370.43, 36, 5%

Online/ Practice Solution/Software/ProFlex Products : Monthly Charges begin on the date we process your order and will be prorated for the number of days remaining in that calendar month, if any. Your Monthly Charges will continue for the number of complete calendar months listed in the Minimum Term column above.

For Window Products: Monthly Charges begin on the date we process your order and will continue for the number of complete calendar months in the Minimum Term column above. The percent increases for multi-year orders appear in the Term Increases column above. Monthly Charges are due regardless of the level of your usage.

To apply Window charges to a specific month, the request must be submitted at least five (5) business days prior to the end of the month.

For Online/Practice Solutions/Software /ProFlex Products: At the end of the Minimum Term your Monthly Charges will increase by 7%. Thereafter, the Monthly Charges will increase every 12 months unless we notify you of a different rate at least 90 days before the annual increase.

Automatic Renewal Term for Window Products. At the end of the Minimum Term your Monthly Charges will be billed at up to our then-current rate. Thereafter, we may modify the Monthly Charges if we notify you of a different rate with at least 90 days notice. The Monthly Window will remain unchanged.

To apply Window charges to a specific month, the request must be submitted at least five (5) business days prior to the end of the month.

Federal Government Subscribers Optional Minimum Term. Federal government subscribers that chose a multi-year Minimum Term, those additional months will be implemented at your option pursuant to federal law.

Charges, Payments & Taxes. You agree to pay all charges in full within 30 days of the date of invoice. You are responsible for any applicable sales, use, value added tax (VAT), etc. unless you are tax exempt.

Settling a Disputed Balance. Payments marked 'paid in full', or with any other restrictive language will not operate as an accord and satisfaction without our prior written approval. We reserve our right to collect any remaining amount due to us on your account.

Credit Verification. If you are applying for credit as an individual, we may request a consumer credit report to determine your creditworthiness. If we obtain a consumer credit report, you may request the name, address and telephone number of the agency that supplied the credit report. If you are applying for credit on behalf of a business, we may request a current business financial statement from you to consider your request.

Auto Charge Credit Card/Electronic Funds Transfer Election Payment Terms. You may authorize us to automatically charge a credit card, debit card or electronic fund transfer to pay charges due. Contact Customer Service at 1-800-328-4880 for authorization procedures. If you have previously authorized us to bill a credit card, debit card or make electronic fund transfers for West subscriptions on an ongoing basis, or authorizing the same as part of this order, no further action is needed.

Returns and Refunds. You may return a print product to us within 45 days of the original shipment date if you are not completely satisfied. Assured Print Pricing, Library Savings Plan, West Complete, Library Maintenance Agreements, cPack, WestPack, Westlaw, CLEAR, Monitor Suite, ProView eBook, Software, West LegalEdcenter, Practice Solutions, TREWS, Peer Monitor, and Data Privacy Advisor charges are not refundable. Please see <http://static.legalsolutions.thomsonreuters.com/static/returns-refunds.pdf> or contact Customer Service at 1-800-328-4880 for additional details regarding our policies on returns and refunds.

Applicable Law. If you are a state or local governmental entity, your state's law will apply and any claim may be brought in the state or federal courts located in your state. If you are a non-government entity, this Order Form will be interpreted under Minnesota state law. Any claim by one of us may be brought in the state or federal courts in Minnesota. If you are a United States Federal Government subscriber, United States federal law will apply and any claim may be brought in any federal court.

Excluded Charges. If you access Westlaw data or Practice Solutions services that are not included in your subscription you will be charged our then-current rate. Excluded Charges will be invoiced and due with your next payment. For your reference, the current Excluded Charges schedules are located at the links below. Excluded Charges may change after at least 30 days written or online notice.

<http://static.legalsolutions.thomsonreuters.com/static/agreement/plan-2-pro-govt-agencies.pdf>

<http://static.legalsolutions.thomsonreuters.com/static/agreement/schedule-a-concourse-case-notebook-hosted.pdf>

Thomson Reuters General Terms and Conditions, apply to all products ordered, except print and is located at <https://static.legalsolutions.thomsonreuters.com/static/ThomsonReuters-General-Terms-Conditions.pdf>.

The Thomson Reuters General Terms and Conditions for Federal Subscribers is located at <https://static.legalsolutions.thomsonreuters.com/static/Federal-ThomsonReuters-General-Terms-Conditions.pdf>. In the event that there is a conflict of terms between the General Terms and Conditions and this Order Form, the terms of this Order Form control. This Order Form is subject to our approval.

Banded Product Subscriptions You certify the total number of attorneys (partners, shareholders, associates, contract or staff attorneys, of counsel, and the like), corporate users, personnel or full-time-equivalent students is indicated in the applicable Quantity column. Our pricing for banded products is made in reliance upon your certification. If we learn that the actual number is greater, we reserve the right to increase your charges as applicable.

Product Specific Terms. The following products have specific terms which are incorporated by reference and made part of this Order Form if they apply to your order. They can be found at <https://static.legalsolutions.thomsonreuters.com/static/ThomsonReuters-General-Terms-Conditions-PST.pdf>. If the product is not part of your order, the product specific terms do not apply. If there is a conflict between product specific terms and the Order Form, the product specific terms control.

- Campus Research
- Contract Express
- Hosted Practice Solutions
- ProView eBooks
- Time and Billing
- West km Software
- West LegalEdcenter
- Westlaw
- Westlaw Doc & Form Builder
- Westlaw Paralegal
- Westlaw Patron Access
- Westlaw Public Records

Government Non Availability of Funds for Online, Practice Solutions or Software Products

You may cancel a product or service with at least 60 days written notice if you do not receive sufficient appropriation of funds. Your notice must include an official document, (e.g., executive order, an officially printed budget or other official government communication) certifying the non-availability of funds. You will be invoiced for all charges incurred up to the effective date of the cancellation.

Acknowledgement: Order ID: O-00400630

Signature of Authorized Representative for order

Title

Printed Name

Date

© 2019 West, a Thomson Reuters business. All rights reserved.

Page 2 of 4

This Order Form will expire and will not be accepted after 3/18/2019.

EXHIBIT K

**Calculation of Estimated Contributions/Wages For Constables
January 2019**

Calculation:

| | Lewis Stafford | Sherman Ivy | |
|--|-----------------------|--------------------|---------|
| Gross Fee Income * | \$1,190.00 | \$1,680.00 | (Input) |
| Minimum Withholding Rate | 11% | 11% | |
| Estimated Contributions | <u>\$130.90</u> | <u>\$184.80</u> | |
| Estimated Contributions | \$130.90 | \$184.80 | |
| Divided by PERS EE/ER | 21.93% | 21.93% | |
| Estimated Wages To Be Reported To PERS | <u>\$596.90</u> | <u>\$842.68</u> | |
| Estimated Wages | \$596.90 | \$842.68 | |
| Multiplied by PERS EE Rate | 9.00% | 9.00% | |
| Estimated PERS EE Contributions | <u>\$53.72</u> | <u>\$75.84</u> | |
| Estimated Wages | \$596.90 | \$842.68 | |
| Multiplied by PERS ER Rate | 15.75% | 15.75% | |
| Estimated PERS ER Contributions | <u>\$94.01</u> | <u>\$132.72</u> | |

****Summary of Wages and Contributions to be reported to PERS For Constables: ****

| | | | |
|---------------------------------|-----------------|-----------------|--------|
| Estimated Wages | \$596.90 | \$842.68 | |
| Estimated PERS EE Contributions | \$53.72 | \$75.84 | 129.56 |
| Estimated PERS ER Contributions | \$94.01 | \$132.72 | 226.73 |
| Total Estimated Contributions | <u>\$147.73</u> | <u>\$208.56</u> | |

****Funds to be Paid to Constables****

| | | |
|--|-----------------|-----------------|
| Gross Fee Income | \$1,190.00 | \$1,680.00 |
| Less: Total Estimated PERS EE/ER Contributions | <u>\$147.73</u> | <u>\$208.56</u> |
| Net Gross | \$1,042.27 | \$1,471.44 |

Need an order to transfer to Payroll Clearing fund \$ 356.29 to remit with Retirement Contributions

* Gross Fee Income is turned in to comptroller by the Justice Court Deputy.

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 01, 2019 TO JANUARY 09, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY

| CHECK | | | INVOICE | | ACCOUNT | | AMOUNT | CHECK AMOUNT |
|--|-----------|--------------------------|--------------|--------|-------------|----------------------|----------|--------------|
| NUMBER | DATE | VENDOR NAME | NUMBER | LINE # | NUMBER | DESCRIPTION | | |
| 69696 | 1/03/2019 | AMANDA HOPE MEADOWS, ESQ | 01/2019 | 01 | 001-160-550 | LEGAL FEES | 1100.00 | 1100.00 |
| 69697 | 1/03/2019 | DAMIEN MITCHELL | 01/2019 | 01 | 097-230-476 | MEALS & LODGING | 34.57 | 34.57 |
| 69698 | 1/03/2019 | DANA BROOKS | 01/2019 | 01 | 097-230-476 | MEALS & LODGING | 36.75 | 123.15 |
| | | | 01/2019 | 02 | 097-230-477 | PRIVATE VEHICLE TRAV | 86.40 | |
| 69699 | 1/08/2019 | SOUTHERN STATE K-9 | 01/2019 | 01 | 041-201-620 | CANINE SUPPLIES | 570.00 | 570.00 |
| 69700 | 1/08/2019 | VSS | 000046 | 01 | 020-105-922 | OTHER CAP OUTLAY- > | 23800.00 | 23800.00 |
| 69701 | 1/08/2019 | PAYROLL CLEARING ACCOUNT | 201812310034 | 01 | 001-000-110 | PART-TIME HELP | 302.71 | 637.75 |
| | | | 201812310034 | 02 | 001-000-110 | SOC SEC MATCHING | 23.16 | |
| | | | 201812310036 | 01 | 001-000-110 | MEDICAL EXAMINERS FE | 125.00 | |
| | | | 201812310036 | 02 | 001-000-110 | STATE RET. MATCHING | 19.69 | |
| | | | 201812310036 | 03 | 001-000-110 | SOC SEC MATCHING | 9.56 | |
| | | | 201812310035 | 01 | 097-000-110 | DISPATCHES | 146.43 | |
| | | | 201812310035 | 02 | 097-000-110 | SOC SEC MATCHING | 11.20 | |
| | | | | | | | | |
| 69702 | 1/08/2019 | PAYROLL CLEARING ACCOUNT | 120190109023 | 01 | 001-000-110 | DEPUTIES | 15126.45 | 20643.18 |
| | | | 120190109023 | 02 | 001-000-110 | DEPUTIES OVERTIME | 275.64 | |
| | | | 120190109023 | 03 | 001-000-110 | FICA W/H | 901.68 | |
| | | | 120190109023 | 04 | 001-000-110 | MEDICARE WITHOLDING | 210.89 | |
| | | | 120190109023 | 05 | 001-000-110 | RETIREMENT W/H | 2391.48 | |
| | | | 120190109026 | 01 | 001-000-110 | SCHOOL RESOURCE OF | 1409.33 | |
| | | | 120190109026 | 02 | 001-000-110 | FICA W/H | 85.70 | |
| | | | 120190109026 | 03 | 001-000-110 | MEDICARE WITHOLDING | 20.04 | |
| | | | 120190109026 | 04 | 001-000-110 | RETIREMENT W/H | 221.97 | |
| | | | | | | | | |
| ** CHECK TOTAL FOR BANK: RENASANT BANK- GENERAL COUNTY | | | | | | | | 46908.65 |
| ** TOTAL DISBURSEMENTS ** | | | | | | | | 46908.65 |

71

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

| BANK: REN RENASANT BANK- GENERAL COUNTY | | | INVOICE | | | | ACCOUNT | | CHECK |
|---|------------|--------------------------|--------------|--------|-------------|----------------------|-----------|-----------|-------|
| CHECK | | | NUMBER | LINE # | NUMBER | DESCRIPTION | AMOUNT | AMOUNT | |
| NUMBER | DATE | VENDOR NAME | NUMBER | LINE # | NUMBER | DESCRIPTION | AMOUNT | AMOUNT | |
| 5 | 1/28/2019 | REGIONS BANK | 01/2019 | 01 | 227-800-800 | PRIN RETIREMENT CAP | 575000.00 | | |
| | | | 01/2019 | 02 | 227-800-802 | INTEREST EXPENSE | 258063.36 | | |
| | | | 01/2019 | 03 | 227-800-802 | INTEREST EXPENSE | 14432.44- | 818630.92 | |
| 69577 | 12/10/2018 | LOWE'S HOME CENTER, INC. | 02596 | 01 | 001-151-644 | SMALL TOOLS | 265.19- | | |
| | | | 01360 | 01 | 400-340-645 | CUSTODIAL SUPP/CLEAN | 71.24- | | |
| | | | | | | VOID DATE: 1/31/2019 | | 336.43-V | |
| 69866 | 1/15/2019 | PAYROLL CLEARING ACCOUNT | 120190115001 | 01 | 001-000-110 | PERSONNEL MAN/SYST | 899.56 | | |
| | | | 120190115001 | 02 | 001-000-110 | ASST PERSONNEL MNG | 107.30 | | |
| | | | 120190115001 | 03 | 001-000-110 | OFFICE CLERICAL | 1078.32 | | |
| | | | 120190115001 | 04 | 001-000-110 | FICA W/H | 123.51 | | |
| | | | 120190115001 | 05 | 001-000-110 | MEDICARE WITHOLDING | 28.89 | | |
| | | | 120190115001 | 06 | 001-000-110 | RETIREMENT W/H | 328.43 | | |
| | | | 120190115002 | 01 | 001-000-110 | DEPUTIES | 1246.96 | | |
| | | | 120190115002 | 02 | 001-000-110 | OFFICE CLERICAL | 104.88 | | |
| | | | 120190115002 | 03 | 001-000-110 | FICA W/H | 83.54 | | |
| | | | 120190115002 | 04 | 001-000-110 | MEDICARE WITHOLDING | 19.54 | | |
| | | | 120190115002 | 05 | 001-000-110 | RETIREMENT W/H | 196.39 | | |
| | | | 120190115003 | 01 | 001-000-110 | DEPUTIES | 3154.54 | | |
| | | | 120190115003 | 02 | 001-000-110 | OFFICE CLERICAL | 488.00 | | |
| | | | 120190115003 | 03 | 001-000-110 | FICA W/H | 212.59 | | |
| | | | 120190115003 | 04 | 001-000-110 | MEDICARE WITHOLDING | 49.72 | | |
| | | | 120190115003 | 05 | 001-000-110 | RETIREMENT W/H | 496.84 | | |
| | | | 120190115004 | 01 | 001-000-110 | DEPUTIES | 3466.07 | | |
| | | | 120190115004 | 02 | 001-000-110 | PART-TIME HELP | 720.00 | | |
| | | | 120190115004 | 03 | 001-000-110 | FICA W/H | 247.53 | | |
| | | | 120190115004 | 04 | 001-000-110 | MEDICARE WITHOLDING | 57.89 | | |
| | | | 120190115004 | 05 | 001-000-110 | RETIREMENT W/H | 545.91 | | |
| | | | 120190115006 | 01 | 001-000-110 | PURCHASE CLERK SAL | 533.33 | | |
| | | | 120190115006 | 02 | 001-000-110 | ASST PURCHASE CLER | 104.17 | | |
| | | | 120190115006 | 03 | 001-000-110 | FICA W/H | 25.66 | | |
| | | | 120190115006 | 04 | 001-000-110 | MEDICARE WITHOLDING | 5.99 | | |
| | | | 120190115006 | 05 | 001-000-110 | RETIREMENT W/H | 100.41 | | |
| | | | 120190115008 | 01 | 001-000-110 | RECEIVING CLERK | 499.98 | | |
| | | | 120190115008 | 02 | 001-000-110 | FICA W/H | 28.06 | | |
| | | | 120190115008 | 03 | 001-000-110 | MEDICARE WITHOLDING | 6.56 | | |
| | | | 120190115008 | 04 | 001-000-110 | RETIREMENT W/H | 78.75 | | |
| | | | 120190115009 | 01 | 001-000-110 | MAINTENANCE SALARY | 1759.32 | | |
| | | | 120190115009 | 02 | 001-000-110 | PART-TIME HELP | 411.03 | | |
| | | | 120190115009 | 03 | 001-000-110 | MAINTENANCE OVERTI | 111.04 | | |
| | | | 120190115009 | 04 | 001-000-110 | FICA W/H | 137.48 | | |
| | | | 120190115009 | 05 | 001-000-110 | MEDICARE WITHOLDING | 32.15 | | |
| | | | 120190115009 | 06 | 001-000-110 | RETIREMENT W/H | 359.32 | | |
| | | | 120190115010 | 01 | 001-000-110 | INFORMATION TECHNO | 449.78 | | |
| | | | 120190115010 | 02 | 001-000-110 | FICA W/H | 25.82 | | |
| | | | 120190115010 | 03 | 001-000-110 | MEDICARE WITHOLDING | 6.04 | | |
| | | | 120190115010 | 04 | 001-000-110 | RETIREMENT W/H | 70.84 | | |

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY

| CHECK NUMBER | DATE | VENDOR NAME | INVOICE NUMBER | LINE # | ACCOUNT NUMBER | DESCRIPTION | AMOUNT | CHECK AMOUNT |
|-----------------|------|-------------|-------------------|--------|-------------------|---------------------|----------|-----------------|
| | | | 120190115014 | 01 | 001-000-110 | DEPUTIES | 45.97 | |
| | | | 120190115014 | 02 | 001-000-110 | FICA W/H | 2.66 | |
| | | | 120190115014 | 03 | 001-000-110 | MEDICARE WITHOLDING | .63 | |
| | | | 120190115014 | 04 | 001-000-110 | RETIREMENT W/H | 7.24 | |
| | | | 120190115015 | 01 | 001-000-110 | CASE MANAGER - GRA | 499.70 | |
| | | | 120190115015 | 02 | 001-000-110 | OFFICE/CLERICAL | 333.34 | |
| | | | 120190115015 | 03 | 001-000-110 | FICA W/H | 25.20 | |
| | | | 120190115015 | 04 | 001-000-110 | MEDICARE WITHOLDING | 5.89 | |
| | | | 120190115015 | 05 | 001-000-110 | RETIREMENT W/H | 131.21 | |
| | | | 120190115016 | 01 | 001-000-110 | CLERICAL | 606.84 | |
| | | | 120190115016 | 02 | 001-000-110 | FICA W/H | 37.62 | |
| | | | 120190115016 | 03 | 001-000-110 | MEDICARE WITHOLDING | 8.80 | |
| | | | 120190115018 | 01 | 001-000-110 | DEPUTIES | 3373.45 | |
| | | | 120190115018 | 02 | 001-000-110 | FICA W/H | 195.13 | |
| | | | 120190115018 | 03 | 001-000-110 | MEDICARE WITHOLDING | 45.64 | |
| | | | 120190115018 | 04 | 001-000-110 | RETIREMENT W/H | 531.32 | |
| | | | 120190115023 | 01 | 001-000-110 | DEPUTIES | 4920.12 | |
| | | | 120190115023 | 02 | 001-000-110 | OFFICE/CLERICAL | 6899.99 | |
| | | | 120190115023 | 03 | 001-000-110 | OFFICE CLERICAL OV | 344.56 | |
| | | | 120190115023 | 04 | 001-000-110 | MECHANIC SALARY | 1003.59 | |
| | | | 120190115023 | 05 | 001-000-110 | FICA W/H | 762.87 | |
| | | | 120190115023 | 06 | 001-000-110 | MEDICARE WITHOLDING | 178.42 | |
| | | | 120190115023 | 07 | 001-000-110 | RETIREMENT W/H | 2030.64 | |
| | | | 120190115024 | 01 | 001-000-110 | MTC TRANSPORT OFFI | 885.90 | |
| | | | 120190115024 | 02 | 001-000-110 | FICA W/H | 53.69 | |
| | | | 120190115024 | 03 | 001-000-110 | MEDICARE WITHOLDING | 12.56 | |
| | | | 120190115024 | 04 | 001-000-110 | RETIREMENT W/H | 139.53 | |
| | | | 120190115027 | 01 | 001-000-110 | JAIL ADMINISTRATOR | 1091.67 | |
| | | | 120190115027 | 02 | 001-000-110 | JAIL RECORDS CLERK | 1301.01 | |
| | | | 120190115027 | 03 | 001-000-110 | JAILORS SALARIES | 12186.55 | |
| | | | 120190115027 | 04 | 001-000-110 | KITCHEN MANAGER | 1388.96 | |
| | | | 120190115027 | 05 | 001-000-110 | JAILORS OVERTIME | 792.98 | |
| | | | 120190115027 | 06 | 001-000-110 | FICA W/H | 989.54 | |
| | | | 120190115027 | 07 | 001-000-110 | MEDICARE WITHOLDING | 231.41 | |
| | | | 120190115027 | 08 | 001-000-110 | RETIREMENT W/H | 2639.88 | |
| | | | 120190115029 | 01 | 001-000-110 | DEP EMA DIRECTOR S | 208.33 | |
| | | | 120190115029 | 02 | 001-000-110 | FICA W/H | 11.96 | |
| | | | 120190115029 | 03 | 001-000-110 | MEDICARE WITHOLDING | 2.80 | |
| | | | 120190115029 | 04 | 001-000-110 | RETIREMENT W/H | 32.81 | |
| | | | 120190115036 | 01 | 097-000-110 | 911 DIRECTOR SALAR | 1000.78 | |
| | | | 120190115036 | 02 | 097-000-110 | DISPATCHERS | 7098.49 | |
| | | | 120190115036 | 03 | 097-000-110 | DISPATCHER O/T | 418.21 | |
| | | | 120190115036 | 04 | 097-000-110 | FICA W/H | 489.24 | |
| | | | 120190115036 | 05 | 097-000-110 | MEDICARE WITHOLDING | 114.41 | |
| | | | 120190115036 | 06 | 097-000-110 | RETIREMENT W/H | 1137.97 | |
| | | | 120190115044 | 01 | 151-000-110 | ROAD LABORERS- HOU | 3456.80 | |
| | | | 120190115044 | 02 | 151-000-110 | FICA W/H | 181.69 | |
| | | | 120190115044 | 03 | 151-000-110 | MEDICARE WITHOLDING | 42.50 | |
| | | | 120190115044 | 04 | 151-000-110 | RETIREMENT W/H | 544.45 | |
| | | | 120190115045 | 01 | 152-000-110 | ROAD LABORERS- HOU | 1552.00 | |
| | | | 120190115045 | 02 | 152-000-110 | FICA W/H | 95.93 | |

0
7
3

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY

| CHECK | | VENDOR NAME | INVOICE | | ACCOUNT | | AMOUNT | CHECK AMOUNT |
|--------|-----------|--------------------------|--------------|--------|-------------|----------------------|----------|--------------|
| NUMBER | DATE | | NUMBER | LINE # | NUMBER | DESCRIPTION | | |
| | | | 120190115045 | 03 | 152-000-110 | MEDICARE WITHOLDING | 22.43 | |
| | | | 120190115045 | 04 | 152-000-110 | RETIREMENT W/H | 244.44 | |
| | | | 120190115046 | 01 | 153-000-110 | ROAD LABORERS- HOU | 4179.20 | |
| | | | 120190115046 | 02 | 153-000-110 | FICA W/H | 255.04 | |
| | | | 120190115046 | 03 | 153-000-110 | MEDICARE WITHOLDING | 59.65 | |
| | | | 120190115046 | 04 | 153-000-110 | RETIREMENT W/H | 658.22 | |
| | | | 120190115047 | 01 | 154-000-110 | ROAD LABORERS- HOU | 2526.40 | |
| | | | 120190115047 | 02 | 154-000-110 | FICA W/H | 149.61 | |
| | | | 120190115047 | 03 | 154-000-110 | MEDICARE WITHOLDING | 34.99 | |
| | | | 120190115047 | 04 | 154-000-110 | RETIREMENT W/H | 322.30 | |
| | | | 120190115048 | 01 | 155-000-110 | ROAD LABORERES - H | 4193.68 | |
| | | | 120190115048 | 02 | 155-000-110 | FICA W/H | 258.20 | |
| | | | 120190115048 | 03 | 155-000-110 | MEDICARE WITHOLDING | 60.39 | |
| | | | 120190115048 | 04 | 155-000-110 | RETIREMENT W/H | 547.11 | |
| | | | 120190115056 | 01 | 400-000-110 | SANITATION SALARY | 5032.93 | |
| | | | 120190115056 | 02 | 400-000-110 | FICA W/H | 294.37 | |
| | | | 120190115056 | 03 | 400-000-110 | MEDICARE WITHOLDING | 68.83 | |
| | | | 120190115056 | 04 | 400-000-110 | RETIREMENT W/H | 792.69 | 98195.50 |
| 69867 | 1/23/2019 | PAYROLL CLEARING ACCOUNT | 120190115011 | 01 | 001-000-110 | MAINTENANCE SALARY | 1712.20 | |
| | | | 120190115011 | 02 | 001-000-110 | PART-TIME HBLP | 351.04 | |
| | | | 120190115011 | 03 | 001-000-110 | FICA W/H | 125.29 | |
| | | | 120190115011 | 04 | 001-000-110 | MEDICARE WITHOLDING | 29.30 | |
| | | | 120190115011 | 05 | 001-000-110 | RETIREMENT W/H | 269.67 | |
| | | | 120190115017 | 01 | 001-000-110 | WORK PROGRAM DEPUT | 62.86 | |
| | | | 120190115017 | 02 | 001-000-110 | FICA W/H | 3.90 | |
| | | | 120190115017 | 03 | 001-000-110 | MEDICARE WITHOLDING | .91 | |
| | | | 120190115017 | 04 | 001-000-110 | RETIREMENT W/H | 9.90 | |
| | | | 120190123023 | 01 | 001-000-110 | DEPUTIES | 14506.72 | |
| | | | 120190123023 | 02 | 001-000-110 | DEPUTIES OVERTIME | 1903.84 | |
| | | | 120190123023 | 03 | 001-000-110 | FICA W/H | 966.71 | |
| | | | 120190123023 | 04 | 001-000-110 | MEDICARE WITHOLDING | 226.08 | |
| | | | 120190123023 | 05 | 001-000-110 | RETIREMENT W/H | 2521.97 | |
| | | | 120190123023 | 06 | 001-000-110 | GROUP HEALTH INSURAN | 4356.09 | |
| | | | 120190123023 | 07 | 001-000-110 | GROUP LIFE INS - EMP | 54.27 | |
| | | | 120190123023 | 08 | 001-000-110 | GAP-GULF GUARANTY | 1965.69 | |
| | | | 120190123026 | 01 | 001-000-110 | SCHOOL RESOURCE OF | 1262.24 | |
| | | | 120190123026 | 02 | 001-000-110 | FICA W/H | 76.58 | |
| | | | 120190123026 | 03 | 001-000-110 | MEDICARE WITHOLDING | 17.91 | |
| | | | 120190123026 | 04 | 001-000-110 | RETIREMENT W/H | 198.80 | |
| | | | 120190123026 | 05 | 001-000-110 | GROUP HEALTH INSURAN | 484.01 | |
| | | | 120190123026 | 06 | 001-000-110 | GROUP LIFE INS - EMP | 6.03 | |
| | | | 120190123026 | 07 | 001-000-110 | GAP-GULF GUARANTY | 218.41 | |
| | | | 120190115038 | 01 | 097-000-110 | DISPATCHERS | 139.68 | |
| | | | 120190115038 | 02 | 097-000-110 | FICA W/H | 8.66 | |
| | | | 120190115038 | 03 | 097-000-110 | MEDICARE WITHOLDING | 2.03 | 31480.79 |
| 69868 | 1/23/2019 | ATMOS ENERGY | 01/2019OC | 01 | 001-151-513 | OFFICE COMPLEX BUILD | 326.27 | |
| | | | 01/2019SHER | 01 | 001-151-514 | SHERIFF'S DEPT UTILI | 1535.56 | |

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY

| CHECK | | VENDOR NAME | INVOICE | | ACCOUNT | | AMOUNT | CHECK AMOUNT |
|--------|-----------|--------------------------|--------------|--------|-------------|----------------------|---------|--------------|
| NUMBER | DATE | | NUMBER | LINE # | NUMBER | DESCRIPTION | | |
| | | | 01/2019GEN | 01 | 001-151-514 | SHERIFF'S DEPT UTILI | 38.24 | |
| | | | 01/2019DHS | 01 | 001-151-515 | DHS BUILDING UTILITI | 552.46 | |
| | | | 01/2019D2 | 01 | 152-302-510 | UTILITIES | 221.80 | 2674.33 |
| 69869 | 1/23/2019 | BELLSOUTH / ATT | 01/2019SHER | 01 | 001-200-504 | NCIC LINES | 31.80 | 31.80 |
| 69870 | 1/23/2019 | BOB MORGAN | 01/2019 | 01 | 001-220-476 | MEALS & LODGING | 41.00 | 41.00 |
| 69871 | 1/23/2019 | MIKE BRYANT | 01/2019 | 01 | 001-220-476 | MEALS & LODGING | 41.00 | 41.00 |
| 69872 | 1/23/2019 | MS DEVELOPMENT AUTHORITY | 01/2019HEN | 01 | 138-800-800 | PRIN RETIREMENT-CAP | 2252.82 | |
| | | | 01/2019GRAH | 01 | 138-800-800 | PRIN RETIREMENT-CAP | 4309.79 | |
| | | | 01/2019HEN | 02 | 138-800-802 | INTEREST EXPENSE | 1048.11 | |
| | | | 01/2019GRAH | 02 | 138-800-802 | INTEREST EXPENSE | 1236.19 | 8846.91 |
| 69873 | 1/23/2019 | WALMART COMMUNITY BRC | 03549 | 01 | 001-151-603 | OFFICE SUPPLIES | 99.00 | |
| | | | 03895 | 01 | 001-151-603 | OFFICE SUPPLIES | 58.69 | 157.69 |
| 69874 | 1/23/2019 | CITY WATER & LIGHT DEPT. | 01/2019ELLIS | 01 | 001-151-512 | ELLIS CLINIC UTILITI | 368.27 | |
| | | | 01/2019EXT | 01 | 001-151-513 | OFFICE COMPLEX BUILD | 203.88 | |
| | | | 01/2019FOR | 01 | 001-151-513 | OFFICE COMPLEX BUILD | 333.80 | |
| | | | 01/2019SHER | 01 | 001-151-514 | SHERIFF'S DEPT UTILI | 1487.57 | 2393.52 |
| 69875 | 1/24/2019 | PAYROLL CLEARING ACCOUNT | 01/2019 | 01 | 001-262-470 | RET W/HELD & MATCHED | 356.29 | 356.29 |
| 69876 | 1/24/2019 | ALVIN CARTER, JR | 01/2019 | 01 | 001-167-476 | SUBSISTENCE MEALS & | 82.00 | |
| | | | 01/2019 | 02 | 001-167-477 | PRIVATE VEHICLE TRAV | 156.00 | 238.00 |
| 69877 | 1/24/2019 | SHERMAN IVY | 01/2019 | 01 | 001-262-461 | CONSTABLE FEES | 1471.44 | 1471.44 |
| 69878 | 1/24/2019 | LEWIS STAFFORD | 01/2019 | 01 | 001-262-461 | CONSTABLE FEES | 1042.27 | 1042.27 |
| 69879 | 1/25/2019 | SHELTON DEANES | 01/2019 | 01 | 001-100-476 | MEALS AND LODGING | 82.00 | |
| | | | 01/2019 | 02 | 001-100-477 | PRIVATE VEHICLE TRAV | 144.00 | 226.00 |
| 69880 | 1/25/2019 | GLORIA N CLARK | 01/2019 | 01 | 001-161-558 | TRANSCRIBING FEES | 540.00 | 540.00 |
| 69881 | 1/25/2019 | JOE CHANDLER | 01/2019 | 01 | 001-100-476 | MEALS AND LODGING | 82.00 | |

00 7:55

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY

| CHECK | | | INVOICE | | ACCOUNT | | AMOUNT | CHECK AMOUNT |
|--------|-----------|--------------------------|--------------|--------|-------------|----------------------|----------|-----------------|
| NUMBER | DATE | VENDOR NAME | NUMBER | LINE # | NUMBER | DESCRIPTION | | |
| | | | | | | | | 82.00 |
| 69882 | 1/25/2019 | LYNN HORTON | 01/2019 | 01 | 001-100-476 | MEALS AND LODGING | 82.00 | |
| | | | 01/2019 | 02 | 001-100-480 | OTHER TRAVEL COSTS | 138.00 | |
| | | | | | | | | 220.00 |
| 69883 | 1/25/2019 | R B DAVIS | 01/2019 | 01 | 001-100-476 | MEALS AND LODGING | 123.00 | |
| | | | 01/2019 | 02 | 001-100-477 | PRIVATE VEHICLE TRAV | 144.00 | |
| | | | | | | | | 267.00 |
| 69884 | 1/25/2019 | TINA ROGERS | 01/2019 | 01 | 001-168-477 | PRIVATE VEHICLE TRAV | 205.44 | |
| | | | | | | | | 205.44 |
| 69885 | 1/28/2019 | MAE BREWER | 01/2019 | 01 | 001-180-476 | MEALS & LODGING | 123.00 | |
| | | | 01/2019 | 02 | 001-180-477 | PRIVATE VEHICLE TRAV | 278.40 | |
| | | | | | | | | 401.40 |
| 69886 | 1/28/2019 | TOMMY D. BRYAN | 01/2019 | 01 | 001-180-476 | MEALS & LODGING | 123.00 | |
| | | | 01/2019 | 02 | 001-180-477 | PRIVATE VEHICLE TRAV | 268.80 | |
| | | | | | | | | 391.80 |
| 69887 | 1/28/2019 | HUBERT CASTON | 01/2019 | 01 | 001-180-476 | MEALS & LODGING | 123.00 | |
| | | | 01/2019 | 02 | 001-180-477 | PRIVATE VEHICLE TRAV | 268.80 | |
| | | | | | | | | 391.80 |
| 69888 | 1/28/2019 | SANANA WALKER | 01/2019 | 01 | 001-180-476 | MEALS & LODGING | 123.00 | |
| | | | 01/2019 | 02 | 001-180-477 | PRIVATE VEHICLE TRAV | 278.40 | |
| | | | | | | | | 401.40 |
| 69889 | 1/28/2019 | SHERMAN IVY | 01/2019A | 01 | 001-262-476 | MEALS & LODGING | 41.00 | |
| | | | 01/2019A | 02 | 001-262-477 | PRIVATE VEHICLE TRAV | 192.00 | |
| | | | | | | | | 233.00 |
| 69890 | 1/28/2019 | LEWIS STAFFORD | 01/2019A | 01 | 001-262-477 | PRIVATE VEHICLE TRAV | 192.00 | |
| | | | | | | | | 192.00 |
| 69891 | 1/28/2019 | LINDA IVY | 01/2019 | 01 | 001-180-476 | MEALS & LODGING | 123.00 | |
| | | | 01/2019 | 02 | 001-180-477 | PRIVATE VEHICLE TRAV | 268.80 | |
| | | | | | | | | 391.80 |
| 69892 | 1/31/2019 | PAYROLL CLEARING ACCOUNT | 120190131001 | 01 | 001-000-110 | SUPERVISORS SALARI | 16833.35 | |
| | | | 120190131001 | 02 | 001-000-110 | PERSONNEL MAN/SYST | 899.56 | |
| | | | 120190131001 | 03 | 001-000-110 | ATTORNEYS | 3366.67 | |
| | | | 120190131001 | 04 | 001-000-110 | ASST PERSONNEL MNG | 107.30 | |
| | | | 120190131001 | 05 | 001-000-110 | OFFICE CLERICAL | 1334.78 | |
| | | | 120190131001 | 06 | 001-000-110 | FICA W/H | 1345.94 | |
| | | | 120190131001 | 07 | 001-000-110 | MEDICARE WITHOLDING | 314.79 | |
| | | | 120190131001 | 08 | 001-000-110 | RETIREMENT W/H | 3550.32 | |
| | | | 120190131001 | 09 | 001-000-110 | GROUP HEALTH INSURAN | 3872.08 | |
| | | | 120190131001 | 10 | 001-000-110 | GROUP LIFE INS - EMP | 19.16 | |
| | | | 120190131001 | 11 | 001-000-110 | GROUP LIFE INS - OFF | 38.55 | |

912

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY

| CHECK | | INVOICE | | ACCOUNT | | AMOUNT | CHECK AMOUNT |
|--------|------|-------------|--------------|---------|----------------------------------|---------|--------------|
| NUMBER | DATE | VENDOR NAME | NUMBER | LINE # | DESCRIPTION | | |
| | | | 120190131001 | 12 | 001-000-110 GAP-GULF GUARANTY | 1747.28 | |
| | | | 120190131002 | 01 | 001-000-110 DEPUTIES | 1386.65 | |
| | | | 120190131002 | 02 | 001-000-110 COMPTROLLER | 3664.55 | |
| | | | 120190131002 | 03 | 001-000-110 ATTENDING BRD MEET | 120.00 | |
| | | | 120190131002 | 04 | 001-000-110 COUNTY AUDITOR | 441.67 | |
| | | | 120190131002 | 05 | 001-000-110 COUNTY TREASURER | 208.33 | |
| | | | 120190131002 | 06 | 001-000-110 PUBLIC SVC NOT PRO | 416.67 | |
| | | | 120190131002 | 07 | 001-000-110 FICA W/H | 374.19 | |
| | | | 120190131002 | 08 | 001-000-110 MEDICARE WITHOLDING | 87.51 | |
| | | | 120190131002 | 09 | 001-000-110 RETIREMENT W/H | 982.46 | |
| | | | 120190131002 | 10 | 001-000-110 GROUP HEALTH INSURAN | 1418.21 | |
| | | | 120190131002 | 11 | 001-000-110 GROUP LIFE INS - EMP | 11.64 | |
| | | | 120190131002 | 12 | 001-000-110 GROUP LIFE INS - OFF | 7.71 | |
| | | | 120190131002 | 13 | 001-000-110 GAP-GULF GUARANTY | 421.56 | |
| | | | 120190131003 | 01 | 001-000-110 DEPUTIES | 2154.54 | |
| | | | 120190131003 | 02 | 001-000-110 OFFICE CLERICAL | 872.00 | |
| | | | 120190131003 | 03 | 001-000-110 PUBLIC SVCS NOT PR | 416.66 | |
| | | | 120190131003 | 04 | 001-000-110 COUNTY REGISTRAR | 1341.67 | |
| | | | 120190131003 | 05 | 001-000-110 STATE FAILURES | 33.33 | |
| | | | 120190131003 | 06 | 001-000-110 ELECTION FEES | 208.34 | |
| | | | 120190131003 | 07 | 001-000-110 FICA W/H | 298.38 | |
| | | | 120190131003 | 08 | 001-000-110 MEDICARE WITHOLDING | 69.78 | |
| | | | 120190131003 | 09 | 001-000-110 RETIREMENT W/H | 654.34 | |
| | | | 120190131003 | 10 | 001-000-110 GROUP HEALTH INSURAN | 968.02 | |
| | | | 120190131003 | 11 | 001-000-110 GROUP LIFE INS - EMP | 12.06 | |
| | | | 120190131003 | 12 | 001-000-110 GROUP LIFE INS - OFF | 7.71 | |
| | | | 120190131003 | 13 | 001-000-110 GAP-GULF GUARANTY | 436.82 | |
| | | | 120190131004 | 01 | 001-000-110 TAX ASSESSOR SALAR | 4916.67 | |
| | | | 120190131004 | 02 | 001-000-110 DEPUTIES | 3466.07 | |
| | | | 120190131004 | 03 | 001-000-110 PART-TIME HELP | 960.00 | |
| | | | 120190131004 | 04 | 001-000-110 FICA W/H | 561.71 | |
| | | | 120190131004 | 05 | 001-000-110 MEDICARE WITHOLDING | 131.37 | |
| | | | 120190131004 | 06 | 001-000-110 RETIREMENT W/H | 1320.29 | |
| | | | 120190131004 | 07 | 001-000-110 GROUP HEALTH INSURAN | 1936.04 | |
| | | | 120190131004 | 08 | 001-000-110 GROUP LIFE INS - EMP | 18.09 | |
| | | | 120190131004 | 09 | 001-000-110 GROUP LIFE INS - OFF | 7.71 | |
| | | | 120190131004 | 10 | 001-000-110 GAP-GULF GUARANTY | 873.64 | |
| | | | 120190131006 | 01 | 001-000-110 PURCHASE CLERK SAL | 533.33 | |
| | | | 120190131006 | 02 | 001-000-110 ASST PURCHASE CLER | 104.17 | |
| | | | 120190131006 | 03 | 001-000-110 FICA W/H | 25.66 | |
| | | | 120190131006 | 04 | 001-000-110 MEDICARE WITHOLDING | 6.00 | |
| | | | 120190131006 | 05 | 001-000-110 RETIREMENT W/H | 100.41 | |
| | | | 120190131006 | 06 | 001-000-110 GROUP HEALTH INSURAN | 517.83 | |
| | | | 120190131006 | 07 | 001-000-110 GROUP LIFE INS - EMP | 6.45 | |
| | | | 120190131006 | 08 | 001-000-110 GAP-GULF GUARANTY | 233.67 | |
| | | | 120190131007 | 01 | 001-000-110 INVENTORY CLERK | 2032.47 | |
| | | | 120190131007 | 02 | 001-000-110 FICA W/H | 120.87 | |
| | | | 120190131007 | 03 | 001-000-110 MEDICARE WITHOLDING | 28.27 | |
| | | | 120190131007 | 04 | 001-000-110 RETIREMENT W/H | 320.11 | |
| | | | 120190131008 | 01 | 001-000-110 RECEIVING CLERK | 499.98 | |
| | | | 120190131008 | 02 | 001-000-110 FICA W/H | 28.06 | |

7
7

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY

| CHECK | | INVOICE | | ACCOUNT | | AMOUNT | CHECK AMOUNT |
|--------|------|--------------|--------|-------------|----------------------|---------|-----------------|
| NUMBER | DATE | NUMBER | LINE # | NUMBER | DESCRIPTION | | |
| | | 120190131008 | 03 | 001-000-110 | MEDICARE WITHOLDING | 6.56 | |
| | | 120190131008 | 04 | 001-000-110 | RETIREMENT W/H | 78.75 | |
| | | 120190131008 | 05 | 001-000-110 | GROUP LIFE INS - EMP | 4.96 | |
| | | 120190131009 | 01 | 001-000-110 | MAINTENANCE SALARY | 4383.18 | |
| | | 120190131009 | 02 | 001-000-110 | PART-TIME HELP | 824.24 | |
| | | 120190131009 | 03 | 001-000-110 | MAINTENANCE OVERTI | 202.12 | |
| | | 120190131009 | 04 | 001-000-110 | FICA W/H | 328.80 | |
| | | 120190131009 | 05 | 001-000-110 | MEDICARE WITHOLDING | 76.90 | |
| | | 120190131009 | 06 | 001-000-110 | RETIREMENT W/H | 775.73 | |
| | | 120190131009 | 07 | 001-000-110 | GROUP HEALTH INSURAN | 726.02 | |
| | | 120190131009 | 08 | 001-000-110 | GROUP LIFE INS - EMP | 15.08 | |
| | | 120190131009 | 09 | 001-000-110 | GAP-GULF GUARANTY | 327.62 | |
| | | 120190131010 | 01 | 001-000-110 | INFORMATION TECHNO | 449.78 | |
| | | 120190131010 | 02 | 001-000-110 | FICA W/H | 25.82 | |
| | | 120190131010 | 03 | 001-000-110 | MEDICARE WITHOLDING | 6.04 | |
| | | 120190131010 | 04 | 001-000-110 | RETIREMENT W/H | 70.84 | |
| | | 120190131011 | 01 | 001-000-110 | OFFICE/CLERICAL | 667.20 | |
| | | 120190131011 | 02 | 001-000-110 | FICA W/H | 41.37 | |
| | | 120190131011 | 03 | 001-000-110 | MEDICARE WITHOLDING | 9.67 | |
| | | 120190131013 | 01 | 001-000-110 | BAILIFF | 165.00 | |
| | | 120190131013 | 02 | 001-000-110 | FICA W/H | 10.23 | |
| | | 120190131013 | 03 | 001-000-110 | MEDICARE WITHOLDING | 2.39 | |
| | | 120190131013 | 04 | 001-000-110 | RETIREMENT W/H | 8.66 | |
| | | 120190131014 | 01 | 001-000-110 | DEPUTIES | 223.69 | |
| | | 120190131014 | 02 | 001-000-110 | BAILIFF | 3080.00 | |
| | | 120190131014 | 03 | 001-000-110 | ATTENDING COURT | 5937.00 | |
| | | 120190131014 | 04 | 001-000-110 | FICA W/H | 567.95 | |
| | | 120190131014 | 05 | 001-000-110 | MEDICARE WITHOLDING | 132.83 | |
| | | 120190131014 | 06 | 001-000-110 | RETIREMENT W/H | 1204.20 | |
| | | 120190131015 | 01 | 001-000-110 | OFFICE/CLERICAL | 437.50 | |
| | | 120190131015 | 02 | 001-000-110 | BAILIFF/DEPUTY | 55.00 | |
| | | 120190131015 | 03 | 001-000-110 | JUDGE/REFEREE | 793.29 | |
| | | 120190131015 | 04 | 001-000-110 | FICA W/H | 75.05 | |
| | | 120190131015 | 05 | 001-000-110 | MEDICARE WITHOLDING | 17.55 | |
| | | 120190131015 | 06 | 001-000-110 | RETIREMENT W/H | 193.85 | |
| | | 120190131015 | 07 | 001-000-110 | GROUP HEALTH INSURAN | 355.70 | |
| | | 120190131015 | 08 | 001-000-110 | GAP-GULF GUARANTY | 378.92 | |
| | | 120190131016 | 01 | 001-000-110 | COURT ADMINISTRATO | 4041.66 | |
| | | 120190131016 | 02 | 001-000-110 | CLERICAL | 606.84 | |
| | | 120190131016 | 03 | 001-000-110 | FICA W/H | 269.85 | |
| | | 120190131016 | 04 | 001-000-110 | MEDICARE WITHOLDING | 63.11 | |
| | | 120190131016 | 05 | 001-000-110 | RETIREMENT W/H | 636.56 | |
| | | 120190131016 | 06 | 001-000-110 | GROUP HEALTH INSURAN | 484.01 | |
| | | 120190131016 | 07 | 001-000-110 | GROUP LIFE INS - EMP | 5.03 | |
| | | 120190131016 | 08 | 001-000-110 | GAP-GULF GUARANTY | 218.41 | |
| | | 120190131017 | 01 | 001-000-110 | PROSECUTING ATTORN | 600.00 | |
| | | 120190131017 | 02 | 001-000-110 | LUNACY JUDGE | 286.15 | |
| | | 120190131017 | 03 | 001-000-110 | FICA W/H | 33.49 | |
| | | 120190131017 | 04 | 001-000-110 | MEDICARE WITHOLDING | 7.83 | |
| | | 120190131017 | 05 | 001-000-110 | RETIREMENT W/H | 139.57 | |
| | | 120190131017 | 06 | 001-000-110 | GROUP HEALTH INSURAN | 612.32 | |

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY
 CHECK

| CHECK | | | INVOICE | | ACCOUNT | | AMOUNT | CHECK AMOUNT |
|--------|------|-------------|--------------|--------|-------------|----------------------|---------|--------------|
| NUMBER | DATE | VENDOR NAME | NUMBER | LINE # | NUMBER | DESCRIPTION | | |
| | | | 120190131017 | 07 | 001-000-110 | GAP-GULF GUARANTY | 276.31 | |
| | | | 120190131018 | 01 | 001-000-110 | DEPUTIES | 3373.45 | |
| | | | 120190131018 | 02 | 001-000-110 | BAILIFF | 660.00 | |
| | | | 120190131018 | 03 | 001-000-110 | COUNTY JUDGES | 6733.34 | |
| | | | 120190131018 | 04 | 001-000-110 | FICA W/H | 609.44 | |
| | | | 120190131018 | 05 | 001-000-110 | MEDICARE WITHOLDING | 142.53 | |
| | | | 120190131018 | 06 | 001-000-110 | RETIREMENT W/H | 1687.11 | |
| | | | 120190131018 | 07 | 001-000-110 | GROUP HEALTH INSURAN | 2420.05 | |
| | | | 120190131018 | 08 | 001-000-110 | GROUP LIFE INS - EMP | 18.09 | |
| | | | 120190131018 | 09 | 001-000-110 | GROUP LIFE INS - OFF | 15.42 | |
| | | | 120190131018 | 10 | 001-000-110 | GAP-GULF GUARANTY | 1092.05 | |
| | | | 120190131019 | 01 | 001-000-110 | CORONER'S FEE | 900.00 | |
| | | | 120190131019 | 02 | 001-000-110 | MEDICAL EXAMINERS | 750.00 | |
| | | | 120190131019 | 03 | 001-000-110 | FICA W/H | 102.30 | |
| | | | 120190131019 | 04 | 001-000-110 | MEDICARE WITHOLDING | 23.93 | |
| | | | 120190131019 | 05 | 001-000-110 | RETIREMENT W/H | 259.88 | |
| | | | 120190131019 | 06 | 001-000-110 | GROUP HEALTH INSURAN | 484.01 | |
| | | | 120190131019 | 07 | 001-000-110 | GROUP LIFE INS - OFF | 7.71 | |
| | | | 120190131019 | 08 | 001-000-110 | GAP-GULF GUARANTY | 218.41 | |
| | | | 120190131020 | 01 | 001-000-110 | ATTORNEYS | 3366.67 | |
| | | | 120190131020 | 02 | 001-000-110 | FICA W/H | 208.73 | |
| | | | 120190131020 | 03 | 001-000-110 | MEDICARE WITHOLDING | 48.82 | |
| | | | 120190131020 | 04 | 001-000-110 | RETIREMENT W/H | 530.25 | |
| | | | 120190131020 | 05 | 001-000-110 | GROUP HEALTH INSURAN | 484.01 | |
| | | | 120190131020 | 06 | 001-000-110 | GROUP LIFE INS - EMP | 6.03 | |
| | | | 120190131020 | 07 | 001-000-110 | GAP-GULF GUARANTY | 218.41 | |
| | | | 120190131021 | 01 | 001-000-110 | ATTORNEYS | 6180.00 | |
| | | | 120190131021 | 02 | 001-000-110 | FICA W/H | 368.57 | |
| | | | 120190131021 | 03 | 001-000-110 | MEDICARE WITHOLDING | 86.20 | |
| | | | 120190131021 | 04 | 001-000-110 | RETIREMENT W/H | 973.36 | |
| | | | 120190131021 | 05 | 001-000-110 | GROUP HEALTH INSURAN | 484.01 | |
| | | | 120190131021 | 06 | 001-000-110 | GROUP LIFE INS - EMP | 6.03 | |
| | | | 120190131021 | 07 | 001-000-110 | GAP-GULF GUARANTY | 218.41 | |
| | | | 120190131022 | 01 | 001-000-110 | ELECTION COMMISSION | 4900.00 | |
| | | | 120190131022 | 02 | 001-000-110 | FICA W/H | 303.61 | |
| | | | 120190131022 | 03 | 001-000-110 | MEDICARE WITHOLDING | 71.01 | |
| | | | 120190131022 | 04 | 001-000-110 | RETIREMENT W/H | 63.00 | |
| | | | 120190131023 | 01 | 001-000-110 | SHERIFF SALARY | 7500.00 | |
| | | | 120190131023 | 02 | 001-000-110 | DEPUTIES | 4920.12 | |
| | | | 120190131023 | 03 | 001-000-110 | OFFICE/CLERICAL | 8750.88 | |
| | | | 120190131023 | 04 | 001-000-110 | OFFICE CLERICAL OV | 518.62 | |
| | | | 120190131023 | 05 | 001-000-110 | MECHANIC SALARY | 1302.18 | |
| | | | 120190131023 | 06 | 001-000-110 | FICA W/H | 1348.76 | |
| | | | 120190131023 | 07 | 001-000-110 | MEDICARE WITHOLDING | 315.45 | |
| | | | 120190131023 | 08 | 001-000-110 | RETIREMENT W/H | 3587.20 | |
| | | | 120190131023 | 09 | 001-000-110 | GROUP HEALTH INSURAN | 5566.11 | |
| | | | 120190131023 | 10 | 001-000-110 | GROUP LIFE INS - EMP | 63.31 | |
| | | | 120190131023 | 11 | 001-000-110 | GROUP LIFE INS - OFF | 7.71 | |
| | | | 120190131023 | 12 | 001-000-110 | GAP-GULF GUARANTY | 2511.71 | |
| | | | 120190131024 | 01 | 001-000-110 | MTC TRANSPORT OFFI | 1104.50 | |
| | | | 120190131024 | 02 | 001-000-110 | FICA W/H | 67.24 | |

79

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY

| CHECK | | | INVOICE | | ACCOUNT | | AMOUNT | CHECK AMOUNT |
|--------|------|-------------|--------------|--------|-------------|----------------------|----------|-----------------|
| NUMBER | DATE | VENDOR NAME | NUMBER | LINE # | NUMBER | DESCRIPTION | | |
| | | | 120190131024 | 03 | 001-000-110 | MEDICARE WITHOLDING | 15.73 | |
| | | | 120190131024 | 04 | 001-000-110 | RETIREMENT W/H | 173.96 | |
| | | | 120190131024 | 05 | 001-000-110 | GROUP HEALTH INSURAN | 484.01 | |
| | | | 120190131024 | 06 | 001-000-110 | GROUP LIFE INS - EMP | 6.03 | |
| | | | 120190131024 | 07 | 001-000-110 | GAP-GULF GUARANTY | 218.41 | |
| | | | 120190131027 | 01 | 001-000-110 | JAIL ADMINISTRATOR | 1091.67 | |
| | | | 120190131027 | 02 | 001-000-110 | JAIL RECORDS CLERK | 1724.35 | |
| | | | 120190131027 | 03 | 001-000-110 | JAILORS SALARIES | 14635.81 | |
| | | | 120190131027 | 04 | 001-000-110 | KITCHEN MANAGER | 1697.19 | |
| | | | 120190131027 | 05 | 001-000-110 | JAILORS OVERTIME | 1062.35 | |
| | | | 120190131027 | 06 | 001-000-110 | FICA W/H | 1203.44 | |
| | | | 120190131027 | 07 | 001-000-110 | MEDICARE WITHOLDING | 281.44 | |
| | | | 120190131027 | 08 | 001-000-110 | RETIREMENT W/H | 3183.29 | |
| | | | 120190131027 | 09 | 001-000-110 | GROUP HEALTH INSURAN | 7260.15 | |
| | | | 120190131027 | 10 | 001-000-110 | GROUP LIFE INS - EMP | 90.45 | |
| | | | 120190131027 | 11 | 001-000-110 | GAP-GULF GUARANTY | 3276.15 | |
| | | | 120190131029 | 01 | 001-000-110 | DEP EMA DIRECTOR S | 208.33 | |
| | | | 120190131029 | 02 | 001-000-110 | FICA W/H | 11.96 | |
| | | | 120190131029 | 03 | 001-000-110 | MEDICARE WITHOLDING | 2.80 | |
| | | | 120190131029 | 04 | 001-000-110 | RETIREMENT W/H | 32.81 | |
| | | | 120190131036 | 01 | 097-000-110 | 911 DIRECTOR SALAR | 1000.78 | |
| | | | 120190131036 | 02 | 097-000-110 | DISPATCHERS | 9071.11 | |
| | | | 120190131036 | 03 | 097-000-110 | DISPATCHER O/T | 441.60 | |
| | | | 120190131036 | 04 | 097-000-110 | FICA W/H | 612.98 | |
| | | | 120190131036 | 05 | 097-000-110 | MEDICARE WITHOLDING | 143.35 | |
| | | | 120190131036 | 06 | 097-000-110 | RETIREMENT W/H | 1397.22 | |
| | | | 120190131036 | 07 | 097-000-110 | GROUP HEALTH INSURAN | 2420.05 | |
| | | | 120190131036 | 08 | 097-000-110 | GROUP LIFE INS - EMP | 30.15 | |
| | | | 120190131036 | 09 | 097-000-110 | GAP-GULF GUARANTY | 1092.05 | |
| | | | 120190131037 | 01 | 104-000-110 | LAW LIBRARY- ADMIN | 133.55 | |
| | | | 120190131037 | 02 | 104-000-110 | FICA W/H | 8.22 | |
| | | | 120190131037 | 03 | 104-000-110 | MEDICARE WITHOLDING | 1.92 | |
| | | | 120190131037 | 04 | 104-000-110 | RETIREMENT W/H | 21.03 | |
| | | | 120190131042 | 01 | 114-000-110 | COORDINATOR/VOL. FI | 367.74 | |
| | | | 120190131042 | 02 | 114-000-110 | FICA W/H | 22.80 | |
| | | | 120190131042 | 03 | 114-000-110 | MEDICARE WITHOLDING | 5.33 | |
| | | | 120190131042 | 04 | 114-000-110 | RETIREMENT W/H | 57.92 | |
| | | | 120190131049 | 01 | 161-000-110 | ROAD LABORERS-HOUR | 3104.80 | |
| | | | 120190131049 | 02 | 161-000-110 | FICA W/H | 174.00 | |
| | | | 120190131049 | 03 | 161-000-110 | MEDICARE WITHOLDING | 40.69 | |
| | | | 120190131049 | 04 | 161-000-110 | RETIREMENT W/H | 489.02 | |
| | | | 120190131049 | 05 | 161-000-110 | GROUP HEALTH INSURAN | 968.02 | |
| | | | 120190131049 | 06 | 161-000-110 | GROUP LIFE INS - EMP | 12.06 | |
| | | | 120190131049 | 07 | 161-000-110 | GAP-GULF GUARANTY | 436.82 | |
| | | | 120190131050 | 01 | 162-000-110 | ROAD LABORERS- HOU | 3023.00 | |
| | | | 120190131050 | 02 | 162-000-110 | FICA W/H | 184.96 | |
| | | | 120190131050 | 03 | 162-000-110 | MEDICARE WITHOLDING | 43.26 | |
| | | | 120190131050 | 04 | 162-000-110 | RETIREMENT W/H | 476.12 | |
| | | | 120190131050 | 05 | 162-000-110 | GROUP HEALTH INSURAN | 930.79 | |
| | | | 120190131050 | 06 | 162-000-110 | GROUP LIFE INS - EMP | 11.60 | |
| | | | 120190131050 | 07 | 162-000-110 | GAP-GULF GUARANTY | 420.02 | |

710

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: REN RENASANT BANK- GENERAL COUNTY

| CHECK | | | INVOICE | | ACCOUNT | | AMOUNT | CHECK AMOUNT |
|--------|------|-------------|--------------|--------|-------------|----------------------|---------|-----------------|
| NUMBER | DATE | VENDOR NAME | NUMBER | LINE # | NUMBER | DESCRIPTION | | |
| | | | 120190131051 | 01 | 163-000-110 | ROAD LABORERS- HOU | 3293.04 | |
| | | | 120190131051 | 02 | 163-000-110 | FICA W/H | 202.26 | |
| | | | 120190131051 | 03 | 163-000-110 | MEDICARE WITHOLDING | 47.31 | |
| | | | 120190131051 | 04 | 163-000-110 | RETIREMENT W/H | 518.65 | |
| | | | 120190131051 | 05 | 163-000-110 | GROUP HEALTH INSURAN | 521.24 | |
| | | | 120190131051 | 06 | 163-000-110 | GROUP LIFE INS - EMP | 6.49 | |
| | | | 120190131051 | 07 | 163-000-110 | GAP-GULF GUARANTY | 235.21 | |
| | | | 120190131052 | 01 | 164-000-110 | ROAD LABORERS- HOU | 4042.32 | |
| | | | 120190131052 | 02 | 164-000-110 | FICA W/H | 229.47 | |
| | | | 120190131052 | 03 | 164-000-110 | MEDICARE WITHOLDING | 53.66 | |
| | | | 120190131052 | 04 | 164-000-110 | RETIREMENT W/H | 611.47 | |
| | | | 120190131052 | 05 | 164-000-110 | GROUP HEALTH INSURAN | 1452.03 | |
| | | | 120190131052 | 06 | 164-000-110 | GROUP LIFE INS - EMP | 18.09 | |
| | | | 120190131052 | 07 | 164-000-110 | GAP-GULF GUARANTY | 655.23 | |
| | | | 120190131053 | 01 | 165-000-110 | ROAD LABORERS- HOU | 4749.20 | |
| | | | 120190131053 | 02 | 165-000-110 | FICA W/H | 292.64 | |
| | | | 120190131053 | 03 | 165-000-110 | MEDICARE WITHOLDING | 68.44 | |
| | | | 120190131053 | 04 | 165-000-110 | RETIREMENT W/H | 628.62 | |
| | | | 120190131053 | 05 | 165-000-110 | GROUP HEALTH INSURAN | 484.01 | |
| | | | 120190131053 | 06 | 165-000-110 | GROUP LIFE INS - EMP | 6.03 | |
| | | | 120190131053 | 07 | 165-000-110 | GAP-GULF GUARANTY | 218.41 | |
| | | | 120190131056 | 01 | 400-000-110 | SANITATION SALARY | 5789.24 | |
| | | | 120190131056 | 02 | 400-000-110 | FICA W/H | 341.27 | |
| | | | 120190131056 | 03 | 400-000-110 | MEDICARE WITHOLDING | 79.80 | |
| | | | 120190131056 | 04 | 400-000-110 | RETIREMENT W/H | 911.81 | |
| | | | 120190131056 | 05 | 400-000-110 | GROUP HEALTH INSURAN | 1936.04 | |
| | | | 120190131056 | 06 | 400-000-110 | GROUP LIFE INS - EMP | 24.12 | |
| | | | 120190131056 | 07 | 400-000-110 | GAP-GULF GUARANTY | 873.64 | |

267806.74

** CHECK TOTAL FOR BANK: RENASANT BANK- GENERAL COUNTY

1237015.41

711

CLAY COUNTY
 CASH DISBURSEMENTS REPORT
 FOR THE PERIOD JANUARY 11, 2019 TO JANUARY 31, 2019

BANK: RN2 RENASANT BANK- INSURANCE ACCT

| CHECK | | | INVOICE | | | ACCOUNT | AMOUNT | CHECK |
|--|-----------|------------------------------|---------|--------|-------------|----------------------|----------|------------|
| NUMBER | DATE | VENDOR NAME | NUMBER | LINE # | NUMBER | DESCRIPTION | | AMOUNT |
| 1552 | 1/11/2019 | GULF GUARANTY | 01/2019 | 01 | 687-000-135 | DUE TO GULF GUARANTY | 22156.62 | 22156.62 |
| 1553 | 1/11/2019 | NEW YORK LIFE | 01/2019 | 01 | 687-000-123 | DUE TO NEW YORK LIFE | 306.85 | 306.85 |
| 1554 | 1/11/2019 | COLONIAL LIFE | 01/2019 | 01 | 687-000-126 | DUE TO COLONIAL LIFE | 205.02 | 205.02 |
| 1555 | 1/24/2019 | PRINCIPAL FINANCIAL GROUP | 01/2019 | 02 | 687-000-132 | DUE TO PRINCIPAL - V | 769.62 | |
| | | | 01/2019 | 03 | 687-000-133 | DUE TO PRINCIPAL - D | 2903.72 | |
| | | | 01/2019 | 01 | 687-000-134 | DUE TO PRINCIPAL - L | 530.36 | 4203.70 |
| 1556 | 1/25/2019 | LIFE INSURANCE CO. OF ALABAM | 01/2019 | 01 | 687-000-127 | DUE TO LICOA | 2070.77 | 2070.77 |
| 1557 | 1/25/2019 | LIBERTY NATIONAL INS | 01/2019 | 01 | 687-000-125 | DUE TO LIBERTY NATIO | 2594.15 | 2594.15 |
| 1558 | 1/25/2019 | AMERICAN FAMILY LIFE INS.CO. | 01/2019 | 01 | 687-000-124 | DUE TO AFLAC | 518.06 | 518.06 |
| ** CHECK TOTAL FOR BANK: RENASANT BANK- INSURANCE ACCT | | | | | | | | 32055.17 |
| ** TOTAL DISBURSEMENTS ** | | | | | | | | 1269070.58 |