Minutes of Clay County Board of Supervisors Meeting Held Monday, October 7, 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 Monday, October 7, 2019.

PRESENT:

R. B. Davis, Supervisor District 3, presiding Lynn D. Horton, Supervisor District 1 Luke Lummus, Supervisor District 2 Joe Chandler, Supervisor District 5

Amy G. Berry, Clay County Chancery Clerk Angela Turner Ford, Board Attorney

County Residents

The following proceedings were had:

CALL TO ORDER/INVOCATION

The meeting was called to order by Supervisor Horton. The welcome was given by Supervisor Davis with invocation given by Supervisor Chandler.

ADOPTION OF AGENDA

Motion by Supervisor Horton to adopt the agenda as prepared.

- Second by Supervisor Chandler.

(See Exhibit "A" - Agenda).

AMENDMENT OF AGENDA

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

- Second by Supervisor Chandler.

AMENDMENTS TO AGENDA ANNOUNCED

The leasing of school property was proposed to be added to the agenda.

AUTHORIZE AND APPROVE CLAIMS DOCKET

Motion by Supervisor Horton to authorize and approve the Claims Docket.

Seconded by Supervisor Chandler.

(Exhibit "B").

PAYMENT OF FLOOD PLAIN COORDINATOR INVOICE

Motion by Supervisor Horton to approve and authorize invoice of Flood Plain Coordinator, Randy Jones, in the amount of \$1,491.65.

-Seconded by Supervisor Lummus.

(Exhibit "C").

SPREAD INSOLVENCIES ON MINUTES AS PRESENTED BY TAX COLLECTOR/ASSESSOR

Motion by Supervisor Horton to spread upon the minutes insolvencies as presented by Ms. Paige Lamkin.

Seconded by Supervisor Lummus.

(Exhibit "D").

DISASTER ASSISTANCE REPORT

Mr. Sherrod Schuler of the United States Small Business Administration Disaster Assistance appeared before the Board to provide information about disaster relief efforts and the location to apply for assistance.

No action taken.

LAKE LILLIE ROAD REPORT OF CURRENT CONDITION

Robert Miller appeared before the Board to report on damage in the vicinity of Lake Lillie Road.

No action taken.



AUTHORIZE AND APPROVE CLERK'S CREDIT CARD AFFIDAVIT

Motion by Supervisor Horton to authorize and approve Clerk's Credit Card affidavit of credit card bill to be paid.

Seconded by Supervisor Chandler.

(Exhibit "E").

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AUTHORIZE AND APPROVE JAIL MEAL LOG

Motion by Supervisor Lummus to authorize and approve Affidavit of Jail Meal Log.

Seconded by Supervisor Horton.

(Exhibit "F").

CLOSED SESSION AFTER FIVE MINUTE RECESS

Motion by Supervisor Horton to go into Closed Session to determine the need to go into Executive Session after a five minute recess.

Seconded by Supervisor Chandler.

RETURN TO CLOSED SESSION

Motion by Supervisor Horton to return to Closed Session.

Seconded by Supervisor Chandler.

EXECUTIVE SESSION

Motion by Supervisor Chandler to go into Executive Session to discuss a personnel matter and a matter of potential litigation.

Seconded by Supervisor Lummus.

RETURN TO OPEN MEETING

Motion by Supervisor Horton to return to Open Meeting.

Seconded by Supervisor Chandler.

AUTHORIZE PERSONNEL MANAGER, TREVA HODGE, TO SIGN THE INTERROGATORIES FOR LARRY JOHNSON'S WORKER'S COMPENSATION CASE

Motion by Supervisor Lummus for Mrs. Hodge to execute the Interrogatory Agreement with the County's Worker's Compensation Carrier for Larry Johnson

Seconded by Supervisor Chandler

(Exhibit "G")

RELOCATION OF CLAY COUNTY BRANCH OF THEMS HIGHWAY OFFICE

Motion by Supervisor Lummus to move the Mississippi Highway Patrol Office from the current location to a larger area – the former Justice Court Office

Seconded by Supervisor Chandler

RELOCATION OF VETERAN SERVICES OFFICE

Motion by Supervisor Lummus to move the County's Veteran Service Office from its current location to the old District Attorney's office in the Courthouse building on Court Street

Seconded by Supervisor Chandler

RECESS

Motion by Supervisor Horton to recess until October 10, 2019, at 9:00 a.m.

Seconded by Supervisor Lummus

* All Motions were carried unanimously unless otherwise indicated.

SO ORDERED this the 2019. E Davis, President ay County Board of Supervisors Amy G. Berry, Chancery Clark-

Clerk of the Board of Supervisors

EXHIBIT A

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Clay County Board of Supervisors Agenda for Regular Meeting Monday, October 7, 2019, at 9:00 a.m.

- Call to Order
- Welcome and Prayer

Adopt and Amend Agenda

Authorize and Approve the Claims Docket

Authorize and approve to pay the Flood Plain Coordinator, Randy Jones, invoice for services in the amount of \$1,491.65

- Paige Lamkin
 - o Insolvencies for year 2019

Sherrod Schuler

o US Small Business Administration Disaster Assistance

Robert Miller

Lake Lillie Road

Authorize and Approve to spread on the minutes the Clerk's credit card affidavit of the credit card bill to be paid in the Claims Docket

• Request to go into Executive Session regarding personnel matter and potential litigation matter as allowed under Section 25-41-7 of *the Mississippi Code*

• Recess until Thursday, October 10, 2019, at 9:00 a.m.

Amendments:

EXHIBIT B

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22 QUILL	CORPORATION		72.97
23 NEWELL 26 ARSOLU	TE DOTNT SOLUTT	ONS	242 06
27 OUILL	CORPORATION		155.07
28 KEY RE	LIABLE SERVICES		391.92
29 QUIUL	CORPORATION		45.98
30 ALLMON	D PRINTING	6000 A 114	572.00
31 KEFKIG	EKALLON SUPPLY	COMPANY	21 52
32 WALMAR 34 INTAR			551.75
35 NEWELL	PAPER COMPANY		3190.54
36 NEWELL	PAPER COMPANY		313.46
37 QUILL	CORPORATION		74.10
39 QUILL	CORPORATION		69.98
40 PRO-V1 41 STRCUT	SION, INC.		08.52
		LAD.	217 23
	NE LLC		156.99
44 GEORGE	S TIRE SERVICE		15.00
45 GEORGE	E'S TIRE SERVICE		414.95
46 GEORGE	E'S TIRE SERVICE		631.80
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50 WOOD F	RUTTTTCHER GROO	ERY CO	1154.05
51 WALMAN	RT COMMUNITY BRO		1.84-
52 WALMAN	RT COMMUNITY BRO	-	176.40
57 SYSCO	FOOD SERVICES,	INC.	606.88
58 VISTA	R CORPORATION		1162.00
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67 CITY	OF WEST POINT		1035.9/
69 WEST	POTNT SCHOOLS		1868.44
70 WEST	POINT SCHOOLS		4498.92
71 WEST	POINT SCHOOLS		109.33
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115 JUHAN 114 MAGNO	NA RICE, LLC LIA BUSINESS SY	STEMS THC	206.44
115 AUTO-	CHLOR SYSTEMS	STERS, INC	211.18
116 DIXIE	NET		224.11
117 SIGN	DESIGN PLUS		320.00
118 JAMES	MCMANUS		40.00
119 AUTOZ		,	65.00
	L PAPER COMPANY L PAPER COMPANY		628.87 130.11
122 METAI	CRAFT ID PLATE	S & LABELS	402.97
123 QUILL	CORPORATION		79.99
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172 ELECTION SYSTEMS & SOFTWARE	1455.00
173 FLEMING BOOKBINDING COMPANY 174 MS CHANCERY CLERKS' ASSOC.	1000.00
175 URGENT TEAM WEST POINT CENTER	140.00 294.09
178 CLAY COUNTY MEDICAL CENTER	729.19
179 CLAY COUNTY MEDICAL CENTER 180 SUSAN ALFORD	34.80
181 SUSAN ALFORD	69.60 100.00
183 GOLDEN TRIANGLE UROLOGY PLLC	105.94
184 MISSISSIPPI COURT COLLECTIONS 185 SYNERGETICS DCS. INC	565.53 2700.00
186 SECURITY SOLUTIONS, LLC	60.00
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205 CITY WATER & LIGHT DEPT.	303.09
206 R J YOUNG COMPANY 210 SOUTHERN TELECOMMUNICATIONS	658.43
212 CASH & CARRY CLEANERS	30.00
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251 CARDMEMBER SERVICE 252 CARDMEMBER SERVICE	768.48 557.00
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256 FRANKLIN TELEPHONE COMPANY	1635.27
257 FRANKLIN TELEPHONE COMPANY 258 JOSEPH HILLMAN, MD	138.98 200.00
259 JOSEPH HILLMAN, MD 260 JOSEPH HILLMAN, MD	200.00 200.00
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262 JOSEPH HILLMAN, MD 263 AMY G. BERRY - FEES	350.00 146.00
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276 EDMUND MILLER, JR, MD	200.00	
277 H. SCOTT ROSS	550.00	
270 KRISIEN WOOD WILLIAMS, FELC	7231 73	
281 DRUG EREF WORKPLACES INC	220.00	
282 DRUG FREE WORKPLACES, INC	132.00	
285 ITC DELTACOM, INC	866.43	
286 SHELL FLEET PLUS	117.18	
287 NORTH MS GROUND AMBULANCE LLC	287.72	
288 LANELL EARLY	160.00	
289 LANELL EARLY	80.00	
291 TOTAL LAWN CARE	100.00	
292 TOTAL LAWN CARE	80.00	
293 TOTAL LAWN CARE	395.00	
295 SECURITY SOLUTIONS, LLC	60.00	
297 MISSISSIPPI DISCOUNT DRUGS	261.78	
298 MAGNOLIA BUSINESS SYSTEMS, INC	189.47	
299 C SPIRE WIRELESS	50.92	
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304 C SPIRE WIRELESS	1722.84	
306 MS TAX ASSESSOR/COLLECTOR ASSO	1000.00	
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328 CITY WATER & LIGHT DEPT.	2014.44	
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334 CITY WATER & LIGHT DEPT.	116.48	
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336 ORKIN- TUPELO, MS	39.60	
337 ORKIN- TUPELO, MS	88.55	
338 ORKIN- TUPELO, MS	57.50 56.00	\checkmark
339 ORKIN- TUPELO, MS 340 DELTA COMPUTER SYSTEMS, INC	625.00	
342 CASH & CARRY CLEANERS	30.00	
343 RUSS WALKER	160.00	
344 JAMES E. MCMILLIAN	150.00	
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345 S.E. CHICKASAW WATER ASSOC.	20.00
355 QUILL CORPORATION	162.80
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357 QUILL CORPORATION	232.95
358 QUILL CORPORATION	99.98
359 QUILL CORPORATION	120.80
361 NEWELL PAPER COMPANY	260 10
362 METAL CRAFT TO PLATES & LABELS	430.76
363 PHILLIP'S HARDWARE	828.45
364 SUNFLOWER STORE	100.00
365 INTEGRATED COMMUNICATION	735.00
367 WALMART COMMUNITY BRC	105.65
368 GEORGE'S TIRE SERVICE	663.00
270 WALMART COMMUNITY RC	42.07
370 HALMART COMMONTER DRC	732.03
375 C SPTRE WIRFLESS	47.64
480 RWJ CONSULTING, LLC	1491.65
482 COMCAST CABLE	148.04
484 TEC	37.50
485 HAIRSTON TRANSPORT SERVICE	575.40
486 ATMOS ENERGY	123.40
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495 WALMART COMMUNITY BRC	74.03
496 QUILL CORPORATION	32.97
497 MAGNOLIA BUSINESS SYSTEMS, INC	79.49
498 MAGNOLIA BUSINESS SYSTEMS, INC '	156.92
499 MAGNOLIA BUSINESS SYSTEMS, INC	106.02
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506 MAGNOLIA BUSINESS SYSTEMS, INC	149.63
507 MAGNOLIA BUSINESS SYSTEMS, INC	235.55
508 MAGNOLIA BUSINESS SYSTEMS, INC	189.75
509 U. S. POSTMASTER	1201 20
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512 GOLDEN TRIANGLE WATER	29.00
514 SILOAM WATER DISTRICT	25.00
515 SILOAM WATER DISTRICT	25.00
516 SILOAM WATER DISTRICT	25.00
517 CASH & CARRY CLEANERS	15.00
518 MISSISSIPPI VITAL RECORDS	69.00
550 POLLAN PROMOS 554 LEE COUNTY JUVENILE CENTER	49.79 1040.00
555 MARLIN M STEWART III	525.00
556 MARLIN M STEWART III	787.50
557 MARLIN M STEWART III	288.75
558 MARLIN M STEWART III	472.50
559 MARLIN M STEWART III	577.50
560 ANGELA TURNER-FORD	350.00
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	16 PCMG, INC GLOBAL GOV'ED	2203.50		
	18 SECURITY SOLUTIONS, LLC	3090.25		
	19 SECURITY SOLUTIONS, LLC	4701.45		
	20 SECURITY SOLUTIONS, LLC	2451.25		
	33 KEY RELIABLE SERVICES	947.50		
	54 WALMARI COMMUNITY BRC	32 70		
	56 WALMART COMMUNITY BRC	115.60		
	61 WALMART COMMUNITY BRC	144.40		
-	L30 WALMART COMMUNITY BRC	74.76		
	203 INFOWARE 2	700.00		
4	234 CARDMEMBER SERVICE 346 SHILLTVAN'S OFFICE SUPPLY	2239.04		
	347 SULLIVAN'S OFFICE SUPPLY	13450.80		
	348 SULLIVAN'S OFFICE SUPPLY	5414.20		
	349 SULLIVAN'S OFFICE SUPPLY	3123.68		
	350 SULLIVAN'S OFFICE SUPPLY	91339.40		
	352 SULLIVAN S OFFICE SUPPLY	1819.20		
	353 SULLIVAN'S OFFICE SUPPLY	5048.56		
	354 COLUMBUS FENCE CO.	1530.00		,
ماد ماد ماد	352 SULLIVAN'S OFFICE SUPPLY 353 SULLIVAN'S OFFICE SUPPLY 354 COLUMBUS FENCE CO. 371 CAPITOL HARDWARE COMPANY, INC. FUND TOTALS *** 010 COUNTY COURT COM	102.00		171210 77
***	FUND TOTALS *** ULU COUNTY COURT CO	APLEX FUND		1/1310.//
	49 N.MS. COCA COLA BOTTLING CO. 62 WALMART COMMUNITY BRC 305 EDGAR ROWAN BULLOCK 341 COMCAST CABLE 366 WALMART COMMUNITY BRC 583 COMCAST CABLE	406.00		
	62 WALMART COMMUNITY BRC	247.92		
	305 EDGAR ROWAN BULLOCK	600.00		
	366 WALMART COMMUNITY BRC	44.87		
	583 COMCAST CABLE	105.07		
***	FUND TOTALS *** 040 SHERIFF'S INMAT	E CANTEEN		1503.26
	176 ROY MOON 675 CALVERT-SPRADLING ENGINEERS FUND TOTALS *** 081 ROAD REPAIR PRO	1170.00		
	675 CALVERT-SPRADLING ENGINEERS	35764.71	VOIDED	1170 00
***	FUND TOTALS *** 081 ROAD REPAIR PRO			
	665 TOMBIGBEE REGIONAL LIBRARY	5758.49		
***	FUND TOTALS *** 095 SPECIAL LIBRARY	LEVY		5758.49
	25 NEWELL PAPER COMPANY 38 OUILL CORPORATION			
	38 QUILL CORPORATION			
	127 CUSTOM PRODUCTS CORPORATION	37.08		
	197 SOUTHERN TELECOMMUNICATIONS 284 BELLSOUTH / ATT	255.98 3466.00	-	
	374 CUSTOM PRODUCTS CORPORATION	51.24		
	483 TEC	· 2.82		
	569 HANCOCK BANK	2866.94		
	573 BANCORP SOUTH	3013.85 105.57		
	620 AT&T 622 XEROX CORPORATION	45.92		
	640 QUILL CORPORATION	164.95		
	641 QUILL CORPORATION	255.96		
***	FUND TOTALS *** 097 E911 FUND			10335.99
	294 TOTAL LAWN CARE	70.00		
	302 C SPIRE WIRELESS	28.20		
***	575 MS DEVELOPMENT AUTHORITY FUND TOTALS *** 114 VOLUNTEER FIRE	2497.54		25AE 74
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	574 MS DEVELOPMENT AUTHORITY	2993.38		
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***	FUND TOTALS *** 116 INSURANCE R	
***	631 MS DEVELOPMENT AUTHORITY FUND TOTALS *** 138 TVA BRIDGE 74 C & S AUTO ELECTRIC 75 IVY SAW & MOWER 90 CLAY COUNTY CO-OP 97 CARQUEST AUTO PARTS, INC. 98 CARQUEST AUTO PARTS, INC. 99 CARQUEST AUTO PARTS, INC. 100 CARQUEST AUTO PARTS, INC. 102 JIM'S AUTO PARTS, WEST POIN 103 JIM'S AUTO PARTS, WEST POIN 104 JIM'S AUTO PARTS, WEST POIN 104 JIM'S AUTO PARTS, WEST POIN 151 AUTOZONE LLC 152 COLUMBUS WHOLESALE TIRE 153 H & R AGRI-POWER 154 H & R AGRI-POWER 155 H & R AGRI-POWER 156 O'REILLY AUTO PARTS 157 O'REILLY AUTO PARTS 158 O'REILLY AUTO PARTS 159 YOUNG WELDING SUPPLY, INC 161 CITY WATER & LIGHT DEPT. 216 GOLDEN TRIANGLE TIRE SVC LL 240 SOUTHERN TELECOMMUNICATION 241 PHILLIP'S HARDWARE 242 PHILLIP'S HARDWARE 243 PHILLIP'S HARDWARE 244 TERRY'S GARAGE AND REPAIR 245 GEORGE'S TIRE SERVICE 246 GEORGE'S TIRE SERVICE 247 ARAMARK UNIFORM SERVICES I 249 ARAMARK UNIFORM SERVICES I 240 SUNFLOWER STORE 461 SUNFLOWER STORE 463 SUNFLOWER STORE 463 SUNFLOWER STORE 464 SUNFLOWER STORE 465 SUNFLOWER STORE	3300.93 BOND MONEY
	74 C & S AUTO ELECTRIC	100.00
	75 IVY SAW & MOWER	49.50
	97 CAROUEST AUTO PARTS. INC.	16.78
	98 CARQUEST AUTO PARTS, INC.	24.95
	99 CARQUEST AUTO PARTS, INC.	38.03
	102 ITM'S AUTO PARTS WEST POTA	14.50 IT 1.87
	103 JIM'S AUTO PARTS, WEST POIN	IT 16.99
	104 JIM'S AUTO PARTS, WEST POIN	IT 76.97
	151 AUTOZONE LLC	241.98 122 14
	153 H & R AGRI-POWER	120.04
	154 H & R AGRI-POWER	172.78
	155 H & R AGRI-POWER	12.38
	150 O REILLY AUTO PARTS	22.87
	158 O'REILLY AUTO PARTS	22.87
	159 YOUNG WELDING SUPPLY, INC	49.78
	161 CITY WATER & LIGHT DEPT. 216 COLDEN TRIANGLE TIPE SVC 11	30.04 IC 65.00
	240 SOUTHERN TELECOMMUNICATION	s 35.89
	241 PHILLIP'S HARDWARE	11.00
	242 PHILLIP'S HARDWARE	17.98 159.99
	244 TERRY'S GARAGE AND REPAIR	93.89
	245 GEORGE'S TIRE SERVICE	12.24
	246 GEORGE'S TIRE SERVICE	61.20 NC 35.92
	248 ARAMARK UNIFORM SERVICES I	NC 35.92
	249 ARAMARK UNIFORM SERVICES I	NC 35.92
	250 GENERAL MACHINE WORKS	10.00 9.18
	459 SUNFLOWER STORE	13.77
	460 SUNFLOWER STORE	9.18
	461 SUNFLOWER STORE	9.18
	463 SUNFLOWER STORE	9.18
	464 SUNFLOWER STORE	23.85
	465 SUNFLOWER STORE	9.18 9.18
	466 SUNFLOWER STORE 467 SUNFLOWER STORE	10.01
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	476 SUNFLOWER STORE	9.18
	477 SUNFLOWER STORE	9.18
	478 SUNFLOWER STORE 479 SUNFLOWER STORE	4.59 4.59
	493 TIGRETT STEEL & SUPPLY	151.19
	519 BACCO MATERIALS, INC.	355.47
	522 CLAY COUNTY CO-OP 523 CARQUEST AUTO PARTS, INC.	19.45 69.90
	JES CHARLET AND FARTS, INC.	Page 7
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524 CARQUEST AUTO PARTS, INC.	102.80
525 CARQUEST AUTO PARTS, INC.	9.24
526 CARQUEST AUTO PARTS, INC.	44.95
527 CARQUEST AUTO PARTS, INC.	77.29
528 CARQUEST AUTO PARTS, INC.	68.84
529 CARQUEST AUTO PARTS, INC.	39.98
530 CARQUEST AUTO PARTS, INC. 521 CARQUEST AUTO DARTS INC	30.00
532 CARQUEST AUTO PARTS, INC.	13.74
533 CARQUEST AUTO PARTS, INC.	13.86
534 CARQUEST AUTO PARTS, INC.	69.90
551 H & R AGRI-POWER	62.13
552 MCBRAYER QUICK LUBE	38.95
578 CAROLLEST AUTO RAPTS THE	30 00
576 CARQUEST AUTO PARTS, INC. 581 HENERY L. ORR	500.00
618 O'REILLY AUTO PARTS	17.79
624 BACCO MATERIALS, INC.	232.82
625 ARAMARK UNIFORM SERVICES INC	35.92
627 C SPIRE WIRELESS	47.64
629 FOUR-COUNTY ELEC POWER ASSN	35.20
630 FOUR-COUNTY ELEC POWER ASSN	110.00
632 ARAMARK UNIFURM SERVICES INC	535 68-
634 ARAMARK UNTFORM SERVICES INC	606.12
*** FUND TOTALS *** 151 DISTRICT 1 ROAD	000122
APCSC 524 CARQUEST AUTO PARTS, INC. 525 CARQUEST AUTO PARTS, INC. 526 CARQUEST AUTO PARTS, INC. 527 CARQUEST AUTO PARTS, INC. 528 CARQUEST AUTO PARTS, INC. 529 CARQUEST AUTO PARTS, INC. 530 CARQUEST AUTO PARTS, INC. 531 CARQUEST AUTO PARTS, INC. 532 CARQUEST AUTO PARTS, INC. 533 CARQUEST AUTO PARTS, INC. 534 CARQUEST AUTO PARTS, INC. 535 H & R AGRI-POWER 52 MCBRAYER QUICK LUBE 53 TECHNA GLASS 578 CARQUEST AUTO PARTS, INC. 581 HENERY L. ORR 618 O'REILLY AUTO PARTS 624 BACCO MATERIALS, INC. 625 ARAMARK UNIFORM SERVICES INC 627 C SPIRE WIRELESS 629 FOUR-COUNTY ELEC POWER ASSN 630 FOUR-COUNTY ELEC POWER ASSN 632 ARAMARK UNIFORM SERVICES INC 633 ARAMARK UNIFORM SERVICES INC 634 ARAMARK UNIFORM SERVICES INC **** FUND TOTALS *** 151 DISTRICT 1 ROAD 162 FALCON CONTRACTING CO., INC.	
101 CARQUEST AUTO PARTS, INC. 144 CARQUEST AUTO PARTS, INC. 148 CLAY COUNTY CO-OP 150 GRAY'S TIRE SERVICE 169 NEXAIR, LLC 193 PHILLIP'S HARDWARE 195 PHILLIP'S HARDWARE 207 GEORGE'S TIRE SERVICE 208 G & O SUPPLY CO, INC 209 G & O SUPPLY CO, INC 211 COLD MIX, INC. 431 GRAY'S TIRE SERVICE 432 CLAY COUNTY CO-OP 433 HENRY BACKHOE & DIRT SERVICE 434 CARQUEST AUTO PARTS, INC.	46.25
144 CARQUEST AUTO PARTS, INC.	16.80
148 CLAY COUNTY CO-OP	51.65
150 GRAY S LIKE SERVICE	110.83 118 75
103 DHTLLTD'S HARDWARE	67 17
195 PHILLIP'S HARDWARE	10.78
207 GEORGE'S TIRE SERVICE	20.40
208 G & O SUPPLY CO, INC	1185.12
209 G & O SUPPLY CO, INC	807.01
211 COLD MIX, INC.	705.60
431 GRAY'S TIRE SERVICE	80.00
432 CLAY COUNTY CO-OP 133 HENRY BACKHOE & DIRT SERVICE	225 00
434 CARQUEST AUTO PARTS, INC.	203.77
435 CARQUEST AUTO PARTS, INC.	48.95
436 SILOAM WATER DISTRICT	25.00
437 FOUR-COUNTY ELEC POWER ASSN	35.20
438 FOUR-COUNTY ELEC POWER ASSN	76.00
439 C SPIRE WIRELESS 446 45 TRUCK AND TRAILER REPAIR	47.64
580 INGRAMS GARAGE	174.79
*** FUND TOTALS *** 153 DISTRICT 3 ROAD	
	657 77
53 COLD MIX, INC. 76 KNOX GROCERY LLC	657.72 32.10
70 KNOX GROCERY LLC	17.08
77 KNOX GROCERY LLC	15.96
79 KNOX GROCERY LLC	13.74
80 KNOX GROCERY LLC	2.97
81 KNOX GROCERY LLC	21.25
82 KNOX GROCERY LLC	3.59
83 KNOX GROCERY LLC	21.77 Page 8
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APCSCPRT604794 84 KNOX GROCERY LLC 25.95 85 KNOX GROCERY LLC 25.76 110 JIM'S AUTO PARTS, WEST POINT 54.89 111 JIM'S AUTO PARTS, WEST POINT 19.98 112 JIM'S AUTO PARTS, WEST POINT 9.99 167 NEXAIR, LLC 118.75 223 ARAMARK UNIFORM SERVICES INC 33.66 224 ARAMARK UNIFORM SERVICES INC 33.66 225 ARAMARK UNIFORM SERVICES INC 33.66 227 G & O SUPPLY CO, INC 819.00 228 SOUTHERN TELECOMMUNICATIONS 38.65 234 COLD MIX, INC. 1502.76 416 PRESTON DOBBS TRUCKING AND 786.50 417 FOUR-COUNTY ELEC POWER ASSN 35.20 418 FOUR-COUNTY ELEC POWER ASSN 147.00 419 FOUR-COUNTY ELEC POWER ASSN 35.20 418 FOUR-COUNTY ELEC POWER ASSN 78.53 420 FOUR-COUNTY ELEC POWER ASSN 32.69 421 G & O SUPPLY CO, INC 76.20 422 C SPIRE WIRELESS 47.64 423 SILOAM WATER DISTRICT 25.00 424 ARAMARK UNIFORM SERVICES INC 33.66 425 ARAMARK UNIFORM SERVICES INC 33.66 426 ARAMARK UNIFORM SERVICES INC 33.66 427 G & O SUPPLY CO, INC 76.20 424 ARAMARK UNIFORM SERVICES INC 33.66 APCSCPRT604794 76.20 76.20 76.20 76.20 76.20 423 SILOAM WATER DISTRICT 423 SILOAM WATER DISTRICT 424 ARAMARK UNIFORM SERVICES INC 425 JIM'S AUTO PARTS, WEST POINT 426 JIM'S AUTO PARTS, WEST POINT 427 JIM'S AUTO PARTS, WEST POINT 428 JIM'S AUTO PARTS, WEST POINT 429 JIM'S AUTO PARTS, WEST POINT 429 JIM'S AUTO PARTS, WEST POINT 429 JIM'S AUTO PARTS, WEST POINT 430 BACCO MATERIALS, INC. 453.75 576 TIGRETT STEEL & SUPPLY 614 HANCOCK BANK 615 BANCORP SOUTH 626 ARAMARK UNIFORM SERVICES INC **** FUND TOTALS *** 154 DISTRICT 4 ROAD 170 HOOD EQUIPMENT CO., INC 213 PHTLLTP'S THE STRICT 4 ROAD SLO ADAPPARK UNIFURM SERVICES INC
FUND TOTALS *** 154 DISTRICT 4 ROAD33.66170 HOOD EQUIPMENT CO., INC.411.01213 PHILLIP'S HARDWARE
22.6422.64217 GOLDEN TRIANGLE TIRE SVC LLC
376 JIM'S AUTO PARTS, WEST POINT
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 96 CARQUEST AUTO PARTS, INC.
 78.27

 456 WARREN PAVING
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 457 PRESTON DOBBS TRUCKING AND
 357.50

 520 WHITE OIL CO., INC.& TIRE CTR.
 2343.30

 521 BACCO MATERIALS, INC.
 474.14

 535 FUELMAN
 296.73

 603 FUELMAN
 200.74

 612 BANCORP SOUTH
 1525.02

 613 HANCOCK BANK
 1158.99

 *** FUND TOTALS *** 161 DISTRICT 1 BRIDGE

 86 CLAY COUNTY CO-OP 105 JIM'S AUTO PARTS, WEST POINT 106 JIM'S AUTO PARTS, WEST POINT 107 JIM'S AUTO PARTS, WEST POINT 108 JIM'S AUTO PARTS, WEST POINT 109 JIM'S AUTO PARTS, WEST POINT 135 JIM'S AUTO PARTS, WEST POINT 136 JIM'S AUTO PARTS, WEST POINT 145 CLAY COUNTY CO-OP 146 GENERAL MACHINE WORKS 163 FALCON CONTRACTING CO. INC. 418.99 39.99 62.00 62.00 9.47 8.58 8.99 45.56 30.76 45.56 30.76 98.00 145 CLAY COUNTY CO-OP 146 GENERAL MACHINE WORKS 163 FALCON CONTRACTING CO., INC. 164 MMC MATERIALS INC 165 MMC MATERIALS INC 166 ORMAN'S WELDING & FAB.,INC. 229 COLD MIX, INC. 230 CITY WATER & LIGHT DEPT. 231 WARREN PAVING 233 WARREN PAVING 233 WARREN PAVING 235 PHILLIP'S HARDWARE 236 PHILLIP'S HARDWARE 237 PHILLIP'S HARDWARE 238 CHICKASAW EQUIPMENT CO. 239 WARREN PAVING 373 CUSTOM PRODUCTS CORPORATION 448 FOUR-COUNTY ELEC POWER ASSN 449 FOUR-COUNTY ELEC POWER ASSN 450 G & O SUPPLY CO, INC 451 PHILLIP'S HARDWARE 452 C SPIRE WIRELESS 453 MS INDUSTRIAL WASTE DISPOSAL 454 JIM'S AUTO PARTS, WEST POINT 455 GOLDEN TRIANGLE WATER 50.00 50.00 7200.00 1040.00 625.00 142.00 771.96 35.00 263.08 225.12 225.12 29.99 6.24 26.96 85.35 237.44 112.53 35.20 178.00 980.70 45.99 98.21 60.12 Page 10 30.00

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556.00 577.58 550.71 646.84 100.93 76.97 80.90 65.00 13.96 79.96 65.00 109.78 580.49 57.00 3599.66 164.98 160.99 25.00 13.77 13.77 13.77 13.77 13.77 9.18 13.77 9.18 13.77 13.77 13.77 9.18 13.77 1	
	2939.64 712.93 688.26 707.04 231.32 929.50 5066.81 698.20 6022.20 6022.20 1936.00 998.40 823.00 971.00 815.00 914.00 836.00 938.00 822.62 4119.45 249.95 1158.99 556.00 577.58 550.71 646.84 100.93 76.97 80.90 65.00 13.96 79.96 65.00 109.78 580.49 57.00 3599.66 164.98 160.99 25.00 13.77 13.77 13.77 13.77 13.77 13.77 13.77 13.77 13.77 13.77 13.77 13.77 13.77

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	APCSCPRT604794 548 SUNFLOWER STORE 13.77 572 BANCORP SOUTH 3123.81 577 GOLDEN TRIANGLE PL & DEV DIST 2898.64 602 FUELMAN 660.74 FUND TOTALS *** 400 SANITATION	
	572 BANCORP SOUTH 3123.81	
	577 GOLDEN TRIANGLE PL & DEV DIST 2898.64	
***	502 FUELMAN 550.74	14413.73
		14413.73
	666 MS DEPT OF PUBLIC SAFETY250.00667 GOLDEN TRIANGLE CRIME STOPPERS169.50668 MS DEPT OF PUBLIC SAFETY885.00669 MS DEPT OF PUBLIC SAFETY168.00674 STATE TREASURER22619.50	
	667 GOLDEN TRIANGLE CRIME STOPPERS 169.50	
	668 MS DEPT OF PUBLIC SAFETY 885.00	
	669 MS DEPT OF PUBLIC SAFETY 168.00	
ماد باد بد	674 STATE TREASURER 22619.50 FUND TOTALS *** 650 JUDICIAL ASSESSMENT CLEARING FUND	24092.00
***	FUND TOTALS *** 000 JUDICIAL ASSESSMENT CLEAKING FUND	24092.00
	670 EAST MS COMMUNITY COLLEGE 14234 91	
***	670 EAST MS COMMUNITY COLLEGE 14234.91 FUND TOTALS *** 690 EMJC MAINTENANCE	14234.91
	673 EAST MISS. COMMUNITY COLLEGE 9086.29 FUND TOTALS *** 692 EMCC CAPITAL IMPROVEMENT CAMPAIGN	
***	FUND TOTALS *** 692 EMCC CAPITAL IMPROVEMENT CAMPAIGN	9086.29
	672 EAST MISS. COMMUNITY COLLEGE 7773.79	
***	672 EAST MISS. COMMUNITY COLLEGE 7773.79 FUND TOTALS *** 697 VO-TECH MAINTENANCE	7773.79
	671 EAST MISS. COMMUNITY COLLEGE 6865.11 FUND TOTALS *** 698 VO-TECH CAPITAL	
***	FUND TOTALS *** 698 VO-TECH CAPITAL	6865.11
***	664 TOMBIGBEE RIVER WTR MGMT DIST 8985.04 FUND TOTALS *** 699 TOMBIGBEE RIVER VALLEY WATER MGMT.DIST	8985 04
		. 0505.04
***	* DOCKET TOTALS ***	551098.32
т	CERTIFY THAT THE BOARD HAS EXAMINED EACH CLAIM ON THE OCTOBE	R. 2019
	CKET AND THE BILLS THEY REPRESENT AND FINDS EACH OF THE ABOV	
PA	YABLE AND DIRECT THE CLERK TO ISSUE WARRANTS ON THE RESPECTI	
тн:	IS THE 07TH DAY OF OCTOBER 2019	

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PRESIDENT

Page 12

EXHIBIT C

RWJ Consulting, LLC

Invoice for: Clay County Floodplain Administration September 3, 2019 – October 7, 2019

Clay County Board of Supervisors Attn: The Honorable R.B. Davis, President P.O. Box 815, West Point, MS 39773

ITEM	HOURS	*MILEAGE	TOTAL
09/03/19 Conference, research, travel, letter Carl & Kizzy Doss (Betty Doss	1.0 @ \$24.00-\$24.00		
Williams) 499 George Walker Road, West Point, MS 39773	1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/06/19 Conference, research, travel, letter Brittany Davis & Antavio Chandler	1.0 @ \$24.00-\$24.00		
Linda Kay Chandler) 50 Chandler Extension, Pheba, MS 39755	1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/09/19 Conference, research, travel, letter Michael & April Brown (Elizabeth	1.0 @ \$24.00=\$24.00		
Tipton) 10372 Highway 50 West, Pheba, MS 39755	1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
- 39/16/19 Conference, research, travel, letter Larry Chandler & Christina Duncan,	1.0 @ \$24.00-\$24.00	······································	
13721 Highway 46, Pheba, MS 39755	1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/18/19 Conference, research, travel, letter April Weed & Adam Barnette (Carl	1.0 @ \$24.00-\$24.00		
Weed) 77 Moon Heard Road, Prairie, MS 39756	1.0 @ \$48.00-\$48.00	Sec Attachment	\$72.00
09/19/19 Conference, research, travel, letter Kendall Rambus or Mary Pierce	1.0 @ \$24.00-\$24.00		
(Lekishanna Rambus) 306 Jack Dill Road, West Point, MS 39773	0.5 @ \$48.00-\$24.00	See Attachment	\$48.00
09/20/19 Conference, research, travel, letter Jasmine Burns, 1163 Pine Grove Road,	1.0 @ \$24.00-\$24.00		
Cedar Bluff MS 39741	0.5 @ \$48.00=\$24.00	See Attachment	\$48.00
09/23/19 Conference, research, travel, letter Robert & Ollie Sykes (Tom	1.0 @ \$24.00=\$24.00		
Killingham) Jacks Road, West Point, MS 39773	1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/25/19 Conference, research, travel, letter Sherri Barr (Gloria Wofford) Dixie	1.0 @ \$24.00=\$24.00		
Road, Mantee, MS 39776	1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/25/19 Conference, research, travel, letter LaKeisha House (Janie Davis) 5171	1.0 @ \$24.00=\$24.00		
Waverly Road, West Point, MS 39773	1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/27/19 Conference, research, travel, letter Allen Loudoun, 640 Humphries Cove	1.0 @ \$24.00=\$24.00		
Road, West Point, MS 39773	1.0 @ \$48.00-\$48.00	See Attachment	\$72.00
09/27/19 Conference, research, travel, letter John Henry & Cathy Taylor, 1318	1.0 @ \$24.00=\$24.00		
Wilson Road, Cedar Bluff, MS 39741	1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
10/01/19 Conference, research, travel, letter Reginald & Marla Everson, 177	1.0 @ \$24.00-\$24.00		
Mayfield Drive, West Point, MS 39773	1.0 @ \$48.00-\$48.00	See Attachment	\$72.00
10/04/19 Conference, research, travel, letter Looren James (Beverly James) 380	1.0 @ \$24.00-\$24.00		·
Robert Smith Road, Prairie, MS 39756	1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/03/19 10/07/19 Travel Driving time, report and copies for Board of	9.5 @ \$24.00-\$228.00	332.6 @ \$0.48-\$159.65	
Supervisors, Tax Assessor, Property Owners, & MEMA	3.0 @ \$48.00=\$144.00	See Attachment	\$531.65
TOTALS	\$1,332.00	\$159.65	\$1,491.65

¹ Driving time billed at half technical/research rate. Copies of correspondence, research, and letters are attached.

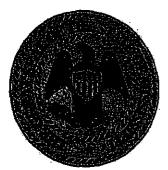
spectfully Submitted:

Please mail to: RWJ Consulting, LLC P.O. Box 0994 West Point, Mississippi 39773

RWJ/rj Encl as

EXHIBIT D

I.



Clay County Tax Assessor/Collector Paige Lamkin P. O. Box 795 West Point, MS 39773 Phone: (662) 494-3432 or (662) 494-2724 Fax: (662) 494-7452

October 7, 2019

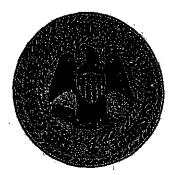
State of Mississippi County of Clay Tax Assessor/Collector

I, Paige Lamkin, Tax Assessor/Collector in and for said county and state, do hereby certify that I have four (4) uncollected checks at this time.

Paige Lamkin Tax Assessor/Collector

Presented to the Board of Supervisors on October 7, 2019

Natalie Craddieth - \$327.19 Mid-South Timber Company - \$306.89 Bridgit Webb - \$396.29 Pamela Robinson - \$105.99



Clay County Tax Assessor/Collector Paige Lamkin P. O. Box 795 West Point, MS 39773 Phone: (662) 494-3432 or (662) 494-2724 Fax: (662) 494-7452

October 7, 2019

State of Mississippi County of Clay Tax Assessor/Collector

I, Paige Lamkin, Tax Assessor/Collector in and for said county and state, do hereby certify that the attached list is a true and correct listing of the 2018 insolvencies. I do herby state that I will, to the best of my ability, continue to try to collect these personal property taxes using every means within the law.

Paige Lamkin Tax Assessor/Collector

Presented to the Board of Supervisors on October 7, 2019

CLAY COLUMN COLLECTOR INSOLVENCY TAX FOR TAXES DUE 2/01/2019	LISTING PRINTED AS OF		ATE 10/02/2019	TIME PAGE 1 PROG-TXDLQPI
TRUE VAL ASD VAL	DIST MIL RATE	TAX DUE	INT DUE	TOT DUE

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ALPHABETICAL ORDER SUMMARY BY DISTRICT PERSONAL PROPERTY

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DISTRICT TOTALS

COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT

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ALPHABETICAL ORDER Summary by district Personal property	CLAY COUNTY TAX C I N S O L V E N C FOR TAXES DUE			STING TED AS OF	9/30/2019	DATE 10/02/2019	TIME 8:34:19 PAGE 2 PROG-TXDLQPI
	TRUE VAL	ASD VAL	DIST	MIL RATE	TAX DUE	INT DUE	TOT DUE
DISTRICT TOTALS	9532	14299	1010	.05074	712.48	223.68	936.16
COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT				.05074	712.48	223.68	936.16

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ALPHABETICAL ORDER SUMMARY BY DISTRICT PERSONAL PROPERTY		CLAY COST TAN INSOLVEN FOR TAXES DUE			S T I N G TED AS OF		DATE 10/02/2019	TIME
		TRUE VAL	ASD VAL	DIST	MIL RATE	TAX DUE	INT DUE	TOT DUE
	DISTRICT TOTALS	67098	100653	1110	.04984	4972.20	942.56	5914.76
	COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT				.04984	4972.20	942.56	5914.76

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ALPHABETICAL ORDER Summary by district Personal property	CLAY COUNTY TAX COLLECTOR INSOLVENCY TAX FOR TAXES DUE 2/01/2019	LISTING PRINTED AS OF 9/30/2019	DATE 10/02/2019	TIME 8:34:19 PAGE 4 PROG-TXDLQPI
	TRUE VAL ASD VAL	DIST MIL RATE TAX DU	E INT DUE	TOT DUE

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DISTRICT TOTALS

COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT

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ALPHABETICAL ORDER Summary by district Personal property	CLAY COLLECTOR INSOLVENCY TAX LISTI FOR TAXES DUE 2/01/2019 PRINTED A		DATE 10/02/2019	TIME9 PAGE 5 PROG-TXDLOPI
	TRUE VAL ASD VAL DIST MIL	RATE TAX DUE	INT DUE	TOT DUE

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DISTRICT TOTALS

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COUNTY	TAX	AMOUNT
CITY	TAX	AMOUNT
SCHOOL	TAX	AMOUNT

ALPHABETICAL ORDER SUMMARY BY DISTRICT PERSONAL PROPERTY	CLAY COUNTY TAX CO INSOLVENC FOR TAXES DUE 2		L I S T I N C PRINTED AS OF		DATE 10/02/2019	TIME 8:34:19 PAGE 6 PROG-TXDLQPI
	TRUE VAL	ASD VAL	DIST MIL RATE	TAX DUE	INT DUE	TOT DUE
DISTRICT TOTALS	60006	90008	2110 .04952	4022.80	361.78	4384.58
COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT			.04952	4022.80	361.78	4384.58

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ALPHABETICAL ORDER SUMMARY BY DISTRICT PERSONAL PROPERTY			CLAY COL COLLECTOR INSOLVENCY TAX LISTING FOR TAXES DUE 2/01/2019 PRINTED AS OF 9/30,				DATE 10/02/2019	TIME		
			TRUE VAL	ASD VAL	DIST	MIL RATE	TAX DUE	INT DUE	TOT DUE	
		DISTRICT TOTALS	47163	70740	3000	.05049	4456.03	1713.16	6169.19	
		COUNTY TAX AMOUNT CITY TAX AMOUNT				.05049	3546.76	1168.42	4715.18	
		SCHOOL TAX AMOUNT					909.27	544.74	1454.01	

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ALPHABETICAL ORDER Summary by district Personal property	CLAY COUNTY TAX COLLECTOR INSOLVENCY TA FOR TAXES DUE 2/01/2019	LISTING PRINTED AS OF		DATE 10/02/2019	TIME 8:34:19 PAGE 8 PROG-TXDLOPI
	TRUE VAL ASD VAL	DIST MIL RATE	TAX DUE	INT DUE	tot due
DISTRICT TOTALS	541 812	3010 .05049	41.00	3.28	44.28
COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT		.05049	41.00	3.28	44.28

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			TRUE VAL	ASD VAL	DIST	MIL RATE	TAX DUE	INT DUE	TOT DUE	
		DISTRICT TOTALS	131152	196736	3110	- 04959	9692.82	2242.77	11935.59	
		COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT				.04959	9692.82	2242.77	11935.59	

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ALPHABETICAL ORDER Summary by district Personal property	CLAY COUNTY TAX COLLECTOR INSOLVENCY TAX FOR TAXES DUE 2/01/2019	LISTING PRINTED AS OF 9/	DATE 10/02/2019 30/2019	TIME 8:34:19 PAGE 10 PROG-TXDLQPI
	TRUE VAL ASD VAL	DIST MIL RATE	TAX DUE INT DUE	TOT DUE

DISTRICT TOTALS

COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT

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L/	ALPHABETICAL ORDER SUMMARY BY DISTRICT PERSONAL PROPERTY

CLAY COU	COLLECTOR		DATE	10/02/2019	TIME
		L I S T I N G PRINTED AS OF	9/30/2019		PAGE 11 PROG-TXDLQPI
TRUE VA	AL ASD VAL	DIST MIL RATE	TAX DUE	INT DUE	TOT DUE

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DISTRICT TOTALS

COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT

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ALPHABETICAL ORDER Summary by district Personal property	CLAY COUNTY TAX COLLECTOR INSOLVENCY TAX FOR TAXES DUE 2/01/2019	L I S T I N G PRINTED AS OF	r 9/30/2019	DATE 10/02/2019	TIME 8:34:19 PAGE 12 PROG-TXDLQPI
	TRUE VAL ASD VAL	DIST MIL RATE	TAX DUE	INT DUE	TOT DUE
DISTRICT TOTALS	242062 363100	4110 .04993	18048.23	3940.16	21988,39
COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT		. 04993	18048.23	3940.16	21988.39

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ALPHABETICAL ORDER SUMMARY BY DISTRICT PERSONAL PROPERTY		CLAY COLLECTION INSOLVENC FOR TAXES DUE			STING TEDASOF	9/30/2019	DATE 10/02/2019	TIME 9 PAGE 13 PROG-TXDLQPI
		TRUE VAL	ASD VAL	DIST	MIL RATE	TAX DUE	INT DUE	TOT DUE
	DISTRICT TOTALS	2310	3465	5000	.05022	174.01	23.86	197.87
	COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT				.05022	174.01	23.86	197.87

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ALPHABETICAL ORDER SUMMARY BY DISTRICT PERSONAL PROPERTY	CLAY COUNTY TAX COLLECTOR INSOLVENCY TA FOR TAXES DUE 2/01/2019			DATE 10/02/2019	TIME 8:34:19 PAGE 14 PROG-TXDLQPI
	TRUE VAL ASD VAL	DIST MIL RATE	TAX DUE	INT DUE	TOT DUE
DISTRICT TOTALS	25598 38398	5110 .04824	1907.76	805.92	2713.68
COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT		.04824	1907.76	805.92	2713.68

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ALPHABETICAL ORDER SUMMARY BY DISTRICT PERSONAL PROPERTY

CLAY COLLECTOR INSOLVENCY TAX FOR TAXES DUE 2/01/2019			5 10/02/2019	TIME
TRUE VAL ASD VAL	DIST MIL RATE	TAX DUE	INT DUE	TOT DUE

DISTRICT TOTALS

COUNTY TAX AMOUNT CITY TAX AMOUNT SCHOOL TAX AMOUNT

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** GRAND TOTALS **

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TAX AMOUNT	43118.06	9712.43	52830.49
 TAX AMOUNT TAX AMOUNT	909.27	544.74	1454.01

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Clay County Tax Assessor/Collector Paige Lamkin P. O. Box 795 West Point, MS 39773 Phone: (662) 494-3432 or (662) 494-2724 Fax: (662) 494-7452

October 7, 2019

State of Mississippi County of Clay Tax Assessor/Collector

I, Paige Lamkin, Tax Assessor/Collector in and for said county and state, do hereby certify that the attached list is a true and correct listing of the 2018 insolvencies. I do herby state that I will, to the best of my ability, continue to try to collect these mobile home taxes using every means within the law.

Paige Lamkin Tax Assessor/Collector

Presented to the Board of Supervisors on October 7, 2019

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PAGE: 0001 PGM : MHISRP .

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	•	# Name / Address	Location / Lot #	Serial# / Make		Size				Seperate Sch Tax Sch Tax		Reg Fee		Taxing Total Due Distric
2016		0 JOHNSON EDDIE &/OR MEVALONE 2418 HACKBERRY ST	WESTBROOK JANE EST	TNLFY27AB55119SC12 FLEETWOOD		66X 32		117.77			253.14		111.38	364.52 2010
		WEST POINT MS 39773	DLQ DTE: 2/01/2016											
017 005	510 00 770	0 JOHNSON EDDIE &/OR MEVALONE 496 HACKBERRY RD	WESTBROOK JANE EST	INLFY27AB55119SC12 FLEETWOOD	2001	66X 32	1964	97.33	70.28	109.50	277.11		88.68	365.79 2110
		WEST POINT MS 39773	DLQ DTE: 2/01/2017											
018	518 00 770) JOHNSON EDDIE &/OR MEVALONE 496 HACKBERRY RD	WESTBROOK JANE EST	TNLFY27AB55119SC12 FLEETWOOD	2001	66X 32	1837	94.86	69.26	106.05	270.17		54.03	324.20 2110
		WEST POINT MS 39773	DLQ DTE: 2/01/2018											
019 004	16 00 638	ALLEN KIMBERLY AND/OR WILLIAM 415 W CHURCHILL RD	HENDERSON GRACIE THE	PINO302AB PINNACLE	2003	60X 32	1728	85.69	64.02	95.90	245.61		19.65	265.26 3110
		WEST POINT MS 39773	DLQ DTE: 2/01/2019											
019 012	18 QO 72	ALLEN WILLIAM K & SAMMIN 108 CEDAR BLUFF LOOP	ALLEN WILLIAM K	CHVM21978012726 CAPPARET	1998	80X 16	384	19.28		. 20.35	39.63		3.17	42.80 5000
		CEDAR BLUFF MS 39741	DLQ DTE: 2/01/2019											
019 997	95 00 97025	BRANSON CYNTHIA & K CUNNINGHAM 502 TERRY RD	TERRY MATTIE LEE	THLII07ABAL LEGEND	1997	60X 28	705	35.60		39.18	74.78		5.98	80.76 2010
			DLQ DTE: 2/01/2019	DEGENE										
019 018	102 00 22	BROOKS GREGORY 592 OLD VINTON RD	BROOKS RUBY	020000HA000345AB CHAMPION	2018	72X 28	10687	542.26		593.13	1135.39		90.83	1226.22 1010
			DLQ DTE: 2/01/2019	C1000 1010										
)19)12		FRANKLIN SHELBY B 49 CAMPGROUND RD	CARPENTER EDDIE EST	SA4059142ALAB Southern	2012	72X 28	7239	364.99		401.76	766.75		61.34	828.09 2010
	50		DLQ DTE: 2/01/2019	SOUTHERN										
019		JOHNSON EDDIE &/OR MEVALONE 496 HACKBERRY RD		TNLFY27AB55119SC12 FLEETWOOD	2001	66X 32	1837	94.88	70.99	106.34	272.21		21.78	293.99 2110
			DLQ DTE: 2/01/2019	1000										
19		LEE TERRY OR GARY 172 BUS BLANKENSHIP RD	LEE TERRY W & GARRY	ALS30901 SUNSHINE	1993	80X 16	384	19.48		21.31	40.79		3.26	44.05 1010
			DLQ DTE: 2/01/2019											
19		MCKEE JAN & BOBBY JO) 72 EARL NEAL ST	DOSS BILLY RAY & CAR	DRT021528 BREEZWOOD	1986	80X 14	336	28.63		30.21	58.84		4.71	63.55 5000
-			DLQ DTE: 2/01/2019											
19 15		NONTGOMERY BRENDA L 5		120260702770	2002	80X 16	998	50.12		52.89	103.01		8.24	111.25 5000
			DLQ DTE: 2/01/2019	CHAMPION										

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L	CLAY COUNTY	· 1	PAGE: 0002
	Mobile Homes Insolvency Report As of 9/30	0/2019	PGM : MHISRP

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Rect # /	Regn # Name / Address	Location / Lot #	Serial# / Make	Year	Size	Assmt	Cnty Tax City Tax	Seperate Sch Tax Sch Tax		Prt Reg fee fee Interest	Taxing Total Due District
	686 00 MOORE GERALD N & MARY W 106 1322 JOE STEVENS RD		SESAL1760 SOUTHERN ESTATE	2006	78X 16	1658	92.50	97.10	189.60	15.17	204.77 3000
	CEDAR BLUFF MS 39741	DLO DTE: 2/01/2019									
	792 OG RANDLE AUDREY 689 10041 JACKS RD	JAMISON PINKLE ESTAT	ALBUSW11915685 BUCCANEER	1996	80X 16	384	19.52	21.31	40.83	3.27	44.10 4010
	WEST POINT MS 39773	DLQ DTE: 2/01/2019									
2019 1 2018	1004 00 TOWNSEND CARSANDRA 56 3909 LONE OAK RD	TOWNSEND CASSANDRA	CCV077041ALAB CAVALIER	2017	76X 32	12199	620.08	677.04	1297.12	103.77	1400.89 4010
	WEST POINT MS 39773	DLQ DTE: 2/01/2019									
	1109 00 WILLIAMS BEATRICE 155 14391 HWY 50 WEST		RB07AL11881 RIVER BIRCH	2007	80X 15	2043	107.62	113.58	221.20	17.70	238.90 5000
	CEDAR BLUFF MS 39741	DLQ DTE: 2/01/2019									
2019 1 2019	190 00 BURNS JASMINE 48 1163 PINE GROVE RD		SSDAL4486 SOUTHERN	1993	66X 14	277	13.99	15.37	9.76		9.76 3010
	CEDARBLUPF MS 39741	DLQ DTE: 12/22/2019									

Total Parcels	Value	County Taxes	-	 Seperate Sch Taxes	Total Taxes	Regn Pees		Interest	Total Due
17	46930	2,404.60	274.55	 2,636.39	5,295.94		********	612.96	5,908.90

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Date: 10/02/2019 Time: 8:33:36

EXHIBIT E

CLAY COUNTY CHANCERY CLERK, AMY G. BERRY AFFIDAVIT OF CREDIT CARD STATEMENT

I, AMY G. BERRY, Chancery Clerk of Clay County, hereby certify that attached hereto as Exhibit A is a correct copy of the Clay County credit card bill for the month of $\underline{556.80}$ in which I am submitting to the Board for payment at this time.

Witness this my signature on the 7th day of October, 2019.

Amy G. Berry

Charcery Clerk

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503.00

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September 2019 Statement

Open Date: 08/22/2019 Closing Date: 09/19/2019

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Open Date:	08/22	/201	9 C	IOSIN	gυ	ate	9: U	9/18	9/2019						Acco	unt	47	98	510	040	674	2009
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Payment Options:

> Mail payment coupon with a check \mathbb{N}

Pay online at myaccountaccess.com 5

Pay by phone 1-866-552-8855

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Please detach and send coupon with check payable to: Cardmember Service

CPN 001051747

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September 2019 Statement 08/22/2019 - 09/19/2019

CLAY COUNTY MS (CPN 001051747)

Cardmember Service

visa Buerreas Rewards				
Rewards Center Activity as of 09/18/2019	· · · · · · · · · · · · · · · · · · ·	·		
Rewards Center Activity*		0)	•	
Rewards Center Balance		46,306		
*This item includes points redeemed, expired and	adjusted.			• .
	This	Vear		

	This	Year
· · · · · · · · · · · · · · · · · · ·	Statement	to Date
Points Earned on Net Purchases	4,094	22,321
Total Earned	4,094	22,321

Points Expiring on 09/30/2019: 1784

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 10:00 pm (CST) Monday through Friday, 8:00 am to 5:30 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

SKIP THE MAILBOX. Switch to e-statements and securely access your statements online. Get started at myaccountaccess.com/paperless

Temperions Children C Post Trans Date Date Ref # Transaction Description Amount Notation Ø Ponneds and rider sealer NASHVILLE TN largers 09/18 09/14 8980 FOUR POINTS HOTEL \$0.02CR MERCHANDISE/SERVICE RETURN are -化 ð 08/26 0041 615-871-0013 TN re Ø 08/27 ROCIC \$131.00 nyorg 10 08/26 0058 ROCIC 615-871-0013 TN 840 \$131.00 08/27 270-5340500 KY Kyle Laver-169 50 09/09 09/05 6254 **K9 COP MAGAZINE** \$295.00 SPRINGHILL SUITES SAN SAN ANTONIO TX FYANKIMUMIUM n 09/09 09/06 4770 \$100.30 SPRINGHILL SUITES SAN SAN ANTONIO TX GAMEH 16 500 4788 \$100.30 09/0909/06 SPRINGHILL SUITES SAN SAN ANTONIO TX - WWW 09/1109/10 6717 \$25.98 c 615-8849777 TN Vyle Cave 09/114313 FOUR POINTS HOTEL 09/13\$664.85 LITTLE ROCK MARRIOTT LITTLE ROCK AR - CHONAN OW S (6 09/1209/137379 \$324.30 LITTLE ROCK MARRIOTT LITTLE ROCK AR SEPANYON Т 09/13 09/12 7387 \$81.75 (min) 09/1809/17 1948 **ICANVAS** \$2,239.64 Total for Account 4798 5100 4892 4175 \$4.094.10 Continued on Next Page

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September 2019 Statement 08/22/2019 - 09/19/2019 CLAY COUNTY MS (CPN 001051747)

Page 3 of 3 1-866-552-8855

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 Z019 Totals Year-to-Date

 Total Fees Charged in 2019
 \$0.00

 Total Interest Charged in 2019
 \$0.00

Interest Charge Calcontion

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER **PÛRCHASES **ADVANCES	\$0.00 \$3,556.80 \$0.00	\$0.00 \$0.00 \$0.00	Yes Yes Yes	\$0.00 \$0.00 \$0.00	12,24% 12,24% 26,24%	
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Phone

Voice:

TDD:

Fax:

санадарынын не декертери . К., К. (с. 10-145) - 1, 15403

1-866-552-8855

1-888-352-6455

1-866-807-9053

Questions

Cardmember Service P.O. Box 6353 Fargo, ND 58125-6353 Mail payment coupon with a check Cardmember Service P.O. Box 790408 St. Louis, MO 63179-0408 Online

myaccountaccess.com

CLAY COUNTY MS

Skip the mailbox.

Switch to e-statements and securely access your statements online. Get started at myaccountaccess.com/paperless

Visit myaccountaccess.com and click on "Enroli" for 24/7 Credit Card Account Access.

Elan[®]

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August 2019 Statement

Open Date: 07/20/2019 Closing Date: 08/21/2019

Visa® Platinum Business Rewards Card CLAY COUNTY MS (CPN 001051747)

New Balance Miniprovi Payment Due Strop Payment Due Date 09/17/2019

Reward Points

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Earned This Statement Reward Center Balance as of 08/20/2019 For details, see your rewards summary.

Page	1	of

3

Account: 4798 5100 4674 2009

Cardmember Servic BUS 30 ELN	:e - 7	C	1-866-552-8855 ¹³
Activity Summary			
Previous Balance	+		\$280.12
Payments	-		\$280.12CR
Other Credits	-		\$537.30CR
Purchases			\$0.00
Balance Transfers			\$0.00
Advances			\$0.00
Other Debits			\$0.00
Fees Charged			\$0.00
Interest Charged			\$0.00
New Balance	=	-	\$537.30CR
Past Due			\$0.00
Minimum Payment Due			\$0.00
Credit Line	•		\$33,000.00
Available Credit			\$33,537.30
Days in Billing Period			33

Payment Options:

Mail payment coupon with a check

-537

46,843



Pay by phone 1-866-552-8855

CPN 001051747

No payment is required.

Elan[®]

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24-Hour Cardmember Service: 1-866-552-8855

to pay by phone
 to change your address

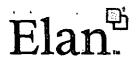
000019624 01 MB 0.428 000638178805753 P Y

Credit Balance

Account Number: 4798 5100 4674 2009

Your account has a credit balance of \$537.30.

Please DO NOT SEND a payment for this amount.



August 2019 Statement 07/20/2019 - 08/21/2019 CLAY COUNTY MS (CPN 001051747)

Page 3 of 3 1-866-552-8855

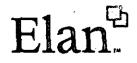
1

Post Trans Date Date Ref # Transaction Description Amount Notation Revinents and Citina Circlina 08/12 08/11 0125 \$280.12CR PAYMENT THANK YOU Total for Account 4798 5100 4674 2009 \$280.12CR 25,2 <u>2</u>8 Total Fees Charged in 2019 \$0.00 \$0.00 Total Interest Charged in 2019 Interest Courses Courses and the second s 89 - S - S Your Annual Percentage Rate (APR) is the annual interest rate on your account. **APR for current and future transactions. Balance Expires Annual Percentage Balance Subject to Interest with **Balance Type** Statement Ву Туре **Interest** Rate Variable Charge Rate **BALANCE TRANSFER \$0.00 \$0.00 YES \$0.00 12.24% \$0.00 \$0.00 \$0.00 \$0.00 **PURCHASES \$0.00 YES 12.24% **ADVANCES \$0.00 26.24% YES Phone Inline Questions Mail payment coupon with a check Voice: 1-866-552-8855 Cardmember Service Cardmember Service myaccountaccess.com 1-888-352-8455 TDD: P.O. Box 6353 P.O. Box 790408 1-866-807-9053 Fargo, ND 58125-6353 Fax: St. Louis, MO 63179-0408 End of Statement CLAY COUNTY MS

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August 2019 Statement 07/20/2019 - 08/21/2019

CLAY COUNTY MS (CPN 001051747)

Cardmember Service

Page 2 of 3 1-866-552-8855

Rewards Center Activity as of 08/ Rewards Center Activity* Rewards Center Balance	20/2019	0 46,843	
*This item includes points redeemed	d, expired and adjusted.		• •
Rewards Earned	This Statement	Year to Date	
Points Earned on Net Purchases	-537	18,227	
Total Earn	ed -537	18,227	

Points Expiring on 09/30/2019: 1784

For rewards program inquiries and redemptions, call 1-888-229-8864 from 8:00 am to 10:00 pm (CST) Monday through Friday, 8:00 am to 5:30 pm (CST) Saturday and Sunday. Automated account information is available 24 hours a day, 7 days a week.

important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Your account has a credit balance. We can hold and apply this balance against future purchases and cash advances, or refund it. If you would like a check malled to you in the amount of the credit balance, simply call us and speak to a representative.

SKIP THE MAILBOX. Switch to e-statements and securely access your statements online. Get started at myaccountaccess.com/paperless

Beginning November 1, 2019, there will be a Travel Advisor Consultation fee of \$39 charged per award ticket for reservations made over the phone. The fee will appear as a purchase listed as "CL Trip Charges" on the following month's billing statement. There will continue to be no additional booking fees for award tickets booked online.

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
			Citizer Creekie		
07/25	07/23	6320	BEAU RIVAGE - ADV DEP 8552755733 MS - COM MERCHANDISE/SERVICE RETURN	\$503.00 _{CR}	
08/05	08/03	9785	GNBX - HOTEL 2284355400 MS Deburah Myers MERCHANDISE/SERVICE RETURN	\$34.30 _{CR}	THUEF.
			Total for Account 4798 5100 4892 4175	\$537.30CR	

Continued on Next Page





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LITTLE ROCK MARRIOTT

GUEST FOLIO

....

1209 ROOM DDWV TYPE 42	YOUNG/STEPHEN NAME XXX XXX NE 11111	94.00 Rate	09/11/19 DEPART 09/08/19 ARRIVE	12:00 TIME 13:33 TIME		21248 ACCT#	9952 GROUP
ROOM	ADDRESS	VSXXXXX PAYMENT	XXXXXXXX4175			MBV#:	287746908
DATE	REFERENCES		CHARGES	CRED	ITS	BALANCES	DUE
09/08 09/08 09/08 09/09 09/09 09/09 09/10 09/10 09/10	GP ROOM 1209, 1 SL TAX 1209, 1 OCC TAX 1209, 1 GP ROOM 1209, 1 SL TAX 1209, 1 OCC TAX 1209, 1 SL TAX 1209, 1 OCC TAX 1209, 1 OCC TAX 1209, 1 SL TAX 1209, 1 SL TAX 1209, 1 OCC TAX 1209, 1 OCC TAX 1209, 1		94.00 8.46 5.64 94.00 8.46 5.64 94.00 8.46 5.64		ġ		
09/11 09/11 09/11 09/11 09/11 09/11	CCARD-VS PAYMENT RECEIVED BY: VISA PARKING BS SL TAX BS PARKING BS SL TAX BS PARKING BS SL TAX BS	*****			324.30		
09/11 09/11 09/11	SL TAX BS CCARD-VS PAYMENT RECEIVED BY: VIS/		2.25		81.75		.00

See our "Privacy & Cookie Statement" on Marriott.com

Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy Account Statement for updated activity. See members.marriott.com for new Marriott Bonvoy benefits.

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LITTLE ROCK MARRIOTT 3 STATEHOUSE PLAZA LITTLE ROCK AR 72201 PH:501-906-4000 F 501-399-8071

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to change your credit card for all announts changed to you. The amounts shown in the credit column opposite any credit card antry in the reference column above will be changed to the credit card number set forth above. (The credit band company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpakt amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including atomey fees.

Signature X



Stay Details

STAY DATES

Frank Williamson

Sun Sep 8, 2019 - Mon Sep 9, 2



SpringHill Suites San Antonio Antonio Praza/Convention Center

411 Bowie Street San Antonio Texas 78205 USA

Phone: +1 210-222-2121

Room 1 - **#88710025**

/Room 2 - **#88710027**

Frank Williamson, thank you for your reservation. The required deposit has been charged to your *Visa* card. An email with this information has been sent to **pattystange204@comcast.net**. We look forward to greeting you soon.

Your receipt for hotel stays may be automatically sent to you at the email address above. If you prefer, a paper copy may be requested at the front desk when you check in. Learn how to change your email address.

No room preferences were selected.

Summary of Charges (USD)

Room Type: Suite, 1 King, Sofa bedMember Rate Advance Purchase1 room(s) for 1 night(s)Prices in USDSunday, September 8, 201985.00Total cash rate85.00Estimated government taxes and fees15.30Total for stay in hotel's currency100.30 USD

Cancellation Policy

https://www.marriott.com/reservation/findReservationDetail.mi?confirmationNumber=88710025&tripId=88710025&propertyId=satds

1/2



Changes to your reservation are not permitted. Please note that you may cancel your reservation for no charge until September 6, 2019.

Please note that your prepayment for this special rate is non-refundable

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https://www.marriott.com/reservation/findReservationDetail.mi?confirmationNumber=88710025&tripId=88710025&propertyId=satds

2/2

Stay Details

STAY DATES

Garnett Robinson

Sun Sep 8, 2019 - Mon Sep 9, 2019



SpringHill Suites San Antonio Alamo Plaza/Convention Center

411 Bowie Street San Antonio Texas 78205 USA

Phone: +1 210-222-2121

Room 1 - **#88710025** Room 2 - **#88710027**

Frank Williamson, thank you for your reservation. The required deposit has been charged to your *Visa* card. An email with this information has been sent to **pattystange204@comcast.net**. We look forward to greeting you soon.

Your receipt for hotel stays may be automatically sent to you at the email address above. If you prefer, a paper copy may be requested at the front desk when you check in. Learn how to change your email address.

No room preferences were selected.

Summary of Charges (USD)

Room Type: Suite, 1 King, Sofa bed

Member Rate Advance, Purchase

1 room(s) fo	r 1 ni	ahti	(s)
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Prices in USD

100.30 USD

Sunday, September 8, 2019	85.00
Total cash rate	85.00
Estimated government taxes and fees	15.30
	·····

Total for stay in hotel's currency

Cancellation Policy

https://www.marriott.com/reservation/findReservationDetail.mi?confirmationNumber=88710025&tripId=88710025&propertyId=satds

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Changes to your reservation are not permitted. Please note that you may cancel your reservation for no charge until September 6, 2019.

Please note that your prepayment for this special rate is non-refundable

https://www.marriott.com/reservation/findReservationDetail.mi?confirmationNumber=88710025&tripId=88710025&propertyId=satds 2/2

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K9 Cop Magazine | Checkout

MY ACCOUNT

1/3

TM**G**A FOR POLICE AND MILITARY WORKING Dog Handlers SUBSCRIBE **ADVERTISE** SHOP CONFERENCE NEWS **EVENTS ADVERTISERS** CONTACT Order received Thank you. Your order has been received. ORDER NUMBER: 🕐 🛑 DATE: 🖶 Email; TOTAL: 09/05/2019 7373 pattystange204@comcast.net \$295.00 PAYMENT METHOD: Authorize.net **Order details** Product Total Subtotal: \$295.00 Payment method: Authorize.net By continuing to use the site, you agree to the use of so-called cookies. Allow cookies

https://www.k9copmagazine.com/shop/checkout/order-received/7373/?key=wc_order_5d712b757e683

Product

2019 Conference Online Attendee Registration × 1

Agency / Department: Clay County Sheriff's Office

Contact name: Kyle Eaves

Address: 348 West Broad Street

Cit: West Point

State/Province/Regio#: Mississippi

ZIP / Postal cod: 39773

Countig: United States

Phore: 6628038717

E-mall: pattystange204@comcast.net

Attendee : Kyle Eaves

Attendee 1 Email: kyle.eaves@yahoo.com

Attendee 1 T-Shirt Size: M

Subtotal:

Payment method:

Total:

Billing address

amy berry Clay County PO Box 815 West Point, MS 39773

2 6624943124

pattystange204@comcast.net

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Total

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3/3

Kife Eaves

1/2

Stay Details

STAY DATES

Tue Sep 10, 2019 – Fri Sep 13, 2019

Room(s): 1

Adult(s): 2



Four Points by Sheraton Nashville Airport

800 Royal Parkway Nashville Tennessee 37214 USA Phone: +1 615-884-9777

#88781337

Kyle Eaves, thank you for your reservation. The required deposit has been charged to your *Visa* card. An email with this information has been sent to **pattystange204@comcast.net**. We look forward to greeting you soon.

Your receipt for hotel stays may be automatically sent to you at the email address above. If you prefer, a paper copy may be requested at the front desk when you check in. Learn how to change your email address.

Not Guaranteed: High floor, Extra foam pillows, Feather free room.

Summary of Charges (USD)

Room Type: Guest room, 1 King, Sofa bed

Member Rate Advance Purchase

1 room(s) for 3 night(s) Price	s in USD
Tuesday, September 10, 2019	201.88
Wednesday, September 11, 2019	201.88
Thursday, September 12, 2019	166.60
Total cash rate	E70.26
https://www.marriott.com/reservation/findReservationDetail.mi?confirmationNumber=88781337&tripId=88781337&propertyId=bnapa	570.36
nayos/www.namou.com/reservation/namosorvation/com/interaction/com/inte	

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94.48

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Cancellation Policy

Changes to your reservation are not permitted. Please note that you may cancel your reservation for no charge until September 6, 2019.

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Please note that your prepayment for this special rate is non-refundable

https://www.marriott.com/reservation/findReservationDetail.mi?confirmationNumber=88781337&tripId=88781337&propertyId=bnapa

2/2

· Anne 625 ٠,

4

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Thank You!

Thank you for your payment. Your confirmation details are below. Please print this receipt for your records.

Month:	04
Year:	2020
Card:	(VISA) 4175
Total:	131.00
Name:	Terry Scott
Add1:	348 West Broad Street
City:	West Point
State:	MS
Zip:	39773
Country	:US
Status:	APPROVED

rocic.com/payment/thankyou.aspx

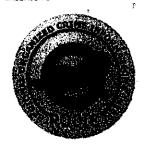
8/26/2019

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1/1



Thank You!

Thank you for your payment. Your confirmation details are below. Please print this receipt for your records.

Month: 04

Year: 2020 Card: (VISA) ... 4175 Total: 131.00 Name: Stephen Young Add1: 348 West Broad Street City: West Point State: MS Zip: 39773 Country: US Status: APPROVED

rocic.com/payment/thankyou.aspx

62.7

Deborah Myers

From:	

Sent: To: Subject: reservations@GoldenNuggetBiloxi.com on behalf of Golden Nugget Biloxi Hotel <reservations@GoldenNuggetBiloxi.com> Tuesday, July 2, 2019 8:46 AM Deborah Myers Golden Nugget Biloxi Reservation Confirmation - Do Not Reply

Reservation Confirmation

Dear Deborah Myers,

Your accommodations at our Hotel have been confirmed.

Guest Details

DEBORAH MYERS PO BOX 815 WEST POINT, MS 39733

Reservation Details

TL65R	Arrival Date:	Wednesday, 07/31/2019
2	Departure Date:	Friday, 08/02/2019
BX/TQ	Number of Rooms:	1
QUEEN TERR S	5M	
2 Adult(s) 0 Cł	hildren	
S190355		
·		,
	2 BX/TQ QUEEN TERR S 2 Adult(s) 0 Cł	2 Departure Date: BX/TQ Number of Rooms: QUEEN TERR SM 2 Adult(s) 0 Children

Reservation Policies

Check-in Time:	04:00 PM	Check-out Time	11:00 AM
Tax Info:			
	- 12.000000%		
	· .		

Golden Nugget Biloxi 151 Beach Blvd Biloxi, MS 39530 2284355400 8007777568 <u>Golden Nugget Biloxi Hotei</u>

289.

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Deborah Myers

From:
Sent:
To:
Subject:

Golden Nugget Reservations <donotreply@gnbxm.com> Tuesday, July 2, 2019 2:15 PM DMYERS@CLAYCOUNTY.MS.GOV Your Reservation at The Golden Nugget Biloxi

×		
Dear Deborah Myers,	<u> </u>	

Thank you for choosing the Golden Nugget Biloxi! We are pleased to confirm your reservation as follows:

NAME:	Deborah Myers
ARRIVAL DATE:	Wednesday, July 31, 2019
DEPARTURE DATE:	Friday, August 2, 2019
ROOM DESCRIPTION:	Terrace 2 Queens
CHECK-IN TIME:	4:00 PM
CHECK-OUT TIME:	11:00 AM
CONFIRMATION NUMBER:	TL65R

During your visit, be sure to take time from your busy schedule to relax and recharge at the <u>Golden Nugget</u> <u>Spa and Salon</u>. Just click on the link to find out more details or call us at 228-436-7801 for more information.

Should you need to cancel for any reason, please contact our reservations team at 1 (844) 4-NUGGET (844-468-4438). Reservations that are not cancelled at least 72 hours prior to your check in date will result in the forfeiting of the advanced deposit.

We look forward to seeing you soon at Golden Nugget Biloxi!

Sincerely, Golden Nugget Reservations

An advanced deposit equal to the first night's room and tax has been charged to the credit card provided. Reservations that are not cancelled at least 72 hours prior to your check in date will result in the fortening of the advanced deposit. A valid credit card and state issue 1D is required to check into the hotel. Upon check in a \$100 refundable incidental deposit, plus the balance of the remaining room nights, and a resort fee of \$12,99 per night will be processed on your eard. The \$400 refundable incidental deposit will be released to your credit card at checkout, provided you do not have any incidental charges. Please beladvised that Golden bigget will release any timused funds within 24 hours of your departure. However, your banking institution may hold those funds for up to 50 day or more. Please consult you financial institution for specific guidefines. Management reserves all rights.

1



GOLDEN NUGGET CREDIT CARD SETTLEMENT FORM

Sent 1/2/19

PLEASE FILL-IN EVENT DATE(S) BY YOUR ACCOUNT TYPE:

CREDIT CARD ACCOUNT - This document confirms my intent to settle charges in conjunction with my function/meeting which will be held at Golden Nugget on XI authorize Golden Nugget to process the following estimated charges to my credit card three days prior to the function/meeting. Additional monies due/refunded will be issued to credit card upon completion of function/meeting.

<u>DIRECT BILL ACCOUNT</u> - This document confirms my intent to settle charges in conjunction with my function/meeting which will be held at Golden Nugget on I authorize Golden Nugget to process the following charges from this function/meeting to my credit card. Additional monies due/refunded will be processed to credit card upon completion of function/meeting.

CONTRACT ACCOUNT - This document confirms my intent to settle charges in conjunction with my function/meeting which will be held at Golden Nugget on

______ I authorize Golden Nugget to process the following charges from this function/meeting to my credit card in the event of nonpayment by authorized guests.

GUARANTEES ACCOUNT - This document confirms my intent to guarantee charges in conjunction with my function/meeting which will be held at Golden Nugget on I authorize Golden Nugget to authorize estimated charges to my credit card three days prior to function/meeting date. Upon receipt of payment in full for function/meeting charges, Golden Nugget will release the credit card authorization.

INDIVIDUAL ACCOUNT - This document confirms my intent to settle charges in conjunction with my stay at Golden Nugget
on
I authorize Golden Nugget to process the following charges to my credit card.

GIFT CARD ACCOUNT - I authorize Golden Nugget to process Gift Card/Shipping charges to my credit card in the amount of

	PLEASE CIRCLE	ALL AUTHO	RIZED CHARGES THAT	APPLY: - Docu	ling \$ 100,06	midental Fee
6	Room & Tax	Lounge	Gift Shop	Restaurant & Meals	Laundry	Movies Spa Golf
· _	Luggage Handling	Gift Card	Local Calls	Long Distance Calls	Internet	Meeting Room/Banquet Charges
			. Debor	ah Miters		
			GROUP NAME/	MEETING NAME/INDIVIDU	AL NAME (PLEASE PRIN	T)
	<u></u>		Any R	- Venv, (Lay (ounty	MS
			CARDHOLDER NAM	E ASTT APPEARS ON THE	CREDIT CARD (PLEASE	PRINT)
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				CITY, STATE, ZIP (PLEAS	E PRINT)	
	,		662-4	919-3124		
			/ 9 /	CARDHOLDER PHONE N	NUMBER	
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				SIGNAT		
	PLEASE CIRCL	E CREDIT CA		CARD	CREDIT CARD	
			AMEX	DISCOVER	MASTERCARD	(VISA
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CREDIT CARD NUMBER	4798510048924175	EXPIRATION DATE	041	20
Reservation/Incomin Arrival/Departure D Confirmation Numb		TL65R	•	

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FAX BACK TO SECURE FAX LINE: 337-508-5014

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CREDIT CARD SETTLEMENT FORM 052411

TRANSMISSION VERIFICATION REPORT

TIME	:	07/0
NAME	:	CLAY
FAX	:	6624
TEL	:	6624
SER.#	1	BROF

07/02/2019 14:32 CLAY COUNTY 6624924059 6624924059 BROF6J613574

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	07/02 14:30 913375085014 00:00:54 02 OK STANDARD	

Clay County, MS Chancery Clerk's Office Amy G. Berry, Chancery Clerk P.O. Box 815 West Point, MS 39773 Fax: (662) 492-4059

Ath: Tiffani Peer

FAX TRANSMISSION SHEET

Date: To: Company: ___

Fax No .: 224 436-7834

Amy Berry - Clay County MS From:

Instruction:

This transmission consists of _____ page (s) following this cover sheet. If you should have any questions or problems receiving this fax, please call 662-494-3124 or 662-494-3313. Clay County Purchase Clerk's Fax number is 662-492-4059.

CONFIDENTIALITY NOTICE

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If the reader of this message is not intended recipient, are hereby notified that any disclosure, distribution, or copying of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone, and return the original to us at the above via US Postal Service.

Formed 21/314



CREDIT CARD AUTHORIZATION

I hereby, authorize the Golden Nugget Biloxi to use my credit card for the following:

1.	To charge a deposit of \$ for function(s) on the date(s) of
2. •	To guarantee payment for function(s) on the date(s) of
	All charges for function(s) on the date(s) of This would include food and beverage, audio visual, room rental, telephones, equipment rental, business center charges, package room charges and electrical charges.
 4.	To guarantee guest rooms for the following people:
<u>X</u> 5.	For payment of room and tax for the following people - Including Incidental Fe Dewan MYOS
	GROUP NAME: DATE(S): <u>113119 - S 219</u> CREDIT CARD HOLDER NAME; <u>Amy 6-Berny (Lay Ouwly)</u> MS CREDIT CARD TYPE: <u>ULS A</u> CREDIT CARD NUMBER LAST FOUR DIGITE ON 1 417 EXPIRATION: <u>1420</u> CREDIT CARD HOLDER SIGNATURE: DATE: <u>1711</u>

PLEASE INCLUDE A COPY OF THE ID AND CONTACT INFORMATION FOR THE RESPONSIBLE PARTY PAYING.

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·, ...,



Group Name:

Any G Deny Clay Canty Ms

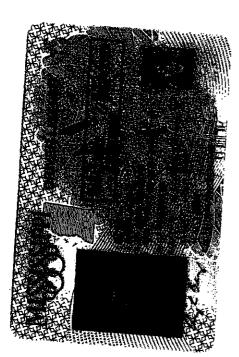
Last four #s on Credit Card

pays the bill for this credit card directly. We do not reimburse the individual for the charges. We understand that this letter is required to satisfy the Dept of Revenue in maintaining the tax exempt status of this event. This form is required only when a credit card is used as a method of payment.

ignature of Responsible Individual

J9

E. G. 635



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Federal Tax ID # 64-6000 252

Date: Letter ID: May 12, 2016 L1505280384

Reference: Sales Tax Exemption Letter Ruling Number: 16-0185

8

This is in response to your letter dated May 10, 2016, requesting that the Mississippi Department of Revenue provide a ruling regarding whether Clay County Board of Supervisors is exempt from Mississippi sales and use tax. Your request has been assigned the letter ruling number listed above. Please use this number in any further correspondence with the DOR concerning this request.

After a search of the applicable statutes, this is to confirm that Clay County Board of Supervisors does qualify for sales tax exempt status pursuant to Miss. Code Ann. Section 27-65-105(a). This Section provides that sales of tangible personal property or services made to the United States Government, the State of Mississippi and its departments, institutions, counties and municipalities or departments or school districts of said counties and municipalities are exempt from sales taxes. As a prerequisite to exemption, the sale of property or charge for services must be sold directly to, billed directly to, and paid for directly by the exempt entity.

This exemption does not apply to sales of tangible personal property or services to contractors purchased in the performance of contracts with the exempt entity, nor the employees of the exempt entity, although the contractor or employee may be reimbursed for the expense by the exempt entity. Furthermore, this exemption does not apply to Contractor's Tax levied by Miss. Code Ann. Section 27-65-21.

You may use a copy of this letter in order to substantiate Clay County Board of Supervisors' exempt status. I trust that this is the information you were requesting. Should you have any additional questions, feel free to contact this office.

Under Miss. Code Ann. Section 27-65-85(a), it shall be unlawful for any person to use an exemption authorized under the Sales Tax laws for the purpose of avoiding the payment of tax the person is required to pay by law. Any person violating this provision shall be guilty of a misdemeanor and, on conviction thereof, shall be fined not more than Five Hundred Dollars (\$500.00), or imprisoned not exceeding six (6) months in the county jali, or punished by both such fine and imprisonment, at the discretion of the court.

This letter ruling is based on the specific facts and circumstances that you communicated to the DOR. This ruling is not binding on the DOR if these facts and circumstances are inaccurate, contain a material omission of a relevant fact or facts to the issue(s) presented or if such facts and circumstances change. This letter ruling is also only valid for seven (7) years from the date of this letter. At the end of this seven (7) year period, you are free to update your information and request another letter ruling if you wish. This ruling is only applicable to you or to your client if you are requesting this ruling on behalf of another and can only be relied upon by the person for whom the ruling was requested.

If the facts and circumstances presented in your request are accurate, complete and do not change for the seven (7) year the person for whom it was requested can rely upon this ruling unless and until there is a change

P.O. Box 1033 Jackson, MS 39215-1033 Phone: (601) 923-7700 Fax: (601) 923-7714

Forte # mt.0004 v. v94

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

in the law or regulation or the issuance of judicial decision that indicates the ruling is no longer correct or the DOR retracts the ruling. The DOR does reserve the right to retract this ruling if it later determines on its own review that the ruling is incorrect. Such retraction will be in writing and the effect of the retraction will be prospective from the date of the retraction letter.

Sincerely,

Nicolette Floyd (601) 923-7029 Mississippi Department of Revenue

P.O. Box 1033 Jackson, MS 39215-1033 Phone: (601) 923-7700 Fax: (601) 923-7714

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you,

TRANSMISSION VERIFICATION REPORT

•

TIME
NAME
FAX
TEL
SER.#

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: 07/03/2019 09:55 : CLAY COUNTY : 6624924059 : 6624924059 : BROF6J613574

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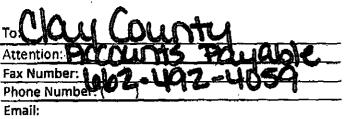
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GOLDEN NUGGET HOTEL & CASINO BILOXI, MS

3pages

FAX COVER SHEET



From: Tiffani Peer

640

Lead Reservation Agent Fax number: (228) 436-7834 Phone Number: (228) 436-8772 Email: tpeer@gnbxm.com

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IN THE SIXTEENTH DISTRICT CIRCUIT COURT

IN RE:

AUTHORIZATION TO USE THE COUNTY CREDIT CARD TO PURCHASE STILL LIFE ARTWORK FOR THE NEWLY REMODELED CLAY COUNTY COURT COMPLEX

IT IS HEREBY ORDERED the Chancery Clerk of Clay County, Mississippi, acting on behalf of the Clay County Board of Supervisors, is authorized to use the County credit card to make a one-time purchase of still life artwork to be displayed in the newly renovated Clay County Court Complex. The artwork is to be purchased from One Canvas (1 Canvas), which requires the transaction be completed via the internet with a credit or debit card. The purchase price for the artwork shall not exceed \$2,000.00, with reasonable amounts to be allowed for incidentals, such as costs for shipping and sales tax, if any.

The Circuit Court of Clay County is to enter this order upon its official minutes and send a copy to the Clay County Chancery Clerk.

3rd ~ 0 SO ORDERED, this the day of Amou

Ketcheng COURT

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Clay County SEP 06 2019 Releve D Honell

IN THE SIXTBENTH DISTRICT CIRCUIT COURT

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The Circuit Court of Clay County is to enter this order upon its official minutes and send a copy to the Clay County Chancery Clerk.

101 5e (3 SO ORDERED, this the day of Amount, 2019. Ketchenf CIRCU COURT

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Receipt for your Order #551419

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CONTACT US HELP Hello, Amy FAVORITES ACCOUNT SIGN OUT Order Number: 551419

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Payment:	Credit Card
Shipping Address:	365 Court Street West Point, MS
	39773-2954
Shipping:	Expedited Service
Delivery:	Ships within 3 business days
	(arrives in 4–8 business days)

Something Wrong? Contact Us

Help/FAQ

- Can I change the shipping address once the order has been placed?
- What is your <u>Return Policy</u>?
- Can I <u>cancel</u> my order?
- How can l <u>track</u> my order?

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• See all <u>FAQs</u>

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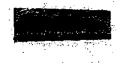
Help/FAQ

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- See all <u>FAQs</u>

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After Glow I

Canvas print: 1-piece 48×48 , 1.5" deep Frame: Gallery Wrapped Canvas (No Frame) SKU:THA2-1PC6-48x48

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World Map On Wood Canvas print: 1-piece 48×32 , 1.5" deep Frame: Gallery Wrapped Canvas (No Frame) SKU:DWL5-1PC6-48x32 Share:

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Receipt for your Order #551419

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Canvas print: 1-piece

48×48 , 1.5" deep

Frame: Gallery Wrapped

- Canvas (No Frame)
- SKU:NAN305-1PC6-48x48

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Soft Sentinel II Canvas print: 1-piece 48×48 , 1.5" deep Frame: Gallery Wrapped Canvas (No Frame) SKU:NAN494-1PC6-48x48 Share:

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Soft Sentinel II Canvas print: 1-piece 48×48 , 1.5" deep Frame: Gallery Wrapped, Canvas (No Frame) SKU:NAN494-1PC6-48x48 Share:

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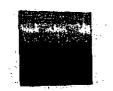
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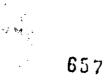
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World Map On Wood Canvas print: 1-piece 48×32 , 1.5" deep Frame: Gallery Wrapped Canvas (No Frame) SKU:DWL5-1PC6-48x32 Share:

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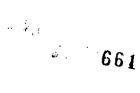
Contact Us

We are here to help! Please do not hesitate to email us with any questions or concerns you may have — we are here to assist you in your shopping experience. Our friendly support team is available

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9/17/2019



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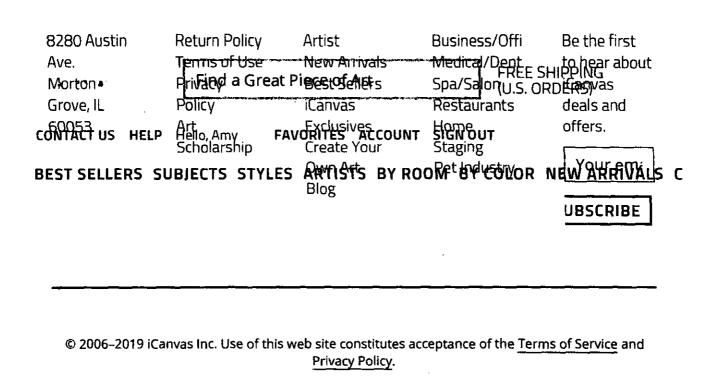
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9/17/2019

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9/17/2019



Deborah Myers

From:

Sent: To: Subject: reservations@GoldenNuggetBiloxi.com on behalf of Golden Nugget Biloxi Hotel <reservations@GoldenNuggetBiloxi.com> Tuesday, July 2, 2019¹8:46 AM Deborah Myers Golden Nugget Biloxi Reservation Confirmation - Do Not Reply

(

Reservation Confirmation

Dear Deborah Myers,

Your accommodations at our Hotel have been confirmed.

Guest Details

DEBORAH MYERS PO BOX 815 WEST POINT, MS 39733

Reservation Details

Confirmation Number:	TL65R	Arrival Date:	Wednesday, 07/31/2019
Number of Nights:	2	Departure Date:	Friday, 08/02/2019
Room Type:	BX/TQ	Number of Rooms:	1
Room Description:	QUEEN TERR SI	м	
Number of Guests:	2 Adult(s) 0 Chi	ildren	
Group:	S190355		
-	ς.		

Reservation Policies

Check-in Time:	04:00 PM	Check-out Time	11:00 AM
Tax Info:			
	- 12.000000%		

LIDIGET IIHOLIUMEROUS	Hotel	Information
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Golden Nugget Biloxi 151 Beach Bivd Biloxi, MS 39530 2284355400 8007777568 Golden Nugget Biloxi Hotel

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Deborah Myers

From:	
Sent:	
To:	
Subject:	

Golden Nugget Reservations <donotreply@gnbxm.com> Tuesday, July 2, 2019 2:15 PM DMYERS@CLAYCOUNTY.MS.GOV Your Reservation at The Golden Nugget Biloxi

	×
}	

Dear Deborah Myers,

Thank you for choosing the Golden Nugget Biloxi! We are pleased to confirm your reservation as follows:

NAME:	Deborah Myers
ARRIVAL DATE:	Wednesday, July 31, 2019
DEPARTURE DATE:	Friday, August 2, 2019
ROOM DESCRIPTION:	Terrace 2 Queens
CHECK-IN TIME:	4:00 PM
CHECK-OUT TIME:	11:00 AM
CONFIRMATION NUMBER:	TL65R

During your visit, be sure to take time from your busy schedule to relax and recharge at the <u>Golden Nugget</u> <u>Spa and Salon</u>. Just click on the link to find out more details or call us at 228-436-7801 for more information.

Should you need to cancel for any reason, please contact our reservations team at 1 (844) 4-NUGGET (844-468-4438). Reservations that are not cancelled at least 72 hours prior to your check in date will result in the forfeiting of the advanced deposit.

We look forward to seeing you soon at Golden Nugget Biloxi!

Sincerely, Golden Nugget Reservations

An advanced deposit equal to the first night's room and tax has been charged to the credit card provided. Reservations that are not cancelled at least 72 hours prior to your check in date will result in the forteiting of the advanced deposit. A valid credit card and state issue ID is required to check into the hotel. Upon check in a \$400 refundable incidental deposit, plus the balance of the remaining noom nights, and a resort fee of \$32,99 per night will be processed on your card. The \$100 refundable incidental deposit will be released to your credit card at checkout, provided you do not have any incidental charges. Please be advised that Golden Sugget will referse any mused funds within 24 hours of your departure. Blowever, your banking institution may hold those funds for up to 50 day or more. Please consult you financial institution for specific guidedines. Management reserves all rights.

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GOLDEN NUGGET CREDIT CARD SETTLEMENT FORM

Sent 1/2/19 2:35 P

PLEASE FILL-IN EVENT DATE(S) BY YOUR ACCOUNT TYPE:

CREDIT CARD ACCOUNT - This document confirms my intent to settle charges in conjunction with my function/meeting which will be held at Golden Nugget on J authorize Golden Nugget to process the following estimated charges to my credit card three days prior to the function/meeting. Additional monies due/refunded will be issued to credit card upon completion of function/meeting.

CONTRACT ACCOUNT - This document confirms my intent to settle charges in conjunction with my function/meeting which will be held at Golden Nugget on

. I authorize Golden Nugget to process the following charges from this function/meeting to my credit card in the event of nonpayment by authorized guests.

INDIVIDUAL ACCOUNT - This document confirms my intent to settle charges in conjunction with my stay at Golden Nugget on ______. I authorize Golden Nugget to process the following charges to my credit card.

GIFT CARD ACCOUNT - I authorize Golden Nugget to process Gift Card/Shipping charges to my credit card in the amount of

PLEASE CIRCLE	ALL AUTHO	RIZED CHARGES THAT	APPLY: - DOCUO	ling \$ 100,00	midental Fee	2
Room & Tax	Lounge	Gift Shop	Restaurant & Meals	Laundry	Movies Spa	Golf
Luggage Handling	Gift Card	Local Calls	Long Distance Calls	Internet	Meeting Room/Banq	uet Charges
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		GROUP NAME/	MEETING NAME/INDIVIDU	AL NAME (PLEASE PRIN	T)	
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	4798510048924175	EXPIRATION DATE	0.1	20
Confirmation Numb	er (if applicable):	TL65R	•	

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CREDIT CARD SETTLEMENT FORM 052411



TRANSMISSION VERIFICATION REPORT

TIME : 07/02/2019 14:32 NAME : CLAY COUNTY FAX : 6524924059 TEL : 6524924059 SER.# : BROF6J613574

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

07/02 14:30 913375085014 00:00:54 02 OK STANDARD

Clay County, MS Chancery Clerk's Office Amy G. Berry, Chancery Clerk P.O. Box 815 West Point, MS 39773 Fax: (662) 492-4059

Ath: Tiffani Peer

FAX TRANSMISSION SHEET

Date: To: **Company:**

Fax No .: 224. 476-7874

Amy Berry Clay County MS From:

Instruction:

This transmission consists of _____ page (s) following this cover sheet. If you should have any questions or problems receiving this fax, please call **662-494-3124** or **662-494-3313**. Clay County Purchase Clerk's Fax number is **662-492-4059**.

CONFIDENTIALITY NOTICE

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If the reader of this message is not intended recipient, are hereby notified that any disclosure, distribution, or copying of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone, and return the original to us at the above via US Postal Service.

For-ped 2/3/19



CREDIT CARD AUTHORIZATION

I hereby, authorize the Golden Nugget Biloxi to use my credit card for the following:

To charge a deposit of \$______ for function(s) on the date(s) of
 To guarantee payment for function(s) on the date(s) of _______.
 Payment will be made at the time of each function

All charges for function(s) on the date(s) of ______. This would include food and beverage, audio visual, room rental, telephones, equipment rental, business center charges, package room charges and electrical charges.

To guarantee guest rooms for the following people:

<u>X</u> 5.

- 3.

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For payment of room and tax for the following people	-Including	Davientaltie
ONFHE TL65R		

GROUP NAME: DATE(S):_______ KALAY COUNTY, MS 19 Sen CREDIT CARD HOLDER NAME; CREDIT CARD TYPE: VIS CREDIT CARD TYPE: CREDIT CARD NUMBER LAST FOUR DIGITS ONLY EXPIRATION: 0420 CREDIT CARD HOLDER SIGNATURE DATE: _

PLEASE INCLUDE A COPY OF THE ID AND CONTACT INFORMATION FOR THE RESPONSIBLE PARTY PAYING.

670

P. 002



Group Name:

Amy G. Berry, Clay Candy, MS 4175

Last four #s on Credit Card

pays the bill for this credit card directly. We do not reimburse the individual for the charges. We understand that this letter is required to satisfy the Dept of Revenue in maintaining the tax exempt status of this event. This form is required only when a credit card is used as a method of payment.

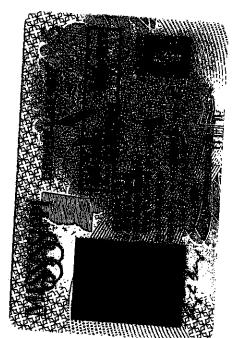
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signature of Responsible Individual

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Federal Tax ID # 64-6000 252

Date: Letter iD: May 12, 2016 L1505280384

Reference: Sales Tax Exemption Letter Ruling Number: 16-0185

WEST POINT MS 39773-0815

This is in response to your letter dated May 10, 2016, requesting that the Mississippi Department of Revenue provide a ruling regarding whether Clay County Board of Supervisors is exempt from Mississippi sales and use tax. Your request has been assigned the letter ruling number listed above. Please use this number in any further correspondence with the DOR concerning this request.

After a search of the applicable statutes, this is to confirm that Clay County Board of Supervisors does qualify for sales tax exempt status pursuant to Miss. Code Ann. Section 27-65-105(a). This Section provides that sales of tangible personal property or services made to the United States Government, the State of Mississippi and its departments, institutions, counties and municipalities or departments or school districts of said counties and municipalities are exempt from sales taxes. As a prerequisite to exemption, the sale of property or charge for services must be sold directly to, billed directly to, and paid for directly by the exempt entity.

This exemption does not apply to sales of tangible personal property or services to contractors purchased in the performance of contracts with the exempt entity, nor the employees of the exempt entity, although the contractor or employee may be reimbursed for the expense by the exempt entity. Furthermore, this exemption does not apply to Contractor's Tax levied by Miss. Code Ann. Section 27-65-21.

You may use a copy of this letter in order to substantiate Clay County Board of Supervisors' exempt status. I trust that this is the information you were requesting. Should you have any additional questions, feel free to contact this office.

Under Miss. Code Ann. Section 27-65-85(a), it shall be unlawful for any person to use an exemption authorized under the Sales Tax laws for the purpose of avoiding the payment of tax the person is required to pay by law. Any person violating this provision shall be guilty of a misdemeanor and, on conviction thereof, shall be fined not more than Five Hundred Dollars (\$500.00), or imprisoned not exceeding six (6) months in the county jail, or punished by both such fine and imprisonment, at the discretion of the court.

This letter ruling is based on the specific facts and circumstances that you communicated to the DOR. This ruling is not binding on the DOR if these facts and circumstances are inaccurate, contain a material omission of a relevant fact or facts to the issue(s) presented or if such facts and circumstances change. This letter ruling is also only valid for seven (7) years from the date of this letter. At the end of this seven (7) year period, you are free to update your information and request another letter ruling if you wish. This ruling is only applicable to you or to your client if you are requesting this ruling on behalf of another and can only be relied upon by the person for whom the ruling was requested.

If the facts and circumstances presented in your request are accurate, complete and do not change for the seven (7) year period indicated above, the person for whom it was requested can rely upon this ruling unless and until there is a change

P.O. Box 1033 Jackson, MS 39215-1033 Phone: (601) 923-7700 Fax: (601) 923-7714

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

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in the law or regulation or the issuance of judicial decision that indicates the ruling is no longer correct or the DOR retracts the ruling. The DOR does reserve the right to retract this ruling if it later determines on its own review that the ruling is incorrect. Such retraction will be in writing and the effect of the retraction will be prospective from the date of the retraction letter.

Sincerely,

Nicolette Floyd (601) 923-7029 Mississippi Department of Revenue

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P.O. Box 1033 Jackson, MS 39215-1033 Phone: (601) 923-7700 Fax: (601) 923-7714

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

TRANSMISSION VERIFICATION REPORT

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TIME : 07/03/2019 09:56 NAME : CLAY COUNTY FAX : 6524924059 TEL : 6524924059 SER.# : BROF6J613574

DATE, TIME FAX NO. /NAME DURATION PAGE(S) RESULT MODE	07/03 09:55 912284367834 00:01:25 06 OK STANDARD ECM

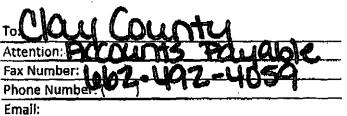


GOLDEN NUGGET HOTEL & CASINO BILOXI, MS

3pages

mke

FAX COVER SHEET



From: Tiffani Peer

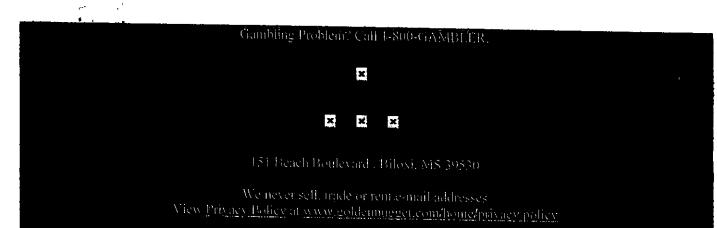
8]

Lead Reservation Agent Fax number: (228) 436-7834 Phone Number: (228) 436-8772 Email: tpeer@gnbxm.com

NOTES: Please send forms back

Tax Exempt form

brm



Click Here for instructions for adding Golden Nugget to your address book or conjucts list



J. 677

EXHIBIT F

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Clay County Sheriff's Office

P.O. Box 142 348 West Broad Street West Point, Mississippi 39773 Phone (662) 494-2712 Fax (662) 494-4034 Sheriff Eddie Scott <u>Chief Deputy</u> Ramirez Williams Jail Administrator Anthony Cummings

CLAY COUNTY SHERIFF EDDIE SCOTT AFFIDAVIT OF JAIL MEAL LOG

I, Eddie Scott, Sheriff of Clay County, hereby certify that listed below is the correct number of meals that were served to the inmates in the Clay County Detention Center for the month of <u>September</u>, 2019, to wit:

2,586	Breakfast
2,564	Lunch
2,567	Dinner
Witness this my signature on the	day of October, 2019.
	Eddie Scott
	Sheriff Clay County
.».	

EXHIBIT G

a.d.1 680

BEFORE THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION

LARRY JOHNSON

NO. 1902861-R-0120

CLAIMANT

EMPLOYER

V.

CLAY COUNTY BOARD OF SUPERVISORS, A MEMBER OF THE MISSISSIPPI PUBLIC ENTITY W.C. TRUST

EMPLOYER'S RESPONSES TO FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS PROPOUNDED BY CLAIMANT

Comes now the Employer, Clay County Board of Supervisors, a Member of the Mississippi Public Entity W.C. Trust, by and through their attorneys of record, and responds to the interrogatories and requests for production of documents propounded unto them by the claimant, as follows:

REQUEST FOR INTERROGATORIES

1.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every witness and any and all evidence, oral or documentary, tending to support your denial and explain the basis of your denial.

RESPONSE: The employer's investigation is ongoing and they intend to rely on the opinions and medical records of the claimant's treating and evaluating physicians to the extent they address the existence, causation and extent of any injury or disability alleged by the claimant. Further, the employer disputes the extent of the alleged disability as well as the ongoing treatment for the same based on the medical evidence. Please see attached medical records obtained to date.

2.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every

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witness and any and all evidence, oral or documentary, tending to support your denial and explain the basis of your denial.

RESPONSE: N/A

3.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every witness and any and all evidence, oral or documentary, tending to support your denial and explain the basis of your denial.

<u>RESPONSE</u>: The employer believes that all reasonable and necessary medical treatment has been provided to the claimant pursuant to the guidelines of the Mississippi Workers' Compensation Commission. Further, the employer disputes the extent of the alleged disability as well as the ongoing treatment for the same based on the medical evidence. Please see attached medical records obtained to date.

4.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every witness and any and all evidence, oral or documentary, tending to support your denial and explain the basis of your denial.

<u>RESPONSE</u>; There has been no dispute as to the jurisdiction of this claim.

5.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, state what you claim the correct average weekly wage to be and the basis therefore.

<u>RESPONSE</u>: The claimant earned an average weekly wage of \$452.04 for the 52 week period prior to his alleged date of injury.

6.1 **INTERROGATORY:** If your answer to the preceding request for admission is the negative, or if your admission is qualified, state in detail without limitation each and every

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witness and any and all evidence, oral or documentary, tending to support denial and explain the basis of your denial.

<u>RESPONSE</u>: The employer admitted this in its Answer.

7.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every witness and any and all evidence, oral or documentary, tending to support your denial and explain the basis of your denial.

<u>RESPONSE</u>: The employer's investigation is ongoing and they intend to rely on the opinions and medical records of the claimant's treating and evaluating physicians to the extent they address the existence, causation and extent of any injury or disability alleged by the claimant. Further, the employer disputes the extent of the alleged disability as well as the ongoing treatment for the same based on the medical evidence. Please see attached medical records obtained to date.

8.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every witness and any and all evidence, oral documentary, tending to support your denial and explain the basis of your denial.

<u>RESPONSE:</u> The claimant has not received any medical treatment to his left upper extremity to the employer's knowledge and the First Report of Injury only lists an alleged left knee injury. Please see attached First Report of Injury and medical records obtained to date.

9.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every

witness and any and all evidence, oral or documentary, tending to support your denial and explain the basis of your denial.

RESPONSE: N/A.

10.0 **INTERROGATORY:** Please state the name, address, telephone number, position, and Employer of a) each and every person possessing information or knowledge of facts, subject matter, and circumstances of LARRY JOHNSON'S claim and a statement of their knowledge or information; and b) each and every person who was a witness to the accident in question and a statement of their knowledge or information.

<u>RESPONSE</u>: Treva Hodge, Luke Lummus, and Grady Jones may be contacted through defense counsel. This response may be supplemented at a later date, if necessary.

11.0 **INTERROGATORY:** Identify fully, giving the name, address and telephone number, specialty, or area of expertise, and educational and training of each and every expert witness, including physicians, you expect to call at the trial of there claim and state the following regarding each such expert witness.

- a) The subject matter, in specific detail, in which the expert is expected to testify;
- b) The substance of the facts and opinions to which the expert is expected to testify; and
- (c) A summary of the grounds for each opinion to which the expert is expected to testify.

RESPONSE: A final determination of those persons the employer intends to call as expert witnesses at the hearing of this cause has not yet been made. Potential medical expert witnesses include any physician who has treated or examined the claimant, the identity of whom is known to the claimant. Any expert called on behalf of the employer to testify at the

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hearing of this cause will be expected to testify as to dates of claimant's treatment and examinations, history obtained, the extent of and results of claimant's physical examinations, treatment procedures performed and/or recommended, diagnosis, prognosis, dates of temporary disability, if any, permanent impairment, if any, date of maximum medical improvement, pre-existing conditions and apportionment, whether or not claimant's medical condition is related to his employment, and any other items which may be included in the reports and records of each such physician.

12.0 **INTERROGATORY:** State the name, address, telephone number, occupation and Employer of each expert witness you have contacted concerning the facts of there (sic) claim and who is not expected to be called at the trial of there (sic) matter, and state the following regarding each such expert witness:

The substance of the facts known and opinions held by each expert.

<u>RESPONSE:</u> The employer objects to Interrogatory No. 12 to the extent it seeks information that is confidential, privileged, or work product. Not in waiver of any objection hereto, the employer has not contacted any expert witnesses at this time. Further, please see Interrogatory Response No. 11.

13.0 **INTERROGATORY:** Please state the full name, complete address, telephone number, position held, and statement of anticipated testimony at trial of every non-expert witness that the Employer and Carrier expects to call at the trial of there (sic) matter.

RESPONSE: A final determination of those persons the employer intends to call as witnesses at the hearing of this cause has not yet been made. The employer will provide claimant's attorney with a list of any witnesses to be called at the hearing of this cause in accordance with Rule 2.5 of the Mississippi Workers' Compensation Commission.

14.0 **INTERROGATORY:** Do you have a written, recorded, or oral statement from Claimant or a memorandum of a statement from Claimant concerning there (sic) claim? If so, identify the statement and identify by name and address the person having possession of such a statement or memorandum.

<u>RESPONSE</u>: Please see attached First Report of Injury.

15.0 **INTERROGATORY:** If you do not admit the injury of March 13, 2019, then give the name and address of every person who has in any way investigated the circumstances of this accident of March 13, 2019, at the request of or on behalf of the Employer and Carrier and give the name and address of every person who was spoken with or interviewed.

<u>RESPONSE</u>: The employer objects to Interrogatory No. 15 to the extent it seeks information that is confidential, privileged, or work product. Further, the injury was admitted, while the extent of the injury has been disputed.

16.0 **INTERROGATORY:** Have you, your attorneys, or any of your investigators or preventatives obtained any written statements, or recordings or transcriptions of any oral statements made by anyone concerning there (sic) accident; if so, state the name of each person who gave the statement, the date and place the statement was obtained, and the name and address of each person who took each statement, and the name of each person who has possession of any such statements.

<u>RESPONSE:</u> The employer objects to Interrogatory No. 16 to the extent it seeks information that is confidential, privileged, or work product. Not in waiver of any objection hereto, see attached First Report of Injury.

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17.0 **INTERROGATORY:** If you do not admit the injury of March 13, 2019, then please list the name, address, and telephone number of all the persons working with Claimant on March 13, 2019, including his supervisor, for March 13, 2019.

RESPONSE: The employer admitted that the claimant sustained an injury on his alleged date of injury in its *Answer*. However, the extent of the claimant's injury is disputed at this time.

18.0 **INTERROGATORY:** If you do not admit the injury of March 13, 2019, then please list the name, address, and phone number of any and all witnesses who observed Claimant on March 13, 2019.

RESPONSE: The employer admitted that the claimant sustained an injury on his alleged date of injury in its *Answer*. However, the extent of the claimant's injury is disputed at this time.

19.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every witness and any and all evidence, oral or documentary, tending to support your denial or admission and explain the basis of your denial or admission.

<u>RESPONSE</u>: The claim was filed within the applicable statute of limitations pursuant to Mississippi Workers' Compensation law.

20.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every witness and any and all evidence, oral or documentary, tending to support your denial or admission and explain the basis of your denial or admission.

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<u>RESPONSE</u>: The employer's investigation is ongoing and they intend to rely on the

opinions and medical records of the claimant's treating and evaluating physicians to the extent they address the existence, causation and extent of any injury or disability alleged by the claimant. Further, the employer disputes the extent of the alleged disability as well as the ongoing treatment for the same based on the medical evidence. The claimant has not received any medical treatment to his left upper extremity to the employer's knowledge and the First Report of Injury only lists an alleged left knee injury. Please see attached First Report of Injury and medical records obtained to date.

22.0 **INTERROGATORY:** What would the Claimant's hourly rate of pay be, including periodic raises, if Claimant were still employed with Employer at his former position?

<u>RESPONSE</u>: Claimant remains employed by the employer herein. Further, see

23.0 <u>INTERROGATORY:</u> What is the current rate of pay for a Road Crew Worker experience of the same grade employed at the same or similar work as Claimant performed for Employer, as a Road Crew Worker?

<u>RESPONSE</u>: The employer object to Interrogatory No. 23 as irrelevant. The claimant was employed for a period greater than 52 weeks prior to his date of injury. As such, there is no need to inquire further as to pay rates for similar employees to determine the correct average weekly wage.

24.0 <u>INTERROGATORY</u>: Identify and specify the value of allowances made to Claimant over and above, i.e., health insurance benefits, life insurance benefits, disability insurance benefits, or any other benefits or allowances made to Claimant.

<u>RESPONSE</u>: To the extent such information exists or is readily available, see attached personnel records.

25.0 **INTERROGATORY:** Specify and itemize the amounts paid to Claimant for temporary total benefits, permanent partial benefits, and medical benefits and specify for what periods temporary total and permanent partial benefits have been paid.

<u>RESPONSE</u>: See attached benefit itemization.

27.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every witness and any and all evidence, oral or documentary, tending to support your denial and explain the basis of your denial.

<u>RESPONSE</u>: The employer's investigation is ongoing and they intend to rely on the opinions and medical records of the claimant's treating and evaluating physicians to the extent they address the existence, causation and extent of any injury or disability alleged by the claimant. Further, the employer disputes the extent of the alleged disability as well as the ongoing treatment for the same based on the medical evidence. Please see attached medical records obtained to date.

28.1 **INTERROGATORY:** If your answer to the preceding request for admission is in the negative, or if your admission is qualified, state in detail without limitation each and every witness and any and all evidence, oral or documentary, tending to support your denial or admission and explain the basis of your denial or admission.

<u>RESPONSE</u>: The employer's investigation is ongoing and they intend to rely on the opinions and medical records of the claimant's treating and evaluating physicians to the extent they address the existence, causation and extent of any injury or disability alleged by the claimant. The employer disputes the extent of the alleged disability as well as the ongoing treatment for the same based on the medical evidence. Please see attached medical records

obtained to date. Further, the claimant remains employed by the employer herein.

REQUEST FOR PRODUCTION OF DOCUMENTS

1.2 **REQUEST FOR PRODUCTION OF DOCUMENTS:** Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

<u>RESPONSE</u>: See attached medical records obtained to date.

2.2 <u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>: Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

<u>RESPONSE</u>: See attached First Report of Injury.

3.2 <u>**REQUEST FOR PRODUCTION OF DOCUMENTS:**</u> Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

<u>RESPONSE</u>: See attached medical records obtained to date.

4.2 <u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>: Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

RESPONSE: The employer objects to Request No. 4.2 as irrelevant as there has been no dispute regarding the regarding jurisdiction of the claim.

5.2 **REQUEST FOR PRODUCTION OF DOCUMENTS:** Produce for inspection and copying a week by week itemization of Claimant's wage and earnings with Employer for the 52 weeks prior to March 13, 2019.

<u>RESPONSE</u>: See attached wage records.



6.2 <u>**REQUEST FOR PRODUCTION OF DOCUMENTS:**</u> Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegation in response to the next preceding interrogatory.

<u>RESPONSE</u>: See attached personnel records.

7.2 **REQUEST FOR PRODUCTION OF DOCUMENTS:** Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding question.

<u>RESPONSE</u>: See attached medical records obtained to date.

8.2 **REQUEST FOR PRODUCTION OF DOCUMENTS:** Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegation in response to the next preceding interrogatory.

RESPONSE: See attached First Report of Injury and medical records obtained to date.

9.2 <u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>: Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

<u>RESPONSE</u>: See attached First Report of Injury.

14.1 <u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>: Please produce for inspection and copying any such statement of Claimant or memorandum as identified in your preceding answer to Interrogatory 14.0.

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<u>RESPONSE</u>: See attached First Report of Injury.

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20.2 <u>**REQUEST FOR PRODUCTION OF DOCUMENTS:**</u> Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

<u>RESPONSE</u>: See attached First Report of Injury and medical records obtained to date.

21.0 REQUEST FOR PRODUCTION OF DOCUMENTS: If Claimant was not employed with Employer for 52 weeks prior to March 13, 2019, then produce for inspection and copying the wage and attendance records reflecting the average weekly amount earned by a person in the same grade, Employer at the same or similar work for Employer for 52 weeks prior to March 13, 2019.

RESPONSE: N/A.

22.1 <u>**REQUEST FOR PRODUCTION OF DOCUMENTS:**</u> Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

<u>RESPONSE</u>: See attached wage records.

23.1 <u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>: Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

<u>RESPONSE</u>: The employer object to Request No. 23.1 as irrelevant. The claimant has been employed for a period greater than 52 weeks prior to his date of injury. As such, there is no need to inquire further as to pay rates for similar employees to determine the correct average weekly wage. See claimant's attached wage records for the 52 week period prior to bis alleged date of injury.

24.1 <u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>: Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

<u>RESPONSE</u>: To the extent such documents exist or are readily available, see attached personnel records.

26.0 <u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>: Produce for inspection and copying Claimant's application for employment and documents reflecting date of hire, rate of pay, and pay raises.

<u>RESPONSE</u>: To the extent such documents exist or are readily available, see attached personnel and wage records.

27.2 <u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>: Please produce all documents, statements, and medical records that support your denial in response to (27.0) and (27.1).

<u>RESPONSE</u>: See attached medical records obtained to date.

29.0 <u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>: Produce for inspection and copying all documents and tangible things which evidence or tend to prove your allegations in response to the next preceding interrogatory.

<u>RESPONSE</u>: No next preceding interrogatory.

30.0 <u>**REQUEST FOR PRODUCTION OF DOCUMENTS:</u>** Produce an entire copy of the Claimant's personnel file.</u>

<u>RESPONSE</u>: The employer objects to Request No. 30 to the extent it seeks information that is confidential, privileged, or work product. Not in waiver of any objection hereto, please see attached personnel file.

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31.0 **<u>REQUEST FOR PRODUCTION OF DOCUMENTS</u>**: Please produce a written

job description of the Claimant's job at the time of the accident.

<u>RESPONSE</u>: Please see attached personnel records.

32.0 <u>**REQUEST FOR PRODUCTION OF DOCUMENTS:**</u> Produce a copy of all documents referred to in your discovery responses.

<u>RESPONSE</u>: Please see attached First Report of Injury, wage records, personnel

records, benefit itemization, and medical records obtained to date.

Respectfully submitted,

CLAY COUNTY BOARD OF SUPERVISORS, A MEMBER OF THE MISSISSIPPI PUBLIC ENTITY. W.C TRUST

BY: Treva Hodge

STATE OF MISSISSIPPI

COUNTY OF Class

Personally came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named Treva Hodge, who stated on her oath that she is the Payroll Clerk for Clay County and that she has executed the foregoing answers to interrogatories and responses to requests on behalf of the employer after being duly authorized to do so, and the foregoing answers to interrogatories and responses to requests are true and correct to the best of her knowledge.

Treva Hodge 9 2019. SWORN to and subscribed before me, this the day of Notary Public My commission expires: My Commission Expires January 6, 2020

CERTIFICATE

I, Courtney T. Davis, Esq., attorney for the employer herein, hereby certify that the answers contained herein are true and correct to the best of my knowledge, based on information provided by the employer, and that the objections contained herein are made by me on behalf of the employer.

Courtney T. Davis

CERTIFICATE OF SERVICE

I, Courtney T. Davis, Esq., attorney for the employer, do hereby certify that I have this day mailed, by United States mail, postage prepaid, a true and correct copy of the above and foregoing *Discovery Responses of Employer* to L. Shane Tompkins, Esq., P.O. Box 1804, Columbus, MS 39703, attorney for the claimant.

This the ______ day of _____, 2019.

Courtney T. Davis

MARKOW WALKER, P.A. P. O. Box 13669 Jackson, MS 39236-3669 Phone: (601) 853-1911 Fax: (601) 853-8284 Email: cdavis@markowwalker.com *Attorneys for Employer*