# Minutes of Clay County Board of Supervisors Meeting Held on Thursday, September 23, 2022 at 9:00 a.m.

**BE IT REMEMBERED** a regular meeting of the Clay County Board of Supervisors was held at the Clay County Courthouse, West Point, Mississippi, on Thursday, September 23, 2022.

### PRESENT:

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

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

County Residents

The following proceedings were had:

## CALL TO ORDER/INVOCATION

The meeting was called to order by Sheriff Scott. The welcome was given by Supervisor Horton with invocation given by Supervisor Joe Chandler.

## ADOPTION OF AGENDA

Supervisor Deanes moved to adopt the agenda as presented.

The motion was seconded by Supervisor Chandler.

(Exhibit "A")

## AMENDMENT OF AGENDA

Supervisor Deanes moved to call for amendments to the agenda.

The motion was seconded by Supervisor Chandler.

## AMENDMENTS TO THE AGENDA

The following items were added to the agenda for further discussion and consideration by the Board:

• No amendments were added to the agenda

## AUTHORIZE AND APPROVE THE AMENDED HOMESTEAD EXEMPTION APPLICATIONS

Supervisor Lummus moved to authorize and approve to authorize and approve the Homestead Exemption Application for year 2022.

The motion was seconded by Supervisor Deanes.

(Exhibit "B")

AUTHORIZE AND APPROVE TO TABLE THE MATTER OF ISSUING A MEDICAL CANNABIS DISPENSARY LICENSE AND/OR PASSING AN ORDINANCE ON SAID MATTER

Supervisor Deanes moved to authorize and approve to table until the October 3<sup>rd</sup> meeting the matter of discussing the Medical Cannabis Dispensary License and/or passing an Ordinance on said matter.

The motion was seconded by Supervisor Lummus.

AUTHORIZE AND APPROVE TO TABLE THE MATTER OF DEVELOPING AN OUT OF STATE CONTRACTOR'S LICENSE UNTIL OCTOBER  $3^{\rm RD}$ 

Supervisor Deanes moved to authorize and approve to table the matter of developing an out of state contractors license until October 3<sup>rd</sup>.

The motion was seconded by Supervisor Lummus.

AUTHORIZE AND APPROVE TO TABLE THE MATTER OF CONSIDERING CONTRACTING WITH A COMPANY TO AUDIT THE PUBLIC UTILITY ROLLS PRIMARILY CELL TOWERS TO ALLOW THE BOARD ATTORNEY TIME TO REVIEW THE CONTRACT IN DETAIL

Supervisor Lummus moved to authorize and approve to table the matter of considering contracting with a company to audit the public utility rolls primarily with a company to audit the cell towers to allow the Board Attorney time to review the contract in detail.

The motion was seconded by Supervisor Chandler.

AUTHORIZE AND APPROVE OF THE MONTHLY SERVICE REPORT FOR THE MONTH OF SEPTEMBER 2022 FROM THE CLAY COUNTY VETERAN'S SERVICE OFFICER, ANNIE HINES-GOODE

Supervisor Lummus moved to authorize and approve of the monthly service report for the month of September 2022 from the Clay County Veteran's Service Officer, Annie Hines-Goode.

The motion was seconded by Supervisor Deanes.

(Exhibit "C")

AUTHORIZE AND APPROVE TO TINT THE WINDOWS ON THE FRONT OF THE HENRY HARRIS BUILDING TO BLOCK THE GLARE FROM COMING INTO THE VETERAN'S SERVICE OFFICER OFFICE

Supervisor Lummus moved to authorize and approve to tint the windows of the Veteran's Service Officer Office to block the glare from coming in the windows in the morning.

The motion was seconded by Supervisor Deanes.

AUTHORIZE AND APPROVE THE VETERAN'S SERVICE OFFICER TO SPEND \$200 FROM HER BUDGET TO BUY FOOD SUPPLIES FOR OCTOBER  $6^{\rm TH}$  FOR CLAY COUNTY VETERAN'S LUNCHEON AT THE NATIONAL GUARD ARMORY

Supervisor Davis moved to authorize and approve the Veteran's Service Officer to spend \$200 from her budget to buy food supplies for October 6<sup>th</sup> for the Clay County Veteran's Luncheon at the National Guard Armory

The motion was seconded by Supervisor Deanes.

AUTHORIZE AND APPROVE FOR THE VETERAN'S SERVICE OFFICER TO TRAVEL TO DISABLED AMERICAN VETERAN'S (DAV) TRAINING OCTOBER 13-15, 2022, TO PHILADELPHIA, MS

Supervisor Deanes moved to authorize and approve for the Veteran's Service Officer to travel to Philadelphia, MS to attend DAV Training October 13-15, 2022.

The motion was seconded by Supervisor Lummus.

(Exhibit "D")

AUTHORIZE AND APPROVE THE VETERAN'S SERVICE OFFICER TO TRAVEL TO BILOXI, MS NOVEMBER 29- DECEMBER 2, 2022 FOR THE MS VETERAN'S AFFAIRS BOARD CERTIFICATION

Supervisor Deanes moved to authorize and approve the Veteran's Service Officer to travel to Biloxi MS November 29-December 2, 2022 for the MS Veteran's Affairs Board Certification.

The motion was seconded by Supervisor Lummus.

AUTHORIZE AND APPROVE ANNIE-HINES GOODE TO TAKE A MEDICAL LEAVE OF ABSENCE FROM FEBRUARY 7-9, 2023 AND FEBRUARY 14-16, 2023

Supervisor Lummus moved to authorize and approve for Mrs. Annie Hines-Goode, Veteran's Service Officer to take a Medical Leave of Absence from February 7-9, 2023 and February 14-16, 2023.

The motion was seconded by Supervisor Deanes.

AUTHORIZING AND APPROVE TO PURCHASE A NEW CELL PHONE DAMAGED BY THE DEPUTIES AT A TRAFFIC STOP

It would appear to this Board the Sheriff reported the Deputies had a routine Traffic Stop Road Block set up Saturday, September 17, 2023, an individual came through the road block in which deputies needed to pull over and conduct further observation and examination on. The individual was asked to get out of the vehicle. While out of the vehicle at some point, he set his cell phone on a Sheriff's patrol car. The individual and another deputy walked away from the said patrol car. At such time, the actual deputy driving the patrol car proceeded to get in the car and drive off and in so doing, the deputy, ran over the cell phone. At this time, the Sheriff is requesting the Board the authority to purchase a new cell phone or a replacement phone for this person.

Supervisor Lummus moved to authorize and approve to purchase the cell phone for the said person from Verizon here in West Point in the amount of \$1,294.70 and for the Chancery Clerk to get with the Verizon vendor to help facilitate the replacement.

The motion was seconded by Supervisor Deanes.

(Exhibit "E")

AUTHORIZE AND APPROVE TO DECLARE SURPLUS PROPERTY AND TO SALE D2096, TRACTOR FORD 6610, S/N ZX 351780 AT THE DEANCO AUCTION IN PHILADEPHIA, MS AT THE OCTOBER SALE

Supervisor Lummus moved to authorize and approve to declare surplus property and to sale D2096, Tractor Ford 6610, SN ZX 351780, at the Deanco Auction in Philadelphia, MS at the October sale.

The motion was seconded by Supervisor Chandler.

(Exhibit "F")

AUTHORIZE AND APPROVE THE CHANCERY CLERK'S CREDIT CARD AFFIDAVIT FOR THE MONTH OF AUGUST 2022

Supervisor Lummus moved to authorize and approve the Credit Card Affidavit for the month of August 2022.

The motion was seconded by Supervisor Deanes.

(Exhibit "F")

AUTHORIZE AND APPROVE TO RECORD THE INDIRECT COST FOR YEAR ENDING SEPTEMBER 30, 2021 IN THE AMOUNT OF \$6,806.93

Supervisor Lummus moved to authorize and approve to record the indirect cost for year ending September 30, 2021 in the amount of \$6,806.93

The motion was seconded by Supervisor Deanes.

(Exhibit "G")

AUTHORIZE AND APPROVE DEPARTMENTAL INVENTORY DELETIONS FROM THE COUNTY'S FIXED ASSET LEDGER

Supervisor Lummus moved to authorize and approve of the inventory deletions from the County's Fixed Asset Ledger.

The motion was seconded by Supervisor Chandler.

(Exhibit "H")

AUTHORIZE AND APPROVE TO REIMBURSE TREVA HODGE \$109.31 FOR PAYMENT OF MONTHLY CELL PHONE BILL

Supervisor Lummus moved to authorize and approve to reimburse Treva Hodge \$109.31 for payment of monthly cell phone bill.

The motion was seconded by Supervisor Davis.

(Exhibit "I")

AUTHORIZE AND APPROVE THE CHANCERY CLERK TO TRAVEL TO RIDGELAND, MS NOVEMBER 16-18, 2023 FOR THE MS CHANCERY CLERK'S FALL CONFERENCE AT THE EMBASSY SUITES

Supervisor Lummus moved to authorize and approve the Chancery Clerk to travel to Ridgeland, MS, November 16-18, 2023, for the MS Chancery Clerk's Fall Conference at the Embassy Suites.

The motion was seconded by Supervisor Deanes.

(Exhibit "J")

AUTHORIZE AND APPROVE TO RESCIND TWO TRVWMD RESOLUTIONS PROJECT NO PN-13-2205-026, CLEANOUT OF BRIDGE LONG CREEK AND PN 13-2206-045, TRIBUTARY OF TIBBEE CREEK

Supervisor Deanes moved to authorize and approve to rescind two TRVWMD Resolutions Projects NO. PN-13-2205-026, CLEANOUT OF BRIDGE LONG CREEK AND PN 13-2206-045, TRIBUTARY OF TIBBEE CREEK.

The motion was seconded by Supervisor Lummus.

(Exhibit "K")

AUTHORIZE AND APPROVE THE FINAL RESOLUTION FOR CASH FROM THE RAIL LOAN PROGRAM AND REQUEST FOR CASH FROM THE INDUSTRY INCENTIVE GRANT FOR THE RAIL SPUR PROJECT

Supervisor Lummus moved to authorize and approve the final resolution for Cash from the Rail Loan Program and request for cash from the Industry Incentive Grant for the Rail Spur Project.

The motion was seconded by Supervisor Davis.

(Exhibit "L")

AUTHORIZE AND APPROVE PAYMENT TO GREG VANCE FOR THE CLEARING OF ROW ON TVA ROAD

Supervisor Horton moved to authorize and approve to pay Greg Vance for the Clearing of ROW on TVA ROAD.

The motion was seconded by Supervisor Deanes.

AUTHORIZE AND APPROVE PAYMENT TO DEE JONES CONSTRUCTION FOR THE HAULING OF ROCK FOR DISTRICT FOUR

Supervisor Deanes moved to authorize and approve payment to Dee Jones Construction for the Hauling of rock for District four.

The motion was seconded by Supervisor Lummus.

(Exhibit "M")

## AUTHORIZE AND APPROVE TO GO INTO CLOSED SESSION

Supervisor Lummus moved to authorize and approve to go into closed session.

The motion was seconded by Supervisor Deanes.

AUTORIZE AND APPROVE TO FROM CLOSED SESSION INTO EXECUTIVE SESSION TO DISCUSS A PERSONNEL MATTER AND A POTENTIAL LITIGATION MATTER AS ALLOWED UNDER SECTION 25-41-7 OF *THE MISSISSIPPI CODE OF 1972* AS AMENDED

Supervisor Lummus moved to go from Closed Session into Executive Session to discuss a Personnel Matter and a Potential Litigation Matter as allowed under Section 25-41-7 of *the Mississippi Code of 1972* as amended.

The motion was seconded by Supervisor Deanes.

## AUTHORIZE AND APPROVE TO COME OUT OF EXECUTIVE SESSION

Supervisor Deanes moved to come out of Executive Session.

The motion was seconded by Supervisor Lummus.

## **ADJOURN**

Supervisor Deanes moved to authorize and approve to adjourn until Monday, October 3, 2022 at 9:00 a.m. at the Clay County Courthouse.

The motion was seconded by Lummus.

\*\*\* All motions were carried unanimously unless otherwise indicated.

SO ORDERED, this the 23rd day of September, 2022.

LYNN HORTON, PRESIDENT BOARD OF SUPERVISORS CLAY COUNTY MISSISSIPPI

SEAL COUNTY

ATTEST:

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

# **EXHIBIT A**



# Clay County Board of Supervisors Agenda for Regular Meeting Thursday, September 23, 2022, at 9:00 a.m.

- Call to Order
- Welcome & Prayer
- Adopt and Amend Agenda
- Annie Hines-Goode, Veteran's Service Officer,
  - o Monthly Service Report
- Porsha Lee, Tax Assessor/Collector,
  - o Authorize and Approve Amended Homestead Exemption Applications
  - o Cannabis Cultivators License
  - o Change in Law for Out-of State Contractor's
  - o Consider contracting with a company to audit public utility assessments
- Eddie Scott, Sheriff,
  - o Authorize and approve to pay Verizon Wireless, \$1,294.70, for replacement of individual's cell phone damaged during Sheriff's Dept. traffic stop
- Amy Berry, Chancery Clerk,
  - o Authorize and approve the Clerk's Credit Card Affidavit
  - o Authorize and approve to record the Indirect Cost of Sanitation operations FYE 09/30/2021
  - o Authorize and approve Departmental Inventory Deletions
  - o Authorize and approve to reimburse Treva Hodge, \$109.31, for payment of monthly county ce<sup>11</sup> phone bill
  - o Authorize and approve the Chancery Clerk to travel to MS Chancery Clerk's Association fa conference November 16-18, 2022 in Ridgeland, MS at Embassy Suites Conference Center
  - o Authorize and approve to rescind two TRVWMD Resolutions on project No, PN-13-2205-026, Cleanout of Bridge Long Creek and PN-13-2206-045, Tributary to Tibbee Creek
  - O Authorize and approve the Final Request for cash from the Rail Loan Program and Request for Cash from the Industry Incentive Grant for the Rail Spur
- Other Business
  - O Announce the increase in the building rental fee for the voting precincts from \$100-\$300 at all Voting Precincts except, South West Point, which would increase from \$250 to \$500 per day, and the Una Recreational Center, which was voted to increase from \$300 to \$400 per day
- Request for Executive Session
  - o Regarding Potential Litigation and Personnel Matter
- Adjourn until Monday, October 3, 2022, at 9:00 a.m.

| MMENDEMENTS: |  |  |
|--------------|--|--|
|              |  |  |
|              |  |  |
|              |  |  |

# EXHIBIT B

| Name of<br>Taxpayer   | •                                       |   | SSN                            |                               |                            | Munici <sub>j</sub><br>Code | pality       | 024         |
|---|---|---|--------------------------------|-------------------------------|----------------------------|-----------------------------|--------------|-------------|
| 1. Last F.MI EDWARDS LOUANN (   | :                                       |   | 427-0                          | 04-3924                       |                            | School                      | Distric      | +           |
| Spouse<br>2. Last.F.NI  |   |   |                                |                               |                            | Code                        |              | S1321       |
| Physical  |   |   | City                           |                               |                            | State                       | Zip          |             |
| 3. Taxpayer   1671 N DIVISION   |   | DETAIN THE                                |                                | POINT                         |                            | MS                          | 3977         | 30000       |
| PRIMARY TELEPHONE -   |   | PRIMARY EMAIL                             | -                              |                               |                            |                             |              |             |
| SECONDARY TELEPHONE   |   | SECONDARY ENA                             |                                |                               |                            |                             |              |             |
| Exemption 3 - S/RR Act Disabled   | 5 2 Ma                                  |   | 1 - Married<br>2 - Widowed     | 1                             | Title                      | _1                          | Addition     |             |
| 1 - Regular 5 - Day   | 5 ria                                   |   | 4 - Divorced                   |                               |                            |                             |              | nal Vse     |
| 2 - Over 65 6 - Combination reg 8   | TA SEBELBEED C                          | hack the following                        | 5 - Single                     |                               | Doc Joint                  | 1 - No                      |              |             |
| Primary DOB 5/22/1956   | File joint<br>tax retu                  |   | s No                           | 4 - 1                         | Non Occ Joint<br>Life Est. | 2 - Re<br># Rooms           | nt<br>or # A | pts         |
| Secondary DOB   |   |   |                                |                               | Undiv Est.                 |                             | siness       |             |
|   | Custody of mi                           | nor child Yes                             | в 🗍 Ио                         | □ "- "                        | Lease Expires              | Type<br>Full-tim            | e business   | of owner?   |
| 8. 00 Adjoining County #  | Occupy marite                           | l home Yes                                | s No                           | 7 -                           | Trust                      | Yes                         | No No        |             |
| 9. Parcel Number Number   | of Parcels 1                            | # of Acres In Ci                          | ty loin Home                   | In 5 Miles                    | Book #                     | / Page #                    | DATE ACOUS   | DED         |
| (list dwelling first) Listed  | Below:                                  | ٠, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, | Cy COIN HOME                   | III 5 AII45                   |                            |                             | DATE ACQUI   | RED         |
| 1. 061D403E 0110000<br>2.   |   |   |                                |                               | 171/27                     | 9                           | 4/08/1       | 986         |
| 3.  |   |   |                                |                               |                            |                             |              |             |
| 4.  |   |   |                                |                               |                            |                             |              |             |
| 5.  |   |   |                                |                               |                            |                             |              |             |
| 10. Location, name, and relation  | onship to appli                         | cant of joint or                          | mers(s) o                      | ther than                     |                            |                             |              | heirs.      |
| Same Residence  | Diff                                    | erent Residence, Sam                      | Property                       |                               | Non-                       | occupying Jo                | int Owner    |             |
| 2.  |   |   |                                |                               |                            |                             |              |             |
| 3.  |   |   |                                |                               |                            |                             |              |             |
|   |   |   |                                |                               |                            |                             |              |             |
| 11. Property was acquired   | by:                                     |   |                                |                               |                            |                             |              |             |
| A. Inheritance (check one): without   | will X with will                        | _   | B. CI                          | heck one if Ap                | plicable: De               | ed _ G1ft                   | _ Othe       | r _         |
| From (name):  |   |   | Fr                             | rom (name):                   |                            |                             |              |             |
| who was my (relationship):  | Date o                                  | f Death                                   | _ Da                           | ate filed with                | Chancery Cle               | rk:                         |              |             |
| whose title was acquired by: Deed   | _ Gift _ Ot                             | her _                                     | 14                             | F purchased, S                | ection 27-33-              | 21(f) and 27                | -33-31(1)    | require:    |
| Year: Book No. /  | Page No.:                               |   | F                              | all Price \$                  |                            | Down Paymer                 | nt \$        |             |
|   |   |   |                                |                               |                            |                             |              |             |
| 12. In accordance with Section  | 27-33-63(2), ti                         | ne applicant or                           | applicant'                     | 's spouse,                    | as occupar                 | it"s of th                  | is prop      | erty        |
| A. claims to be bong fide, legal res  | ident(s) of Mississ                     | ippl and this is the                      | primary home.                  | Yes                           | X No                       |                             |              |             |
| B. has/have complied with the income  | tax laws of this s                      | tate,                                     |                                | Yes                           | X No                       |                             |              |             |
| C. has/have complied with the road a  | and bridge privilege                    | tax laws of this sta                      | ite.                           | Yes                           | X No                       | Ħ                           |              |             |
| Must furnish all tag numbers of priv  | rately owned vehicle:                   | in your possession.                       |                                | How many ve                   | hicles possess             | ied? -                      |              |             |
| LIST TAG NUMBERS:   |   |   |                                |                               |                            |                             |              |             |
| IMPORTANT: Pe   | enalties are im                         | posed upon viola                          | tion of the                    | he Homeste                    | ad Exemptic                | on Laws                     |              |             |
| ections 27-33-31, 27-33-57 and 27-33-59 imponcealment of material facts, fraudulent of              | aims for exemption,                     | the assistance of an                      | y of these ac                  | ts. failure t                 | o notify the t             | TAPPAPPE VE                 | of any cho   | ngar to the |
| omestead property are considered to be such<br>raudulent claim, a misdemeanor charge, a ch          | violations. The pr                      | enalties imposed incl                     | ude the addit                  | innal accasem                 | ant of double              | the emount o                | & tover 1    | of due to a |
| Discl<br>ocial Security numbers are required to vers<br>cliect the information pursuant to 42 U.S.C | osure Statement<br>fy eligibility for t | and Privacy Ac                            | t Notice                       | Exemption Law                 | . The Departm              | ent of Reven                | ue is suth   | orized to   |
| FOR OFFICE USE ELIGIBILITY: FULL X NONE   |   |   | I do attest                    | and affirm to<br>erjury, that | the best of m              | y knowledge                 | and belief   | , under     |
| Application is a: first time renews   |   | lacement w/change X                       | are true and                   | correct as o                  | f January 1 of             | the year st                 | ated above   | P. STAGIJ   |
| The applicant herein has, IN PERSON, at before me, this the Sth day of Augu                         |   | this application                          | -2100                          | (usue:                        | l signature of             | applicant)                  |              |             |
| 30x 200 10  | Q                                       |   | Ву:                            | A & &                         | ney - Agent -              | Guandian                    |              | _           |
| Gmost be signed by tax assessor   | , deputy or notary)                     |   | f signed by a<br>ection 27-33- | nyone other t                 | han self or sp             | ouse, attach                |              | uthority.   |
| ODeta Systems Management, Inc. 2020   |   | 3   | ACCION 51-33-                  | 21(0)                         | DEPART                     | SENT OF RE                  | EVENUE       |             |

| Name of Taxpayer MILLER TROY ALAN   |   |   | SSN<br>491-8  | 4-9358  |  | Munici<br>Code                         | pality                 | 000                            |
|---|---|---|---|---|--|--|------------------------|--------------------------------|
| Name of Spouse  |   |   | SSN   |   |  | School<br>Code                         | Distri                 | s1321                          |
| 2. Last F MI MILLER MALINDA GAY ORR Physical  |   |   | City  | 1-0588  | 13   | State                                  | Zi                     | <u> </u>                       |
| Address of G29 HWY 47   |   |   | · ·   | POINT   |  | MS                                     | 11.                    | 730000                         |
| PRIMARY TELEPHONE - 662 295-9005  |   | PRIMARY EMAIL   | -   |   |  |  |                        |                                |
| SECONDARY TELEPHONE   |   | SECONDARY EMA   | rc  |   |  |  |                        |                                |
| Exemption   |   |   | 1 - Married<br>2 - Widowed  |   | 7  |  |                        |                                |
| 3 - S/RR Act Disabled 5   | 1 Mai   | rital Status  | 3 - Separated<br>4 - Divorced   | 6   | ∃ Title  | 7 1                                    | Additi                 | onal Use                       |
| I - Regular 5 - Day 2 - Over 65 6 - Combination reg & Add   |   |   | 5 - Single  | 1 - 1   |  | 1 - N                                  | one                    |                                |
| 17 8  | eparated c<br>File joint                          | heck the following income Yes                                       | s — No  | 1   | Dec Joint<br>Non Occ Joint                       | 2 - R                                  | ent                    |                                |
| Primary DOB <u>4/08/1966</u><br>Secondary DOB <u>3/19/1963</u>  | tax retu  | rn 10   |   |   | Life Est.<br>Undiv Est.                          | # Rooms                                | or #                   | Apts                           |
|   |   | nor child Ye  | s No  |   | Lease Expires                                    | 3 - B                                  | usiness                |                                |
|   | tody of mi  | uor curra 16  | -   | ⊔   <u>.                                   </u>   | rease Cybiles                                    | Full-ti                                | me busine              | ss of owner?                   |
| 8. Adjoining County # 000   | upy marita  | 1 home Ye   | s No  | 7 -   | Trust  | Yes                                    |                        | · 🗆                            |
| 9. Parcel Number Number of Par-   | cels 1  | # of Acres In C   | ity Joln Home   | In 5 Miles  | Book #   | / Page #                               | DATE ACC               | UIRED                          |
| 1. 080B 11A 0080000   |   | 10.40   |   |   | 252/58   |  | 5/18                   | /2006                          |
| 2.  |   |   |   |   |  |  |                        |                                |
| 3.  |   |   |   |   |  |  |                        |                                |
| 5.  |   |   |   |   |  |  |                        |                                |
| 5.  |   |   |   |   | 1  |  |                        |                                |
| 10. Location, name, and relationship  |   | cant of joint of  |   | ther than   |  | undivided o                            |                        |                                |
| 1. FILING DISABILITY  |   |   |   |   |  |  |                        |                                |
| 2.  |   |   |   |   |  |  |                        |                                |
| 3.  | _   |   |   |   |  |  |                        |                                |
|   |   |   |   |   |  |  |                        |                                |
| 11. Property was acquired by:   |   |   |   |   |  |  |                        |                                |
| A. Inheritance (check one): without will  | with will   | _   | в. с  | check one if A                                    | pplicable: De                                    | ed X Gi                                | t _ 0                  | ther _                         |
| From (name):  |   |   | F   | From (name):                                      | TROY MILL  | ER                                     |                        |                                |
| who was my (relationship):  | Date  | of Death  |   | ate filed wit                                     | h Chancery Cle                                   | rk: <u>11/30</u>                       | /2017                  |                                |
| whose title was acquired by: Deed Gif   |   |   |   | (f purchased,                                     | Section 27-33-                                   | 21(f) and :                            | 27-33-31(              | l) require:                    |
| Year: Book No. / Page No.   | _   |   |   | Full Price \$                                     |  | Down Pay                               |                        |                                |
| Teal DOOK NO. 7 Fase No.  | •   |   | •   | 422 200 0_  |  | DOWN 1 dy                              |                        |                                |
|   |   |   |   |   |  |  |                        |                                |
| 12. In accordance with Section 27-33-   | 63(2), t  | he applicant or   | applicant   | "s spouse,  | as occupa  | nt"s of                                | this pr                | operty                         |
| A. claims to be bona fide, legal resident(s)  | of Missis   | sippi and this is th  | e primary home  | . Yes   | X No   |  |                        |                                |
| B. has/have complied with the income tax law  | s of this   | state.  |   | Yes   | X No   | $\Box$                                 |                        |                                |
| C. has/have complied with the road and bridg  | e priviles  | a tax laws of this s  | tate.   | Yes   | V No   |  |                        |                                |
|   |   |   |   | _   | ehicles posses                                   | L.<br>Sad?                             | 5                      |                                |
| Must furnish all tag numbers of privately ow  |   |   |   | now many (  | anteras bosze;                                   | 20 <b>4</b> U i                        |                        |                                |
|   |   | 353 1AR736 2AD0   |   |   |  |  |                        |                                |
| IMPORTANT: Penaltie Sections 27-33-31, 27-33-57 and 27-33-59 impose pena concealment of material facts, fraudulent claims for homestead property are considered to be such violati fraudulent claim, a misdemeanor charge, a charge of Disclosure | lties on p<br>exemption<br>ons. The<br>perjury, a | ersons who violate t<br>, the assistance of<br>penalties imposed in | he Homestead I<br>any of these a<br>clude the add,<br>ne of up to \$! | Exemption Laws<br>acts, failure<br>itional assess | of 1946, Fals<br>to notify the<br>ment of double | se statemen<br>tax assess<br>the amoun | or of any<br>t of taxe | changes to the s lost due to a |
| Social Security numbers are required to verify eligicallect the information pursuant to 42 U.S.C. $\frac{\pi}{9}$ 405(  | bility for  | the exemption under   | the Homestea  |   |  |  |                        |                                |
| FOR OFFICE USE ONLY ELIGIBILITY: FULL X NONE F Application is a: first time renewal (no ch  | ART _   | eplacement w/chanse   | penalty of  | perjury, that                                     | to the best of<br>t the statemen<br>of January 1 | ts made and                            | the ensw               | ers given                      |
| The applicant herein has IN PERSON, attested t  |   |   | - * 11  | Quenc   | ual signature                                    | of applican                            | ti)                    |                                |
| his many  | 2   |   | Ву:   | Atte  | orney - Agent                                    | - Guardian                             |                        |                                |
| (must be signed by tax assessor, deputy   | or notary   |   | If signed by<br>Section 27-3  | anyone other                                      | than self or                                     |  |                        | _                              |
| Obeta Systems Management, Inc. 2020   |   |   |   |   | POTAK  |  |                        | _                              |

@bata Systems Management, Inc. 2020 /

### Mississippi Homestead Application Year 2022 County # 13

Name of Taxpayer Last F MI Name of Spouse Last F MI Physical Address of Taxpayer Municipality Code 024 LEPICIER LEONARD RICHARD 426-98-1760 School District 51321 LEPICIER SARAH MARIE 587-70-5743 Zip 35 SEERY ST MS WEST POINT 397730000 Taxpayer PRIMARY TELEPHONE - 662 492-0294 PRIMARY EMAIL -SECONDARY TELEPHONE -SECONDARY EMAIL -Exemption
3 - S/RR Act Disabled
4 - Dis. Plan
1ar 5 - Day
65 6 - Combination reg & Add 1 - Married 5 Marital Status 3 - Separated 4 - Divorced 1 7 1 Title Additional Use 1 - Regular 2 - Over 65 5 - Single 1 - Fee
2 - Occ Joint
3 - Non Occ Joint
4 - Life Est. 1 - None If Separated check the following File joint income - Rent Primary DOB 1/07/1950 Yes No tax return # Rooms \_\_\_ or # Apts \_\_ Secondary DOB 1/01/1953 5 - Undiv Est. 3 <u>-</u> Business Yes 🗌 Custody of minor child 6 - Lease Expires Yes 00 8. Adjoining County # Occupy marital home Yes No 7 - Trust Parcel Number Number of Parcels Listed Below: Join Home In 5 Miles # of Acres In City DATE ACQUIRED (list dwelling first) 1. 083C114F 0260000 236/19 11/04/2002 2. 3. 4. 5. 10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.

Same Residence Different Residence, Same Property Non-occupying Joint Owner 1. FILING DAV 2. ADDING NEW SPOUSE 3. 11. Property was acquired by: A. Inheritance (check one); without will \_ with will B. Check one if Applicable: Deed X Gift \_\_ Other \_\_ JOSEPH W FAULKNER ET UX who was my (relationship): \_\_ Date of Death Date filed with Chancery Clerk: 11/17/2000 whose title was acquired by: Deed \_\_ Gift \_ Other If purchased, Section 27-33-21(f) and 27-33-31(1) require: Book No. / Page No.: 85000 Down Payment \$\_ Full Price \$\_ 22019 In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes X B. has/have complied with the income tax laws of this state. Yes X No C. has/have complied with the road and bridge privilege tax laws of this state. Yes X No Must furnish all tag numbers of privately owned vehicles in your possession. CYF226 LIST TAG NUMBERS: IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-35-57 and 27-35-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946, False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption. FOR OFFICE USE ONLY
ELIGIBILITY: FULL X NONE PART
Application is a: first time renewal (no change) replacement w/change X
The applicant herein has, IN PERSON, attested to and signed this application before me) this the 8th day of June 2022 FOR OFFICE USE ONLY The applicant herein has, IN PERSON, attested to and signed this application before me this the att day of June 2022

(must be signed by tax assessor, deput) or notary) Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority.

Section 27-33-31(0)

DEPARTMENT OF STREET

DEPARTMENT OF REVENUE

|      | Name of<br>Taxpayer                  |   |                                  |                  | 2        | SSN                      |                  |   | Munic;<br>Code             | ipality     | 024                          |
|------|--------------------------------------|---|----------------------------------|------------------|----------|--------------------------|------------------|---|----------------------------|-------------|------------------------------|
| 1.   | Last F.MI<br>Name of                 | BROWN DOROTHY PEARL                                       |                                  |                  | ٠,       | 428-1<br>SSN             | 9-2536           |   |                            | l Distri    |                              |
|      | Spouse                               |   |                                  |                  |          | noi                      |                  |   | Code                       | r DT2CLT    | S1321                        |
| 2.   | Last F.MI<br>Physical                |   |                                  |                  | -        | City                     |                  |   | State                      | Zig         | •                            |
| 3.   | Address of                           | 104 GRIFFIN ST  |                                  |                  |          | WEST                     | POINT            |   | MS                         |             | 730000                       |
|      |                                      | PHONE - 662 494-00  | 86                               | PRIMARY EMA      | IL -     | DPAM1                    | 967 <b>a</b> YAI | HOO.COM                                 |                            | -           |                              |
|      | SECONDARY TE                         | LEPHONE   |                                  | SECONDARY 1      | EMAIL    | -                        |                  |   |                            |             |                              |
|      | Exem                                 | ption   |                                  |                  |          | - Married                |                  | <del></del> 1                           |                            | 7           |                              |
| 4    | 1                                    | 3 - S/RR Act Disabled<br>4 - Dis. Plan                    | 5 2 Mar                          | rital Stat       | us 3 -   | - Widowed<br>- Separated | 6                | $\begin{bmatrix} 1 \end{bmatrix}$ Title | 7 1                        | Additi      | onal Use                     |
|      | Regular<br>! - Over 65               | 5 - Dav   |                                  |                  | 4 -      | - Divorced<br>- Single   |                  | 1 - Fee                                 | 1 - 1                      |             |                              |
|      |                                      | 6 - Combination reg & Add                                 | If Separated o                   | heck the followi | ng       |                          |                  | 2 - Occ Joint<br>3 - Non Occ Joint      | 2 - F                      | Pont        |                              |
|      | imary DOB                            |   | tax retu                         |                  | Yes [    | □ No                     |                  | 4 - Life Est.                           |                            | s or #      | Apts                         |
| Se   | condary DOB                          |   |                                  |                  | 1        |                          | I                | 5 - Undiv Est.                          |                            | Business    |                              |
|      |                                      |   | Custody of mi                    | nor child        | Yes      | No                       | $\sqcup$         | 6 - Lease Expire:                       |                            |             | ss of owner?                 |
| 8.   | 00 A                                 | djoining County #   | Occupy marits                    | 1 home           | Yes [    | No                       |                  | 7 - Trust                               | Ye:                        | a 🗌 N       | (° 🗌                         |
| 9.   | Parcel N                             |   | Parcels 1                        | # of Acres       | n City   | Join Home                | In 5 M11         | es Book                                 | # / Page #                 | DATE ACQ    | UIRED                        |
| 1    | (list dwelling 082D415H              | g first) Listed Be  | TOM:                             |                  |          |                          |                  | 210/1                                   | 23                         | 3/10        | /1996                        |
| 2.   | VULUTION                             | V 120000  |                                  |                  |          |                          |                  | 2107                                    | .20                        | 3/ 13/      | 1220                         |
| 3.   |                                      |   |                                  |                  |          |                          |                  |   |                            |             |                              |
| 4.   |                                      |   |                                  |                  |          |                          |                  |   |                            |             |                              |
| 5.   |                                      |   |                                  |                  |          |                          |                  |   |                            |             |                              |
| 40   | Lambian                              | name, and relations                                       | hdu da auu1d                     | want of dalu     | <b>.</b> | ana(a) a                 | then th          |   |                            |             |                              |
| 10.  |                                      | mame, and retations<br>me Residence                       | Diff                             | erent Residence, | Same     | Property                 | ther th          |   | r undivided<br>n-occupying |             |                              |
|      | REMOVING DECI                        | EASED   |                                  |                  |          |                          |                  |   |                            |             |                              |
|      | SPOUSE                               |   |                                  |                  |          |                          |                  |   |                            |             |                              |
| 3.   |                                      |   |                                  |                  |          |                          |                  |   |                            |             |                              |
|      |                                      |   |                                  |                  |          |                          |                  |   |                            |             |                              |
| 11.  | Property                             | was acquired by   | <b>y</b> :                       |                  |          |                          |                  |   |                            |             |                              |
| Α.   | Inheritance (                        | check one): without will                                  | _ with will                      | _                |          | В. С                     | heck one         | if Applicable:                          | Dood X Gi                  | ft _ 0t     | her _                        |
|      | From (name):                         |   |                                  |                  |          | F                        | rom (name        | 1):                                     |                            |             | =                            |
| -    | who was my {r                        | elationship):   | Date (                           | of Death         |          | D                        | ate filed        | with Chancery C                         | lerk:                      |             |                              |
|      |                                      | as acquired by: Deed _                                    |                                  |                  |          |                          | f purchas        | sed, Section 27-3                       | 3-21(f) and                | 27-33-31(1  | ) require:                   |
|      |                                      | Book No. / Pas  | _                                | _                |          |                          |                  | \$                                      |                            |             |                              |
|      |                                      | DOUR NO. 7 FES  |                                  | -                |          | r                        | OTT PLICE        | •                                       | Down Pay                   | ment s      |                              |
|      |                                      |   |                                  |                  |          |                          |                  |   |                            |             |                              |
| 12.  | In accord                            | ance with Section 27                                      | -33-63(2), t                     | he applicant     | or a     | applicant                | "s spou          | use, as occup                           | ant"s of                   | this pr     | operty                       |
|      | A. claims to                         | be bona fide, legal reside                                | ent(s) of Missis                 | sippi and this i | the p    | rimary home              | . Yes            | X Ne                                    | · [                        | ]           |                              |
|      | B. has/have                          | complied with the income to                               | x laws of this                   | state.           |          |                          | Yes              | X N                                     | , <u> </u>                 | i<br>i      |                              |
| 1    | C, has/have                          | complied with the road and                                | bridge priviles                  | tax laws of th   | ls stat  | :0.                      | Yes              | V N                                     | , H                        | í           |                              |
|      |                                      | all tag numbers of private                                |                                  |                  |          |                          |                  | iny vehicles poss                       | L                          | <u>1</u>    |                              |
| L    |                                      | T TAG NUMBERS: CYA614                                     |                                  | 3 Faaga          |          |                          |                  | 2                                       |                            |             |                              |
| _    | 210                                  | IMPORTANT: Pens   |                                  | mosed upon       | 11075    | tion of t                | he Us-           | actand Frame                            | tion Inve                  |             |                              |
|      |                                      | 7-33-57 and 27-33-59 impos                                | penalties on p                   | ersons who viola | te the   | Homestead E              | xemption         | Laws of 1946, Fa                        | lse statemer               | nts, misre  |                              |
| home | stead property a                     | ial facts, fraudulent clai:<br>re considered to be such v | iolations. The                   | penalties impose | d inclu  | ide the add1             | tional as        | ssessment of doub                       | le the amous               | it of taxes | lost due to                  |
| frau | dulent claim, a                      | misdemeanor charge, a charge Disclos                      | ge of perjury, a<br>ure Statemen |                  |          |                          | ,000, imp        | prisonment of up                        | to 2 years o               | or a combin | nation thereof.              |
| Soci | al Security numb<br>ect the informat | ers are required to verify<br>ion pursuant to 42 U.S.C.   | eligibility for 405(c)(i         | the exemption u  | nder th  | e Homestead              | Exemption the    | on Law. The Depa<br>e required inform   | rtment of Remarks          | e denied t  | euthorized to the exemption. |
|      | ELIGIBILITY                          | FOR OFFICE USE O  |                                  |                  |          |                          |                  | irm to the best o                       |                            |             |                              |
|      |                                      | : FULL X NONE<br>a: first time renewal                    | PART _ (no change) _ r           | eplacement w/cha |          | 7.                       | 90000            | s of January                            | of the year                | stated at   | DOAG.                        |
|      |                                      | erein has, IN PERSON, atte<br>the 11th day of March       | sted to and sign<br>2022         | ed this applicat | ion      | De la                    | NO.              | (usual signature                        | of applica                 | nt)         |                              |
|      | (,)                                  | ota 100   |                                  |                  |          | By:                      |                  | Attorney - Agent                        | - Guendies                 |             |                              |
| (    | Cinhust B                            | "signed by tex assessor,                                  | deputy or notary                 | >                |          |                          |                  | ther than self or                       |                            | tach copy   | of authority.                |
| @ D  | ata Systems Mana                     | gement, Inc. 2020   |                                  |                  | Se       | otion 27-33              | -31(0)           | DEPA                                    | RTMENT OF                  | REVENUE     | 3                            |

| 1.         | Name of<br>Taxpayer<br>Last F MI   | PRAGER NATHAN ISAAC   |  |  | SSN  | 409-8                                       | 30-84                     | 07   | Munici<br>Code   | pality                                   | 024                                   |
|------------|--|---|--|--|--|---|---------------------------|--|--|--|---------------------------------------|
|            | Name of<br>Spouse  |   |  |  | SSN  |   |                           |  | School<br>Code   | Distric                                  | S1321                                 |
| <u> </u>   | Last.F.MI<br>Physical  |   |  |  | City   | _   | _                         |  | State  | Zip                                      |                                       |
| 3.         | Address of<br>Taxpayer   | 153 GARDEN COURT  | 11)  |  | 1 -  | WEST  | POIN                      | T  | MS   |  | 30000                                 |
|            | PRIMARY TELE   | PHONE - 901 483-07  | 57   | PRIMARY EMAIL  | -  |   |                           |  |  |  |                                       |
|            | SECONDARY TE   | LEPHONE   | <del></del> >  | SECONDARY ENA  | ır -   |   |                           |  |  |  |                                       |
| Pr         | 2 Exemy 1 - Regular 2 - Over 65 imary DOB condary DOB                          |   |  |  | 1 - Mar<br>2 - Wid<br>3 - Sep<br>4 - Div<br>5 - Sin    | owed<br>arated<br>orced                     |                           | f Title  1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est.                | 1 - N<br>2 - R<br># Rooms                              |  |                                       |
|            |  |   | Custody of mir   | or child Ye  | s  | No  |                           | 6 - Lease Expires  | Туре   |  |                                       |
| 8.         | 00 Ad  | joining County #  | Occupy marital   | home Ye  | s  | No  |                           | 7 - Trust  |  | me business<br>No                        |                                       |
| 9.         | Parcel N   |   |  | # of Acres In C.   | ity Join   | n Home                                      | In 5                      | Miles Book #   | / Page #   | DATE ACQUI                               | RED                                   |
| 1.         | 091C 30A   | 0180200   | 10#.   | .08  | +-   |   |                           | 256/31   | 10   | 3/26/2                                   | 007                                   |
| 2.         |  |   |  |  |  |   |                           | 2007 3   |  | 3, 20, 2                                 | ,                                     |
| 3.         |  |   |  |  |  |   |                           |  |  |  |                                       |
| <b>4</b> . |  |   |  |  |  |   |                           |  |  |  |                                       |
| J.         |  |   |  |  |  |   |                           |  |  |  |                                       |
|            | Location, Sen  | name, and relations!<br>me Residence  | nip to applic  | ant of joint o   | Wners(   | s) of                                       | ther                      | than spouse. If  | undivided e  | state, list<br>oint Owner                | heirs.                                |
| 2.         | ILING OVER 6.  | -   |  |  |  |   |                           |  |  |  |                                       |
| 3.         |  |   |  |  |  |   |                           |  |  |  |                                       |
|            | Inheritance (ch<br>From (name);<br>who was my (rel<br>whose title was<br>Year; | was acquired by eck one): without will etionship):  sequired by: Deed _ Book No. / Page   | Date of Gift Oth   | Death  | <b>-</b> √1  | Fr<br>Da<br>If<br>Fu                        | om (ne<br>te fil<br>purch |  | ECKHAM  rk: 3/30/ 21(f) and 27  Down Payme             | <b>'2007</b><br>'-33-31(1)               | require:                              |
| 12.        |  | nce with Section 27-  |  |  |  |   |                           | ouse, as occupa  | nt"s of t  | his prop                                 | erty                                  |
|            | A. claims to b   | e bona fide, legal residen  | t(s) of Mississi   | ppi and this is the  | primary  | home.                                       | Yes                       | X No   |  |  |                                       |
|            |  | mplied with the income tax  |  |  |  |   | Yes                       | X No   |  |  |                                       |
|            | C. has/have co   | mplied with the road and b  | ridge privilege  | ax laws of this st   | ate.   |   | Yes                       | X No   | Ē  |  |                                       |
|            | Must furnish a   | ll tag numbers of privatel  | y owned vehicles   | in your possession   |  |   | How                       | many vehicles posses   | sed?   | 1  |                                       |
|            | LIST   | TAG NUMBERS: 4496AA   |  |  |  |   |                           |  |  |  |                                       |
| mest       | ead property are<br>lent claim, a mi:  | IMPORTANT: Penal 35-57 and 27-33-59 impose 1 facts, fraudulent claims considered to be such vio sidemeanor charge, a charge Disclosu 5 are required to verify e 6 pursuant to 42 U.S.C. | penalties on pers<br>for exemption, t<br>lations. The per<br>of perjury, a for<br>re Statement<br>ligibility for the | cons who violate the chemical assistance of a constitution and constitution and Privacy Acceptance of the constitution and Privacy Acceptance of the constitution and constituti | e Homestony of the<br>lude the<br>e of up in<br>t Noti | ead Exe<br>ese ac<br>addit<br>to \$5,<br>CO | emptions, fa              | n Laws of 1946, Falsi<br>ilure to notify the<br>assessment of double<br>mprisonment of up to | statements<br>tax assessor<br>the amount<br>2 years or | of any cha<br>of taxes lo<br>a combinati | inges to the ist due to a on thereof. |
|            |  | FOR OFFICE USE ON   | ΓĀ   |  | I do a   | test i                                      | and of                    | form to the best of r  | sv knowledge   | and helief                               | . under                               |
|            | LIGIBILITY: pplication is a:   | FULL X NONE _<br>first time X renewel (n  | PART _ change) _ repl  | acement w/change   | penalty  | A OF BI                                     | er ury                    | that the statement   | made and t   | he answers                               | given                                 |
| T<br>b     | he applicant here  | in has, IN PERSON, attest<br>25th day of July   | ed to and signed   | this application   | Ву:  |   | 1                         | (usual signature of  | )  |  | <del></del>                           |
| 1-         | Imust he e   | tioned by the accounts to   | 4  |  | >===   |   |                           | Attorney - Agent -   | Guerdien   |  |                                       |

DEPARTMENT OF REVENUE

| Name of<br>Taxpayer WOUSTON EDWARD N  |   | SSN<br>426-4  | 3-3775   |   | Municip<br>Code   | ality                | 000                             |
|---|---|---|--|---|---|----------------------|---------------------------------|
| 1. Last, F.M. HOUSTON EDWARD N  |   | SSN   |  |   | School<br>Code  | Distri               | S1321                           |
| 2. Last,F,MI HOUSTON GLADYS CLAY  |   | 427-3<br>City   | 3-2094   |   | State   | Zip                  |                                 |
| Physical Address of 165 QUAIL RIDGE   |   | WEST  | POINT  |   | MS  | 1 -                  | 730000                          |
| PRIMARY TELEPHONE - 662 425-1887  | PRIMARY EMAIL   | - EDWAR   | DNHOUSTONA   | YAHOO.COM   |   |                      |                                 |
| SECONDARY TELEPHONE   | SECONDARY EMA   | rr  |  |   |   |                      |                                 |
| 1 - Resular 2 - Over 65 5 - Dav 6 - Combination reg & Add Primary DOB 5/04/1967 Secondary DOB 12/01/1966  | rital Status theck the following tincome Ye   | 4 - Divorced<br>5 - Single<br>S No  | 1 - F0<br>2 - 00<br>3 - N0<br>4 - L<br>5 - U0              | co Joint<br>on Oco Joint<br>ife Est.<br>ndiv Est.               | 1 - No:<br>2 - Re:<br># Rooms<br>3 - Bu                             | ne<br>nt<br>or #     | onal Use                        |
| Custody of m  |   | s No  | 7 - 1  | ease Expires  |   | e busine             | ss of owner?                    |
| 8. Adjoining County # Occupy marita   | il home IS  | S 110   |  | rust  |   | <u></u> _            |                                 |
| 9. Parcel Number Number of Parcels 1 (list dwelling first) Listed Below:  | # of Acres In C   | lty Join Home   | In 5 Miles   |   |   | DATE ACQ             |                                 |
| 1. 061 33 0042800   | 2.00  |   |  | 254/38  | 34  | 12/13                | /2006                           |
| 3.  |   | _   |  |   |   |                      |                                 |
| 4.  |   |   |  |   |   |                      |                                 |
| 5.  |   |   |  |   |   |                      |                                 |
|   | cant of joint of  | wners(s) o  | ther than a  | spouse. If<br>Non   | undivided es<br>-occupying Jo                                       | tate, li<br>int Owne | st heirs.<br>r                  |
| 1. SIGNING FOR 100% DAV   |   |   |  |   |   |                      |                                 |
| 3.  |   |   |  |   |   |                      |                                 |
| J   |   |   |  |   |   |                      |                                 |
| 11. Property was acquired by:  A. Inheritance (check one): without will _ with will  From (name):   | -   |   | hack one if Ap   |   | eed <u>X</u> gift   | _                    | _                               |
| who was my (relationship): Date   | of Death  |   | gte filed with   | Chancery Cl   | ork: 12/13/   | 2006                 |                                 |
|   |   |   | f purchased, S   |   |   |                      | ) require:                      |
| whose title was acquired by: Deed Gift O  |   | _   |  |   | Down Payme  |                      | 3000                            |
| Year: Book No. / Page No.:  |   |   | ull Price 8  | 208000  | DOWN PRYMI  | ,nc \$               | 3000                            |
| 12. In accordance with Section 27-33-63(2),   | the applicant or  | r applicant   | "s spouse,   | as occupa   | ant"s of t  | his pr               | operty                          |
| A. claims to be bone fide, legal resident(s) of Missis  | sippi and this is th  | e primary home  | . Yes  | X No  |   |                      |                                 |
| B, has/have complied with the income tax laws of this   | state.  |   | Yes  | X No  |   |                      |                                 |
| C. has/have complied with the road and bridge priviles  | e tax laws of this s  | tate.   | Yes  | X No  |   |                      |                                 |
| Must furnish all tag numbers of privately owned vehicl  | les in your possessio   | ın.   | How many vi  | ehicles posse   | essed?  | 2                    |                                 |
| LIST TAG NUMBERS: CYL632 LTR840   |   |   |  |   |   |                      |                                 |
| IMPORTANT: Penalties are in Sections 27-33-51, 27-33-57 and 27-33-59 impose penalties on a concealment of material facts, fraudulent claims for exemption homestead property are considered to be such violations. The fraudulent claim, a misdemeanor charge, a charge of perjury, it is a charge of perjury, it is closure Statement Social Security numbers are required to verify eligibility for | persons who violate to, the assistance of penalties imposed in a felony charge, a fint and Privacy of the averation under | the Homestead E<br>any of these o<br>colude the add<br>ine of up to \$!<br>Act Notice | Exemption Laws acts, failure ltional assess 5,000, impriso | of 1946, Fal<br>to notify the<br>ment of doubl<br>nment of up 1 | lse statement tax essesso te the amount to 2 years or rtment of Rev | of taxes a combi     | s lost due to a nation thereof. |
| collect the information pursuant to 42 U.S.C. & 405(a)(2)(C)(   | i). Any applicant who   | refuses to pi   | LOATER CUE Led   | uired intorm  | SCION MITT DO   | deuten               | cue exemperou.                  |
| FOR OFFICE USE ONLY  ELIGIBILITY: FULL X NONE PART  Application is a: first time renewal (no change)  |   | X Bratrus a   | pend of film to  | of anual 1  | nts made and<br>of the year   | the answ<br>stated a | arc alves                       |
| The applicant herein has, IN PERSON, attested to and sign me, this the 25th day of August 2022  | ned this application  | Вуз   |  |   | of applicant  | )                    |                                 |
| must be signed by the dispessor, deputy or noter  | y)  |   | anyone other   |   |   |                      |                                 |

|  | ne of  |   |  |  |   | SSN  |  |  |  | ipality   |                        |
|--|--|---|--|--|---|--|--|--|--|---|------------------------|
| 1. Las   | tpayer<br>rt.F.MI<br>ne of   | EDWARDS LOUANN C  |  |  |   | 427-0  | 04-3924  |  | Code   | l Distri  | 024                    |
| Spo  | use<br>t.F.MI  |   |  |  |   | , , , , , , , , , , , , , , , , , , ,  |  |  | Code   | I DISCEI  | S1321                  |
| Phy  | sical<br>lress of  |   |  |  | (   | City   |  |  | State  | Zi  |                        |
| 3. Tax   | payer  | 1671 N DIVISION ST  |  |  |   | WEST   | POINT  |  | MS   | 397   | 730000                 |
|  | ARY TELE   |   |  | PRIMARY I  |   | -  |  |  |  |   |                        |
| SECO   | NDAKI TE   | LEPHONE   | _  | SECONDARY  |   |  |  |  |  |   |                        |
| 4. 2<br>1 - Re<br>2 - Ov   | gular  | ption<br>3 - S/RR Act Disabled<br>4 - Dis. Plan<br>5 - Dav<br>6 - Combination reg & Add |  | rital Sta  | atus 3 -<br>4 -<br>5 -  | Married<br>Widowed<br>Separated<br>Divorced<br>Single  | 1  | 1 Title  | 7 1  |   | onal Vse               |
| Primary  | DOB  | 5/22/1956   | File join<br>tax ret   | t income   | Yes r   | ¬ No   | 3  | - Non Occ Joint<br>- Life Est.   | 2 - F  | Rent  | A-A-                   |
| Seconda  | ry DOB   |   |  | 4111   | L   |  |  | - Undiv Est.   |  | s or #<br>Jusiness  |                        |
|  |  |   | Custody of m   | inor child   | Yes   | No   |  | - Lease Expires  | Тур  | 8   | s of owner?            |
| 8. 0   | 00 Ad  | ljoining County #   | Occupy marit   | al home  | Yes   | No   |  | - Trust  | Yes  |   |                        |
|  |  |   |  | $\neg$   |   |  |  | 1  |  |   |                        |
|  | rcel N   |   |  | # of Acres   | In City   | Join Home  | In 5 Hiles   | Book #   | / Page #   | DATE ACQU   | IIRED                  |
| 1. 061D4   | 403E   | 0110000   |  |  |   |  |  | 171/2  | 79   | 4/08/   | 1986                   |
| 3.   |  |   |  | _  |   |  |  |  |  |   |                        |
| 4.   |  |   |  |  |   |  |  |  |  |   |                        |
| 5.   |  |   |  |  |   |  |  |  |  |   |                        |
| 10. Loc<br>1.<br>2.<br>3.  | cation,<br>San   | name, and relations<br>me Residence   | nip to appli   | cant of joi  | int owne  | ers(s) of  | ther tha   | <b>n spouse,</b> If<br>Non   | undivided (  | estate, lis<br>Joint Owner  | t heirs.               |
| A. Inher<br>From<br>Who w  | ritance (ch<br>(name):<br>was my (re)                                | was acquired by seck one): without will stionship): sacquired by: Deed Book No. / Page  | X with will Date of  | of Death   |   | Fr<br>Da<br>I f  | om (name):   | ith Chancery Cla   | ırkı   | 7-33-31(1)  |                        |
| 12. In   | accorda  | nce with Section 27-  | 33-63(2), t  | he applican  | t or ap   | plicant"   | 's spouse  | , as occupa  | nt"s of t  | this pro  | perty                  |
| A. o   | claims to b  | e bona fide, legal residen  | it(s) of Mississ   | ippi and this  | is the pri  | mary home.   | Yes  | X No   |  |   |                        |
| B. h   | nas/have co  | mplied with the income tax  | laws of this s   | tate.  |   |  | Yes  | X No   |  |   |                        |
| C. h   | ias/have co  | mplied with the road and b  | ridge privilege  | tax laws of t  | his state.  |  | Yes  | X No   |  |   |                        |
| Must   | furnish a  | ll tag numbers of privatel  | y owned vehicle  | s in your poss   | ession.   |  | How many   | vehicles posses  | sed?   | _   |                        |
|  | LIST   | TAG NUMBERS:  |  |  |   |  |  |  |  |   |                        |
| concessment commercial security contests and contests and contests are contests and contests and contests and contests and contests are contests and contests and contests are contests and contests are contests and contests and contests are contests are contests and contests are contests and contests are contests and contests are contests and contests are contests are contests and contests are contests are contests and contests are contests are contests are contests are contests and contests are | of materia<br>operty are<br>claim, a mi<br>city number<br>informatio | s are required to verify en pursuant to 42 U.S.C. §  FOR OFFICE USE ON FULL X NONE      | penalties on pe- for exemption, lations. The p of perjury, a re Statement ligibility for 405(c)(2)(C)(1) LY PART | rsons who viole the assistance ensities impose felony charge, and Privae the exemption e . Any applicant | ate the Ho of any o ed include a fine of Cy ACt I under the t who refu I pa | mestead Ex<br>f these ac<br>the addit<br>up to \$5,<br>OCICE<br>Homestead<br>ses to pro<br>do attest<br>nalty of p | emption Law ts, failure ional asses 000, impris Exemption L vide the re and affirm erjury, the | es of 1946, Fals<br>to notify the<br>sment of double<br>comment of up to | e statement tex essesso the amount 2 years or ment of Rev ion will be my knowleds s made and | of taxes in a combiner of taxes in a combiner of the combiner | thorized to exemption. |
| The app  | licant her   | ein has, IN PERSON, attest no 8th day of August signed by tax assessor, de              | ed to and signe  | d this applicat  | tion By   | J.M  | aun (us  | cual signature o   | f applicant<br>Guardian  | )   |                        |
| @Date Svet   | /  | ment. Inc. 2020   | a or mergial   |  | Sect  | 19nea by a<br>1on 27-33-   | 31(0)  | than self or s   | POUSO, ATTA:<br>DV CIEDE   | on copy of  | authority.             |

CHANCERY CLERK

| Name of<br>Taxpayer  | 14.00 b 10.00 miles 11.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  | SSN<br>494-9   | / <sub>4</sub> _02E0   |  | Munici<br>Code   | pality  | 000  |
|--|---|--|--|--|--|--|--|---|--|
| 1. Last F.MI<br>Name of  | MILLER TROY ALAN  |  |  | SSN 491-8  | 4-9358   |  |  | Distri  | ot   |
| Spouse<br>2. Last.F.MI   | MILLER MALINDA GAY  | ORR  | 7  |  | 1-0588   |  | Code   |   | S1321  |
| Physical<br>Address of   | 600 11111 47  |  |  | City   | POINT  |  | State<br>MS  | Zip   | 730000   |
| 3. Taxpayer<br>PRIMARY TELE  | 629 HWY 47<br> PHONE - 662 295-900  | 15   | PRIMARY EMAIL  |  | POINI  |  | 1415   | 377   | 30000  |
|  | LEPHONE   |  | SECONDARY EMA  |  |  |  |  |   |  |
|  |   |  |  | 1 - Married  |  | _  | 7  |   |  |
| i - Regular<br>2 - Over 65   | ption 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination reg & Add 4/08/1966 3/19/1963   |  | rn I'  | 2 - Widowed 3 - Separated 4 - Divorced 5 - Single 9S No  | 1 - F<br>2 - 0<br>3 - N<br>4 - L<br>5 - U  | ] IICI6  | * Rooms 3 - Bi Type  | one<br>ent<br>or #<br>usiness   | _  |
| 8. 00 A  | djoining County #   | Occupy marita  | 1 home Ye  | es No  | 7 - 1  | rust   | Yes  | □ N   | ° 🖂  |
| 9. Parcel N  |   |  | # of Acres In 6  | ity Join Home  | In 5 Miles   | Book 4   | # / Page #   | DATE ACQ  | UIRED  |
| 1. 080B 11A  | 0080000   |  | 10.40  |  |  | 252/5  | 8  | 5/18/   | /2006  |
| 2.   |   |  |  |  |  |  |  |   |  |
| 3.   |   |  |  |  |  |  |  |   |  |
| 5.   |   |  |  |  |  |  |  |   |  |
| A. Inheritance ( From (name):  who was my (r  whose title w  Year:  12. In accord  A. claims to  B. has/have  C. has/have          | y was acquired by check one): without will elationship):  as acquired by: Deed  Book No. / Pag  ance with Section 27  be bona fide, legal reside complied with the income tacomplied with the road and all tag numbers of private | Date of Gift O'  e No.:  -33-63(2), to ont(s) of Missis:  Ix laws of this bridge privileg  | ther the applicant of sippi and this is to state.  | r applicant he primary home  | Yes<br>Yes<br>Yes  | TROY MII   | DOWN Pays  | /2017<br>27-33-31(1   | ) require:   |
| LIS  | T TAG NUMBERS: H264CF   | H065CF CY10  | 353 1AR736 2AD   | 055  |  |  |  |   |  |
| concealment of mater homestead property a fraudulent claim, a Social Security numb collect the informat ELIGIBILITY Application is | ers are required to verify<br>ion pursuant to 42 U.S.C. §<br>FOR OFFICE USE O   | penalties on possible for exemption is for exemption in the second of th | ersons who violate, the assistance of penalties imposed if felony charge, a fit and Privacy the exemption under ). Any applicant when the penaltic manual contents are the penaltic manual contents and penaltic manual contents are the assertion of the assistance of | the Homestead any of these include the add ine of up to \$!  ACT NOTICE in the Homestean orefuses to penalty of are true a | Exemption Laws acts, failure itional assess 5,000, impriso d Exemption La rovide the re t and affirm t perjury, that nd correct as | of 1946, Fe to notify the ment of doub nment of up w. The Depa uired inform o the best o the statem of January | lse statemente tax assessible the amounto 2 years of the attention will be first made and and assessments made and | or of any t of taxes r a combir venue is a e denied t ge and bel the answ stated qu | changes to the station thereof. authorized to the exemption. Lief, under ers given |
| (must t  | signed by tax essessor,   | DC .   | )  |  | anyone other   |  | spouse, att  |   | of authority.  |
| ODeta Systems Mana   | igement, 4no. 2020  |  |  | Section 27-3   | 3-31(0)  | CHAN   | CERY CLERI   | ζ   |  |

| Name of  |   |   |  | SSN  |   |                                  | Municip             | ality                  |                       |
|--|---|---|--|--|---|----------------------------------|---------------------|------------------------|-----------------------|
| Taxpayer 1. Last,F,MI                              | LEPICIER LEONARD R  | ICHARD  |  |  | 98-1760   |                                  | Code                |                        | 024                   |
| Name of<br>Spouse<br>2. Last,F,MI                  | LEPICIER SARAH MAR  | IE  |  |  | 70-5743   |                                  | School<br>Code      | Distri                 | \$1321                |
| Physical<br>Address of                             | or arrow an   |   |  | City   |   |                                  | State               | Zip                    |                       |
| 3. Taxpayer  | 35 SEERY ST<br>PHONE - 662 492-02   | 204   | DDTWARY EWATE  |  | POINT   |                                  | MS                  | 3977                   | 30000                 |
|  | LEPHONE   |   | PRIMARY EMAIL SECONDARY EMAI   |  |   |                                  |                     |                        |                       |
| Exem   | ption   |   |  | 1 - Married  |   | 7                                | $T \frown$          |                        |                       |
| 4. 5<br>1 - Regular<br>2 - Over 65                 | 3 - S/RR Act Disabled<br>4 - Dis. Plan<br>5 - Dav<br>6 - Combination reg & Add                                    |   | rital Status   | 2 - Widowed<br>3 - Separated<br>4 - Divorced<br>5 - Single | 6 1   |                                  | 7 1 1 - No          |                        | nal Use               |
| Princey DOP  |   | If Separated o  | hack the following income  | - No   |   | Dec Joint<br>Non Occ Joint       | 2 - Re              | nt                     |                       |
| Primary DOB<br>Secondary DOB                       | <u>1/07/1950</u><br>1/01/1953   | tax retu  | rn Ye.   | a No   | 4 - 1   | Life Est.<br>Undiv Est.          |                     | or #                   | Apts                  |
|  |   | Custody of m1   | nor child <b>Ye</b> .  | s No   |   | -ease Expires                    | 3 - Bu<br>Type      | siness                 |                       |
| 00   |   |   |  |  |   |                                  | Full-tim            |                        | s of owner?           |
| 8. 00 Ad   | joining County #  | Occupy marita   | l home Yes   | s No   | 7 - 1   | rust                             | Yes                 | ☐ No                   | ' 🗆                   |
| 9. Parcel N  |   | Parcels 1   | # of Acres In Ci   | ty Join Home   | In 5 Miles  | Book #                           | / Page #            | DATE ACQU              | IRED                  |
| 1. 083C114F  | 0260000   |   |  |  |   | 236/19                           |                     | 11/04/                 | 2002                  |
| 3.   |   |   |  |  |   |                                  |                     |                        |                       |
| 4.   |   |   |  | -  |   |                                  |                     |                        |                       |
| 5.   | <del>                                      </del>   |   |  |  |   |                                  |                     |                        |                       |
| 10 Logotion  |   |   |  |  |   |                                  |                     |                        |                       |
| San  | name, and relations<br>me Residence   | nip to applic   | e <b>ant of joint o</b><br>Frent Residence, Sam                      | ( <b>ners</b> (s) o  | ther than :                                       | <b>spouse.</b> If<br>Non-        | undivided est       | ate, list<br>Int Owner | t heirs.              |
| 1. FILING DAV                                      | OVICE:  |   |  |  |   |                                  |                     |                        |                       |
| 2. ADDING NEW SPO                                  | 0056  |   |  |  |   |                                  |                     |                        |                       |
|  |   |   | ***********  |  |   |                                  |                     |                        |                       |
| 11. Property                                       | was acquired by   |   |  |  |   |                                  |                     |                        |                       |
|  | eck one); without will  |   |  | B 61   |   |                                  |                     |                        |                       |
|  |   |   | -  |  | neck one 1f Ap                                    |                                  |                     | _                      | 'r –                  |
|  | ationship):   |   | Baath  |  | om (name):  |                                  |                     |                        |                       |
|  |   |   |  |  | its filed with                                    |                                  |                     |                        |                       |
|  | acquired by: Deed   |   | er   | If   | purchased, S                                      |                                  | 21(f) and 27-       | 33-31(1)               | require:              |
| Year:  | Book No. / Pag  | e No.:  |  | Fu   | ill Price \$                                      | 85000                            | Down Paymen         | t \$                   | 22019                 |
|  |   |   |  |  |   |                                  |                     |                        |                       |
| 12. In accordan                                    | ce with Section 27-   | -33-63(2), th   | e applicant or   | applicant'   | 's spouse,  | as occupar                       | nt"s of th          | is prop                | erty                  |
| A. claims to b                                     | e bona fide, legal reside:  | nt(s) of Mississi   | ppi and this is the  | primary home.  | Yes   | X No                             |                     |                        |                       |
| B. has/have co                                     | mplied with the income tax  | x laws of this st   | ate,   |  | Yes   | X No                             | $\overline{\sqcap}$ |                        |                       |
| C. has/have co                                     | nplied with the road and b  | bridge privilege  | tax laws of this sta   | te.  | Yes   | X No                             | $\Box$              |                        |                       |
| Must furnish a                                     | ll tag numbers of private)  | ly owned vehicles   | in your possession.  |  | How many vel                                      | نتا<br>hicles posses:            | sed?                | ,                      |                       |
| LIST   | TAG NUMBERS: CYF226   |   |  |  |   |                                  |                     |                        |                       |
|  | IMPORTANT: Pena   | lties are imp   | osed upon viola  | tion of th   | ne Homestes                                       | d Exemption                      | on Laws             |                        |                       |
| homestead property are                             | 55-57 and 27-35-59 impose<br>L facts, fraudulent claims<br>considered to be such vic<br>demeanor charge, a charge | penaities on per<br>for exemption,<br>plations. The pe<br>of periury, a f | sons who violate the<br>the assistance of an<br>calties imposed incl | Homestead Ex<br>y of these acude the addit                 | emption Laws (<br>ts, failure to                  | of 1946, False<br>o notify the ( | statements,         | of any ch              | anges to the          |
| Social Security numbers<br>collect the information | s are required to verify en pursuant to 42 U.S.C. &   | ligibility for t<br>405(c)(2)(C)(i).                                      | e exemption under t  | he Homestand   | Exemption Law.<br>vide the requi                  | . The Departm<br>Lred informati  | ent of Reven        | ue is aut              | horized to exemption. |
| ELIGIBILITY: Application is a:                     | FOR OFFICE USE ON FULL X NONE   | PART _  | Lacement w/change <u>X</u>   | penalty of p   | and affirm to<br>erjury, that to<br>correct as of | he statements                    | he year st          | answers                | alven                 |
| The applicant here                                 | in has, IN PERSON, attest<br>te <b>8th</b> day of <b>Juno</b>   | 2022  | this application   | Meno<br>By:  | (usua)  | signature of                     |                     | 1ere                   |                       |
| (must be s   | igned by tax assessor, de   | puty or notary)   |  |  | Attorn  | ey - Agent -                     | Guardian            | conv **                | outhor ttv            |
| Data Systems Managen                               |   |   | s  | oction 27-33-  | 31(0)   |                                  | Y CLERK             | copy or i              | sucherity.            |

436

CHANCERY CLERK

| Name of  |                     | SSN                               |  |  | Municipalit<br>Code   | 024                                       |
|--|---------------------|-----------------------------------|--|--|---|---|
| 1. Last,F,MI BROWN DOROTHY PEARL   |                     |                                   | 9-2536   |  |   |   |
| Name of<br>Spouse  |                     | SSN                               |  |  | School Dist   | S1321                                     |
| 2. Last.F.MI<br>Physical   |                     | City                              |  | 1 04   | ate   | Zip                                       |
| Address of 40% COTESTN ST  |                     | •                                 | DATNT  | 1 50   | 140   | 21p<br>397730000                          |
| J. Tanyaya   | BRYWING BULTS       |                                   | POINT  |  | IVIS  | 57/30000                                  |
| PRIMARY TELEPHONE - 662 494-0086   | PRIMARY EMAIL       |                                   |  |  |   |   |
| SECONDARY TELEPHONE  | SECONDARY EMA       | IL -                              |  |  |   |   |
| Exemption  |                     | 1 - Married                       |  |  |   |   |
| 1 3 - S/RR Act Disabled 5 2 Mar  | ital Status         | 2 - Widowed<br>3 - Separated      | 6 1 T  | itle   | 7 1 Add:  | itional Use                               |
| - Regular 4 - Dis. Plan<br>5 - Day   |                     | 4 - Divorced<br>5 - Single        | 1 - Fee  |  | 1 - None  |   |
| 6 - Combination reg & Add If Separated cho   | ock the following   | 5 - 31Mg10                        | 2 - 0cc J  |  |   |   |
| Primary DOB 8/08/1967 File joint tax return  |                     | a 🗌 No                            | 3 - Non 0<br>4 - Life  |  | 2 - Rent<br># Rooms   | ır # Apts                                 |
| Secondary DOB  |                     |                                   | 5 - Undiv  | Est,   | 3 - Busine  |   |
| Custody of mine  | or child Ye         | s No                              | 6 - Lease  | Expires  | Type  |   |
| 00 111111111111111111111111111111111111  | W-                  | 🗀 😼                               |  |  |   | iness of owner?                           |
| 8. Adjoining County # Occupy marital   | home Ye             | s No                              | 7 - Trust  |  |   |   |
| 9. Parcel Number Number of Parcels 1   | # of Acres In Ci    | Itu lain Hama                     | In E Miles   | Book # /   | Page # DATE   | ACQUIRED                                  |
| (list dwelling first) Listed Below:  | J OF ROTES IN C.    | SOIN HOME                         | IN 2 HIIWS   | BOOK # 7   | Page 4 DAIL   | MOGOTKED                                  |
| 1. 082D415H 0120000  |                     |                                   |  | 210/123  | 3,  | 19/1996                                   |
| 2.   |                     |                                   |  |  |   |   |
| 3.   |                     |                                   |  |  |   |   |
| 5.   |                     |                                   |  |  |   |   |
| <u>.                                    </u>   |                     |                                   |  |  |   |   |
| 10. Location, name, and relationship to applic   | ant of joint o      | wners(s) o                        | ther than spor   | ISA. If un   | divided estate  | . list hairs                              |
|  | rent Residence, San |                                   | 41,02 41,000 mp.   |  | cupying Joint   |   |
| 1. REMOVING DECEASED   |                     |                                   |  |  |   |   |
| 2. SPOUSE  |                     |                                   |  |  |   |   |
| 3.   |                     |                                   |  |  |   |   |
|  |                     |                                   |  |  |   |   |
| 11. Property was acquired by:  |                     |                                   |  |  |   |   |
| A. Inheritance (check one): without will with will   |                     | 8 0                               | hack one if Applic   | shla. Daed   | Y 616+  | Other                                     |
| <del>-</del> -   | -                   |                                   |  | 4014. 5440   | <u> </u>  | _   |
| From (name):   |                     |                                   | rom (name):  | T  |   |   |
| who was my (relationship): Date of   | Death               |                                   | ate filed with Cha   | noery Clerk  | -   | -   |
| whose title was acquired by: Deed _ Gift _ Dth   | er _                | 1                                 | f purchased, Secti   | on 27-33-21  | (f) and 27-33-  | 31(1) require:                            |
| Year: Book No. / Page No.:   |                     | F                                 | ull Price \$   |  | Down Payment \$   |   |
|  | -                   |                                   |  | ====   | 7   |   |
|  |                     |                                   |  |  |   |   |
| 12. In accordance with Section 27-33-63(2), th   | e applicant or      | applicant                         | "s spouse, as  | occupant   | "s of this  | property                                  |
| A. claims to be bona fide, legal resident(s) of Mississi   | pp1 and this is th  | e primary home                    | . Yes X  | No   |   |   |
| B. has/have complied with the income tax laws of this st   | ate.                |                                   | Yes 🔻  | No   | H   |   |
| 1  |                     |                                   |  |  | 님   |   |
| C. has/have complied with the road and bridge privilege  | tax laws of this s  | tate.                             | Yes  | No   | L ,   |   |
| Must furnish all tag numbers of privately owned vehicles   | in your possessio   | n.                                | How many vehicl  | es possesse  | id? <u>1</u>  |   |
| LIST TAG NUMBERS: CYA6149  |                     |                                   |  |  |   |   |
| IMPORTANT: Penalties are imp   | osed upon vio       | lation of i                       | the Homestead  | Exemptio   | n I.aws   |   |
| Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on per   | sons who violate t  | he Homestead E                    | exemption Laws of 1  | 946, False   | statements, mi  |   |
| concealment of material facts, fraudulent claims for exemption, homestead property are considered to be such violations. The pe                                      | nalties imposed in  | olude the addi                    | tional assessment  | of double  | the amount of t   | exes lost due to a                        |
| fraudulent claim, a misdemeanor charge, a charge of perjury, a f Disclosure Statement  | elony charge, a fi  | ne of up to \$5                   |  |  |   |   |
| Social Security numbers are required to verify eligibility for t   |                     |                                   |  |  |   |   |
| collect the information nursuant to 60 H C C & 60E(a)(9)(C)(4)   |                     |                                   | outde the requires   | i informatio   | on will be deni   |   |
| collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(1).   |                     | - 1                               |  |  |   |   |
| FOR OFFICE USE ONLY  |                     | I do atvest                       | and affirm to the  | best of my   | / knowledge and   | belief, under                             |
|  | Any applicant who   | I do attest<br>penalty of         | and affirm to the  | best of my<br>statements                             | / knowledge and<br>made and the a                               | belief, under<br>nswers given             |
| FOR OFFICE USE ONLY ELIGIBILITY: FULL X NONE PART Application is a: first time renewal (no change) res   | Any applicant who   | I do attest<br>penalty of         | t and affirm to the<br>perjury, that the<br>ad correct as of Ju    | best of my<br>statements<br>apply 1 of               | knowledge and<br>made and the a<br>the year state               | belief, under<br>nswers given             |
| FOR OFFICE USE ONLY ELIGIBILITY: FULL X NONE PART  | Any applicant who   | I do attest<br>penalty of         | t and affirm to the<br>perjury, that the<br>ad correct as of Ju    | best of my<br>statements                             | knowledge and<br>made and the a<br>the year state               | belief, under<br>nswers given             |
| FOR OFFICE USE ONLY ELIGIBILITY: FULL X NONE PART Application is a: first time renewal (no change) report to applicant herein has, IN PERSON, attested to and signed | Any applicant who   | I do attest<br>penalty of         | t and sffirm to the<br>perjury, that the<br>nd correct as of Ju    | best of my<br>statements<br>andary 1 of              | knowledge and<br>made and the a<br>the year state<br>applicant) | belief, under<br>nswers given             |
| FOR OFFICE USE ONLY ELIGIBILITY: FULL X NONE PART Application is a: first time renewal (no change) report to applicant herein has, IN PERSON, attested to and signed | Any applicant who   | I do atvest penalty of X are true | t and affirm to the perjury, that the doorwood as of June (usual s | best of my<br>statements<br>and y 1 of<br>enature of | knowledge and<br>made and the a<br>the year state<br>applicant) | belief, under<br>nswers glven<br>d above. |

| Name of<br>Taxpayer  | PRAGER NATHAN ISAAC   | 4  |  |  | SSN   | an a/on  |   | Munici<br>Code  | pality   | 024   |
|--|---|--|--|--|---|--|---|---|--|---|
| 1. Last F.MI<br>Name of  | PRACER NATURN ISAAC   |  |  |  | 409-  | 80-8407  |   | School  | Distri   |   |
| 2. Last,F,MI   |   |  |  |  |   |  |   | Code  |  | S1321   |
| Physical<br>Address of   | 153 GARDEN COURT  |  |  | 1  | City  | DOTAM  |   | State<br>MS   | Zip  |   |
| 3. Taxpayer  | PHONE - 901 483-07  | 57   | PRIMARY E  | MATI -   | MEST  | POINT  |   | INIO  | 3977   | 730000  |
|  | ELEPHONE  | _  | SECONDARY  |  | _   |  |   |   |  |   |
|  |   |  | DECOMPRICE   |  | Married   |  |   | T   |  |   |
| 4. 2 Exem  | ption<br>3 - S/RR Act Disabled<br>4 - Dis. Plan<br>5 - Dav  |  | rital Sta  | tus 3 -  | hawahili  |  | 1 Title   | 7 1 1 - No  |  | onal Use  |
|  | 6 - Combination reg & Add   | If Separated of File joint   |  | wing   |   |  | 2 - Occ Joint<br>3 - Non Occ Joint  |   |  |   |
| Primary DOB<br>Secondary DOB   | 7/09/1952   | tax retu   |  | Yes [  | No  |  | a - Non Doc Jaint<br>4 - Life Est.<br>5 - Undiv Est.  |   | or #   | Apts  |
| Becondary DOB  |   | Custody of mi  | nar child  | Yes  | ☐ No  | _  | 6 - Lease Expires   |   | ısiness  |   |
| 00   |   |  |  |  |   | 므.   |   |   | ne busines   | s of owner?   |
| 8 A  | djoining County #   | Occupy marita  | l home   | Yes  | No  |  | 7 - Trust   | 162   | □ No   | <u>'                                    </u>                            |
| 9. Parcel N  | g first) Listed Be  |  | # of Acres   | In City  | Join Home   | In 5 Mil   | es Book #   | / Page #  | DATE ACQU  | IRED  |
| 1. 091C 30A  | 0180200   |  | .08  |  |   |  | 256/3   | 10  | 3/26/  | 2007  |
| 3.   |   |  |  |  |   |  |   |   |  | -   |
| 4.   |   |  |  |  |   |  |   |   |  |   |
| 5.   |   |  |  |  |   |  |   |   |  |   |
| 1. FILING OVER   | name, and relations<br>me Residence<br>55   | hip to applic  | ant of joi<br>Prent Residence  | nt owne<br>e, Same P                                   | ers(s) o  | ther th  | an spouse. If   | undivided es<br>-occupying Jo   | tate, lis<br>int Owner                               | t heirs.  |
| 2.<br>3.   |   |  |  |  |   |  |   |   |  |   |
| A. Inheritance (c<br>From (name);<br>who was my (re  | was acquired by heck one): without will lationship):  | Date of  | Death  |  | F<br>D  | rom (name)<br>ate filed  | with Chancery Cle   | BECKHAN<br>ork: 3/30/   | <b>2007</b><br>-33-31(1)                             |   |
| 12. In accords   | nce with Section 27-  | -33-63(2) +h   | e poplianci  | t an au  |   |  |   | - A.W   |  |   |
|  | nce with Section 27-<br>be bone fide, legal resider   |  |  |  |   |  |   | nt"s of t   | nıs prop   | perty   |
|  | omplied with the income tax   |  |  | .s cne pr  | umury nome.   | . Yes<br>Yes   | X No  | 片   |  |   |
|  | omplied with the road and b   |  |  | ie etsta   |   | Yes  | X No  | 닏   |  |   |
|  | all tag numbers of privatel   |  |  |  | •   |  | y vehicles posses   | L.J.  | 1  |   |
| <u></u>  | TAG NUMBERS: 4496AA   |  | -u Sani hnaga  | -5.011.  |   | i iuw man  | 2 Amurcias bosses   | adu; ·  | _  |   |
|  | IMPORTANT: Penal  | Lties are imp  | osed upon  | violati  | on of the   | he Home:   | stead Exempti   | on Laws   |  |   |
| onestead property and raudulent claim, a mile ocial Security number ollect the information | -35-57 and 27-35-59 impose al facts, fraudulent claims of considered to be such vious demander of the | penalties on per<br>for exemption,<br>lations. The per<br>of perjury, a f<br>re Statement<br>ligibility for to<br>405(c)(2)(C)(1). | sons who viola the assistance nalties impose elony charge, and Privac he exemption u | of any of include a fine of the of the of the who refu | omestead Expense and the addition to \$5, NOTICE Homestead asset to produce the additional actions to actions the additional actions to action the additional actions to action the action to action to action the action to | comption Lets, failusts, f | aws of 1946, Fals re to notify the essment of double isonment of up to Law. The Depart required informat m to the best of | e statements tax assessor the amount 2 years or ment of Reve ton will be my knowledge | of any chof taxes 1 a combinat nue is aut denied the | anges to the ost due to a ion thereof.  horized to exemption.  f, under |
|  | FULL X NONE  first time X renewal (n  | _  |  | nge _  | nalty of  | confeet  | as of appears 10  | s made and t  | he answers   | given   |
| before me, this  | the 25th day of July  | 2022   | rura abbitost  |  | ,,  | /  | usual lignature o   | oppr(cant)  |  |   |
| (must he   | signed by tax assessor, de  | buty or notary)  |  | T.F. s   |   | A  | ttorney - Agent -   | Guardian  |  |   |
| Data Systems Manage  |   | CAAS AL HARREN   |  | ir s<br>Sect   | ion 27-33-  | 31(o)  | er than self or s<br>CHANCE   | pouse, attacl<br>DV CLEDK   | copy of  | authority.  |

CHANCERY CLERK

|  |  |  |  |  |   |   | 1 1 1 1   | 7 * A T   |  |
|--|--|--|--|--|---|---|---|---|--|
| Name of<br>Taxpayer  | HAVOMAN ERVARR N   |  |  | SSN<br>425-4   | 3-3775  |   | Municipa<br>Code  | lity  | 000  |
| . Last.F.MI<br>Name of   | HOUSTON EDWARD N   |  |  | SSN  | 13-3773   |   | School D  | istri   | t  |
| Spouse   | HOUSTON GLADYS CLAY  |  |  | 427-3  | 33-2094   |   | Code  |   | S1321  |
| Physical<br>Address of   |  |  |  | City   |   | 8   | tate  | Zip   |  |
| . Taxpayer   | 165 QUALL KIDGE  |  |  |  | POINT   | TILITAG MAY                                 | MS  | 3977  | 30000  |
|  | PHONE - <u>662</u> 425-188   |  | PRIMARY EMAI   | -  | RDNHOUSTONA   | YAHOU.COM                                   |   |   |  |
| SECONDARY TE   | LEPHONE  | _  | SECONDARY EN   | AIL -  |   |   |   |   |  |
| 5<br>1 - Regular<br>2 - Over 65  | ption 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination reg & Add 5/04/1967 12/01/1966 |  | rn   | 4 - Divorced<br>5 - Single   | 1 - F<br>2 - 0<br>3 - N<br>4 - L<br>5 - U   | J IICIC                                     | 7 1 A 1 - Non 2 - Ren * Rooms 3 - Bus Type  | e<br>t<br>or #  | onal Use   |
| 00   |  | custody of mi  |  |  | <u> </u>  |   | Full-time   | busine:   | s of owner?  |
| . 00 A   | djoining County #  | Occupy marita  | 1 home   | Yes No   | □ 7-1   | rust  | L   |   |  |
| . Parcel N   |  | Parcels 1  | # of Acres In  | City Join Home   | In 5 Miles  | Book # /                                    | Page # D  | ATE ACQI  | IRED   |
| . 061 33   | 0042800  |  | 2.00   |  |   | 254/384                                     | 4   | 12/13/  | 2006   |
| •  |  |  |  |  |   |   |   |   |  |
| •  |  |  |  |  |   |   |   | _   |  |
| •  |  |  |  |  |   |   |   |   |  |
|  | name, and relations  |  |  |  |   |   |   |   |  |
| A. Inheritance ( From (name): who was my (r whose title w Year:  | y was acquired by check one): without will elationship):  Book No. / Page ance with Section 27   | Date of Gift Of e No.:   | of Death   |  | From (name):<br>Date filed wit<br>If purchased, :<br>Full Price \$  | h Chancery Cle<br>Section 27-33-<br>208000  | RETAIL DEV<br>rk: 12/13/2<br>21(f) and 27-<br>Down Paymen   | / LLC<br>2006<br>33-31(1                                    | 3000   |
|  | be bona fide, legal reside   |  |  |  |   | X No  | П   |   |  |
| B. has/have  | complied with the income ta  | x laws of this   | state.   |  | Yes   | X No  |   |   |  |
| C. has/have  | complied with the road and   | bridge privileg  | e tax laws of this   | state.   | Yes   | X No  | $\Box$  |   |  |
| Must furnish   | all tag numbers of private   | ly owned vehicle   | es in your possess   | ion.   | How many v  | ehicles posses                              | sed?  | <u>2</u>  |  |
| LIS  | T TAG NUMBERS: CYL632  | LTR840   |  |  |   |   |   |   |  |
| encealment of mater mestead property a saudulent claim, a social Security numb clect the informat ELIGIBILITY Application is | rers are required to verify tion pursuant to 42 U.S.C. §   | penalties on positions of person of the pers | ersons who violate, the assistance openatties imposed felony charge, a t and Privacy the examption und l. Any applicant of | the Homestead of eny of these include the add fine of up to \$ ACT NOTICE Her the Homestea who refuses to pensity of X are | Exemption Laws acts, failure itional assess 5,000, impriso d Exemption La covide the rec and affirm't verjury, that | to notify the ment of double nment of up to | e statements; tax assessor the amount of 2 years or ment of Revei ion will be y knowledge y knowledge f the year s' | of any of taxes a combin nue is a denied t and bel he answe | changes to lost due t ation there uthorized t he exemptio lef, under urs given |
| beoreme, this  | by signed by tax assessor, agement, Inc. 2020  | 2022   |  | Ву:  | Atto<br>anyone other  | orney - Agent<br>than self or s             | Guardian  | ћ серу (  | of authority   |

# **EXHIBIT C**

|                | VETERAN SERVICE OFFICER REPORT JUL |            | AUG         | SEP                                  | OCT   | NOV | DEC  | C |
|----------------|------------------------------------|------------|-------------|--------------------------------------|-------|-----|------|---|
| 2              | 227 Court Street                   | 24JUN-27JU | 128JUL-24AU | 24JUN-27JUL 28JUL-24AUG2 26AUG-21SEP | ŠEP   |     |      |   |
| ω              | P.O. Box 1203                      |            |             |                                      |       |     |      |   |
| 4              | West Point, MS 39773               |            |             |                                      |       |     |      |   |
| 5              | 662-494-1554 (OFC)                 |            |             |                                      |       |     |      |   |
| 6              | 662-494-1964 (FAX)                 |            |             |                                      |       |     |      |   |
| 7              | VSO REPORT                         |            |             |                                      |       |     | 4    |   |
| ∞              | HOMEBOUND                          | _          |             | 0                                    | >     |     |      |   |
| 9              | TOTAL FILES                        | 289        | 298         | 306                                  | 6     |     |      |   |
| 70             | VETERANS FROM OTHER                | 2          |             | U)                                   | 2     |     |      |   |
| =              | NEW VETERANS                       | 13         |             | 15                                   | 00    |     |      |   |
| 12             | NURSING HOME / AID & AT            | 0          |             | ->                                   |       |     |      |   |
| <del>1</del> 3 | BURIAL BENEFITS                    | 2          |             | 20                                   | 4     |     |      |   |
| 14             | NEW CASES 526-EZ                   | 2          |             | CI                                   | 2     |     |      |   |
| 15             | 10-10EZ HEALTH FACILIT             | 2          |             | ယ                                    | 2     |     | ti i |   |
| 16             | SF 180 / DD214 / NGB22             | N          |             | _                                    | O1    |     | 1    |   |
| 17             | MEDICAL EXPENSE REPOR              |            |             | _                                    | 0     |     |      |   |
| 78             | MAILED                             | 7          | -           | 1                                    | 7     |     |      |   |
| 19             | 10182 BVA BOARD OF APP             | 2          |             | ယ                                    | ->    |     |      |   |
| 20             | VIRTUAL BVA                        | 2          | .0          | 0                                    |       |     |      |   |
| 21             | DECEASED                           | 5          |             | 13                                   | 7     |     | 1    |   |
| 22             | F2F                                | 41         |             | 42                                   | 37    |     |      |   |
| 23             | CALL IN                            | 39         |             | 39 4                                 | 44    |     |      |   |
| 24             | MONTHLY TOTAL ASSISTE              | 80         |             | 82                                   | 71    |     |      |   |
| 25             | TOTAL FILES                        | 289        |             | 298 306                              | )6    |     |      |   |
| 26             | DAYS OF WORK                       | 15         |             | 3                                    | 9     |     |      |   |
| 27             |                                    |            |             | 3 D CONVENTION                       | NTION |     |      |   |

- BOARD OF DIRECTOR'S MEETING
- REF: CCVSO REQUEST 2022
- Asking again for the 2<sup>nd</sup> time for upper portion to be tinted in office at 227 Court St.,
  - from 0900-1030 A.M., the sun views into office making it hot and very difficult during this time frame to work...
- 6 October 2022 Clay County Veteran Luncheon will be at West Point Army National Guard
  - ➤ asking for \$200 for preparation and feeding to all veterans in attendance.
- 13-15 October 2022 Disable American Veterans (DAV) Training in Philadelphia, MS,
  - ➤ Annual Service Officer Training: Requesting Lodging, Travel and Meals and Registration fee of \$50.00
- 29 Nov-2 Dec 2022 Mississippi Veterans Affairs Board Certificated (MSVA)
  - ➤ Annual Training requirement of Clay County Veteran Service Officer: Requesting Lodging, Travel and Meals
- Requesting leave or absent from 7-9 & 14-16 Feb 2023
  - Mentally Medical Intervention

# FY21 GEOGRAPHIC DISTRIBUTION OF VA EXPENDITURES (GDX)

|                                |                        |           |                      |               |                           | Y21 S    | Summary o    | FY21 Summary of Expenditures by State Expenditures in \$000s | \$ 54         | State              |          |                            |             |             |             |              |                      |
|--------------------------------|------------------------|-----------|----------------------|---------------|---------------------------|----------|--------------|--|---------------|--------------------|----------|----------------------------|-------------|-------------|-------------|--------------|----------------------|
| County/ Congressional District | Veteran<br>Population* | p g       | Total<br>Expenditure | Comi          | Compensation<br>& Pension | č.       | Construction | Education & Vocational Rehabilitation/                       | # 5 m         | `Loan<br>Guaranty# | m O a    | General Operating Expenses | ing ing     | Insurance & | Med         | Medical Care | Unique<br>Patients** |
|                                | 1 700                  | r         | 000                  | 9             | 2022                      | A        | 1 076        | \$ 434   | 49            |                    | 69       | 87                         | 49          | 52          | 49          | 12,883       | 919                  |
| ADAMS                          | 1,720                  | 4         | 17.00                | • •           | 11 402                    | 9 4      | 583          |  | +             |                    | 69       | 7                          | 49          | 85          | ₩           | 5,180        | 546                  |
| ALCORN                         | 1,769                  | 45        | 17,758               |               | 11,480                    | 9 6      | 200          |  | +             |                    | 19       | 1                          | 69          | 31          | 49          | 3,467        | 329                  |
| AMITE                          | 658                    | 49        | 860'/                | -65           | 3,410                     |          |              |  | +             |                    | A 4      |                            | <b>69</b>   | 30          | 69          | 7,726        | 498                  |
| ATTALA                         | 990                    | 49        | 14,731               | 46            | 6,802                     |          |              | 4 171  | +             |                    | -        | 1                          | 69          | _           | ₩.          | 1,620        | 126                  |
| BENTON                         | 390                    | 49        | 3,296                | 64            | 000                       | 4        |              |  | +             |                    | +        |                            | 99          | 52          | 69          | 6.652        | 486                  |
| BOLIVAR                        | 1,241                  | 40        | 16,671               | 46            | 9,409                     |          | ı            | 420  | Š Č           |                    |          |                            | 69          | 10          | 69          | 3,242        | 276                  |
| CALHOUN                        | 622                    | 40        | 8,452                | 65            | 5,068                     | •        |              |  | +             |                    | -+       | ı                          | 69          | O           | 69          | 3,247        | 252                  |
| CARROLL                        | 529                    | 49        | 6,712                | -65           | 3,397                     | 9 4      | 1            |  | +             |                    | +        | 1                          | 69 4        | 21          | €9          | 2,316        | 265                  |
| CHICKASAW                      | 745                    | 49        | 8,018                | 6             | 0,000                     | 4        | 1            |  | +             |                    | +        |                            | £9 ·        | _           | 69          | 2.695        | 213                  |
| CHOCTAW                        | 425                    | 49        | 5,472                | 69            | 2,625                     | 69       | 1            | 701  | +             |                    | +        |                            | 59 4        | <u> </u>    | 69          | 2.587        | 160                  |
| CLAIBORNE                      | 362                    | 4s        | 4,956                | 69            | 2,2//                     | 4        |              |  | +             |                    | e e      |                            | so 4        | 4           | 69          | 4.308        | 386                  |
| CLARKE                         | 1,032                  | 49        | 10,839               | -69           | 6,261                     | 9 4      |              | 284  | +             | 1                  | -        |                            | 69 1        | 55          | 49          | 3,677        | 385                  |
| CLAY                           | 1,04/                  | 4         | 10,378               | 9 4           | 0,300                     | 9 6      |              |  | -             |                    | 64)      |                            | 69          | 15          | 49          | 7,308        | 413                  |
| COAHOMA                        | 1,013                  | 4         | 14,103               | 9 6           | 0,418                     | 9 6      |              | 366  | -             |                    | -        |                            | €9          | 74          | €9          | 10,662       | 705                  |
| COPIAH                         | 1,660                  | 45        | 22,164               | 4             | 1,002                     | 9 4      | 1            |  | +             |                    | +        | L                          | 64          | 0           | 69          | 6,299        | 476                  |
| COVINGTON                      | 1,005                  | 65        | 13,831               | 9             | 781,1                     | 9 6      |              | ת  | -             |                    | -        |                            | 69          | 278         | €9          | 54,196       | 3,585                |
| DE SOTO                        | 11,313                 | 4         | 131,302              | 9 6           | 71,100                    | 9 6      |              |  | -+            |                    | +        |                            | 49          | 419         | ₩           | 17,978       | 1,801                |
| FORREST                        | 5,930                  | 9 4       | 050,47               | 9 6           | 39,134                    | P 6      |              | ١  | -             |                    | $\dashv$ |                            | 49          | 78          | 49          | 1,875        | 189                  |
| FRANKLIN                       | 400                    | 9 6       | 4000                 | A             | 2002                      | ₽ €      |              | 1  | $\rightarrow$ |                    | -        |                            | 49          | 25          | 49          | 7,733        | 472                  |
| GHOKGH                         | 687                    | A 6       | 5 778                | A 4           | 3.256                     | 69 (     | •            | <b>69</b>  | 72 \$         |                    |          |                            | 49          | 1           | 69          | 2,439        | 216                  |
| COUNTY                         | 1311                   | <b>69</b> | 14.604               | cs .          | 7,518                     | 49       | 1            | \$ 301   | -             | ,                  | -        | 1                          | 49          | 78          | 4           | 0,707        | 4 207                |
| HANCOCK                        | 3,804                  | 4         | 45,537               | €9            | 19,569                    | GP       |              |  | +-            | 6                  | +        |                            | 9 4         | 200         | 9 4         | 178 100      | 9 279                |
| HARRISON                       | 22,229                 | 49        | 390,786              | ક્ક           | 186,282                   | 49       | 9,114        | _  | +             |                    | +        | 020,1                      | 9 6         | 1,294       | A 6         | 118 085      | 5 684                |
| HINDS                          | 12,778                 | 49        | 205,898              | 49            | 82,939                    | €Đ       | (14,037)     | 4,865  | +             |                    | +        | 10,424                     | AE          | 25.         | 9           | 4.839        | 290                  |
| HOLMES                         | 603                    | 49        | 9,881                | 49            | 4,855                     | -6/2     |              |  | +             |                    | +        |                            | A           | 400         | 9           | 1.630        | 133                  |
| HUMPHREYS                      | 314                    | 69        | 3,800                | 69            | 2,066                     | 49       | ,            |  | +-            |                    | +        |                            | 9           | ٥.          | <b>SP</b> 4 | 310          | 31                   |
| ISSAQUENA                      | 4                      | 49        | 485                  | 69            | 140                       | 4        |              |  | +             | A 4                | n        |                            | <b>59</b> 1 | 40          | 69          | 3,435        | 402                  |
| ITAWAMBA                       | 1,302                  | -ca       | 12,471               | 4             | 8,492                     | 9 4      |              | 7 000  | -             |                    | -        |                            | 69          | 559         | 49          | 64,331       | 4,248                |
| JACKSON                        | 780,21                 |           | 140,700              | 9 6           | 0,201                     | A 6      |              |  | $\rightarrow$ |                    | -+       |                            | 69          | 72          | 49          | 4,231        | 385                  |
| JASPER                         | 200                    | 9         | 1,000                | 9 6           | 20,720                    | n e      |              |  | +             | 69                 | -        |                            | 49          | 1           | €9          | 2,107        | 161                  |
| JETTERUCN                      | 202                    | 9 6       | 272,4                | PE            | A 200                     | 9        |              |  | -             |                    | -        |                            | G           | 30          | 49          | 4,336        | 333                  |
| JETTERSON DAVIS                | 3 377                  | 9 6       | 36,923               | 9 4           | 20.419                    | 69 4     |              | _  | $\rightarrow$ | 69                 | -        |                            | 49          | 199         | 69          | 15,185       | 1,331                |
| VEMBED                         | 524                    | 9         | 5.036                | +             | 2.815                     | 69       |              | <b>€</b> 9   |               | <b>\$</b>          | 69       |                            | 69          | _           | 69          | 2,084        | 022                  |
| ACAMETE.                       | 2 328                  | +         | 20.430               | $\rightarrow$ | 10.519                    | 69       |              | \$ 1,961   |               | €A                 | 49       |                            | 49          | 55          | 49          | 7,885        | 200                  |
| CAATC IT                       | 4 154                  | -         | 30.045               | <b>69</b>     | 16.080                    | 69       |              |  | -             | -CA                | 69       |                            | 49          | 89          | 44          | 12,908       | 1,300                |
| Daybur                         | 6.246                  | -         | 53.314               | -             | 32,761                    | co       |              | \$ 2,641   | -             |                    | 69       |                            | 68          | 120         | 4           | 787/1        | 1,000                |
| LAWRENCE                       | 689                    | -         | 11,012               | €9            | 6,516                     | $\vdash$ |              | 69   | 240           | 49                 | 69       | ı                          | 4           | 36          | U           | 4,220        | 010                  |
|                                |                        | ł         |                      |               |                           |          |              |  |               |                    |          |                            |             |             |             |              |                      |

1 of 3

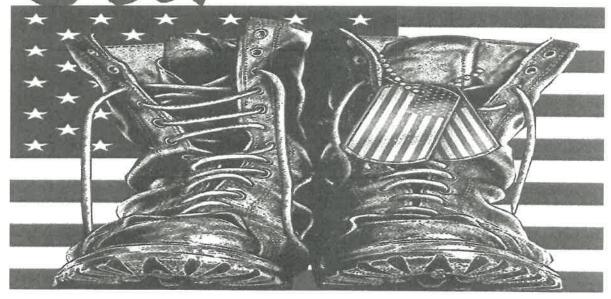
# FY21 GEOGRAPHIC DISTRIBUTION OF VA EXPENDITURES (GDX)

|                                   |                        |               |                      |                        | FY21 Summary   | FY21 Summary of Expenditures by State Expenditures in \$000s | by State          |                                  |                            | 1           |              |                                       |
|-----------------------------------|------------------------|---------------|----------------------|------------------------|----------------|--|-------------------|----------------------------------|----------------------------|-------------|--------------|---------------------------------------|
| County/ Congressional<br>District | Veteran<br>Population* | Įņ.           | Total<br>Expenditure | Compensation & Pension | Construction   | Education & Vocational Rehabilitation/                       | Loan<br>Guaranty# | General<br>Operating<br>Expenses | insurance &<br>Indomnities | Mood        | Medical Care | Unique<br>Patients**                  |
| LEAKE                             | 1,094                  | €₽            | 16,114               | \$ 9,105               | <del>(</del>   | \$ 320   | 4                 | 69                               | \$ 285                     | 20          | 6.404        | 485                                   |
| LEE                               | 4,715                  | 49            | 44,605               | \$ 27,994              | 1              | \$ 1.623   |                   |                                  |                            | 9           | 14 708       | 1 427                                 |
| LEFLORE                           | 1,101                  | 49            | 13,814               |                        |                |  |                   | 1                                |                            | <b>69</b> 1 | 6.019        | 433                                   |
| LINCOLN                           | 1,702                  | 49            | 19,562               |                        | <b>69</b>      |  |                   |                                  |                            | 9           | 9,0,0        | 740                                   |
| LOWNDES                           | 4,746                  | 69            | 59,235               |                        |                | 2  |                   |                                  |                            | 59 4        | 16.427       | 1 750                                 |
| MADISON                           | 5,105                  | 49            | 63,942               |                        |                |  | 69                |                                  | دن                         | 59          | 25 748       | 000                                   |
| MARION                            | 1,361                  | 49            | 14,669               |                        | <b>69</b>      | \$ 234   | 69                |                                  |                            | 59 1        | 5.451        | 504                                   |
| MARSHALL                          | 1,912                  | 69            | 21,170               |                        | <del>(</del> 0 |  |                   | <b>69</b>                        | 13                         | 9           | 10 068       | 000                                   |
| MONROE                            | 2,099                  | 49            | 21,185               | \$ 13,866              | <del>60</del>  |  | 69                | 1                                |                            | <b>SP</b>   | 6.679        | 730                                   |
| MONTGOMERY                        | 580                    | <del>60</del> | 7,854                |                        | <b>49</b>      |  | 69                |                                  |                            | 69          | 2.678        | 259                                   |
| NESHOBA                           | 1,592                  | 40            | 16,202               |                        | <del>69</del>  | \$ 572   | <del>49</del>     | <del>(</del>                     | \$ 128                     | 69          | 6.656        | 537                                   |
| NEWTON                            | 1,428                  | 40            | 12,653               | \$ 7,713               | <del>69</del>  |  | <b>69</b>         | <del>69</del>                    |                            | 69          | 4.491        | 508                                   |
| NOXUBEE                           | 458                    | 69            | 3,409                | \$ 2,220               | 46             |  | <del>69</del>     | 49                               |                            | 69          | 1.134        | 126                                   |
| OKTIBBEHA                         | 2,128                  | 69            | 18,556               |                        | <del>69</del>  | \$ 2,620   | •                 | <b>€</b> 9                       | \$ 67                      | 69          | 5,166        | 614                                   |
| PANOLA                            | 1,730                  | 40            | 19,011               | \$ 10,753              | 40             |  | <b>€</b>          | <del>69</del>                    |                            | 69          | 7.591        | 524                                   |
| PEARL RIVER                       | 4,510                  | 40            | 48,952               |                        | <del>49</del>  | \$ 1,320   | <del>40</del>     | 46                               |                            | 69          | 19.974       | 1.509                                 |
| PERRY                             | 778                    | 40            | 7,512                | \$ 4,733               | 49             | \$ 190   | 49                | <del>(</del>                     |                            | 69          | 2.579        | 305                                   |
| PIKE                              | 2,226                  | 49            | 29,588               | \$ 15,304              | 49             | \$ 864   | <del>49</del>     | €A)                              |                            | 69          | 13.300       | 1.018                                 |
| PONTOTOC                          | 1,659                  | 49            | 14,014               |                        | <del>60</del>  |  | <del>60</del>     | <b>€</b>                         | \$ 20                      | 69          | 5.020        | 571                                   |
| PRENTISS                          | 1,281                  | 49            | 8,756                |                        | <b>₩</b>       |  | 69                | 49                               |                            | έş -        | 3.497        | 376                                   |
| QUITMAN                           | 318                    | €9            | 4,487                |                        | <b>49</b>      |  | <del>60</del>     |                                  | S 24                       | 69          | 1.571        | 137                                   |
| RANKIN                            | 8,335                  | €9            | 106,128              | \$ 51,214              | <del>69</del>  | \$ 4,296   | 69                | 49                               |                            | 69          | 50.160       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| SCOTT                             | 1,172                  | 69            | 13,440               |                        | <del>69</del>  |  | <del>60</del>     | <del>60</del>                    |                            | 69          | 6.337        | 427                                   |
| SHARKEY                           | 140                    | 49            | 2,551                |                        | 49             | \$ 83  | <del>49</del>     | <del>69</del>                    |                            | 69          | 1.128        | 29                                    |
| SIMPSON                           | 1,421                  | 69            | 19,481               |                        | 69             | \$ 355   | <b>49</b>         | <b>49</b>                        | 2                          | 69          | 9.349        | 633                                   |
| SMITH                             | 850                    | 60            | 7,751                | \$ 3,532               | 69             |  | <del>(</del> )    | <del>С</del> Р                   |                            | 60          | 4.109        | 304                                   |
| STONE                             | 1,350                  | 69            | 20,958               |                        | 49             | \$ 629   | <del>60</del>     | 1                                | CT.                        | 60          | 8.825        | 585                                   |
| SUNFLOWER                         | 1,049                  | 69            | 10,596               |                        | <del>69</del>  |  | <del>43</del>     | €A)<br> -                        |                            | 69          | 4.105        | 395                                   |
| IALLAHATCHIE                      | 555                    | €A            | 5,771                | \$ 2,948               | 49             | \$ 139   | 69                | <del>69</del>                    |                            | 43          | 2,663        | 175                                   |
| IAIE                              | 1,579                  | 69            | 14,711               |                        | 69             |  | 49                | <del>40</del>                    |                            | 69          | 6.937        | 478                                   |
| ПРРАН                             | 1,011                  | 49            | 8,458                |                        | 49             |  | <b>€</b> 7        | <b>€</b> 9                       |                            | 69          | 2.744        | 281                                   |
| TISHOMINGO                        | 1,086                  | 69            | 10,372               | \$ 7,361               | <del>49</del>  |  | <del>50</del>     | 69                               |                            | 69          | 2.759        | 308                                   |
| TUNICA                            | 563                    | 49            | 6,670                | \$ 2,916               | <del>⇔</del>   |  | 69                | 69<br>,                          |                            | <b>GA</b> - | 3 805        | 180                                   |
| UNION                             | 1,206                  | 49            | 11,141               | \$ 7,268               | <b>€9</b>      |  | 49                | 69                               |                            | 50          | 3.581        | 435                                   |
| WALTHALL                          | 689                    | 49            | 7,137                | \$ 3,979               | <del>69</del>  |  | 69                | 69                               |                            | *           | 2867         | 288                                   |
| WARREN                            | 3,191                  | 49            | 27,344               | \$ 14,913              | <del>49</del>  |  | •                 | 1                                | _                          | 69          | 11,415       | 951                                   |
| WASHINGTON                        | 2,443                  | 49            | 27,628               | \$ 13,595              | <del>69</del>  | \$ 434   | -                 | 69                               |                            | 69          | 13.588       | 1 100                                 |
| WAYNE                             | 794                    | 69            | 7,627                | \$ 4,576               | 40             | \$ 243   | 49                | <b>69</b>                        |                            | 69          | 2.802        | 324                                   |
| VVCBSIEK                          | 545                    | 45            | 7,971                | \$ 4,986               | 69             | \$ 155   | 69                | <del>()</del>                    | \$ 31                      | 40          | 2 799        | 221                                   |
|                                   |                        |               |                      |                        |                |  |                   |                                  |                            |             |              |                                       |

# FY21 GEOGRAPHIC DISTRIBUTION OF VA EXPENDITURES (GDX)

| Compensational   Velorian   Population*  |   |                                       |   |   | Y21 Summary (<br>Expend              | FY21 Summary of Expenditures by State Expenditures in \$000s | by State                                |                                    |                            |  |                      |
|--|---|---------------------------------------|---|---|--------------------------------------|--|---|------------------------------------|----------------------------|--|----------------------|
| SON 337 \$ 3,520 \$ 1,832 \$ - \$ 89 \$ - \$ - \$ 4 \$ 1,595   USHA 7,84 \$ 11,612 \$ 5,243 \$ - \$ 311 \$ - \$ 34 \$ 3,462   USHA 7,84 \$ 10,588 \$ 1,487,98 \$ 5,243 \$ - \$ 311 \$ - \$ - \$ 34 \$ 3,462   USHA 7,84 \$ 10,588 \$ 5,243 \$ - \$ 311 \$ - \$ - \$ 34 \$ 3,462   USHA 7,84 \$ 10,588 \$ 5,243 \$ - \$ 311 \$ - \$ - \$ 34 \$ 3,462   USHA 1,186 \$ 16,288 \$ 8,075 \$ - \$ 190 \$ 7,933   USHOT (C) 1,243 \$ 2,260,383 \$ - \$,487,413 \$ 2,260,383 \$ - \$ 190 \$ - \$ 190 \$ 7,933   USHOT (C) 2,353 \$ 432,413 \$ 266,383 \$ - \$ 16,283 \$ - \$ 1,290 \$ 167,323   USHOT (C) 41,446 \$ 484,939 \$ 222,171 \$ (12,941) \$ 7,677 \$ 1,291 \$ 1,291 \$ 228,349   USHOT (C) 41,446 \$ 484,939 \$ 222,171 \$ (12,941) \$ 7,677 \$ 1,291 \$ 1,291 \$ 228,349   USHOT (C) 41,446 \$ 484,939 \$ 222,171 \$ (12,941) \$ 7,677 \$ 1,291 \$ 1,291 \$ 232,401   USHOT (C) 41,446 \$ 484,939 \$ 222,171 \$ (12,941) \$ 7,677 \$ 1,291 \$ 1,291 \$ 232,401   USHOT (C) 41,446 \$ 484,939 \$ 222,171 \$ (12,941) \$ 7,677 \$ 1,291 \$ 1,291 \$ 232,401   USHOT (C) 41,446 \$ 484,939 \$ 222,171 \$ (12,941) \$ 7,677 \$ 1,291 \$ 1,291 \$ 232,401   USHOT (C) 41,446 \$ 484,939 \$ 222,171 \$ (12,941) \$ 7,677 \$ \$ 1,291 \$ 3,242 \$ 3,449   USHOT (C) 41,446 \$ 484,939 \$ 222,171 \$ (12,941) \$ 7,677 \$ \$ 1,291 \$ 3,242 \$ 3,449   USHOT (C) 41,446 \$ 484,939 \$ 222,171 \$ (12,941) \$ 7,677 \$ \$ 1,291 \$ 3,449   USHOT (C) 41,446 \$ 484,939 \$ 222,471 \$ (12,941) \$ 7,677 \$ \$ 1,291 \$ 3,449   USHOT (C) 41,446 \$ 484,939 \$ 222,471 \$ (12,941) \$ 7,677 \$ \$ 1,291 \$ \$ 2,283,449   USHOT (C) 41,446 \$ 484,939 \$ 222,471 \$ (12,941) \$ 7,677 \$ \$ 1,291 \$ \$ 2,284,49 \$ 2,     | County/ Congressional District                            | Veteran<br>Population*                | Total<br>Expenditure                            | Compensation<br>& Pension               | Construction                         | Education & Vocational Rehabilitations                       |   | General<br>Operating<br>Expenses   | insurance &<br>indemnities | Medical Care                           | Unique<br>Patients** |
| SON   1,038   \$ 11,612   \$ 5,283   \$ - \$ 281   \$ - \$ 281   \$ 3,482   \$ - \$ 21   \$ 6,067   \$ 1,088   \$ 11,612   \$ 5,283   \$ - \$ 34   \$ 3,482   \$ 10,881   \$ 11,8612   \$ 5,283   \$ - \$ 34   \$ 3,482   \$ 10,881   \$ 10,288   \$ 10,288   \$ 10,288   \$ 10,288   \$ - \$ 34   \$ 3,482   \$ 10,881   \$ 10,288   \$               |   |                                       |   |   |                                      |  |   |                                    |                            | ١                                      | 400                  |
| 1,038   \$ 11,612   \$ 5,243   \$ - \$ 281   \$ - \$ 281   \$ 3,482   \$ 3,482   \$ 10,598   \$ 6,781   \$ - \$ 311   \$ - \$ 34   \$ 3,482   \$ 3,482   \$ 10,598   \$ 5,793   \$ 5,793   \$ 190   \$ - \$ 5 90   \$ 7,933   \$ 1,186   \$ 16,288   \$ 5,075   \$ - \$ 190   \$ 7,933   \$ 1,186   \$ 16,288   \$ 5,075   \$ - \$ 90   \$ 7,933   \$ 1,290   \$ 7,933   \$ 1,290   \$ 7,933   \$ 1,290   \$ 7,933   \$ 1,290   \$ 7,933   \$ 1,290 | NOSINI KINSON   | 337                                   | 1   | l                                       |                                      |  |   |                                    |                            |  | 12                   |
| USHA    1,000   1,000   3,048   3,482   3,482   3,482   3,482   3,482   3,482   3,482   3,482   3,186   \$ 16,288   \$ 8,075   \$ - \$ 190   \$ - \$ 7,933   3,482   3,186   \$ 16,288   \$ 8,075   \$ - \$ 190   \$ - \$ 7,933   3,482   3,186   \$ 16,288   \$ 8,075   \$ - \$ 190   \$ - \$ 7,933   3,482   3,186   \$ 16,288   \$ 16,288   \$ 8,075   \$ - \$ 190   \$ 976,389   \$ 10,570   \$ - \$ 1,280   \$ 167,323   3,517   \$ 222,401   3,531   \$ 42,241   \$ 2,260,383   \$ 473,527   \$ 226,328   \$ 0   \$ 10,885   \$ - \$ 13,511   \$ 1,280   \$ 197,323   3,517   \$ 266,348   \$ 252,171   \$ (12,981)   \$ 17,670   \$ - \$ 1,351   \$ 1,881   \$ 333,449   3,531   \$ 444,938   \$ 252,171   \$ (12,981)   \$ 17,670   \$ - \$ 1,351   \$ 1,881   \$ 212,887   3,517   \$ 222,401   3,517   \$ 222,401   3,517   \$ 222,401   3,517   \$ 3,281   \$ 440,898   \$ 9,114   \$ 31,281   \$ - \$ 1,825   \$ 3,141   \$ 333,449   3,517   \$ 227,487   \$ 228,328   \$ 440,898   \$ 9,114   \$ 31,281   \$ - \$ 1,825   \$ 3,141   \$ 333,449   3,517   \$ 212,887   3,517   \$ 212,887   3,517   \$ 222,401   3,517   \$ 222,401   3,517   \$ 222,401   3,517   \$ 3,517                            | ANICHARONA  | 200                                   |   |   |                                      |  | 69                                      |                                    |                            |  | 3                    |
| CISHA   1,094   10,200   3   10,208   5   1,007   5   5   5   5   5   5   5   5   5  | WINGICA   | 1,000                                 |   |   |                                      |  | 49                                      | co                                 |                            |  | 28                   |
| ## 1,186 \$ 16,288 \$ 5,075 \$ - \$ 13,000 ## 375,389 \$ 175,399 \$ 175,399 \$ 175,399 \$ 175,399 \$ 175, | YALOBUSHA   | /84                                   |   |   |                                      |  | 9 4                                     | 8                                  |                            |  | 51                   |
| SIPPI (Totals)   | YAZOO   | 1,186                                 |   |   |                                      |  | 4                                       |                                    |                            |  |                      |
| DIST (01)   42,934 \$ 452,413 \$ 286,348 \$ 582 \$ 16,883 \$ - \$ 7 \$ 1,290 \$ 167,323  | MISSISSIPPI (Totals)                                      | 182,774                               |   |   |                                      | 46   |   | ₹                                  | 8,197                      |  | 68,14                |
| DIST (01) 42,934 \$ 452,413 \$ 286,348 \$ 582 \$ 10,885 \$ - \$ 1,906 \$ 232,401 DIST (02) 35,381 \$ 473,527 \$ 228,326 \$ 228,171 \$ (12,981) \$ 17,670 \$ - \$ 13,511 \$ 1,861 \$ 212,687 DIST (03) 41,446 \$ 448,938 \$ 282,171 \$ (12,981) \$ 17,670 \$ - \$ 13,511 \$ 1,861 \$ 212,687 DIST (04) 63,013 \$ 849,505 \$ 440,586 \$ 9,114 \$ 31,281 \$ - \$ 13,511 \$ 1,861 \$ 212,687 DIST (04) 63,013 \$ 849,505 \$ 440,586 \$ 9,114 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) \$ 182,774 \$ 2,286,383 \$ 1,187,541 \$ 1,187,541 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) \$ 182,774 \$ 2,286,383 \$ 1,187,541 \$ 1,287,541 \$                              |   |                                       |   |   |                                      |  |   |                                    | ١                          | 1                                      | 14 11                |
| DIST (02) 35,381 \$ 473,527 \$ 228,326 \$ 0 \$ 10,895 \$ - \$ 13,511 \$ 1,801 \$ 212,807 DIST (03) 41,446 \$ 484,938 \$ 252,171 \$ (12,961) \$ 17,670 \$ . \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 849,505 \$ 440,896 \$ 9,114 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 849,505 \$ 440,896 \$ 9,114 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 849,505 \$ 440,896 \$ 9,114 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 849,505 \$ 440,896 \$ 9,114 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 849,505 \$ 440,896 \$ 9,114 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 849,505 \$ 440,896 \$ 9,114 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,827,44 \$ 2,265,383 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,827,44 \$ 2,265,383 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,827,44 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,827,44 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,827,44 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,827,44 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,827,44 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 3,141 \$ 363,449 DIST (04) 63,013 \$ 1,825 \$ 3,141 \$ 3,14                           | CONG DIST (01)  | 42,934                                |   |   |                                      |  | 4                                       | 4                                  |                            |  | 14.54                |
| DIST (03)  41,446 \$ 484,938 \$ 252,171 \$ (12,981) \$ 17,670 \$ - \$ 13,011 \$ 3,449  DIST (04)  63,013 \$ 849,505 \$ 440,698 \$ 9,114 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449  DIST (04)  63,013 \$ 849,505 \$ 440,698 \$ 9,114 \$ 31,281 \$ - \$ 1,825 \$ 3,141 \$ 363,449  SIPPI (Totals)  182,774 \$ 2,260,383 \$ 1,187,541 \$ 2,260,383 \$ 1,187,541 \$ 1,187,541 \$ 37,285 \$ 3,141 \$ 363,449  In population estimates, as of September 30, 2021, are produced by the VA Predictive Analytics and Actuary Service (VetPop 2018)  In population estimates, as of September 30, 2021, are produced by the VA Predictive Analytics and Actuary Service (VetPop 2018)  In population estimates, as of September 30, 2021, are produced by the VA Predictive Analytics and Actuary Service (VetPop 2018)  In population estimates, as of September 30, 2021, are produced by the VA predictive Analytics and Actuary Service (VetPop 2018)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service (VetPop 2018)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service (VetPop 2018)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service Center (ARC)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service Center (ARC)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service Center (ARC)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service Center (ARC)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service Center (ARC)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service Center (ARC)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service Center (ARC)  In population estimates, as of September 30, 2021, are produced by the Analytics and Actuary Service Center (ARC)  In populat  | CONG DIST (02)  | 35,381                                |   |   |                                      |  | 49                                      | 4                                  |                            | 1                                      | 18.08                |
| SIPPI (Totals) 63,013 \$ 849,505 \$ 440,698 \$ 9,114 \$ 31,285 \$ - \$ 18,342 \$ 849,595 \$ 975,880 \$ 197,100 \$ 197,000 \$ 19 | 망   | 41,446                                |   |   |                                      |  | 61                                      | e                                  |                            |  | 22 20                |
| bites:    15,342   \$ 2,261,383   \$ 4,187,541   \$ 2,261,383   \$ 4,187,541  | DIST  | 63,013                                |   |   | ļ                                    |  | en                                      | 4                                  | 1                          |  | 10,00                |
| Veteran population estimates, as of September 30, 2021, are produced by the VA Predictive Analytics and Actuary Service Prior to FY 08, "Loan Guarenty" expenditures were included in the Education & Vocational Rehabilitation and Employment produced to Travis County, TX, where all Loan Guaranty payments are processed. VA will continue to improve data collectionable, county and congressional district levels.  Unique patients are patients who received treatment at a VA health care facility. Data are provided by the Allocation Resources. USASpending gov for Compensation & Pension (C&P) and Education and Vocational Rehabilitative surance. Center for the Insurance costs, the VA Financial Management System (FMS) for Construction, Medical Research, at the Allocation Resource Center (ARC) for Medical Care costs.  Expenditures are rounded to the nearest thousand dollars. For example, \$500 to \$1,000 are rounded to \$1, \$0 to \$499 and Education and other benefits to veterans: person for nonservice-connected deaths, veterans' pension for nonservice-connected disabilities, and burial and other benefits to veterans: medical services, medical administration, facility maintenance, educational is support.  | MISSISSIPPI (Totals)                                      |                                       |   | 1,187,541                               | 111                                  | (A)  | **                                      | 4                                  | Ш                          |  | 68,14                |
| Veteran population estimates, as of September 30, 2021, are produced by the VA Predictive Analytics and Actuary Service Prior to FY 08, "Loan Guaranty" expenditures were included in the Education & Vocational Rehabilitation and Employment fributed to Travis County, TX, where all Loan Guaranty payments are processed. VA will continue to improve data collectic atte, county and congressional district levels.  Unique patients are patients who received treatment at a VA health care facility. Data are provided by the Allocation Resoupenditure data sources. USASpending gov for Compensation & Pension (C&P) and Education and Vocational Rehabilitative surance. Center for the insurance costs, the VA Financial Management System (FMS) for Construction, Medical Research, and the Allocation Resource. Center (ARC) for Medical Care costs.  Expenditures are rounded to the nearest thousand dollars. For example, \$500 to \$1,000 are rounded to \$1, \$0 to \$499 and The Compensation & Pension expenditures include dollars for the following programs veterans' compensation for service-connected deaths, veterans' pension for nonservice-connected disabilities, and burial and other benefits to veterans:  Medical Care expenditures include dollars for medical services, medical administration, facility maintenance, educational is provided to the rountered dollars for construction or other non-medical support.   | Notes:  |                                       |   |   |                                      |  |   |                                    |                            |  |                      |
| Prior to FY 08, "Loan Guaranty" expenditures were included in the Education & Vocational Rehabilitation and Employments tributed to Travis County, TX, where all Loan Guaranty payments are processed. VA will continue to improve data collectic rate, county and congressional district levels.  Unique patients are patients who received treatment at a VA health care facility. Data are provided by the Allocation Resource patients who received treatment at a VA health care facility. Data are provided by the Allocation Resource Center for the Insurance costs, the VA Financial Management System (FMS) for Construction, Medical Research, at the Allocation Resource Center (ARC) for Medical Care costs.  Expenditures are rounded to the nearest thousand dollars for example, \$500 to \$1,000 are rounded to \$1, \$0 to \$499 and The Compensation & Pension expenditures include dollars for the following programs veterans' compensation for service-connected deaths, veterans' pension for medical services, and burial and other benefits to veterans in Medical Care expenditures include dollars for medical services, medical administration, facility maintenance, educational is the property of the following programs.   | <ul> <li>Veteran population estima</li> </ul>             | ates, as of Septi                     | ember 30, 2021, a                               | are produced by the                     | e VA Predictive                      | Analytics and Ac   |   |                                    | Currently of "I o          | an Guaranty" expe                      | enditures are        |
| Unique patients are patients who received treatment at a VA health care facility. Data are provided by the Allocation Resource Unique patients are patients who received treatment at a VA health care facility. Data are provided by the Allocation Resource content of the Insurance costs, the VA Financial Management System (FMS) for Construction, Medical Research, and the Allocation Resource Center (ARC) for Medical Care costs.  Expenditures are rounded to the nearest thousand dollars. For example, \$500 to \$1,000 are rounded to \$1, \$0 to \$499 and The Compensation & Pension expenditures include dollars for the following programs veterans' compensation for service-connected deaths, veterans' pension for nonservice-connected disabilities, and burial and other benefits to veterans:  Medical Care expenditures include dollars for medical services, medical administration, facility maintenance, educational is process, the process of the following programs.  | # Prior to FY 08, "Loan Gu<br>attributed to Travis County | uaranty" expendi<br>, TX, where all L | itures were include<br>-oan Guaranty pay<br>els | ed in the Educatio<br>yments are proces | n & Vocational H<br>ssed VA will con | enablication and<br>tinue to improve                         | data collection for                     | ir future GDX repo                 | rts to better distril      | bute loan expendit                     | ures at the          |
| penditure data sources USASpending gov for Compensation & Pension (C&P) and Education and Vocational Rehabilitation surance Center for the Insurance costs, the VA Financial Management System (FMS) for Construction, Medical Research, and the Allocation Resource Center (ARC) for Medical Care costs  Expenditures are rounded to the nearest thousand dollars. For example, \$500 to \$1,000 are rounded to \$1, \$0 to \$499 and The Compensation & Pension expenditures include dollars for the following programs veterans' compensation for service-connected deaths, veterans' pension for nonservice-connected disabilities, and burial and other benefits to veterans and Medical Care expenditures include dollars for medical services, medical administration, facility maintenance, educational increased and include dollars for construction or other non-medical support  | ** Unique patients are patie                              | ents who receive                      | ed treatment at a                               | VA health care fac                      | thy Data are pr                      | ovided by the All  | ocation Resource                        | Center (AKC)                       |                            | Danash                                 | dministration        |
|  | Expenditure data sources insurance Center for the in      | USASpending g                         | ov for Compensa                                 | tion & Pension (C<br>Management System  | &P) and Educati<br>em (FMS) for Co   | on and Vocations nstruction, Medic                           | al Rehabilitation a<br>al Research, Ger | nd Employment (Eneral Operating Ex | penses, and cert           | eterans benefits /<br>ain C&P and Read | justment data        |
| 1 14 1   | and the Allocation Resource                               | os Center (AAC)                       | thousand delica                                 | Corporatio &                            | 500 to \$1 000 are                   | rounded to \$1   | \$0 to \$499 are ro                     | unded to \$0, and "                | \$ -" = 0 or no exp        | enditures                              |                      |
| 1 1 1 1 1  | - 1   | ension expendit                       | ures include dolla                              | rs for the following                    | programs vete                        | ans' compensati  | on for service-cor                      | nnected disabilities               | , dependency an            | d indemnity comp                       | ensation for         |
| 5  | 100   | res include dolla                     | ars for medical ser                             | rvices, medical ad                      | ministration, faci                   | ity maintenance,   | educational sup                         | oort, research supp                | ort, and other ov          | erhead items Me                        | dical Care           |
| CAUCIELIANCE AN INC. INC. INC. INC. INC. INC. INC. INC   |   |                                       |   | non-medical supp                        | ort                                  |  |   |                                    |                            |  |                      |

# MEET YOUR VSO LUNCHEON 2022 @ 1000 A.M.



ARMY NATIONAL GUARD

223<sup>RD</sup> ENG BN

1141 E INDUSTRIAL ACCESS ROAD

WEST POINT, MS 39773

CLAY CNTY VETERANS, RETIREES AND THEIR

DEPENDENTS

REPRESENTATION:

PTSD

SUICIDE

SERVICE CONNECT DISABILITY CLAIM

**ALL VETERANS ARE WELCOME** 



## **CVSO Training**

## November 29, 2022 through December 2, 2022

## Golden Nugget Biloxi, MS

## 151 Beach Boulevard, Biloxi, MS 39530

Mississippi Veterans Affairs is pleased to announce that our Annual Training Conference will be held at the Golden Nugget in Biloxi again this year. Classes will start at 8 am on 11/29 and will end at 12:00 on 12/2. To register, please complete this form and return it to me by email, fax, or mail. I will send you an email confirmation once it is received.

| Name:     | ANGE             | D. HWES-GOODE                                       | _          |
|-----------|------------------|---|------------|
| County:   | CLAY             |   |            |
| Are you A | ccredited with M | SVA?no  |            |
| The group | code that you wi | ill need to reserve your hotel room is S220407. Att | endees may |

make their reservations by calling 1-800-777-7568 and using the group code, or they may click on this link (no group code needed):

https://goldennuggetbiloxi.reztrip.com/ext/promoRate?property=1262&mode=b&pm=true&sr=7 44063&vr=3

Sincerely,

Elizabeth Lancaster

Director of Training

CDWAT

660 NORTH STREET, SUITE 200 • JACKSON, MS 39202 • P.O. BOX 3439 • JACKSON, MS 39207 • PHONE: 601-576-4850 • FAX: 601-576-4870

STACEY E. PICKERING

Third Congressional District

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Flowood. At Large

JAMES (MAX) FENN, JR

Fourth Congressional District

<u>DEBORAH WALLEY COLEMAN</u>

Madison. At Large

GEORGE E. IRVIN, SR.

Jackson, Second Congressional District



In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead federal agency, in partnership with the Federal Communications Commission and the Department of Veterans Affairs, working to make the promise of 988 a reality for America. Moving to a 3-digit dialing code is a once-in-a-lifetime opportunity to strengthen and expand the existing National Suicide Prevention Lifeline (the Lifeline).

Of course, 988 is more than just an easy-to-remember number—it is a direct connection to compassionate, accessible care and support for anyone experiencing mental health related distress – whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. Preparing for full 988 implementation requires a bold vision for a crisis care system that provides direct, life-saving services to all in need.

SAMHSA sees 988 as a first step towards a transformed crisis care system in much the same way as emergency medical services have expanded in the US.



In pursuit of this bold yet achievable vision, SAMHSA is first focused on strengthening and expanding the existing Lifeline network, providing life-saving service to all who call, text or chat via 988. Longer term, SAMHSA recognizes that linking those in crisis to community-based providers—who can deliver a full range of crisis care services—is essential to meeting crisis needs across the nation.





Centers for Disease Control and Prevention

326316-D



## **Frequently Asked Questions**

## What is the Lifeline and will 988 replace it?

The Lifeline is a national network of over 200 local, independent, and state-funded crisis centers equipped to help people in emotional distress or experiencing a suicidal crisis. Moving to 988 will not replace the Lifeline, rather it will be an easier way to access a strengthened and expanded network of crisis call centers. Beginning July 16, 2022, people can access the Lifeline via 988 or by the 10-digit number (which will not go away).

## When will 988 go live nationally?

The 988 dialing code will be available nationwide for call (multiple languages), text or chat (English only) on July 16, 2022. Until then, those experiencing a mental health or suicide-related crisis, or those helping a loved one through crisis, should continue to reach the Lifeline at its current number, 1-800-273-8255.

### low is 988 different from 911?

88 was established to improve access to crisis services in a way that meets our country's growing suicide and mental health related crisis care needs. 988 will provide easier access to the Lifeline network and related crisis resources, which are distinct from 911 (where the focus is on dispatching Emergency Medical Services, fire and police as needed).

## How is 988 being funded?

Congress has provided the Department of Health and Human Services workforce funding through the American Rescue Plan, some of which will support the 988 workforce. At the state level, in addition to existing public/private sector funding streams, the National Suicide Hotline Designation Act of 2020 allows states to enact new state telecommunication fees to help support 988 operations.

## Is 988 available for substance use crisis?

The Lifeline accepts calls from anyone who needs support for a suicidal, mental health and/or substance use crisis.

## Urgent realities.



Too many Americans are experiencing suicide and mental health crises without the support and care they need. In 2020 alone, the US had one death by suicide about every 11 minutes — and for people aged 10-34 years, suicide is a leading cause of death.

## Easier access.



Moving to an easy-to-remember, 3-digit dialing code will provide greater access to life-saving services.

## There is hope.



Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works! The Lifeline helps thousands of people overcome crisis situations every day.

Email 988 questions to:
988Team@
samhsa.hhs.gov

# EXHIBIT D



## TO THE MEN AND WOMEN WHO SERVED

# Department of Mississippi DAV/DAVA Mid-Winter Training Conference Golden Moon Casino and Hotel October 13 - 16, 2022

## Thursday, October 13, 2022

| 12:00 pm - 4:00 pm                      | Registration - 2nd Floor Pre-Function Area NSO Service Claims - 2nd Floor Omega Room |
|---|--|
| 12:00 pm - 4:00 pm<br>1:00 pm - 5:00 pm | DSO/HSC/CSO Certification Training - NSO Asst Supervisor Gary Gray                   |
| T:00 bm - 2:00 bm                       | 2nd Floor Orion - Triton Room  |
| 4:00 pm - 5:00 pm                       | Finance Committee Meeting - Chairman Carll Wofford - Omega Room                      |
| 6:00 pm - 7:00 pm                       | Hospitality Room open - VIP Suite 10001  |

## Friday, October 14, 2022

| 8:00 am - 11:00 pm<br>8:00 am - 11:00 pm<br>8:00 am - 12:00 pm | Registration - 2nd Floor Pre-Function Area NSO Service Claims - 2nd Floor Omega Room DSO/HSC/CSO Certification Training - NSO Asst Supervisor Gary Gray 2nd Floor Orion - Triton Room |
|--|---|
| 11:30 am - 12:45 pm  | Hospitality Room open - VIP Suite 10001   |
| 1:00 pm - 4:00 pm  | Registration - 2nd Floor Pre-Function Area  |
| 1:00 pm - 2:30 pm  | Veterans Information Seminar - NSO Corbert Young  |
| 1.00 hm - 2.50 hm  | 2nd Floor Orion - Triton  |
| 2:30 pm - 2:40 pm  | Break   |
| 2:40 pm - 3:30 pm  | Department Training - Benefit Protection - Vernon Miller -  |
| 2.40 pm - 5.00 pm  | 2nd Floor Orion - Triton Room   |
| 6;00 pm - 10:00 pm   | Fun Night - Red, White, and Blue Patriotic Theme - 1st Floor VIP Room   |

# EXHIBIT E



# Sales Order



Order Entry #: MSWPOOE221

**WEST POINT-MS** 

70 Airport Rd.

West Point MS United States 39773

(662)605-3469

Merchant ID:8031924353

Sales Person:

**JESSICA P JACQUALINE C** 

Tendered By:

16-Sep-2022 12:30 PM

Date Created: Order ETA:

23-Sep-2022 12:00 AM

Split Shipping:

No

Bill To: amy berry

6622951029

West Point MS United States

| Product SKU            | Inventory Location     | on            | Qty       | Invoiced | Remaining             | Availability   | <b>Your Price</b> | <b>Your Total</b> |
|------------------------|------------------------|---------------|-----------|----------|-----------------------|----------------|-------------------|-------------------|
| ACCAAP002548           | WEST POINT-MS          | 3             | 1         | 0        | 1                     | All            | \$1,210.00        | \$1,210.00        |
| Apple i                | Phone 14 Pro Max 25    | 66GB Space    | Black     |          |                       | Tracking #:359 | 702373118650      |                   |
| ACCANS000548           | WEST POINT-MS          | 6             | 1         | 0        | 1                     | All            | \$0.00            | \$0:00            |
| Rate P                 | lan                    |               |           |          |                       |                |                   |                   |
| ACCARB000274           | WEST POINT-MS          | 3             | 1         | 0        | 1                     | All            | \$0.00            | \$0.00            |
| Outrigh                | nt Purchase - Term     |               |           |          |                       | Tracking #:662 | 2951029           |                   |
| SSSSNS000001           | WEST POINT-MS          | 8             | 1         | 0        | 1                     | All            | \$35.00           | \$35.00           |
| \$35 Setup For Success |                        |               |           |          | Tracking #:6622951029 |                |                   |                   |
| Payment:               |                        |               |           |          |                       |                | Subtotal:         | \$1,245.00        |
| Visa                   | \$35.00                | Approval #:   | 216103    |          |                       |                |                   |                   |
| *********5038          |                        |               |           |          |                       |                | MISSISSIPPI:      | \$84.70           |
| BERRY/AMY              |                        |               |           |          |                       | Pa             | yment Balance:    | \$35.00           |
| itry Type:             | Chip                   |               |           |          |                       |                |                   | Ψ00.00            |
| gree to pay the a      | bove total according t | to the card h | olders ag | reement. |                       |                |                   |                   |
|                        |                        |               |           |          |                       | -              | Balance:          | \$1.294.70        |
|                        |                        |               |           |          |                       |                |                   | · -}              |
|                        |                        |               |           |          |                       |                |                   |                   |

Comments:

Page 1 of 2

# EXHIBIT F

# 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 September 2022 in which I am submitting to the Board for further revie and approval to be spread upon their minutes.

Witness this signature on the 15th day of September, 2022.

Amy G. Berry

Charcery Clerk

Clay County, Mississippi

9/09/2022 · CLAY COUNTY

PAGE 25

001 GENERAL COUNTY
INVOICES PAID BY CHECK # 79865 DATED 9/10/2022
VENDOR # 1284

CARDMEMBER SERVICE P. O. BOX 790408

ST. LOUIS

MO 63179-0408

|         |                                 |                                     |   |   | ~ ~ ~ = =                   |
|---------|---------------------------------|-------------------------------------|---|---|-----------------------------|
| CLAIM # | INVOICE#                        | DATE                                | FND-DPT-OBJ                               | DESCRIPTION   | AMOUNT                      |
| 7921    | 09/2022<br>09/2022A<br>09/2022B | 8/31/2022<br>8/31/2022<br>8/31/2022 | 001-200-476<br>001-200-585<br>001-100-585 | MEALS & LODGING<br>SEMINAR/REGISTRATION<br>SEMINARS/REGISTRATIO | 2885.28<br>780.00<br>260.00 |
|         |                                 |                                     |   |   | 3925.28                     |

| WEST POINT, MISSISSIPPI        | 8/31<br>DATE                                 | CK#20              |
|--------------------------------|--|--------------------|
| CLAY COUNTY                    | DEPARTMENT SELV VENDOR NAME                  |                    |
|                                | IVOICE DATE                                  | PURCHASE ORDER #   |
| 001-200-476                    | Mals/ Wagir                                  |                    |
| INVOICE # DR 2000 IN EXPENSE # | VOICE DATE 08 31 32 DESCRIPTION              | AMOUNT             |
| 001-200-595                    | Seminar Res.                                 |                    |
| INVOICE # 09 000 IN EXPENSE #  | DESCRIPTION                                  | * 260. W<br>AMOUNT |
| 001-100-585                    | Seminar Reg.                                 | \$ 395.28          |
| 505.89<br>948.81<br>288 24     | 2,885-281-<br>780-001<br>260-00<br>3,925-281 | AMOUNT             |
| 288 24<br>2.885 2d 3           | DICE DATE                                    | AMOUNT             |



August 2022 Statement

Open Date: 07/21/2022 Closing Date: 08/22/2022

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

| (Marwe Salanne Stromen (1995)<br>(Malana professor (1995) (1995) (1995)<br>(Malana professor (1995) (1995) (1995) (1995)<br>(Malana professor (1995) (1995) (1995) (1995) (1995) (1995) (1995) |  |
|--|--|
|--|--|

Earned This Statement 3,925
Reward Center Balance 89,558
as of 08/21/2022
For details, see your rewards summary.

Page 1 of 3 Account: 4798 5100 4674 2009

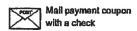
Cardmember Service BUS 30 ELN B

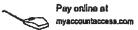
1-866-552-8855 13

| <b>Activity Summary</b> |   |              |
|-------------------------|---|--------------|
| Previous Balance        | + | \$2,416,63   |
| Payments                | - | \$2,416.63CR |
| Other Credits           | - | \$52,88CR    |
| Purchases               | + | \$3,978,16   |
| Balance Transfers       |   | \$0.00       |
| Advances                |   | \$0.00       |
| Other Debits            |   | \$0.00       |
| Fees Charged            |   | \$0.00       |
| Interest Charged        |   | \$0.00       |
| New Balance             | = | \$3,925.28   |
| Past Due                |   | \$0.00       |
| Minimum Payment Due     |   | \$40.00      |
| Credit Line             |   | \$43,000.00  |
| Available Credit        |   | \$39,074.72  |
| Days in Billing Period  |   | 33           |

**Payment Options:** 

ł





Pay by phone 1-866-552-8855

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

CPN 001051747



# **August 2022 Statement** 07/21/2022 - 08/22/2022 CLAY COUNTY MS (CPN 001051747)

**Cardmember Service** 

0.00

Page 2 of 3 1-866-552-8855

#### Visa Business Rewards

| Rewards Center Activity as of 08/21/2022 |        |
|--|--------|
| Rewards Center Activity*                 | 0      |
| Rewards Center Balance                   | 89,558 |

<sup>\*</sup>This item includes points redeemed, expired and adjusted.

|  |              | This      | Year    |  |
|--|--------------|-----------|---------|--|
| Rewards Earned                           |              | Statement | to Date |  |
| Points Earned on Net                     | 3,925        | 39,981    |         |  |
| Gas, Restaurants & Telecom Double Points |              | 0         | 300     |  |
|  | Total Earned | 3,925     | 40,281  |  |

Points Expiring on 09/30/2022: 4094

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

| Fransac      | tions         | . B  | RRYAMYG  | Credit Limi | \$43000   |
|--------------|---------------|------|--|-------------|-----------|
| Post<br>Date | Trans<br>Date | Ref# | Transaction Description                            | Amount      | Notation  |
|              |               |      |  |             |           |
| 08/12        | 08/10         | 9724 | HILTON HOTELS 504-5610500 LA P. SKANSE             | \$52.88cR   | -10       |
|              |               | MAG  | Porchases and Other Deblie Line 7 and H            |             |           |
| 07/29        | 07/28         | 6746 | AMERICAN CORRECTIONAL 800-2225646 VA               | \$780.00    | 310       |
| 08/03        | 08/02         | 4049 | AMERICAN CORRECTIONAL 800-2225646 VA S.DECO        | \$260.00    | <u>Pa</u> |
| 08/09        | 08/07         | 5864 | HILTON HOTELS 504-5610500 LA PSTANGE               | \$908.98    | 2/0       |
| 08/10        | 08/08         | 1526 | WESTIN (WESTIN HOTELS) 504-5667006 LA A CUMMUS     | \$503.89    | 20        |
| 08/18        | 08/16         | 7445 | WESTIN (WESTIN HOTELS) 504-5687006 LA CONSTITUTION | \$948.81    | 8/0       |
| 08/19        | 08/18         | 7900 | IP-MS ADV DEPOSIT 6014384555 MS 12 WILLIAMS        | \$288.24    | 36        |
| 08/19        | 08/18         | 9088 | IP-MS ADV DEPOSIT 6014364555 MST- MISONE           | \$288.24    | 219       |
|              |               |      | Total for Account 4798 5100 6869 8758              | \$3,925.28  |           |

Continued on Next Page





TWO POYDRAS STREET NEW ORLEANS, LA 70130

United States of America

TELEPHONE 504-561-0500 • FAX 504-568-1721

Reservation

www.hilton.com or 1 800 HILTONS

Room No: Arrival Date:

8/4/2022 9:02:00 AM

Departure Date:

8/7/2022 2:13:00 PM

5114/Q2DV

Adult/Child:

1/0 OBUTLER

Cashler ID: Room Rate:

233.00

HH#

261553141 SILVER

VAT#

Folio No/Che

3957568 A

Confirmation Number: 3283833976

Stange, Patty

204 HAMLIN RD

WEST POINT MS 39773

**UNITED STATES OF AMERICA** 

HILTON NEW ORLEANS RIVERSIDE 8/7/2022 2:36:00 PM

| DATE     | DESCRIPTION                     | ID            | REF NO     | CHARGES  | CREDIT     | BALANCE |
|----------|---------------------------------|---------------|------------|----------|------------|---------|
| 8/4/2022 | GUEST ROOM                      | MMERCA<br>DEL | 22606044   | \$233.00 |            |         |
| 8/4/2022 | TAXES                           | MMERCA<br>DEL | 22606044   | \$40.75  |            |         |
| 8/5/2022 | GUEST ROOM                      | MMERCA<br>DEL | 22609061   | \$253.00 |            |         |
| 8/5/2022 | TAXES                           | MMERCA<br>DEL | 22609061   | \$43.99  |            |         |
| 8/6/2022 | GUEST ROOM                      | MMERCA<br>DEL | 22611643   | \$243.00 |            |         |
| 8/6/2022 | TAXES                           | MMERCA<br>DEL | 22611643   | \$42.36  |            |         |
| 8/7/2022 | VS *8758                        | TRANDAL<br>L  | 22612913   |          | (\$908.98) |         |
| 8/7/2022 | Direct Bill - GUEST REFUND 2018 | OBUTLER       | 22612940   | \$52.88  |            |         |
|          |                                 |               | **BALANCE* |          |            | \$0.00  |

'BALANÇE'

\$0.00

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Thank you for choosing Hilton. You'll get more when you book directly with us - more destinations, more points, and more value. Book your next stay at hilton.com.

Page:1

хооооооос,



TWO POYDRAS STREET NEW ORLEANS, LA 70130

United States of America

TELEPHONE 504-561-0500 • FAX 504-568-1721

Reservation

www.hilton.com or 1 800 HILTONS

DEANES, SHELTON

204 HAMLIN RD

WEST POINT MS 39773 UNITED STATES OF AMERICA Room No: Arrival Date: 3033/Q2D

8/4/2022 7:35:00 PM

Departure Date:

8/7/2022 2:43:00 PM

Adult/Child:

2/0

Cashier ID:

PHOEBEL

Room Rate:

241.00

AL: HH#

261553141 SILVER

VAT# Folio No/Che

3958586 B

Confirmation Number: 3279001911

### HILTON NEW ORLEANS RIVERSIDE 8/7/2022 2:54:00 PM

| DATE     | DESCRIPTION                     | 1D            | REF NO    | CHARGES         | CREDIT       | BALANCE |
|----------|---------------------------------|---------------|-----------|-----------------|--------------|---------|
| 8/4/2022 | PARKING - SELF                  | MMERCA<br>DEL | 22605694  | \$39.13         |              |         |
| 8/4/2022 | PARKING TAX 12.45%              | MMERCA<br>DEL | 22605694  | \$4.87          |              |         |
| 8/4/2022 | GUEST ROOM                      | MMERCA<br>DEL | 22605695  | \$241.00        |              |         |
| 8/4/2022 | TAXES                           | MMERCA<br>DEL | 22605695  | \$42.04         |              |         |
| 8/5/2022 | PARKING - SELF                  | MMERCA<br>DEL | 22608684  | \$39.13         |              |         |
| 8/5/2022 | PARKING TAX 12.45%              | MMERCA<br>DEL | 22608684  | \$4.87          |              |         |
| 8/5/2022 | GUEST ROOM                      | MMERCA<br>DEL | 22608685  | \$256.00        |              |         |
| 8/5/2022 | TAXES                           | MMERCA<br>DEL | 22608685  | \$44.47         |              |         |
| 8/6/2022 | PARKING - SELF                  | MMERCA<br>DEL | 22611295  | \$39.13         |              |         |
| 8/6/2022 | PARKING TAX 12.45%              | MMERCA<br>DEL | 22611295  | \$4.87          |              |         |
| 8/6/2022 | GUEST ROOM                      | MMERCA<br>DEL | 22611296  | \$246.00        | ı            |         |
| 8/6/2022 | TAXES                           | MMERCA<br>DEL | 22611296  | <b>\$42.</b> 86 | •            |         |
| 8/7/2022 | VS *0349                        | CFORD         | 22612612  |                 | (\$1,057.26) | )       |
| 8/7/2022 | Direct Bill - GUEST REFUND 2018 | PHOEBEL       | 22612954  | \$52.89         |              |         |
|          |                                 |               | **BALANCI | E**             |              | \$0.00  |

Page:1

2000000000

Purchase Confirmed

A

A

A

### **Purchase Confirmed**



## Your order has been processed.

You will receive a confirmation email within the next few minutes.

| ✓ Shopping Cart  | · ·                 | ë <b>-</b> ë             | .88 € €          | r than h to app of a | · -      |
|--|---------------------|--------------------------|------------------|----------------------|----------|
|  |                     |                          |                  |                      |          |
| Attendee Full Conference Participant(s): PATTY STANGE Badge Number: 677286277 Dates: 8/4/2022 - 8/7/2022 - 5:00 PM Location: New Orleans Ernest N. Morie 70130 Louisiana United States     | al Convention Cent  | er 900 Convention Center | Blvd New Orleans | Item Total           | \$260.00 |
| Attendee Full Conference Participant(s): Anthony Cummings Badge Number: 208188364 Dates: 8/4/2022 - 8/7/2022 - 5:00 PM Location: New Orleans Ernest N. Moria 70130 Louisiana United States | al Convention Cent  | er 900 Convention Center | Blvd New Orleans | Item Total           | \$260.00 |
| Attendee Full Conference Participant(s): Stephen Young Badge Number: 579306550 Dates: 8/4/2022 - 8/7/2022 - 5:00 PM Location: New Orleans Ernest N. Morie 70130 Louisiana United States    | ti Convention Cente | er 900 Convention Center | Blvd New Orleans | Item Total           | \$260.00 |
| Order Summary Order Number: 13924 Order Date: 7/28/2022 4:39 PM  | ·-·                 | «                        |                  |                      | ¥        |
| Grand Total  |                     |                          |                  |                      | \$780.00 |
| VISA 8758 4/2025   |                     |                          |                  |                      | \$780.00 |
| Back   | Annual services. As | . 8                      | 2)               |                      |          |

https://americancorrectional.configio.com/confirmpurchase

| Vour or  | der has been processed.   |                             |
|--|---|-----------------------------|
|  | -   |                             |
| You will receive a   | confirmation email within the next few minutes.   |                             |
|  | 1   |                             |
|  |   |                             |
|  |   |                             |
| ₩/ Shopping Cart   |   |                             |
|  |   |                             |
| Attendee Full Conference   | Item Total  | \$260.00                    |
| Participant(s): Shelton Deanes   |   |                             |
| Badge Number: 424628576  |   |                             |
| Dates: 8/4/2022 - 8/7/2022 - 5:00 PM   | Annual Control Control Charles Charles Charles Colonna  |                             |
| Location: New Orleans Ernest N. Morial Convention Ce<br>70130 Louisiana United States  | enter 900 Convention Center Bivo New Orleans  |                             |
|  | and a second to the second and the second |                             |
| F & AD DEC. THE RESERVE OF THE PARTICULAR OF THE RESERVE OF THE PROPERTY OF THE PARTICULAR OF THE PART |   |                             |
| Ouder Summons  |   |                             |
| Order Summary  |   |                             |
| •  |   |                             |
| Order Summary  Order Number: 14087 Order Date: 8/2/2022 3:27 PM  |   |                             |
| Order Number: 14087  |   | \$260.00                    |
| Order Number: 14087<br>Order Date: 8/2/2022 3:27 PM<br>Grand Total   |   | <b>\$260.0</b> (<br>\$260.0 |
| Order Number: 14087<br>Order Date: 8/2/2022 3:27 PM  | un para har a para di Mahadalahan Phagan bias da da assistant sub del 100 a 1 100 a                             | •                           |
| Order Number: 14087<br>Order Date: 8/2/2022 3:27 PM<br>Grand Total   |   | ,                           |
| Order Number: 14087<br>Order Date: 8/2/2022 3:27 PM<br>Grand Total   |   | ,                           |

Powered by Configlo a Community Brands owned company

Westin New Orleans 100 Rue Iberville New Orleans, LA 70130 United States Of America Tel: 504-566-7006 Fax: 504-553-5120 WESTIN'

HOTELS & RESORTS

Stephen Young

Page Number

**Guest Number** 

1180517

Invoice Nbr

: 1000089822

Folio ID

04-AUG-22

12:08

Arrive Date Depart Date

07-AUG-22

15:22

No. Of Guest

1725

Room Number Marriott Bonvoy Number:

6908

Tax ID:

Westin New Orl MSYWI AUG-07-2022 15:30 GRETA

| THE STREET | and a constitution |                                | Barrier Charles Charle |
|------------|--------------------|--------------------------------|--|
| 04-AUG-22  | RT1725             | Room Chrg - Weekend Retail/SFB | 190.00   |
| 04-AUG-22  | RT1725             | Room Tax                       | 27.46  |
| 04-AUG-22  | RT1725             | Occupancy/Tourism              | 3.33   |
| 04-AUG-22  | RT1725             | Tax Flat                       | 2.00   |
| 04-AUG-22  | RT1725             | Parking - Valet                | 48.00  |
| 04-AUG-22  | RT1725             | Sales Tax                      | 5.98   |
| 05-AUG-22  | 50309              | Bistro At The Bend             | 36.87  |
| 05-AUG-22  | RT1725             | Room Chrg - Weekend Retail/SFB | 241.00   |
| 05-AUG-22  | RT1725             | Room Tax                       | 34.82  |
| 05-AUG-22  | RT1725             | Occupancy/Tourism              | 4.22   |
| 05-AUG-22  | RT1725             | Tax Flat                       | 2.00   |
| 05-AUG-22  | RT1725             | Parking - Valet                | 48.00  |
| 05-AUG-22  | RT1725             | Sales Tax                      | 5.98   |
| 06-AUG-22  | RT1725             | Room Chrg - Weekend Retail/SFB | 241.00   |
| 06-AUG-22  | RT1725             | Room Tax                       | 34.82  |
| 06-AUG-22  | RT1725             | Occupancy/Tourism              | 4.22   |
| 06-AUG-22  | RT1725             | Tax Flat                       | 2.00   |
| 06-AUG-22  | RT1725             | Parking - Valet                | 48.00  |
| 06-AUG-22  | RT1725             | Sales Tax                      | 5.98   |

Continued on the next page

Westin New Orleans 100 Rue Iberville New Orleans, LA 70130 United States Of America Tel: 504-566-7006 Fax: 504-553-5120 WESTIN HOTELS & RESORTS

Stephen Young

2 Page Number

Invoice Nbr

: 1000089822

Guest Number Folio ID

1180517

04-AUG-22

12:08

Arrive Date Depart Date No. Of Guest

07-AUG-22

15:22

2 1725

Room Number Marriott Bonvoy Number : 6908

\*\* Total

985.68

0.00

\*\*\* Balance

985.68

Stay well, no matter where you travel. Reconnect with your well-being and find your next destination at westin.com.

Tell us about your stay, www.westin.com/reviews

Bring the Westin experience home. Shop WestinStore.com.

## lboyd@claycounty.ms.gov

From:

PATTY STANGE <pattystange204@comcast.net>

Sent:

Wednesday, August 31, 2022 10:47 AM

To:

lboyd@claycounty.ms.gov

Subject:

Fwd: IP Casino Resort Spa - Reservation Confirmation # IPB100225255, IPB100225256

----- Original Message ------

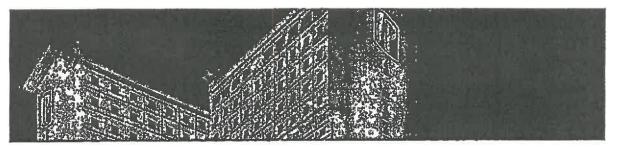
From: iphotelreservations@boydgaming.com

To: pattystange204@comcast.net Date: 08/17/2022 10:05 AM

Subject: IP Casino Resort Spa - Reservation Confirmation # IPB100225255, IPB100225256

# THANK YOU FOR BOOKING WITH US





Dear Ramirez Williams,

Thank you for choosing IP Casino Resort Spa.

## **Confirmation Information**

Please take a moment to review your reservation information below.

Standard Queens Non-Smoking - Reservation Confirmation #: IPB100225255

**Guest Name:** 

Ramirez Williams

•

R-mail:

**Additional Guests:** 

Check-in from:

Check-out by:

Number of Nights:

**Number of Guests:** 

Taxes and Fees:

Total:

Room Type: Rate Plan:

Room Rate:

Standard Queens Non-Smoking Non-Refundable Room Rate Discount

4:00 PM, Tuesday, 27 September, 2022

11:00 AM, Friday, 30 September, 2022

Tuesday, 27 September, 2022 Wednesday, 28 September, 2022: \$85.79 Thursday, 29 September, 2022 : \$85.79

Total Room Price

Adults: 1, Children: 0

pattystange204@comcast.net

Additional names not provided

Hotel Tax \$30.87 total for all nights

\$288.24

Excludes \$15.68/night resort fee & tax (USD)

**Reservation Policies:** 

Non-Refundable Reservation This reservation is non-refundable.

- Room rates listed do not include resort fees or taxes which are
- Total does not include nightly resort fee of \$15.68 p/night (resort fee tax included). Final amount will be charged at check-in. Resort fee does not apply to COMP nights.
- A refundable deposit equal to the first night's room and tax will be charged on your credit card at the time of booking to guarantee your reservation.
- Packages, offers and special events may require different deposits and cancellation periods. Refer to the specific offer for details.
- A 24-hour notice is required to cancel reservations to avoid a penalty of the one night room rate plus tax paid at time of booking. For the Non-Refundable Discount room bookings, reservation is non-refundable and no changes may be made. Complimentary reservations may be charged \$50.00 for room cost plus tax if they are not canceled at least 24 hours prior to arrival. Cancellations must be made through the same reservation channel that you originally booked the room or package.
- All promotions are non-transferable, based on casino play and may not be used more than once.
- A credit card and valid picture ID is required for check in and the guest whose name is on the reservation must be at least 21 years of age. Digital ID's are not accepted as approved forms of identification.
- At check-in your credit card will be authorized for the remaining amount of room and tax plus a \$100.00 deposit for incidental charges per visit.
- Prepaid credit cards or gift cards are not accepted for deposit upon
- We will note your preferences for room type, smoking or non-smoking and/or room location, however due to arrival and departure patterns, we are UNABLE TO GUARANTEE any room type request.
- Dogs are permitted to stay in the hotel. A charge of \$100 per night plus tax will be applied to your room.
- Rates are based on single or double occupancy. Each additional adult in the room will be charged \$20 plus tax per night.
- Maximum occupancy is four (4) persons per room. Maximum of four (4) persons per room are allowed at the pool.
- Check-in starts at 4:00pm and checkout is 11:00am.

467

- Any special offers or discount rates are non-commissionable and are not available to travel agents, tour operators, conventions, or groups.
- Guests will be assessed a \$250 cleaning fee if they smoke in a designated nonsmoking room.
- We do not accept bookings in excess of 14 nights.
- We reserve the right to cancel or modify reservations where it appears that a customer has engaged in fraudulent or inappropriate activity or under other circumstances where it appears that the reservations contain or resulted from a mistake or error.
- Please read our Privacy Policy and Terms & Conditions.
- Please <u>contact us here</u> with any questions or at 6465 S. Rainbow Boulevard, Las Vegas, NV 89118 702.792.7200
- If you have selected to receive e-mail and/or mobile communications, you are confirming that you are not enrolled in any gaming regulatory self-exclusion program, or have been excluded by a government program or have been excluded at the sole discretion of Boyd Gaming Corporation.

In the event you change your plans, you must cancel or change your hotel reservation in accordance with the hotel's cancellation policy to avoid penalties.

Cancellations or changes made after your reservation is confirmed will be subject to a charge of \$288.24.

**Billing Details:** 

Name On Card : amy g berry

E-mail

: pattystange204@comcast.net

Phone

: 6625499226

Credit Card

: Visa ending in 8758

Expiration Date: 4/2025

Address:

po box 815, West Point, Mississippi, United States 39773

Add to Calendar:



To change or cancel your reservation, click here.

# Standard Queens Non-Smoking - Reservation Confirmation #: IPB100225256

**Guest Name:** 

Jesse Moore

E-mail:

pattystange204@comcast.net Additional names not provided

Additional Guests: Check-in from:

4:00 PM, Tuesday, 27 September, 2022

Check-out by:

11:00 AM, Friday, 30 September, 2022

Number of Nights:

f Nights:

Adults: 1, Children: 0

Number of Guests: Room Type:

Standard Queens Non-Smoking

Rate Plan:

Non-Refundable Room Rate Discount

Room Rate:

Tuesday, 27 September, 2022 : \$85.79 Wednesday, 28 September, 2022 : \$85.79 Thursday, 29 September, 2022 : \$85.79

**Total Room Price** 

: \$257.37

Taxes and Fees:

Hotel Tax \$30.87 total for all nights

Total:

\$288.24

Excludes \$15.68/night resort fee & tax (USD)

#### Reservation Policies:

Non-Refundable Reservation
This reservation is non-refundable.

- Room rates listed do not include resort fees or taxes which are subject to change.
- Total does not include nightly resort fee of \$15.68 p/night (resort fee tax included). Final amount will be charged at check-in. Resort fee does not apply to COMP nights.
- A refundable deposit equal to the first night's room and tax will be charged on your credit card at the time of booking to guarantee your reservation.
- Packages, offers and special events may require different deposits and cancellation periods. Refer to the specific offer for details.
- A 24-hour notice is required to cancel reservations to avoid a penalty of the one night room rate plus tax paid at time of booking. For the Non-Refundable Discount room bookings, reservation is non-refundable and no changes may be made. Complimentary reservations may be charged \$50.00 for room cost plus tax if they are not canceled at least 24 hours prior to arrival. Cancellations must be made through the same reservation channel that you originally booked the room or package.
- All promotions are non-transferable, based on casino play and may not be used more than once.
- A credit card and valid picture ID is required for check in and the guest whose name is on the reservation must be at least 21 years of age. Digital ID's are not accepted as approved forms of identification.
- At check-in your credit card will be authorized for the remaining amount of room and tax plus a \$100.00 deposit for incidental charges per visit.
- Prepaid credit cards or gift cards are not accepted for deposit upon check-in.
- We will note your preferences for room type, smoking or nonsmoking and/or room location, however due to arrival and departure patterns, we are UNABLE TO GUARANTEE any room type request.
- Dogs are permitted to stay in the hotel. A charge of \$100 per night plus tax will be applied to your room.
- Rates are based on single or double occupancy. Each additional adult in the room will be charged \$20 plus tax per night.
- Maximum occupancy is four (4) persons per room. Maximum of four
   (4) persons per room are allowed at the pool.
- Check-in starts at 4:00pm and checkout is 11:00am.
- Any special offers or discount rates are non-commissionable and are not available to travel agents, tour operators, conventions, or groups.
- Guests will be assessed a \$250 cleaning fee if they smoke in a designated nonsmoking room.
- We do not accept bookings in excess of 14 nights.
- We reserve the right to cancel or modify reservations where it appears that a customer has engaged in fraudulent or inappropriate activity or under other circumstances where it appears that the reservations contain or resulted from a mistake or error.
- Please read our <u>Privacy Policy</u> and <u>Terms & Conditions</u>.
- Please contact us here with any questions or at 6465 S. Rainbow Boulevard, Las Vegas, NV 89118 702.792.7200
- If you have selected to receive e-mail and/or mobile communications, you are confirming that you are not enrolled in any gaming regulatory self-exclusion program, or have been excluded by a government program or have been excluded at the sole discretion of Boyd Gaming Corporation.

In the event you change your plans, you must cancel or change your hotel reservation in accordance with the hotel's cancellation policy to avoid penalties.

Cancellations or changes made after your reservation is confirmed will be subject to a charge of 288.24.

**Billing Details:** 

Name On Card : amy g berry

E-mail

: pattystange204@comcast.net

Phone

: 6625499226

Credit Card

: Visa ending in 8758

Expiration Date: 4/2025

Address:

po box 815, West Point, Mississippi, United States 39773

Add to Calendar:



To change or cancel your reservation, click here.

This is an automated message. Thank you for choosing IP Casino Resort Spa as your place to stay. This is an automated message. Please call 888-946-2847 if you have any questions or would like to make changes to your reservation.

Total does not include \$15.68/night resort fee & tax. Final amount will be charged at check-in.

### IP Casino Resport Spa 850 Bayview Avenue • Biloxi, MS 39530 888-946-2847 www.ipbiloxi.com

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# **WESTIN**

**The Westin New Orleans** 

100 Iberville Street New Orleans, LA, US 70130 +1 (504) 566-7006

#### **Summary of Charges**

**Guest Information** 

CUMMINGS/BETH 409 W HAZELWOOD RD WEST POINT, MS 397735314

HS

Dates Of Stay Room Number Guest Number Member Number Group Number

08/04/2022 - 08/07/2022

1826 1179099W1 \*\*\*\*\*526 1179099

|               | 1 May 4450000 AMERICAN TO FORT TO 1 T |           | Observed to the second                                 | Consider. |
|---------------|---|-----------|--|-----------|
| Date          | Description   | Reference | Charges  | Credits . |
| 08/04/2022    | ROOM CHRG - OTHER DISCOUNT  | RT1826    | 197.10   |           |
| 08/04/2022    | ROOM TAX  | RT1826    | 28.48  | •         |
| 08/04/2022    | OCCUPANCY/TOURISM   | RT1826    | 3.45   |           |
| 08/04/2022    | TAX FLAT  | RT1826    | 2.00   | •         |
| 08/05/2022    | ROOM CHRG - OTHER DISCOUNT  | RT1826    | 116.55   | •         |
| 08/05/2022    | ROOM TAX  | RT1826    | 16.84  |           |
| 08/05/2022    | OCCUPANCY/TOURISM   | RT1826    | 2.04   | ,         |
| 08/05/2022    | TAX FLAT  | RT1826    | 1.00   |           |
| 08/06/2022    | ROOM CHRG - OTHER DISCOUNT  | RT1826    | 116.55   |           |
| 08/06/2022    | ROOM TAX  | RT1826    | 16.84  | •         |
| 08/06/2022    | OCCUPANCY/TOURISM   | RT1826    | 2.04   |           |
| 08/06/2022    | TAX FLAT  | RT1826    | 1.00   | :         |
| 08/07/2022    | VISA-8758   | VI        | No. 1882 as an institution on the second of the second | 503.89    |
| Total Charges |   |           | 503.89   |           |
| Total Balance |   |           |  | 0.00 USD  |

# EXHIBIT G

### Clay County, MS Schedule of Indirect Cost September 30, 2021

n en g

|                                   |               | G/L         | Indirect |
|-----------------------------------|---------------|-------------|----------|
| Governemental Allowable Costs:    | Amount        | Account     | Credit * |
| Supervisor (1)                    | 41,418.23     | 001-100-400 | 1,689.45 |
| Comptroller                       | 43,833.03     | 001-101-407 | 1,787.95 |
| County Auditor                    | 5,178.85      | 001-101-448 | 211.25   |
| County Treasurer                  | 2,442.80      | 001-101-449 | 99.64    |
| Purchasing:                       |               |             |          |
| Clerk                             | 12,758.72     | 001-122-401 | 520.43   |
| State Retirement                  | 2,614.18      | 001-122-465 | 106.63   |
| Social Security Matching          | 687.89        | 001-122-466 | 28.06    |
| Group Insurance Matching          | 12,740.20     | 001-122-468 | 519.67   |
| Unemployment Insurance            | 0.00          | 001-122-469 | 0.00     |
| Inventory Control Clerk:          |               |             |          |
| Clerk                             | 24,311.02     | 001-123-401 | 991.65   |
| State Retirement Matching         | 4,229.88      | 001-123-465 | 172.54   |
| Social Security Matching          | 1,789.77      | 001-123-466 | 73.00    |
| Group Insurance Matching          | 0.00          | 001-123-468 | 0.00     |
| Unemployment Insurance            | 0.00          | 001-123-469 | 0.00     |
| Receiving Clerk:                  |               |             |          |
| Clerk                             | 11,960.90     | 001-124-401 | 487.88   |
| State Retirement Matching         | 2,081.17      | 001-124-465 | 84.89    |
| Social Security Matching          | 830.03        | 001-124-466 | 33.86    |
| Group Insurance Matching          | 0.94          | 001-124-468 | 0.04     |
| Unemployment Insurance            | 0.00          | 001-124-469 | 0.00     |
|                                   |               |             |          |
| Total Governmental Allowable      | 166,877.61    |             | 6,806.93 |
| Governmental Operating Costs:     |               |             |          |
| General Fund                      | 8,060,115.75  |             |          |
| Special Revenue Funds             | 3,937,343.86  |             |          |
| Capital Project Funds             | 194,209.15    |             |          |
| Enterprise Funds                  | 518,445.33    |             |          |
|                                   |               | -           |          |
| Total Governmental Operating Cost | 12,710,114.09 | )           |          |
|                                   |               |             |          |
| Percentage to be Applied          | 4.0790%       |             |          |
|                                   |               | <u>~</u>    |          |
| Amount of Indirect Cost to be     |               |             |          |
| Applied to Enterprise Fund        | 6,806.93      | 5           |          |

<sup>\*</sup> This credit is to be applied against each G/L account listed

## Clay County, Ms Indirect Cost Journal Entries

**Purpose:** To record the administrative indirect cost incurred for

operating the Sanitation Dept as of 9/30/2021

| G/L         | Description                 | Debit     | Credit    |
|-------------|-----------------------------|-----------|-----------|
| 400-900-951 | Transfer To Gov't Funds     | 6,806.93  |           |
| 400-000-002 | Sanitation Cash             |           | 6,806.93  |
| 001-000-002 | General County Cash         | 6 006 02  |           |
| 001-000-002 | Indirect Cost Reimbursement | 6,806.93  | ( 90( 02  |
| 001-000-360 | manect Cost Reimbursement   |           | 6,806.93  |
| 001-000-386 | Indirect Cost Reimbursement | 6,806.93  |           |
| 001-100-400 | Supervisor (1)              |           | 1,689.45  |
| 001-101-407 | Comptroller                 |           | 1,787.95  |
| 001-101-448 | County Auditor              |           | 211.25    |
| 001-101-449 | County Treasurer            |           | 99.64     |
| 001-122-401 | Clerk                       |           | 520.43    |
| 001-122-465 | State Retirement            |           | 106.63    |
| 001-122-466 | Social Security Matching    |           | 28.06     |
| 001-122-468 | Group Insurance Matching    |           | 519.67    |
| 001-122-469 | Unemployment Insurance      |           | 0.00      |
| 001-123-401 | Clerk                       |           | 991.65    |
| 001-123-465 | State Retirement Matching   |           | 172.54    |
| 001-123-466 | Social Security Matching    |           | 73.00     |
| 001-123-468 | Group Insurance Matching    |           | 0.00      |
| 001-123-469 | Unemployment Insurance      |           | 0.00      |
| 001-124-401 | Clerk                       |           | 487.88    |
| 001-124-465 | State Retirement Matching   |           | 84.89     |
| 001-124-466 | Social Security Matching    |           | 33.86     |
| 001-124-468 | Group Insurance Matching    |           | 0.03      |
| 001-124-469 | Unemployment Insurance      |           | 0.00      |
|             | Total                       | 20,420.79 | 20,420.79 |
|             | 1 3 3 3 3 3                 | 20,120.77 | 40,740.17 |

# EXHIBIT H

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # TXO

Description:

S/N#:

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of

Department Head

This is acknowledged receipt of the above inventory item on this the

day of

Inventory Clerk

| 12:52:26<br>GINGER<br>#:1617             |
|--|
|  |
|  |
| 303.45<br>R FURNITURE                    |
| <u>3</u> Years<br>5000<br><u>N</u> (Y/N) |
|  |
| 5000                                     |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # SD 549

Description: <u>hadio (Kenwood)</u>

S/N#: 80200176

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Department Head

| 9/14/2022<br>FAOFEM<br>Delete:   | Other F  | FIXED ASS<br>urniture/Equipmen                     |                                | Maintenan                      | ce<br>Key #:                                      | 08:18:21<br>GINGER<br>848 |
|--|--|--|--------------------------------|--------------------------------|---|---------------------------|
| Loc<br>Vendor: <u>COLUM</u><br>Property #:<br>*Departmen<br>*Acquisit<br>Led | ation: <u>VF_UN</u><br>BUS_COMMUNIC<br>SD549<br>t #: <u>127</u><br>ion: <u>P</u><br>ger? <u>Y</u> (Y/N | ATIONS Ser Project #: VOLUNTEER FIRE PURCHASED  1) | ial #:<br>O <del>bjec</del> ti | Current<br>ive #: 87<br>posal: | Value:<br>OTHER<br>—                              | FURNITURE                 |
| Salvag   | e %: <u>10</u> Sal   | (Y/N)  |                                | Cap Thr                        | l Life:<br>eshold:<br>eciate? <u>N</u><br>iation: | 5000                      |
| Cap Value:<br>Remarks:   | 2222.80  | Date: <u>1/10/1997</u>                             |                                |                                |   |                           |
| Enter=Accept   | *F4=Prompt   | F8=Transactions                                    | F10=D                          | elete                          | F12=Cancel  | /No Update                |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # WF073
Description: Chain Saw/Stih 1/#200
S/N#: 034AVEQWB

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 22<sup>nd</sup> September, 2000.

| 9/14/2022<br>FAOFEM<br>Delete:  | Other F   | FIXED ASS<br>urniture/Equipmen                                       |                    | Maintenand   | e<br>Keya | 08:18:33<br>GINGER<br>#:147 |
|---|---|--|--------------------|--|-----------|-----------------------------|
| Loca Vendor: CLARK' Property #: W *Department *Acquisiti Ledg *Asset Ty Salvage | tion: S GARAGE /F073 #: 127 on: P ger? Y (Y/N /pe: HND e %: 1 Sal | Project #: VOLUNTEER FIRE PURCHASED ) HAND TOOLS - SH vage \$: (Y/N) | Objectiv<br>*Dispo | Current<br>ve #: 87<br>osal:<br>Useful<br>Cap Thre | OTHE      | 5000                        |
| Cap Value: Remarks:  Enter=Accept   |   | Date: 8/09/1989 F8=Transactions                                      |                    | lete l   | F12=Canc  | el/No Update                |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # WF133
Description: Air Mask-MSA S/N#: 285- 224024-CYL

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Department Head

nventory Clerk

This is acknowledged receipt of the above inventory item on this the 22 de September, 2020

| 9/14/2022<br>FAOFEM<br>Delete:                   | FIXED ASSETS Other Furniture/Equipment File Maintenance  O8:18:42 GINGER Key #: 172 |
|--|---|
|  | ption: AIR MASK-MSA<br>ation: UNIT 600-1<br>O FIRE EQUIP. Serial #: 285-224024-CYL. |
| Property #: **Pepartmen **Acquisit Led **Asset T | WF133   |
| Cap Value:<br>Remarks:                           | Accumulated Depreciation:   |

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # WF134

Description: Ary MGK-MSA S/N#: 28 S - 22 42 11 - CYI

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Department Head

This is acknowledged receipt of the above inventory item on this the 22nd day o

Inventory Clerk

| 9/14/2022<br>FAOFEM<br>Delete: | FIXED ASSETS 08:18:50 Other Furniture/Equipment File Maintenance Key #:173  |
|--------------------------------|---|
| Loca<br>Vendor: TUPELO         |   |
| *Acquisiti<br>Ledg             | #: <u>127</u> VOLUNTEER FIRE Objective #: 87 OTHER FURNITURE on: P PURCHASED *Disposal:er? Y (Y/N)  |
| Salvage                        | pe: OFE OTHER FURNITURE Useful Life: 7 Years %: 10 Salvage \$: 134 Cap Threshold: 5000   10 |
| Cap Value: Remarks:            | 1338.00 Date: 8/10/1992   |
|                                |   |

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # 50359
Description: HI Band Rad
S/N#: TK730HBK

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of

This is acknowledged receipt of the above inventory item on this the 27 day of

Inventory Clerk

| 9/14/2022<br>FAOFEM<br>Delete:     | FIXED ASSETS 08:1 Other Furniture/Equipment File Maintenance GING Key #:                                       | 17:59<br>SER<br>428 |
|------------------------------------|--|---------------------|
| Loc                                | ption: HI BAND RADIO cation: VF UNIT 500 USYSTEMS, INC. Serial #:TK730HBK                                      |                     |
| Property #:  *Departmen  *Acquisit | SD359 Project #: Current Value: 7 nt #: 127 VOLUNTEER FIRE Objective #: 87 OTHER FURNI                         | 761.48<br>ITURE     |
| *Asset T<br>Salvag                 | Cype: COM COMMUNICATION E Useful Life: 5 Year See %: 10 Salvage \$: 76 Cap Threshold: 5000 Depreciate? N (Y/N) | )                   |
| Cap Value:<br>Remarks:             | Accumulated Depreciation:  | -                   |
|                                    |  |                     |

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # EMR 3
Description: Generator

S/N#: 7349 530

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 30

Inventory Clerk

| 9/15/2022<br>FAOFEM<br>Delete:         | Other F               | FIXED ASS<br>urniture/Equipmen                |                                     | ntenance                          | Key #:                          | 09:45:49<br>GINGER<br>2680 |
|--|-----------------------|---|-------------------------------------|-----------------------------------|---------------------------------|----------------------------|
| Vendor: EDC D<br>Property #:           | OSS ELECTRIC<br>EMR13 | ANCE SERVICE                                  | ial #: <u>734</u><br>C<br>Objective | urrent Va                         | llue:<br>OTHER I                | 1025,05                    |
| *Acquisit<br>Led<br>*Asset T<br>Salvag | ion: P<br>ger? Y (Y/N | PURCHASED  OTHER FURNITURE  vage \$:10  (Y/N) | *Disposa<br><u>25</u> C             | Useful L<br>Eap Thresh<br>Depreci | ife:<br>nold:<br>late? <u>Y</u> | 7 Years<br>5000            |
|  |                       | Date: 10/15/2012<br>RIES GENERATOR            | cumulated                           | Depreciat                         | .10n.                           | 9224.95                    |
| Enter=Accept                           | *F4=Prompt            | F8=Transactions                               | F10=Delet                           | e F12                             | 2=Cancel                        | /No Updațe                 |

| _             |  |
|---------------|--|
| $T_{\Lambda}$ |  |
| 10            |  |

Inventory Control Clerk

From:

Date:

Re:

Inventory Control #50360
Description: Radio 10 Band
S/N#: TK0630 H B K 3

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 2212 September , 2000

| 9/14/2022<br>FAOFEM<br>Delete:  | Other Furnitu  | FIXED ASSETS<br>re/Equipment File    |   | 08:18:11<br>GINGER<br>Key #:429 |
|---|--|--------------------------------------|---|---------------------------------|
| Loc<br>Vendor: <u>SECOM</u><br>Property #:<br>*Departmen<br>*Acquisit | t #: <u>127</u> VOLUNT   | Serial #: Project #: EER FIRE Object | Current Val   |                                 |
| *Asset T<br>Salvag  | ype: <u>COM</u> COMMUN<br>e %: <u>10</u> Salvage \$<br>ligible? <u>N</u> (Y/N) |                                      | Useful Li<br>Cap Thresho<br>Deprecia<br>Ited Depreciati | old: $\frac{5000}{N}$ (Y/N)     |
| Cap Value:<br>Remarks:  | 723.72 Date:   |                                      |   |                                 |
| Enter=Accept  | *F4=Prompt F8=Tr   | ansactions F10=D                     | Delete F12=   | =Cancel/No Update               |

| T   |  |
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| 10. |  |
| IU. |  |

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-006
Description: Camera System

Description: Camera System S/N#: IF 904 9240012/ MODEL EVERFOCUS

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 22nd day of Seprember, 2010

| 8/22/2022<br>FAOFEM<br>Delete:   | Other F  | FIXED ASSI<br>urniture/Equipmen  |                                   | Maintenance | e<br>Key #:                         | 10:11:35<br>GINGER<br>2404 |
|--|--|--|-----------------------------------|-------------|-------------------------------------|----------------------------|
| Local Vendor: LEWIS Property #: ] *Department *Acquisit Ledget *Asset Topics Salvaget GASB E | E911-006 t #: <u>97</u> ion: P ger? Y (Y/N ype: OFE e %: 10 Sal ligible? N | CENTER ELECTRIC Ser Project #: E911 FUND PURCHASED ) OTHER FURNITURE vage \$: 1 (Y/N) Ac | Objecti<br>*Disp<br>95<br>cumulat | Cap Thre    | Value: OTHER  Life: shold: ciate? N | FURNITURE  7 Years  5000   |
| Remarks  |  | Date: 12/10/2009   |                                   |             | 12-Canaal                           | /No Update                 |
| Enter=Accept   | *r4-rrompt   | F8=Transactions  | T. TO-DE                          | erece P     | 12-Cancer                           | mo opuate                  |

| _  | _                  |   |
|----|--------------------|---|
| -1 | $\Gamma_{\Lambda}$ |   |
|    | u                  | _ |

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-012

Description: <u>CPI Tone Control Unit | Vertex Padio</u>
S/N#: <u>CB190105 | Radio</u>: 94210003

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the September, 2000.

Department Head

| 8/22/2022<br>FAOFEM<br>Delete: | FIXED ASSETS Other Furniture/Equipment File Maintenance Key #:   | 10:11:43<br>GINGER<br>2411         |
|--------------------------------|--|------------------------------------|
| Vendor: PRECIS                 | ption: CPI TONE CONTROL UNIT/VERTEX RADIO ation: E911 CENTER SION COMMUNICATIONS Serial #: 08190105/ RADIO: 94 E911-012 Project #: Current Value: t #: 97 E911 FUND Objective #: 87 OTHER ion: P PURCHASED *Disposal: ger? Y (Y/N) | —<br>210003<br>819.00<br>FURNITURE |
| *Asset Ty<br>Salvage           | ger? Y (Y/N) ype: OFE OTHER FURNITURE Useful Life: e %: 10 Salvage \$: 82 Cap Threshold: ligible? N (Y/N) Depreciate? N Accumulated Depreciation:  | <u>7</u> Years<br>_5000            |
| Cap Value:<br>Remarks:         | 819.00 Date: 12/10/2009  |                                    |
| Enter=Accept                   | *F4=Prompt F8=Transactions F10=Delete F12=Cancel   | /No Update                         |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-013
Description: CPI Tone Control Unit | Vertex Radio S/N#: 08241608/ Pradio: 97210005

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 2200 September \_\_\_\_\_, 20**50**\_

| 8/22/2022<br>FAOFEM<br>Delete:                                  | Other F  | FIXED ASSI<br>urniture/Equipmen                     |  |                                  | ey #:             | 10:11:52<br>GINGER<br>2412 |
|---|--|---|--|----------------------------------|-------------------|----------------------------|
| Local Vendor: PRECIS Property #: I *Department* *Acquisit* Leds | ation: E911<br>SION COMMUNI<br>E911-013<br>t #: <u>97</u><br>ion: P<br>ger? Y (Y/N | CATIONS Ser<br>Project #:<br>E911 FUND<br>PURCHASED | ial #: 0824<br>Cur<br>Objective #<br>*Disposal | 1608/ RADIO<br>rent Value: 87 Of | e:<br>THER F      | 819.00<br>FURNITURE        |
| Salvag  | e %: <u>10</u> Sal<br>ligible? <u>N</u>  | vage \$:<br>(Y/N)                                   | 82 Car   | Threshold<br>Depreciate          | d:<br>e? <u>N</u> | 5000                       |
| Cap Value:<br>Remarks:  | 819.00   | Date: 12/10/2009                                    |  |                                  |                   |                            |
| Enter=Accept  | *F4=Prompt   | F8=Transactions                                     | F10=Delete                                     | F12=C                            | ancel             | /No Update                 |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-014

Description: OPI Tone Control Unit | Vertex Radio

S/N#: 06239808/ Radio: 95210002

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the September, 2000

nventory Clerk

| 8/22/2022<br>FAOFEM<br>Delete:                                | Other F   | FIXED ASSI<br>urniture/Equipmen                       |          | Maintenand                                | ce<br>Key          | GIN    | 12:00<br>IGER<br>2413 |
|---|---|---|----------|---|--------------------|--------|-----------------------|
| Loca Vendor: PRECIS Property #: E *Department *Acquisiti Leds | tion: E911<br>SION COMMUNI<br>C911-014<br>#: 97<br>on: P<br>ger? Y (Y/N | CATIONS Ser<br>Project #:<br>E911 FUND (<br>PURCHASED | ial #: 0 | 06239808/<br>Current<br>ve #: 87<br>osal: | Value:<br>OTHE     | R FURN | 819.00<br>HTURE       |
| Salvage   | %: <u>10</u> Sal  | vage \$:<br>(Y/N)                                     |          | Cap Thre                                  | eshold:<br>eciate? | 500    | 00                    |
| Cap Value: Remarks:   | 819.00  | Date: 12/10/2009                                      |          |   |                    |        |                       |
| Enter=Accept  | *F4=Prompt  | F8=Transactions                                       | F10=De   | elete                                     | F12=Cand           | cel/No | Update                |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-016

Description: Audio Panel (Zetron)
S/N#: 145921 | MODEL# 4217B

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the September , 2000.

| 8/22/2022<br>FAOFEM<br>Delete:   | Other F   | FIXED ASS<br>urniture/Equipmen  |                                  | Maintenance                     | Key #                      | GIN      | 13:41<br>IGER<br>2415 |
|--|---|---|----------------------------------|---------------------------------|----------------------------|----------|-----------------------|
| Loca Vendor: PRECIS Property #: I *Department *Acquisiti Leda *Asset Ty Salvage GASB E | ation: E911<br>SION COMMUNIO<br>E911-016<br>t #: 97<br>ion: P<br>ger? Y (Y/N<br>ype: OFE<br>e %: 10 Salligible? Y | CATIONS Ser Project #: E911 FUND PURCHASED ) OTHER FURNITURE vage \$:7 (Y/N) Ac | Objecti<br>*Disp<br>55<br>cumula | ive #: 87<br>posal:<br>Useful I | oTHER  Life:  nold:  iate? | 7 Ye 500 | ears<br>00            |
| Remarks:  Enter=Accept   |   | Date: 12/10/2009 F8=Transactions  | -                                | elete F1                        | 2=Cance                    | el/No    | Update                |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-017
Description: Audio Pavel (Zetron) S/N#: MS922/ MODEL# 4217B

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of

Department Head

This is acknowledged receipt of the above inventory item on this the September \_\_\_\_\_, 20**1x0**-

| 8/22/2022<br>FAOFEM<br>Delete:   | Other Furnit   | FIXED ASSETS<br>ture/Equipment Fil                                 | e Maintenance                                    | Key #:   | 10:13:46<br>GINGER<br>2416      |
|--|--|--|--|----------|---------------------------------|
| Local Vendor: PRECIS Property #: I *Department *Acquisit: Ledi *Asset Ty Salvage | ger? <u>Y</u> (Y/N)<br>ype: <u>OFE</u> OTHE<br>e%: <u>10</u> Salvage<br>ligible? <u>Y</u> (Y/N | ER DN Serial # Project #: FUND Objec HASED *Di  R FURNITURE \$:755 | Current Vative #: 87 sposal: Useful I Cap Thresh | OTHER F  | 1455.03<br>FURNITURE<br>7 Years |
| Enter=Accept   | *F4=Prompt F8=   | Transactions F10=  | Delete F12                                       | 2=Cancel | /No Update                      |

| 7 | _  |  |
|---|----|--|
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|   |    |  |

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-018

Description: Computer System (Dell Optiplex 760) S/N#: 2611/281249 | SVC TAGO BZTZDK1

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 221 September, 2020

| 8/22/2022   | 0.1 - 5   | FIXED ASS  |                                      |   |   | 10:13:50<br>GINGER                  |
|---|---|--|--------------------------------------|---|---|-------------------------------------|
| FAOFEM<br>Delete:   | Otner F   | urniture/Equipmen  | t file man                           | ntenance  | Key #:  | 2423                                |
| Loca Vendor: PRECIS Property #: I *Department *Acquisit Leds *Asset Ty Salvage GASB E | ation: E911 (SION COMMUNICE)  E911-018  #: 97  ion: P  ger? Y (Y/N)  ype: CMP  e %: 1 Salligible? Y | CATIONS Ser Project #: E911 FUND PURCHASED ) COMPUTER EQUIPM vage \$: (Y/N) Ac | ial #: 261<br>CObjective<br>*Disposa | 11281249/<br>Jurrent Va<br>#: 87<br>1:<br>Useful L<br>Zap Thresh<br>Depreci | orner I<br>OTHER I<br>Life:<br>Life:<br>Late? Y | 78.01 FURNITURE  3 Years 5000 (Y/N) |
| Remarks:  |   | Date: 12/10/2009 F8=Transactions   |                                      | F1'   | 2=Cancel  | /No Update                          |
| Enter=Accept  | 1 4-1 1 Ompt  | to mansactions   | I TO DOTCE                           |   | 2 Junior .                                      | , no opeate                         |

FIXED ASSETS

10:13:50

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-019

Description: Computer System (Dell Optiplex 760) S/N#:261100 1313 | SVC TAG BZTTDK1

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Department Head

This is acknowledged receipt of the above inventory item on this the 220d September, 2000.

day of

| 8/22/2022<br>FAOFEM<br>Delete:   | Other F  | FIXED ASSI<br>urniture/Equipmen   |                                     | ntenance           | Key #:                                      | 10:13:54<br>GINGER<br>2424                     |
|--|--|---|-------------------------------------|--------------------|---|--|
| Local<br>Vendor: PRECIS<br>Property #: 1<br>*Department<br>*Acquisit<br>Leds<br>*Asset Ty<br>Salvage | ation: E911<br>SION COMMUNI<br>E911-019<br>t #: <u>97</u><br>ion: P<br>ger? Y (Y/N | CATIONS Ser Project #: E911 FUND PURCHASED ) COMPUTER EQUIPM vage \$: (Y/N) | ial #: 261<br>Objective<br>*Disposa | Useful L Depreciat | lue:<br>OTHER I<br>ife:;<br>old:;<br>ate? Y | 78.01<br>FURNITURE<br>3 Years<br>5000<br>(Y/N) |
| Cap Value:<br>Remarks:   | 7810.00  | Date: 12/10/2009  |                                     |                    |   |  |
| Enter=Accept   | *F4=Prompt   | F8=Transactions   | F10=Delet                           | te F12             | =Cancel                                     | /No Update                                     |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-020
Description: Computer Monitor (ACER) 17"
S/N#: 93504326640

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of

This is acknowledged receipt of the above inventory item on this the garden september, 2010

| 8/22/2022<br>FAOFEM<br>Delete: | FIXED A<br>Other Furniture/Equip                     |                      | 10:13:57<br>GINGER<br>Key #:2425 |
|--------------------------------|--|----------------------|----------------------------------|
| Locatio<br>Vendor: PRECISION   | n: COMPUTER MONITOR (A) n: E911 CENTER COMMUNICATION | Serial #: 9350432664 | 0                                |
| Property #: E911               | -020 Project   | #: Current           | Value: 150.00                    |
| *Department #:                 | 97 E911 FUND<br>P PURCHASED                          | Objective #: 87      | OTHER FURNITURE                  |
| *Acquisition:                  | P PURCHASED  | *Disposal:           | _                                |
| Ledger?                        | $\overline{Y}$ $\overline{(Y/N)}$                    | -                    | _                                |
|                                | <u>CMP</u> COMPUTER EQUIP                            | M Useful             | Life: 3 Years                    |
| Salvage %:                     | <u>1</u> Salvage \$:                                 | 2 Cap Thre           | shold: 5000                      |
| GASB Eligi                     | ble? N (Y/N)   | Depre                | ciate? $\overline{N}$ $(Y/N)$    |
| u                              |  | Accumulated Depreci  |                                  |
| Cap Value:<br>Remarks:         | 150.00 Date: 12/10/2                                 |                      |                                  |
|                                |  |                      |                                  |
| -                              |  |                      |                                  |
| ====                           |  |                      |                                  |
|                                |  |                      |                                  |

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-027

Description: Card Cage | Power Supplies (2)

S/N#: 145368 | MODEL 4020 & 4048 (2)

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Inventory Clerk

This is acknowledged receipt of the above inventory item on this the 2201 Deptember , 2000

| 8/22/2022<br>FAOFEM<br>Delete:  | Other F  | FIXED ASSI<br>urniture/Equipmen  |                      | Maintenance   |   | 10:14:16<br>GINGER<br>2429                    |
|---|--|--|----------------------|---|---|---|
| Local Vendor: PRECIS Property #: I *Department *Acquisit* Ledge *Asset To Salvage | ation: E911<br>SION COMMUNI<br>E911-027<br>t #: <u>97</u><br>ion: P<br>ger? Y (Y/N | CATIONS Ser Project #: E911 FUND PURCHASED ) COMPUTER EQUIPM vage \$:1 (Y/N) | ial #: Dbjecti *Disp | 145368/ MODE<br>Current Va<br>ve #: 87<br>osal:<br>Useful L<br>Cap Thresh | lue:<br>OTHER F<br>ife: 3<br>old: 4<br>ate? Y | 138.02<br>TURNITURE<br>Years<br>5000<br>(Y/N) |
| Cap Value:<br>Remarks:  | 13895.00   | Date: 12/10/2009   |                      |   |   |   |
| Enter=Accept  | *F4=Prompt   | F8=Transactions  | F10=De               | elete F12   | =Cancel/                                      | 'No Update                                    |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E91 - 029
Description: Astron RM-509

S/N#: 207080025

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 2212 September, 2016

| 8/22/2022<br>FAOFEM<br>Delete:  | FIXED ASSETS<br>Other Furniture/Equipment File Mainter                                     | 10:14:20 GINGER Key #:2420                                     |
|---|--|--|
| Loca<br>Vendor: <u>PRECIS</u><br>Property #: <u>l</u><br>*Department<br>*Acquisit | ion: P PURCHASED *Disposal:  | ent Value: 304.00<br>87 OTHER FURNITURE                        |
| *Asset T<br>Salvag  | ger? <u>Y</u> (Y/N)<br>ype: <u>OFE</u> OTHER FURNITURE Use<br>e %: 10 Salvage \$: 30 Cap 1 | eful Life:7 Years Threshold:5000 epreciate? N (Y/N) reciation: |
| Cap Value:<br>Remarks:  |  |  |
| Enter=Accept  | *F4=Prompt F8=Transactions F10=Delete  | F12=Cancel/No Update   |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-030
Description: Astron PM-50A
S/N#: 208\00004

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

| 8/22/2022<br>FAOFEM<br>Delete:  | Other F  | FIXED ASSI<br>urniture/Equipmen  |                  | Mainte                        | nance                        | Key #                                | GIN                 | 14:24<br>IGER<br>2421 |
|---|--|--|------------------|-------------------------------|------------------------------|--------------------------------------|---------------------|-----------------------|
| Loca Vendor: PRECIS Property #: I *Department *Acquisiti Leds *Asset Ty Salvage | E911-030<br>t #: <u>97</u><br>ion: <u>P</u><br>ger? <u>Y</u> (Y/N<br>ype: <u>OFE</u><br>e %: <u>10</u> Sal | CENTER CATIONS Ser Project #: E911 FUND PURCHASED ) OTHER FURNITURE vage \$: (Y/N) | Objecti<br>*Disp | ive #:<br>posal:<br>Us<br>Cap | ent V<br>87<br>eful<br>Thres | Life: _<br>hold: _<br>iate? <u>N</u> | FURN<br>7 Ye<br>500 | ears                  |
| Cap Value:<br>Remarks:  | 304.00   | Date: 12/10/2009   |                  |                               |                              |                                      |                     |                       |
| Enter=Accept  | *F4=Prompt   | F8=Transactions  | F10=D            | elete                         | F1                           | .2=Cance                             | 1/No                | Update                |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-041

Description: Computer
S/N#: 189960 ALUMJEFXVB

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 22rd 5eptember, 2019.

| 8/22/2022<br>FAOFEM<br>Delete:  | Other Fi                         | FIXED ASS<br>urniture/Equipmen  |                                       | Maintenance  | Key #:                     | 10:14:37<br>GINGER<br>2587 |
|---|----------------------------------|---|---------------------------------------|--------------|----------------------------|----------------------------|
| Loca Vendor: GLOBAL Property #: E *Department *Acquisiti Leda *Asset Ty Salvage | COMPUTER  2911-041  #: 97  on: P | ENTER- DISPATCH R Ser Project #: E911 FUND PURCHASED COMPUTER EQUIPM Vage \$: (Y/N) | ial #: <u>1</u><br>Objectiv<br>*Dispo | Depreci      | oTHER  Life:  old:  ate? N | FURNITURE  3 Years 5000    |
| Remarks:  |                                  | Date: _1/09/2012  |                                       | ed Depreciat |                            |                            |
| Enter=Accept  | *F4=Prompt                       | F8=Transactions   | r to=be                               | rete F12     | z-cance i                  | /No Update                 |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-059
Description: Mobile Radio-911
S/N#: 466CUV0845

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Department Head

Inventory Clerk

This is acknowledged receipt of the above inventory item on this the 22rd 5cptember, 2010

10:15:37 8/22/2022 FIXED ASSETS GINGER FALSPM Lease Purchase File Maintenance Key #: Delete: Description: MOBILE RADIO-911
Location: 911 BUILDING Vendor: MOTOROLA SOLUTIONS
Property #: E911-059 Serial #: 466CUV0845
Project #: Current Value:
JND Objective #: 89 LEA 2148.63 LEASED PROPERTY E911 FUND \*Department #: 97 Acquisition: <u>U</u> LEASE/PURCH Ledger? <u>Y</u> (Y/N)

\*Asset Type: <u>COM</u> COMMUNICATION Salvage %: <u>10</u> Salvage \$: \_\_\_\_
GASB Eligible? <u>N</u> (Y/N) LEASE/PURCHASE \*Disposal: \*Acquisition: Useful Life: 5 Years Cap Threshold: 5000 COMMUNICATION E 156 Depreciate?  $\overline{\underline{\mathbb{N}}}$ (Y/N)Accumulated Depreciation: Remarks: MOBILE RADIO FOR 911 Cap Value:

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # 6911-060

Description: Mobile Pactio - 911 S/N#: 466 CUVO849

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 22 ml September, 2019.

Department Head

10:15:41 FIXED ASSETS 8/22/2022 FALSPM Lease Purchase File Maintenance GINGER Key #: Delete: Description: MOBILE RADIO-911
Location: 911 BUILDING

Vendor: MOTOROLA SOLUTIONS
Property #: E911-060 Projections
\*Pengartment #: 07 FOLIA FINE Serial #: 466CUV0849 Project #: Current Value: 2148.63
IND Objective #: 89 LEASED PROPERTY
PURCHASE \*Disposal: 2148.63 \*Department #: \*Acquisition: E911 FUND 97 \*Acquisition: L LEASE/PURCHA Ledger? Y (Y/N)

\*Asset Type: COM COMMUNICATION

Salvage %: 10 Salvage \$: \_\_\_\_

GASB Eligible? N (Y/N) LEASE/PURCHASE Useful Life: <u>5</u> Years Cap Threshold: <u>5000</u> COMMUNICATION E 156

Cap Value: 1564.00 Date: 1/04/2019 Remarks: MOBILE RADIO FOR 911

Depreciate? N (Y/N)
Accumulated Depreciation:

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-061

Description: Mobile Radio-911 S/N#: 466 CUV0844

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 220 September, 20to

| 8/22/2022<br>FALSPM<br>Delete:             | Lea                                 | FIXED ASS<br>ase Purchase File |                              | Key #:  | 10:15:44<br>GINGER<br>184 |
|--|-------------------------------------|--------------------------------|------------------------------|---|---------------------------|
| Loc<br>Vendor: <u>MOTOR</u><br>Property #: | E911-061                            | UILDING<br>S Ser<br>Project #: | ial #: <u>466CU\</u><br>Curi | ent Value:  | 2148.63                   |
| *Acquisit<br>Led                           | ion: <u>L</u><br>ger? <u>Y</u> (Y/N |                                | *Disposal:                   |   |                           |
| Salvag                                     |                                     | (Y/N)                          | 56 <b>Cap</b>                | seful Life:5<br>Threshold:<br>Depreciate? <u>N</u><br>preciation: | 5000                      |
|  | MOBILE RADIO                        | Date: <u>1/04/2019</u>         |                              |   |                           |
| Enter=Accept                               | *F4=Prompt                          | F8=Transactions                | F10=Delete                   | F12=Cancel  | /No Update                |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-071

Description: Computer - HP Prodesk
S/N#: MXLI2740MY

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

FIXED ASSETS 8/22/2022 FALSPM Lease Purchase File Maintenance GINGER Key #: 215 Delete: Description: COMPUTER-HP PRODESK Location: 911 BUILDING Serial #: MXL12740MY Vendor: ATT Current Value: 3530.4°
Objective #: 89 LEASED PROPERTY 3530.47 Property #: E911-071 Project #: 97 E911 FUND \*Department #: Ledger? Y (
\*Asset Type: CMP
Salvage %: 1
GASB Elicary LEASE/PURCHASE \*Acquisition: \*Disposal:  $\overline{(Y/N)}$ COMPUTER EQUIPM Useful Life: 3 Years Cap Threshold: 5000 1 Salvage \$: \_ 35 Depreciate?  $\underline{\underline{N}}$  (Y/N) GASB Eligible? N (Y/N) Accumulated Depreciation: np Value: 3530.47 Date: 3/21/2022 Remarks: HP PRODESK COMPUTER

10:16:08

F12=Cancel/No Update Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-072
Description: Voice Module-Sam Vesta
S/N#: 27322E

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 22 mg September , 2010s

Department Head

10:16:13 FIXED ASSETS 8/22/2022 FALSPM Lease Purchase File Maintenance GINGER Key #: 216 Delete: Description: VOICE MODULE-SAM VESTA
Location: 911 BUILDING Serial #: 27322E Vendor: ATT Property #: E911-072 \*Department #: 97 Current Value: 6742.13 Project #: Objective #: 89 E911 FUND LEASED PROPERTY 97 Ledger? Y (
\*Asset Type: CMP
Salvage %: 1
GASB Eligit \*Acquisition: LEASE/PURCHASE \*Disposal: (Y/N) COMPUTER EQUIPM Useful Life: 3 Years Cap Threshold: 5000 Salvage %: <u>1</u> Salvage \$: \_ GASB Eligible? <u>Y</u> (Y/N) 67 Depreciate?  $\underline{\underline{Y}}$ (Y/N)Accumulated Depreciation: np Value: 6742.13 Date: 3/21/2022 Remarks: VOICE MODULE Cap Value:

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911 - 073

Description: Phone - Mitel S/N#: 244WN2132B050H2

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 22 day of

Inventory Clerk

8/22/2022 FALSPM Delete: FIXED ASSETS Lease Purchase File Maintenance 10:16:16 GINGER Key #: 217

| Derete.  |                        | noj " · <u>Di</u>          |
|--|------------------------|----------------------------|
| Description: PHONE-MI                                |                        |                            |
| Location: 911 BUIL                                   |                        |                            |
| Vendor: ATT  | Serial #: 2A4WN2132B05 |                            |
| Property #: E911-073                                 | Project #: Current Va  |                            |
| Property #: <u>E911-073</u> *Department #: <u>97</u> | 1 FUND Objective #: 89 | LEASED PROPERTY            |
| *ACQUISITION: L LEA                                  | SE/PURCHASE *Disposal: |                            |
| Ledger? $\overline{\underline{Y}}$ (Y/N)             |                        |                            |
| *Asset Type: CMP COM                                 | PUTER EQUIPM Useful I  | Life: <u>3</u> Years       |
| Salvage %: 1 Salvag                                  | e \$:7 Cap Thresh      | nold:5000                  |
| GASB Eligible? N (Y/                                 |                        | iate? $\overline{N}$ (Y/N) |
|  | Accumulated Depreciat  | tion:                      |
| Cap Value: 780.14 Da                                 | te: 3/21/2022          |                            |
| Remarks: MITEL PHONE                                 |                        |                            |
|  |                        |                            |
|  |                        |                            |
|  |                        |                            |
|  |                        |                            |
|  |                        |                            |

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-075

Description: Computer - HP Prodesk
S!N#: MXL1273P3F

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 220 <u>September</u>, 201902

10:16:20 FIXED ASSETS 8/22/2022 FALSPM Lease Purchase File Maintenance GINGER Key #: 219 Delete: Description: COMPUTER- HP PRODESK Location: 911 BUILDING Serial #: MXL1273P3F Vendor: ATT Current Value: 3530.47 Project #: Property #: E911-075 LEASED PROPERTY E911 FUND Objective #: 89 \*Department #: 97 Ledger? Y (
\*Asset Type: CMP
Salvage %: 1
GASB Elicitation: LEASE/PURCHASE \*Disposal: \*Acquisition: (Y/N) COMPUTER EQUIPM Useful Life: 3 Years Cap Threshold: 5000 Salvage %: 1 Salvage \$: GASB Eligible? N (Y/N) 35 Depreciate?  $\overline{\mathbb{N}}$  $\overline{(Y/N)}$ Accumulated Depreciation: np Value: 3530.47 Date: 3/21/2022 Remarks: HP PRODESK COMPUTER Cap Value:

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-076

Description: Voice Module - Sam Vesta

S!N#: 27323E

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the September , 2000

FALSPM Lease Purchase File Maintenance GINGER Key #: Delete: Description: VOICE MODULE- SAM VESTA Location: 911 BUILDING Serial #: <u>27323E</u> Vendor: ATT Current Value: Property #: <u>E911-076</u> \*Department #: <u>97</u> 6742.13 Project #: E911 FUND Objective #: 89 LEASED PROPERTY 97 \*Acquisition: LEASE/PURCH

Ledger? Y (Y/N)

\*Asset Type: CMP COMPUTER EQ

Salvage %: 1 Salvage \$:

GASB Eligible? Y (Y/N) LEASE/PURCHASE \*Disposal: Useful Life: 3 Years Cap Threshold: 5000 COMPUTER EQUIPM 67 Depreciate? Y Accumulated Depreciation: p Value: 6742.13 Date: 3/21/2022 Remarks: SAM VESTA VOICE MODULE Cap Value:

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

FIXED ASSETS

8/22/2022

10:16:23

F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-011
Description: Phone - Mitel
S/N#: 244WN2128B051JA

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 22 M September, 2000

8/22/2022 FALSPM Delete:

FIXED ASSETS Lease Purchase File Maintenance

10:17:11 GINGER 221

Key #:

|                    | iption: PHON       |                         |          |          |       |         |                            |
|--------------------|--------------------|-------------------------|----------|----------|-------|---------|----------------------------|
| Loc<br>Vendor: ATT | cation: 911        | Se                      | erial #: |          |       |         |                            |
| Property #:        | E911-077           | Project :               | #:       | Curre    |       |         | 780.14                     |
| *Departmen         | nt #: <u>97</u>    | E911 FUND               | Object   |          | 89    | LEASE   | ED PROPERTY                |
| *Acquisi           |                    | LEASE/PURCHASE          | *Dis     | posal: _ |       |         |                            |
|                    | dger? <u>Y</u> (Y/ |                         |          |          |       |         |                            |
| *Asset '           |                    | COMPUTER EQUIPM         |          |          |       |         | <u>3</u> Years             |
|                    | ge %: <u>1</u> Sa  |                         | 7        |          |       |         | 5000                       |
| GASB 1             | Eligible? N        |                         |          |          |       |         | $\overline{\Lambda}$ (A/N) |
|                    |                    |                         | Accumula | ted Depi | recia | tion: _ |                            |
| Cap Value:         | 780.1              | <u>l4 Date: 3/21/20</u> | 22       |          |       |         |                            |
| Remarks:           | PHONE MITEL        |                         |          |          |       |         |                            |
|                    |                    |                         |          |          |       |         |                            |
|                    |                    |                         |          |          |       |         |                            |
|                    |                    |                         |          |          |       |         |                            |

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-079

Description: Computer- HP Prodesk
S/N#: MXL[2740RD

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Department Head

This is acknowledged receipt of the above inventory item on this the September , 2000

FALSPM Lease Purchase File Maintenance GINGER Key #: Delete: Description: COMPUTER- HP PRODESK Location: 911 BUILDING Serial #: MXL12740RD Vendor: ATT Property #: E911-079 \*Department #: 97 Current Value: 3530.47 Project #: Objective #: 89 E911 FUND LEASED PROPERTY 97 \*Acquisition: L LEASE,

Ledger? Y (Y/N)

\*Asset Type: CMP COMPU'

Salvage %: 1 Salvage S

GASB Eligible? N (Y/N) LEASE/PURCHASE \*Disposal: \*Acquisition: Useful Life: 3 Years Cap Threshold: 5000 COMPUTER EQUIPM Salvage \$: 35 Depreciate?  $\overline{\mathbb{N}}$ (Y/N)Accumulated Depreciation: 3530.47 Date: 3/21/2022 Cap Value: Remarks: HP COMPUTER

FIXED ASSETS

8/22/2022

10:17:15

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911 - 080

Description: Voice Module-Sam Vesta S/N#: 27324E

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 22rd September , 2000

10:17:18 FIXED ASSETS 8/22/2022 FALSPM Lease Purchase File Maintenance GINGER Key #: Delete: Description: VOICE MODULE- SAM VESTA Location: 911 BUILDING

Serial #: 27324E Vendor: ATT Current Value: 6742.13 Property #: E911-080 Project #: E911 FUND Objective #: 89 LEASED PROPERTY \*Department #: 97 Acquisition: L LEASE/PUR
Ledger? Y (Y/N)
\*Asset Type: CMP COMPUTER
Salvage %: 1 Salvage \$:
GASB Eligible? Y (Y/N) LEASE/PURCHASE \*Acquisition: \*Disposal: COMPUTER EQUIPM Useful Life: 3 Years Cap Threshold: 5000 67 Depreciate?  $\underline{\underline{Y}}$ (Y/N)Accumulated Depreciation: p Value: 6742.13 Date: 3/21/2022 Remarks: VOICE MODULE Cap Value:

224

F12=Cancel/No Update Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-081

Description: Phone-Mitel S/N#: 2AYWN2132B050JL

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Separtment Head

This is acknowledged receipt of the above inventory item on this the 22th day of

8/22/2022 FALSPM Delete:

FIXED ASSETS Lease Purchase File Maintenance

10:17:22 GINGER 225

| DCTCtC.  | 1103 "                                       |
|--|--|
| Description: PHONE- MITEL<br>Location: 911 BUILDING  |  |
| Vendor: ATT Ser  | ial #: 2A4WN2132B050JL                       |
| Property #: E911-081 Project #:  *Department #: 97 E911 FUND  *Acquisition: L LEASE/PURCHASE | Current Value: 780.14                        |
| *Department #: 97 E911 FUND  | Objective #: 89 LEASED PROPERTY              |
| *Acquisition: L LEASE/PURCHASE   | *Disposal:                                   |
| Ledger? <u>Y</u> (Y/N)   |  |
| *Asset Type: <u>CMP</u> COMPUTER EQUIPM  | Useful Life: <u>3</u> Years                  |
| Salvage %: 1 Salvage \$:   | 7 Cap Threshold: 5000<br>Depreciate? N (Y/N) |
| GASB Eligible? N (Y/N)   | Depreciate! N (Y/N)                          |
| Ac   | cumulated Depreciation:                      |
| Cap Value: 780.14 Date: 3/21/2022<br>Remarks: PHONE- MITEL                                   | <u> </u>                                     |
|  |  |
| <del></del>  |  |
|  |  |
|  |  |
| Enter=Accept *F4=Prompt F8=Transactions  | F10=Delete F12=Cancel/No Update              |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911 - 086

Description: Computer - HP Prodesk
S/N#: MXL 12740MW

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 32 metrics of the above inventory item on this the 32 metrics of the above inventory item on this the 32 metrics of the above inventory item on this the 32 metrics of the above inventory item on this the 32 metrics of the above inventory item on this the 32 metrics of the above inventory item on this the 32 metrics of the above inventory item on this the 32 metrics of the above inventory item on this the 32 metrics of the above inventory item on the 32 metrics of the above inventory item on the 32 metrics of the above inventory item on the 32 metrics of the 32 metric

FALSPM Lease Purchase File Maintenance GINGER Key #: 230 Delete: Description: COMPUTER- HP PRODESK Location: 911 BUILDING Serial #: MXL12740MW Vendor: ATT Current Value:
Objective #: 89 LEA 3530.47 Project #: Property #: <u>E911-086</u> \*Department #: E911 FUND LEASED PROPERTY 97 \*Disposal: Acquisition: L LI LI Ledger? Y (Y/N)
\*Asset Type: CMP CO \*Acquisition: LEASE/PURCHASE COMPUTER EQUIPM Useful Life: \_ Cap\_Threshold: \_ 3 Years Salvage %: 1 Salvage \$: 35 5000 Depreciate?  $\overline{\mathbb{N}}$ GASB Eligible? N (Y/N) (Y/N)Accumulated Depreciation: np Value: 3530.47 Date: 3/21/2022 Remarks: COMPTER HP PRODESK Cap Value:

FIXED ASSETS

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

8/22/2022

F12=Cancel/No Update

10:18:05

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-087

Description: Switch-CISCO
S/N#: MSIA-FJC25481024

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 22<sup>nd</sup> September, 2010.

| 8/22/2022<br>FALSPM<br>Delete:  | Lea   | FIXED ASS<br>ase Purchase File  |                                 | enance              |  | Key                                  | GI        | :18:08<br>NGER<br>231 |
|---|---|---|---------------------------------|---------------------|--|--------------------------------------|-----------|-----------------------|
| Loc Vendor: ATT Property #: *Departmen *Acquisit Led *Asset T Salvag GASB E | ion: <u>L</u><br>ger? <u>Y</u> (Y/N<br>ype: <u>CMP</u><br>ge %: <u>1</u> Sal<br>ligible? <u>N</u> | UILDING Ser Project #: E911 FUND LEASE/PURCHASE ) COMPUTER EQUIPM vage \$: (Y/N) Ac Date: 3/21/2022 | Object<br>*Disp<br>47<br>cumula | posal:<br>Us<br>Cap | ent Val<br>89<br>eful Li<br>Thresho<br>eprecia | lue:<br>LEAS<br>ife:<br>old:<br>ate? | 3 Y<br>50 | ears<br>000           |
| Enter=Accept  | *F4=Prompt  | F8=Transactions   | F10=D                           | elete               | F12=   | =Cano                                | cel/No    | Update                |

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-088

Description: Switch - CISCO S/N#: MSIB - FJC25471742

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Department Head

Inventory Clerk

This is acknowledged receipt of the above inventory item on this the 221 day of 5eptember, 2010

FALSPM Lease Purchase File Maintenance GINGER Key #: 232 Delete: Description: SWITCH- CISCO Location: 911 BUILDING Serial #: MS1B-FJC25471J42 Vendor: ATT 4773.27 Project #: Property #: <u>E911-088</u> Current Value: \*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY \*Acquisition: L LEASE/PUF Ledger? Y (Y/N)

\*Asset Type: CMP COMPUTER

Salvage %: 1 Salvage \$:
GASB Eligible? N (Y/N) \*Acquisition: LEASE/PURCHASE \*Disposal: Useful Life: 3 Years Cap Threshold: 5000 COMPUTER EQUIPM 47 Depreciate?  $\overline{\mathbb{N}}$ (Y/N)Accumulated Depreciation: p Value: 4773.27 Date: 3/21/2022 Remarks: CISCO SWITCH Cap Value:

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

FIXED ASSETS

8/22/2022

10:18:11

F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-089

Description: Router CISCO S/N#: FLM 242310US

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Department Head

Inventory Clerk

This is acknowledged receipt of the above inventory item on this the 22015

8/22/2022 FIXED ASSETS FALSPM Lease Purchase File Maintenance Delete:

10:18:15 GINGER Key #:

Description: ROUTER-CISCO Location: 911 BUILDING Serial #: FLM242310VS Vendor: ATT 3499.22 Property #: E911-089 Project #: Current Value: LEASED PROPERTY E911 FUND Objective #: 89 \*Department #: 97 Ledger? Y (
\*Asset Type: CMP
Salvage %: 1
GASB Elication: \*Acquisition: LEASE/PURCHASE \*Disposal: (Y/N) Useful Life: 3 Years Cap Threshold: 5000 COMPUTER EQUIPM Salvage %: 1 Salvage \$: GASB Eligible? N (Y/N) 34 Depreciate? N (Y/N)Accumulated Depreciation: p Value: 3499.22 Date: 3/21/2022 Remarks: ROUTER FOR 911 Cap Value:

F12=Cancel/No Update Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-090
Description: 4 Port-Bundle-Gateway

S/N#: D13114261

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 220d September , 2000

FALSPM Lease Purchase File Maintenance GINGER Key #: Delete: Description: 4 PORT- BUNDLE-GATEWAY Location: 911 BUILDING Serial #: <u>D13114261</u> Vendor: ATT Property #: <u>E911-090</u> \*Department #: <u>97</u> 3160.18 Project #: Current Value: E911 FUND LEASED PROPERTY Objective #: 89 \_97 \*Acquisition: L

Ledger? Y

\*Asset Type: CMP

Salvage %: 1 \*Disposal: LEASE/PURCHASE  $\overline{(Y/N)}$ COMPUTER EQUIPM Useful Life: 3 Years Cap Threshold: 5000 Salvage %: 1 Salvage GASB Eligible? N (Y/N) Salvage \$: \_\_\_ 31 Depreciate? N (Y/N) Accumulated Depreciation: p Value: 3160.18 Date: 3/21/2022 Remarks: 4 PORT GATEWAY BUNDLE Cap Value:

FIXED ASSETS

8/22/2022

10:18:18

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-09|
Description: <u>Y-Port Bundle</u>
S/N#: <u>D13114311</u>

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

Department Head

This is acknowledged receipt of the above inventory item on this the 22 mg., 20202

FALSPM Lease Purchase File Maintenance GINGER <u>23</u>5 Key #: Delete: Description: 4- PORT BUNDLE Location: 911 BUILDING Serial #: <u>D13114311</u> Vendor: ATT Ledger? Y (Y/N)

\*Asset Type: CMP CO
Salvage %: 1 C
GASB Eligit Current Value: Property #: E911-091 \*Department #: 97 Project #: 3160.18 Objective #: 89 \*Disposal: E911 FUND LEASED PROPERTY \*Acquisition: LEASE/PURCHASE COMPUTER EQUIPM Useful Life: 3 Years Cap Threshold: 5000 Salvage %: 1 Salvage S GASB Eligible? N (Y/N) Salyage \$: \_ 31 Depreciate?  $\overline{\underline{N}}$ (Y/N)Accumulated Depreciation: Remarks: 3160.18 Date: 3/21/2022 3160.18 Date: 3/21/2022 Cap Value:

FIXED ASSETS

10:18:22

8/22/2022

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-092
Description: U Port Burdle
S/N#: D13275290

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 32 nd September, 2000

10:18:26 FIXED ASSETS 8/22/2022 Lease Purchase File Maintenance GINGER FALSPM Key #: Delete: Description: 4 PORT BUNDLE Location: 911 BUILDING Serial #: <u>D13275290</u> #: <u>Current</u> Vendor: ATT Current Value: Property #: E911-092 \*Department #: 97 Project #: 3160.18 Objective #: 89 LEASED PROPERTY E911 FUND 97 \*Acquisition: L LEASE/PURCHA Ledger? Y (Y/N)

\*Asset Type: CMP COMPUTER EQUISION Salvage %: 1 Salvage \$: \_\_\_\_\_

GASB Eligible? N (Y/N) LEASE/PURCHASE \*Disposal: Useful Life: 3 Years Cap Threshold: 5000 COMPUTER EQUIPM 31 Depreciate? N (Y/N)
Accumulated Depreciation: Remarks: 3160.18 Date: 3/21/2022 Remarks: 4 PORT BUNDLE Cap Value:

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-093
Description: 4 Port Bundle
S/N#: D12559636

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 2000 day of

FALSPM Lease Purchase File Maintenance GINGER Key #: 237 Delete: Description: 4 PORT BUNDLE Location: 911 BUILDING Serial #: <u>D12559636</u> Vendor: ATT J93

Quisition: L

Ledger? Y (Y/N

\*Asset Type: CMP

Salvage %: 1

GASB Eligit Property #: E911-093 \*Department #: 97 Current Value: Project #: 2855.25 E911 FUND Objective #: 89 LEASED PROPERTY \*Disposal: LEASE/PURCHASE \*Acquisition:  $\overline{(Y/N)}$ Useful Life: 3 Years Cap Threshold: 5000 COMPUTER EQUIPM 1 Salvage \$: 28 GASB Eligible? N (Y/N) Depreciate? N (Y/N)Accumulated Depreciation: Remarks: 2855.25 Date: 3/21/2022 Cap Value:

FIXED ASSETS

8/22/2022

10:18:29

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # <u>E911-094</u>
Description: <u>4 Port Bundle</u>
S/N#: <u>D12559612</u>

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of

This is acknowledged receipt of the above inventory item on this the september, 2000-

8/22/2022 FIXED ASSETS
FALSPM Lease Purchase File Maintenance
Delete:

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

10:18:32 GINGER Key #: \_\_\_\_\_23

F12=Cancel/No Update

Description: 4 PORT BUNDLE Location: 911 BUILDING Serial #: D12559612 Vendor: ATT Current Value: 2855.25 Project #: Property #: E911-094 E911 FUND Objective #: 89 LEASED PROPERTY \*Department #: \_97 Acquisition: L LEASE/PU
Ledger? Y (Y/N)
\*Asset Type: CMP COMPUTER
Salvage %: 1 Salvage \$: \*Acquisition: LEASE/PURCHASE \*Disposal: Useful Life: \_ COMPUTER EQUIPM 3 Years 28 Cap Threshold: 5000 Depreciate?  $\overline{\mathbb{N}}$ GASB Eligible? N (Y/N)(Y/N)Accumulated Depreciation: p Value: 2855.25 Date: 3/21/2022 Remarks: 4 PORT BUNDLE Cap Value:

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911 - 097

Description: Switch- MNTR Rack
S/N#: ACK5-028BB-0054

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of

This is acknowledged receipt of the above inventory item on this the 2219 September, 2000)

FALSPM Lease Purchase File Maintenance GINGER Key #: 241 Delete: Description: SWITCH- MNTR RACK Location: 911 BUILDING Serial #: <u>ACK5-028BB-0054</u> Vendor: ATT Current Value: 1582.73 Property #: E911-097 Project #: E911 FUND Objective #: 89 LEASED PROPERTY \*Department #: 97 \*Acquisition: LEASE/PURCHASE \*Disposal: Ledger? Y (Y/N)

\*Asset Type: CMP COMPU

Salvage %: 1 Salvage S

GASB Eligible? N (Y/N) COMPUTER EQUIPM Useful Life: 3 Years Cap Threshold: 5000 Salvage \$: 15 Depreciate?  $\overline{\mathbb{N}}$ (Y/N)Accumulated Depreciation: Cap Value: 1582.73 Date: 3/21/2022 Remarks: SWITCH- MNTR RACK

FIXED ASSETS

Enter=Accept \*F4=Prompt F8=Transactions F10=Delete

8/22/2022

F12=Cancel/No Update

10:18:54

To:

Amy G. Berry

Inventory Control Clerk

From:

Date:

Re:

Inventory Control # E911-095
Description: 4 Port Bundle
S/N#: 012559635

The inventory item referenced to above is delivered to you to be deleted from this department's inventory. Additionally, this item is no longer functioning properly to be useful to the County. Please remove this item from this department's inventory upon an order of the Board of Supervisors

This is acknowledged receipt of the above inventory item on this the 221 September , 2010 day of

FALSPM Lease Purchase File Maintenance GINGER Key #: Delete: Description: 4 PORT BUNDLE Location: 911 BUILDING Serial #: <u>D12559635</u> Vendor: ATT Current Value: 2855.25 Property #: E911-095 Project #: \*Asset Type: CMP CO Salvage %: 1 Salvage %: 1 E911 FUND Objective #: 89 LEASED PROPERTY \*Department #: \*Acquisition: LEASE/PURCHASE \*Disposal: COMPUTER EQUIPM Useful Life: \_\_Cap Threshold: \_\_ 3 Years Salvage %: 1 Salvage S GASB Eligible? N (Y/N) Salvage \$: 28 5000 Depreciate?  $\overline{\mathbb{N}}$  $(\overline{Y/N})$ Accumulated Depreciation: Remarks: 4 PORT BUNDLE 3/21/2022

FIXED ASSETS

8/22/2022

10:18:50

## EXHIBIT I



#### Pay without signing in

Phone number: \*\*\*\*\*0909



Your payment for \$109.31 is confirmed.

Confirmation number: 7H97MYW4O02J2P9

We sent you an email. Print a copy

Card number: \*\*\*\*\*\*\*\*\*4740

Expires: 05/2023

Billing ZIP Code: 39741

Payment amount: \$109.31

Payment date: Sep 19, 2022

crist

It may take up to 24 hours for your payment to post online.

Sign in to manage your account

I request reinbursement For AT+T cell phone payment. They had not Sent a leile So Gryn had not paid it. It was about to be cut off.



CLAY COUNTY SHERIFF ATTN: GINGER ALLEN PO BOX 815 WEST POINT, MS 39773-0815

Past Due Amount: \$109.31 Total Amount Due: \$109.31

Account Number: 287295212074

Date:

September 10, 2022

Wireless Number(s): 662-295-0909

#### **CLAY COUNTY SHERIFF:**

AT&T Mobility appreciates and values your business. Our records indicate your payment has not been received.

To avoid suspension of service on your account, we must receive a payment of \$109.31 by September 20, 2022. Once your account is suspended, a reinstatement fee of \$35.00 may be charged to reinstate services.

If you have already made your payment, please disregard this notice. If not, please remit payment immediately for \$109.31 using the enclosed remittance slip and envelope. For your convenience, you may also pay 24 hours a day, 7 days a week by electronic check, debit card, or major credit card by using our automated voice response service at 800.351.9056.

If you have any questions about your account, please call us at 800.351.9056 and an AT&T Representative will be happy to assist you. Thank you for your prompt attention to this matter.

Business Receivables Management AT&T Mobility

TLSUS3

**AMOUNT DUE: \$109.31** 

7803.002.019754.01.01.0000000 NNNNNNNN 014187.014187

Account Number 287295212074
Please include account number on your check.

CLAY COUNTY SHERIFF ATTN: GINGER ALLEN PO BOX 815 WEST POINT, MS 39773-0815



Make checks payable to:

AT&T MOBILITY PO BOX 6463 CAROL STREAM IL 60197-6463

մենոկՈրվոլիկվկերդՈնիրիկՈւկՈրինիկՈւմՈկրկիս

99900287295212074000000000109310000**0011**0931009

# EXHIBIT J

#### **MEMORANDUM**

To:

Members of the Mississippi Chancery Clerks Association

From:

Summer Davis

Center Head & Local Government Specialist

Date:

September 12, 2022

Subject:

Legal Responsibilities Workshop

Enclosed is a copy of the preliminary agenda and a registration form for the workshop scheduled for the Embassy Suites Jackson-North Ridgeland, on November 17-18, 2022. Please complete and return the enclosed registration form to me by November 3<sup>rd</sup>.

Make your room reservations with the Sheraton for the night of the 17<sup>th</sup> by calling (800) 445-8667 and use the code UEX, or use the link that will be emailed to you by Anita Greenwood. If you have any questions regarding the hotel arrangements, please let me know.

The Center for Government & Community Development, Mississippi State University Extension Service, is again happy to assist in the educational programming for your association. Let us know if there is anything we can do to assist you.

\*\*Persons with disabilities who require special accommodations of any sort in connection with their attendance at this workshop should contact the Center for Government & Community Development.

Enclosures (2)

sd

Mississippi State University Extension Service
Box 9643 • Mississippi State, MS 39762-9643 • (662) 325-3141 • Fax (662) 325-8954 • gcd@ext.msstate.edu

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

#### Mississippi Chancery Clerks Association Legal Responsibilities Workshop Preliminary Agenda Embassy Suites - Jackson-North Ridgeland

#### Thursday, November 17

a.m.

9:30

Registration

Noon

Lunch on Your Own

p.m.

1:00

**Education Program** 

5:00

Adjourn Educational Session

#### Friday, November 18

a.m.

9:00

**Education Program** 

Noon

Workshop Evaluation & Adjourn

#### Registration Form Legal Responsibilities Workshop November 17-18, 2022

Return by November 3, 2022, to Sumner Davis, Center for Government & Community Development, Box 9643, Mississippi State, MS 39762-9643.

Register me for the Legal Responsibilities Workshop to be held at the Embassy Suites – Jackson-North Ridgeland, 200 Township Ave., Ridgeland.

| NAME AnyBerry         | TITLE Chancery Clerk |
|-----------------------|----------------------|
| ADDRESS POBUX 95      | COUNTY & Clay        |
| CITY West POINT STATE | U                    |

**NOTE:** Persons with disabilities who require special accommodation of any sort in connection with their attendance at this program should contact the Center for Government & Community Development.

# EXHIBIT K

#### IN THE MATTER OF RESCINDING RESOLUTIONS WITH THE TRVWMD ON CERTAIN PROJECTS

Supervisor Shelton Deanes offered and moved the adoption of the following resolutions,

#### RESOLUTION

WHEREAAS, the matter of rescinding Resolutions with the TRVWMD which have been duplicated on two projects, and

WHEREAS, It would appear duplicate Resolutions have been sent on the Cleanout of Bridge on Long Creek, PN: 13-2205-026 and the Cleanout of Tributary to Tibbee Creek, PN: 13-2206-045, and

WHEREAS, It would appear the said Resolutions need to be rescinded for the said projects.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of Clay County, Mississippi, that the Board hereby requests the Tombigbee River Valley Water Management District to rescind the Resolutions on the two projects, to-wit: the Cleanout of Bridge on Long Creek, PN: 13-2205-026 and the Cleanout of Tributary to Tibbee Creek, PN: 13-2206-045.

Supervisor Lummus seconded the motions and with all members present and saying "AYE", the President declared the motion carried and resolution adopted.

SO ORDERED, this the 23rd day of respiember, 2022.

Lynn Horton, President

Amy G Berry, Charcery Clerk Clerk of the Board of Supervisors

ATTEST

#### **Amy G Berry**

From: Richard Herring <rherring@trvwmd.com>
Sent: Friday, September 16, 2022 10:32 AM

To: 'Amy Berry'

Cc: 'Drew Robertson'; 'Paul Vickers'; 'steve wallace'

Subject:Rescind Two TRVWMD ResolutionsAttachments:Clay Resolutions Rescind 16Sept22.pdf

Amy,

Please review the two attached resolutions to the TRVWMD from the Clay County Board of Supervisors. I suggest the Board consider rescinding these requests based upon the information cited below. I have discussed this matter with each of the Supervisor's whose district the projects involve, Shelton Deans and Luke Lummus, and they were in agreement with the request to rescind.

- Cleanout Bridge on Long Creek. PN:13-2205-026. This bridge and cleanout site is actually situated just north of the Clay County line, in Chickasaw County. A resolution requesting TRVWMD to perform this cleanout would need to originate in Chickasaw County.
- 2. Cleanout Tributary to Tibbee Creek. PN:13-2206-045. This request is a duplication of the previously approved request to stabilize Melton Bottom Road. The Melton Bottom Road request has been approved by our Board and we are coordinating with Supervisor Lummus to carry out this project.

Do not hesitate to let me know if you have any questions.

Richard

#### IN THE MATTER OF REQUESTING THE TOMBIGBEE RIVER VALLEY WATER MANAGEMENT DISTRICT TO CLEAN OUT A BRIDGE AS LOCATED ON LONG CREEK

Supervisor Deanes offered and moved the adoption of the following Resolution:

#### RESOLUTION

WHEREAS, there is urgent need of having a bridge cleanout project conducted at the Long Creek as located in Sections 2 and 11, Township 15, Range 5 in Clay County, Mississippi; and

WHEREAS, without immediate attention taken toward this problem, considerable damage to property may result; and

WHEREAS, Clay County, Mississippi is without sufficient resources with which to perform such task.

NOW THEREFORE, BE IT RESOLVED by the Board of Supervisors of Clay County, Mississippi, that the Board hereby requests the Tombigbee River Valley Water Management District to perform the above stated tasks in Clay County, Mississippi, as within its means to do

SO ORDERED, this the the soul of the

Auny G. Berry, Chancery Clerk of Clay County, Mississippi and Clerk of the

**BOS Minute Book** Book 183 Page 78

### IN THE MATTER OF REQUESTING THE TOMBIGBEE RIVER VALLEY WATER MANAGEMENT DISTRICT TO ASSIST THE COUNTY WITH THE CLEAN OUT OF A TRIBUTARY TO TIBBEE CREEK AS LOCATED ON MELTON BOTTOM ROAD

Supervisor Lummus offered and moved the adoption of the following resolutions,

#### RESOLUTION

WHEREAS, there is an urgent need for the Tombigbee River Valley Water Management District to assist the county with the clean out of a tributary to Tibbee Creek as located on Melton Bottom Road in Clay County, Mississippi; and

WHEREAS, the location of the said tributary to Tibbee Creek can be further described as being located in Sections 5 and 6, Township 15, and Range 4 in Clay County, Mississippi; and

WHEREAS, without immediate attention taken toward this problem, considerable damage to property may result; and

WHEREAS, Clay County, Mississippi is without sufficient resources with which to perform such task.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of Clay County, Mississippi, that the Board hereby requests the Tombigbee River Valley Water Management District to perform the above stated tasks in Clay County, Mississippi as within their means to do so.

Supervisor Davis seconded the motions and with all members present and saying "AYE", the President declared the motion carried and resolution adopted.

SO ORDERED, this the 28th day of April, 2022.

Lynn Horton, President

ATTEST:

Amy G. Berry, Chancery Clerk Clerk of the Board of Supervisors



| NO |  |  |  |  |
|----|--|--|--|--|
|    |  |  |  |  |

### IN THE MATTER OF REQUESTING THE TOMBIGBEE RIVER VALLEY WATER MANAGEMENT DISTRICT TO ASSIST THE COUNTY WITH THE CLEAN OUT OF A TRIBUTARY TO TIBBEE CREEK AS LOCATED ON MELTON BOTTOM ROAD

Supervisor Lummus offered and moved the adoption of the following resolutions,

#### RESOLUTION

WHEREAS, there is an urgent need for the Tombigbee River Valley Water Management District to assist the county with the clean out of a tributary to Tibbee Creek as located on Melton Bottom Road in Clay County, Mississippi; and

WHEREAS, the location of the said tributary to Tibbee Creek can be further described as being located in Sections 5 and 6, Township 15, and Range 4 in Clay County, Mississippi; and

WHEREAS, without immediate attention taken toward this problem, considerable damage to property may result; and

WHEREAS, Clay County, Mississippi is without sufficient resources with which to perform such task.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of Clay County, Mississippi, that the Board hereby requests the Tombigbee River Valley Water Management District to perform the above stated tasks in Clay County, Mississippi as within their means to do so.

Supervisor Davis seconded the motions and with all members present and saying "AYE", the President declared the motion carried and resolution adopted.

Lynn Horton, President

SO ORDERED, this the 28th day of April, 2022.

ATTEST:

Amy G. Berry, Chancery Clerk

Clerk of the Board of Supervisors

#### IN THE MATTER OF REQUESTING THE TOMBIGBEE RIVER VALLEY WATER MANAGEMENT DISTRICT TO CLEAN OUT A BRIDGE AS LOCATED ON LONG CREEK

Supervisor Deanes offered and moved the adoption of the following Resolution:

#### RESOLUTION

WHEREAS, there is urgent need of having a bridge cleanout project conducted at the Long Creek as located in Sections 2 and 11, Township 15, Range 5 in Clay County, Mississippi; and WHEREAS, without immediate attention taken toward this problem, considerable damage to property may result; and

WHEREAS, Clay County, Mississippi is without sufficient resources with which to perform such task.

NOW THEREFORE, BE IT RESOLVED by the Board of Supervisors of Clay County, Mississippi, that the Board hereby requests the Tombigbee River Valley Water Management District to perform the above stated tasks in Clay County, Mississippi, as within its means to do SO.

SO ORDERED, this the storof from

Any G. Berry, Chancery Clerk of Clay Jounty, Mississippi and Clerk of the

BOS Minute Book Book 183 Page 78

# EXHIBIT L

#### LETTER OF TRANSMITTAL



CALVERT-SPRADLING ENGINEERS, INC.

☐ Approved as submitted

☐ Return for corrections

☐ Approved as noted

**CONSULTING ENGINEERS** 

**P.O. DRAWER 1078** 

To: Clay County Board of Supervisors

West Point, MS 39773

P.O. Box 815

WEST POINT, MISSISSIPPI 39773

PHONE - 662-494-7101

Date: 8/3/2022

Job No.: 221137

☐ Resubmit \_\_\_\_ copies for approval

☐ Submit \_\_\_\_\_ copies for distribution ☐ Return \_\_\_\_\_ corrected prints

Attention: Amy Berry Reference: Yokohama Rail Repair

| VE ARE SENDING YOU  ☑ Attached ☐ Shop drawings ☐ Copy of letter | ☐ Under separate cover via the following items: ☐ Prints ☐ Plans ☐ Samples ☐ Specifications ☐ Change order |
|---|--|
| COPIES  | DESCRIPTION  |
| 1   | Continental Rails, Inc. – Estimate #4  |
| 1   | Calvert-Spradling Engineers, Inc. – Invoice #10544   |
| 1   | Expenditure Report #4  |

**REMARKS:** 

☐ As requested

SIGNED:

☑ For approval

☐ For review and comment ☐ For your files

☐ For your information

cc: Continental Rails, Inc. (Estimate)

If enclosures are not as noted, kindly notify us at once at 662-494-7101.

#### CALVERT-SPRADLING ENGINEERS, INC. CONSULTING ENGINEERS

#### PERIODIC ESTIMATE FOR PARTIAL PAYMENT

AMOUNT DUE: CONTINENTAL RAIL INC 62 CHESTER BROWN ROAD HATTIESBURG MS 39404

FOR:

YOKO RAIL REPAIR ESTIMATE NO. 4

CLAY COUNTY

CONTRACT AMT: \$ 653,948.00

% COMPLETE: 100.00

FROM:

7-1-22 TO 7-31-22

| FILE:  | yokorailrepair.est   |   |                             |                                  | PAGE 1  |
|--|----------------------|---|-----------------------------|----------------------------------|---|
| DESCRIPTION  | CONTRACT<br>QUANTITY | ALLOWED<br>TO DATE                          | UNIT                        | UNIT<br>PRICE                    | AMOUNT  |
| STANDARD CROSS TI<br>SWITCH CROSS TIES<br>TRACK BALLAST<br>TAMPING TRACK |                      | 4933.000<br>118.000<br>1058.000<br>8371.000 | EACH<br>EACH<br>TON<br>TRFT | 99.50<br>400.00<br>70.00<br>5.00 | 490833.50<br>47200.00<br>74060.00<br>41855.00 |
| This Estimate Cer  | tified Correct:      | TOTAL<br>LESS                               |                             | TO DATE                          | 653948.50<br>16348.71                         |
| CALVERT-SPRADLING  | ENGRS., INC.         |   | AMT DUE I<br>REV PAYME      |                                  | 637599.79<br>524582.67                        |
|  |                      | AMT DU                                      | E THIS ES                   | TIMATE                           | 113017.12                                     |

# EXPENDITURE REPORT #4

Clay County Board of Supervisors for Yokohama Rail Spur Improvements CSE#221137

August 3, 2022.

| THIS TOTAL TOTAL TOTAL MONTH TO DATE BUDGET 113,017.12 637,599.79 \$ 653,948.00 \$ 113,017.12 \$ 637,599.79 \$ 653,948.00 1,609.12 \$ 6438.25 \$ 59,596.87 | TOTAL LOAN THIS MONTH 653,948.00 \$ - 653,948.00 \$ - 31,416.00 | 1 1           | 1 1 1  | LOAN<br>BUDGET<br>346,217.38<br>\$ 346,217.38<br>53,782.62 | COAN         LOAN         THIS TO DATE         GRANT BUDGET         GRANT GRANT GRANT           TO DATE         BUDGET         MONTH         TO DATE         BUDGET           346,217.38         346,217.38         \$ 113,017.12         291,382.41         307,730.62           \$ 346,217.38         \$ 113,017.12         \$ 291,382.41         \$ 307,730.62           53,782.62         53,782.62         1,609.12         2,655.63         5,814.25           -         31,416.00 |
|--|---|---------------|--------|--|--|
| \$ 114,626.24 \$ 694,038.04 \$ 744,960.87  | - \$ 20.87  | \$ 400,000.00 | \$ 400 | 00.000,0   | \$ 400,000.00 \$ 400,000.00   \$ 114,626.24 \$ 294,038.04 \$ 344,960.87  |

Funding:

Loan \$ 400,000.00 Grant \$ 344,960.87 \$ 744,960.87

#### Calvert-Spradling Engineers, Inc. P. O. Drawer 1078 West Point, MS 39773 662-494-7101

Clay County Board of Supervisors P. O. Box 815

West Point, MS 39773

Invoice number

10544

Date

08/03/2022

Project 221-137 CCBS - YOKOHAMA RAIL REPAIR

| Description     |       | Contract<br>Amount | Percent<br>Complete | Prior<br>Billed | Total<br>Billed | Current<br>Billed |
|-----------------|-------|--------------------|---------------------|-----------------|-----------------|-------------------|
| 01 Design       |       | 41,717.81          | 100.00              | 41,717.81       | 41,717.81       | 0.00              |
| 02 Bid          |       | 5,959.69           | 100.00              | 5,959.69        | 5,959.69        | 0.00              |
| 03 Construction |       | 8,939.53           | 98.00               | 7,151.63        | 8,760.75        | 1,609.12          |
| 04 As-Builts    |       | 2,979.84           | 0.00                | 0.00            | 0.00            | 0.00              |
|                 | Total | 59,596.87          | 94.70               | 54,829.13       | 56,438.25       | 1,609.12          |

Invoice total 1,609.12

Approved by:

Robert L. Calvert

Robert 2. Caluat

# FINAL EXPENDITURE REPORT #5

Clay County Board of Supervisors for Yokohama Rail Spur Improvements CSE#221137

# September 2, 2022

| TOTAL COST   | Engineering<br>Contingencies | Construction   | Continental Rails, Inc. |                        |
|--|------------------------------|--|-------------------------|------------------------|
| €9   |                              | €9   | <b>(</b> )              | 3                      |
| 53,124.79  | 4,134.78                     | 58,990.01  | 58,990.01               | THIS                   |
| \$ 63,124.79 \$ 757,162.83 \$ 757,162.83                               | 60,573.03                    | \$ 58,990.01 \$ 696,589.80 \$ 696,589.80                               | 696,589.80              | TOTAL<br>TO DATE       |
| \$ 757,162.83  | 60,573.03                    | \$ 696,589.80  | 696,589.80              | TOTAL                  |
| ₩  |                              | €9   | *                       | THIS L                 |
| ı  | ,                            |  |                         | LOAN<br>THIS MONTH     |
| \$ 400,000.00  | 53,782.62                    | \$ 346,217.38  | 346,217.38              | LOAN<br>TO DATE        |
| \$ 400,000.00 \$ 400,000.00   \$ 63,124.79 \$ 357,162.83 \$ 357,162.83 | 53,782.62<br>-               | \$ 346,217.38 \$ 346,217.38   \$ 58,990.01 \$ 350,372.42 \$ 350,372.42 | 346,217.38              | LOAN                   |
| \$ 63,124.79   | 4,134.78                     | \$ 58,990.01   | 58,990.01               | GRANT<br>THIS<br>MONTH |
| \$ 357,162.83  | 6,790.41                     | \$ 350,372.42  | 350,372.42              | GRANT<br>TO DATE       |
| \$ 357,162.83  | 6,790.41                     | \$ 350,372.42  | 350,372.42              | GRANT<br>BUDGET        |

583

\*Includes Change Order #1

Funding:

Loan \$ 400,000.00 Grant \$ 357,162.83 \$ 757,162.83

#### Calvert-Spradling Engineers, Inc P. O. Drawer 1078 West Point, MS 39773 662-494-7101

Clay County Board of Supervisors P. O. Box 815

West Point, MS 39773

Invoice number

10600

Date

09/02/2022

Project 221-137 CCBS - YOKOHAMA RAIL REPAIR

| Description     |       | Contract<br>Amount | Percent Complete | Prior<br>Billed | Total<br>Billed | Current<br>Billed |
|-----------------|-------|--------------------|------------------|-----------------|-----------------|-------------------|
| 01 Design       |       | 41,717.81          | 100.00           | 41,717.81       | 41,717.81       | 0.00              |
| 02 Bid          |       | 5,959.69           | 100.00           | 5,959.69        | 5,959.69        | 0.00              |
| 03 Construction |       | 9,915.69           | 100.00           | 8,760.75        | 9,915.69        | 1,154.94          |
| 04 As-Builts    |       | 2,979.84           | 100.00           | 0.00            | 2,979.84        | 2,979.84          |
|                 | Total | 60,573.03          | 100.00           | 56,438.25       | 60,573.03       | 4,134.78          |

Invoice total 4,134.78

Approved by:

Robert L. Calvert

Robot 1. Calons

#### CALVERT-SPRADLING ENGINEERS, INC. CONSULTING ENGINEERS

#### PERIODIC ESTIMATE FOR PARTIAL PAYMENT

AMOUNT DUE:

CONTINENTAL RAIL INC

62 CHESTER BROWN ROAD HATTIESBURG MS 39404

FOR:

YOKO RAIL REPAIR

ESTIMATE NO. 5 & FINAL

CLAY COUNTY

CONTRACT AMT: \$ 653,948.00

% COMPLETE: 106.52

FROM:

8-1-22 TO 8-17-22

: vokorailrepair.est

PAGE 1

| FILE:  | yokorailrepair.est   |   |                             |                                  | PAGE 1  |
|--|----------------------|---|-----------------------------|----------------------------------|---|
| DESCRIPTION  | CONTRACT<br>QUANTITY | ALLOWED<br>TO DATE                          | UNIT                        | UNIT<br>PRICE                    | AMOUNT  |
| STANDARD CROSS T<br>SWITCH CROSS TIE<br>TRACK BALLAST<br>TAMPING TRACK |                      | 5011.000<br>167.000<br>1276.290<br>8371.000 | EACH<br>EACH<br>TON<br>TRFT | 99.50<br>400.00<br>70.00<br>5.00 | 498594.50<br>66800.00<br>89340.30<br>41855.00 |
| This Estimate Ce   | rtified Correct:     | TOTAL<br>LESS                               |                             | TO DATE                          | 696589.80                                     |
| CALVERT-SPRADLIN   | G ENGRS., INC.       |   | AMT DUE<br>PREV PAYM        |                                  | 696589.80<br>637599.79                        |
|  |                      | AMT DU                                      | E THIS E                    | STIMATE                          | 58990.01                                      |

### EXHIBIT M

### **Dee Jones Construction**





| BILL TO: ( /ac     | County Boad                              | Dept              | DATE:            | 22-22         |
|--------------------|--|-------------------|------------------|---------------|
| ADDRESS:           | Dist. 4                                  | ,                 | START DA         | TE:<br>2/- 22 |
| CITY, STATE, ZIP   | Dist. 4 Points MJ                        | 41                | O CON            |               |
| PHONE:             |  |                   |                  | A ADD-ON      |
| OB NAME:           |  |                   | *                |               |
| OCATION:           |  | PHONE;            |                  |               |
| CUSTOMER ORDER NO. | ORDER TAKEN BY:                          | MECHANIC:         | HELPER:          |               |
|                    | DESCRIP                                  | rion of Work      |                  |               |
|                    |  |                   |                  |               |
|                    | to ck pile                               | # 7 Ros           | K                |               |
| From               | to ch pile<br>Rogers Group<br>to Una, M- | in Columbus       | ms               |               |
|                    | to Una M                                 | r                 |                  |               |
|                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                   | 4 10             |               |
|                    |  |                   |                  |               |
|                    |  |                   | ,                |               |
|                    |  |                   |                  |               |
|                    |  |                   |                  |               |
|                    |  |                   |                  |               |
|                    | •  |                   |                  |               |
|                    |  |                   |                  | -             |
|                    |  |                   |                  |               |
| <u>.</u>           |  | *                 | TOTAL MATERIALS: |               |
|                    |  |                   | TOTAL LABOR:     |               |
|                    |  |                   | TAX:             |               |
| DATE COMPLETED:    | WORK ORDERED BY:                         | Degn              | TOTAL AMOUNT:    | \$ 1600.00    |
| O NO ONE HOME      | O TOTAL AMOUN                            | IT DUE            | OBILLINGTO       | BE MAILED     |
|                    | NOWLEDGE THE SATISFACTO                  | DRY COMPLETION OF | WORK DESCRIBED   | ABOVE.        |
| IGNATURE:          | fel Mr. Ones                             | 1-                |                  |               |

# Jones Construction Columbus, MS • (662) 251-7952





| BILL TO:           | y County Road    | And Aidist   | DATE: 9        | -19-22         |
|--------------------|------------------|--------------|----------------|----------------|
| ADDRESS:           | y county sou     | Dep. Di smo  | ISIMULU        | ATE:<br>-/4_2_ |
| CITY, STATE, ZIP   | a , ma c         |              | @ DAY          | WORK           |
| PHONE:             | Point, M.S       |              |                | ITRACT         |
| JOB NAME:          | *                |              | OEXI           | RA ADD-ON      |
| LOCATION:          |                  | PHONE:       |                |                |
| CUSTOMER ORDER NO. | ORDER TAKEN BY:  | MECHANIC:    | HELPER         | 1              |
| COSTOMER ORDER NO. | ONDER TAKEN DI.  | MECHANIC.    |                | •              |
|                    | DESCRIPT         | ION OF WORK  |                |                |
|                    |                  |              |                |                |
| Sto                | ok pile à        | # 57 R       | ock.           |                |
|                    | and # 7          | Ruck         |                |                |
|                    |                  |              |                |                |
| 10                 | From Rogers      | (F1 00) 12 1 | - Aguany,      |                |
|                    | To Una,          | MS           |                |                |
|                    |                  |              |                |                |
|                    |                  |              | 1090           | <u></u>        |
|                    |                  |              |                |                |
|                    |                  |              |                |                |
|                    |                  |              |                |                |
|                    |                  |              |                |                |
|                    |                  |              |                |                |
|                    |                  | тс           | TAL MATERIALS: |                |
|                    |                  |              | TOTAL LABOR:   |                |
|                    |                  |              | TAX:           |                |
| DATE COMPLETED:    | WORK ORDERED BY: | - (12        | TOTAL AMOUNT:  | \$ 7600.0      |
| O NO ONE HOME      | O TOTAL AMOUNT   |              | O BILLING TO E | BE MAILED      |
| SIGNATURE:         | fille De g       | loan         |                |                |

#### **Robertson and Sons**

P: Phone Number: (662)275-2711

Email: austin,mitobertson@gmail.com

City, State ZIP Code: West Point, MS 39773

F: Fax Number: N/A

Website: N/A

Bill To: Clay County Chancery Clerk

Address: 205 Court St. West Point, MS 39773

Fax: Email: Invoice #: 4

Invoice Date: 9/16/2022

Invoice For:

Hauling bulk material (#57) district #4

| Item#        | Description   | Qty        | Unit Price | 2      | Discount         | Price    |                |
|--------------|---|------------|------------|--------|------------------|----------|----------------|
| i            | Hauf #57 rock from Port of Col. to<br>Robert White Rd 9/14/2022         | 4          | \$         | 400.00 | \$               | \$       | 1,600.00       |
| 2            | Haul #57 an #7 rock from Port of Col.<br>to Robert Co line Rd 9/15/2022 | 4          | \$         | 400.00 | \$ -             | \$       | 1,600.00       |
| 3            | Haul #7 rock from Port of Col. to<br>Beaker Rd 9/16/2022                | 3          | \$         | 400.00 | \$               | \$       | 1,200.00       |
|              |   |            |            |        | E. For           | \$ 000 p |                |
|              |   |            |            |        |                  | s        | and the second |
|              |   |            |            |        |                  | 5        |                |
|              |   |            |            | j.     |                  | \$       | AN INC.        |
|              |   |            |            |        |                  | \$       |                |
|              |   |            |            |        |                  | \$       |                |
|              |   |            |            |        |                  | \$       |                |
|              |   |            |            |        |                  | 5        |                |
| ARTS TO THE  |   |            |            |        |                  | \$       |                |
|              |   |            | 4          |        | Invoice Subtotal | \$       | 4,400.00       |
|              |   |            |            |        | Tax Rate         |          |                |
|              |   |            |            |        | Sales Tax        | \$       |                |
|              |   |            |            |        | Other            |          |                |
|              |   | 1908 28 29 |            |        | Deposit Received |          |                |
| Make all che | cks payable to Robertson and Sons Trucking                              | , LLCu     |            |        | TOTAL            | 5        | 4,400.00       |

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