

**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

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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 3rd 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 3RD

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

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 6TH 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 6th 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

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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.

AUTHORIZE 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.

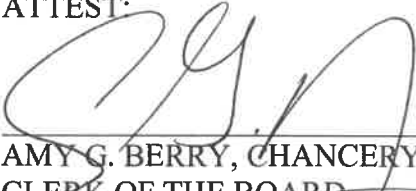
SO ORDERED, this the 23rd day of September, 2022.



LYNN HORTON, PRESIDENT
BOARD OF SUPERVISORS
CLAY COUNTY MISSISSIPPI

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ATTEST:



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

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EXHIBIT A

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**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*,
 - Monthly Service Report
- Porsha Lee, *Tax Assessor/Collector*,
 - Authorize and Approve Amended Homestead Exemption Applications
 - Cannabis Cultivators License
 - Change in Law for Out-of State Contractor's
 - Consider contracting with a company to audit public utility assessments
- Eddie Scott, *Sheriff*,
 - 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*,
 - Authorize and approve the Clerk's Credit Card Affidavit
 - Authorize and approve to record the Indirect Cost of Sanitation operations FYE 09/30/2021
 - Authorize and approve Departmental Inventory Deletions
 - Authorize and approve to reimburse Treva Hodge, \$109.31, for payment of monthly county cell phone bill
 - Authorize and approve the Chancery Clerk to travel to MS Chancery Clerk's Association conference November 16-18, 2022 in Ridgeland, MS at Embassy Suites Conference Center
 - 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
 - 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
 - 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
 - Regarding Potential Litigation and Personnel Matter
- Adjourn until Monday, October 3, 2022, at 9:00 a.m.

AMMENDMENTS:

426

EXHIBIT B

427

Mississippi Homestead Application
 Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> EDWARDS LOUANN C	SSN 427-04-3924	Municipality Code 024
2.	Name of Spouse <small>Last, F, MI</small>	SSN	School District Code 51321
3.	Physical Address of Taxpayer 1671 N DIVISION ST	City WEST POINT	State MS Zip 397730000

PRIMARY TELEPHONE - _____ PRIMARY EMAIL - _____
 SECONDARY TELEPHONE - _____ SECONDARY EMAIL - _____

4. 2 Exemption 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination reg & Add Primary DOB <u>5/22/1956</u> Secondary DOB _____	5. 2 Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. 1 Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. 1 Additional Use 1 - None 2 - Rent # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
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9. Parcel Number <small>(list dwelling first)</small>	Number of Parcels Listed Below:	1	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 061D403E	0110000						171/279	4/08/1986
2.								
3.								
4.								
5.								

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.

<small>Same Residence</small>	<small>Different Residence, Same Property</small>	<small>Non-occupying Joint Owner</small>
1.		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will with will
 From (name): _____
 who was my (relationship): _____ Date of Death _____
 whose title was acquired by: Deed Gift Other
 Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed Gift Other
 From (name): _____
 Date filed with Chancery Clerk: _____
 If purchased, Section 27-33-21(f) and 27-33-31(1) require:
 Full Price \$ _____ Down Payment \$ _____

12. 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 No
 B. has/have complied with the income tax laws of this state. Yes No
 C. has/have complied with the road and bridge privilege tax laws of this state. Yes No
 Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? _____

LIST TAG NUMBERS: _____

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 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 NONE PART
 Application is a: first time renewal (no change) replacement w/change

The applicant herein has, IN PERSON, attested to and signed this application before me, this the 8th day of August 2022

(Must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Lou Ann Edwards
(Usual signature of applicant)

By: _____
 Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority.
 Section 27-33-31(o)

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Mississippi Homestead Application
 Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> MILLER TROY ALAN	SSN 491-84-9358	Municipality Code 000
2.	Name of Spouse <small>Last, F, MI</small> MILLER MALINDA GAY ORR	SSN 427-31-0588	School District Code S1321
3.	Physical Address of Taxpayer 629 HWY 47	City WEST POINT	State MS Zip 397730000

PRIMARY TELEPHONE - 662 295-9005 PRIMARY EMAIL - _____
 SECONDARY TELEPHONE - _____ SECONDARY EMAIL - _____

3 Exemption 1 - Regular 2 - Over 65 3 - S/R/R Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination reg & Add Primary DOB <u>4/08/1966</u> Secondary DOB <u>3/19/1963</u>	5 1 Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6 1 Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7 1 Additional Use 1 - None 2 - Rent # Rooms ___ or # Apts ___ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. 00 Adjoining County #			

9. Parcel Number <small>(list dwelling first)</small>	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 080B 11A	1	10.40				252/58	5/18/2006
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 DISABILITY		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will <input type="checkbox"/> with will <input type="checkbox"/> From (name): _____ who was my (relationship): _____ Date of Death _____ whose title was acquired by: Deed <input type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> Year: _____ Book No. / Page No.: _____	B. Check one if Applicable: Deed <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> From (name): <u>TROY MILLER</u> Date filed with Chancery Clerk: <u>11/30/2017</u> If purchased, Section 27-33-21(f) and 27-33-31(1) require: Full Price \$ _____ Down Payment \$ _____
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12. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
B. has/have complied with the income tax laws of this state. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
C. has/have complied with the road and bridge privilege tax laws of this state. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 5

LIST TAG NUMBERS: H264CF H065CF CY10353 1AR736 2AD055

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 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.

<p>FOR OFFICE USE ONLY</p> ELIGIBILITY: FULL <input checked="" type="checkbox"/> NONE <input type="checkbox"/> PART <input type="checkbox"/> Application is a: first time <input type="checkbox"/> renewal (no change) <input type="checkbox"/> replacement w/change <input checked="" type="checkbox"/> The applicant herein has, IN PERSON, attested to and signed this application before me, this the <u>16th</u> day of <u>June</u> 2022 _____ (must be signed by tax assessor, deputy or notary)	I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above. <u>Malinda Orr Miller</u> (usual signature of applicant) By: _____ Attorney - Agent - Guardian If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31(e)
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DEPARTMENT OF REVENUE

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Mississippi Homestead Application

Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> LEPICIER LEONARD RICHARD	SSN 426-98-1760	Municipality Code 024
2.	Name of Spouse <small>Last, F, MI</small> LEPICIER SARAH MARIE	SSN 587-70-5743	School District Code S1321
3.	Physical Address of Taxpayer 35 SEERY ST	City WEST POINT	State MS Zip 397730000
PRIMARY TELEPHONE - <u>662 492-0294</u>		PRIMARY EMAIL - _____	
SECONDARY TELEPHONE - _____		SECONDARY EMAIL - _____	

4. Exemption 5 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination reg & Add	5. Marital Status 1 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Title 1 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. Additional Use 1 1 - None 2 - Rent # Rooms ___ or # Apts ___ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary DOB <u>1/07/1950</u> Secondary DOB <u>1/01/1953</u>			
8. Adjoining County # 00			

9. Parcel Number <small>(list dwelling first)</small>	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 083C114F	1					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 DAY		
2. ADDING NEW SPOUSE		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will with will

From (name): _____

Who was my (relationship): _____ Date of Death _____

Whose title was acquired by: Deed Gift Other

Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed Gift Other

From (name): JOSEPH W FAULKNER ET UX

Date filed with Chancery Clerk: 11/17/2000

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ 85000 Down Payment \$ 22019

12. 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 No

B. has/have complied with the income tax laws of this state. Yes No

C. has/have complied with the road and bridge privilege tax laws of this state. Yes No

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1

LIST TAG NUMBERS: CYF226

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 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 NONE PART

Application is a: first time renewal (no change) replacement w/change

The applicant herein has, IN PERSON, attested to and signed this application before me this the 8th day of June 2022

(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Leonard Richard Lepicier
(usual signature of applicant)

By: _____
Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority.
Section 27-33-31(o)

Mississippi Homestead Application

Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> BROWN DOROTHY PEARL	SSN 428-19-2536	Municipality Code 024
2.	Name of Spouse <small>Last, F, MI</small>	SSN	School District Code S1321
3.	Physical Address of Taxpayer 104 GRIFFIN ST	City WEST POINT	State MS Zip 397730000

PRIMARY TELEPHONE - 662 494-0086
SECONDARY TELEPHONE - _____

PRIMARY EMAIL - DPAM1967@YAHOO.COM
SECONDARY EMAIL - _____

<p>1 Exemption</p> <p><input type="checkbox"/> 1 - Regular <input type="checkbox"/> 2 - Over 65</p> <p>3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination reg & Add</p> <p>Primary DOB <u>8/08/1967</u> Secondary DOB _____</p>	<p>2 Marital Status</p> <p>1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single</p> <p>If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>1 Title</p> <p>1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust</p>	<p>1 Additional Use</p> <p>1 - None 2 - Rent # Rooms ___ or # Apts ___ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8. 00 Adjoining County #</p>			

9. Parcel Number <small>(list dwelling first)</small>	Number of Parcels Listed Below:	1	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 082D415H	0120000						210/123	3/19/1996
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. REMOVING DECEASED		
2. SPOUSE		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will with will

From (name): _____

who was my (relationship): _____ Date of Death _____

whose title was acquired by: Deed Gift Other

Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed Gift Other

From (name): _____

Date filed with Chancery Clerk: _____

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ _____ Down Payment \$ _____

12. 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 No

B. has/have complied with the income tax laws of this state. Yes No

C. has/have complied with the road and bridge privilege tax laws of this state. Yes No

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1

LIST TAG NUMBERS: CYA6149

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 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(e)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL NONE PART

Application is a: first time renewal (no change) replacement w/change

The applicant herein has, IN PERSON, attested to and signed this application before me, this the 11th day of March 2022

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1st of the year stated above.

Dorothy Bebler

(usual signature of applicant)

By: _____
Attorney - Agent - Guardian
If signed by anyone other than self or spouse, attach copy of authority.
Section 27-33-31(e)

Mississippi Homestead Application

Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> PRAGER NATHAN ISAAC	SSN 409-80-8407	Municipality Code 024
2.	Name of Spouse <small>Last, F, MI</small>	SSN	School District Code S1321
3.	Physical Address of Taxpayer 153 GARDEN COURT	City WEST POINT	State MS Zip 397730000

PRIMARY TELEPHONE - 901 483-0757
SECONDARY TELEPHONE - _____

PRIMARY EMAIL - _____
SECONDARY EMAIL - _____

4. Exemption 2 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination reg & Add	5. Marital Status 5 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Title 1 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. Additional Use 1 1 - None 2 - Rent # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary DOB <u>7/09/1952</u> Secondary DOB _____			
8. Adjoining County # 00			

9. Parcel Number <small>(list dwelling first)</small>	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 091C 30A	0180200	.08				256/310	3/26/2007
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.

1. FILING OVER 65	Same Residence	Different Residence, Same Property
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): Without will <input type="checkbox"/> with will <input type="checkbox"/> From (name): _____ who was my (relationship): _____ Date of Death _____ whose title was acquired by: Deed <input type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> Year: _____ Book No. / Page No.: _____	B. Check one if Applicable: Deed <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> From (name): <u>JAMES R BECKHAM</u> Date filed with Chancery Clerk: <u>3/30/2007</u> If purchased, Section 27-33-21(f) and 27-33-31(1) require: Full Price \$ _____ Down Payment \$ _____
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12. 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
B. has/have complied with the income tax laws of this state.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
C. has/have complied with the road and bridge privilege tax laws of this state.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1

LIST TAG NUMBERS: 4496AA

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 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 NONE PART
 Application is a: first time renewal (no change) replacement w/change

The applicant herein has, IN PERSON, attested to and signed this application before me, this the 25th day of July 2022

 (must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

 (usual signature of applicant)

By: _____
 Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority.
 Section 27-33-31(c)

DEPARTMENT OF REVENUE

432

Mississippi Homestead Application
 Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> HOUSTON EDWARD N	SSN 426-43-3775	Municipality Code 000
2.	Name of Spouse <small>Last, F, MI</small> HOUSTON GLADYS CLAY	SSN 427-33-2094	School District Code S1321
3.	Physical Address of Taxpayer 165 QUAIL RIDGE	City WEST POINT	State MS Zip 397730000
PRIMARY TELEPHONE - <u>662 425-1887</u>		PRIMARY EMAIL - <u>EDWARDNHOUSTON@YAHOO.COM</u>	
SECONDARY TELEPHONE - _____		SECONDARY EMAIL - _____	

5 Exemption 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination res & Add Primary DOB <u>5/04/1967</u> Secondary DOB <u>12/01/1966</u>	1 Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	1 Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	1 Additional Use 1 - None 2 - Rent # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. 00 Adjoining County #			

9. Parcel Number <small>(List dwelling first)</small>	Number of Parcels Listed Below:	1	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 061 33	0042800		2.00				254/384	12/13/2006
2.								
3.								
4.								
5.								

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.

<small>Same Residence</small>	<small>Different Residence, Same Property</small>	<small>Non-occupying Joint Owner</small>
1. SIGNING FOR 100% DAV		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will <input type="checkbox"/> with will <input type="checkbox"/> From (name): _____ who was my (relationship): _____ Date of Death _____ whose title was acquired by: Deed <input type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> Year: _____ Book No. / Page No.: _____	B. Check one if Applicable: Deed <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> From (name): <u>SOUTHERN RETAIL DEV LLC</u> Date filed with Chancery Clerk: <u>12/13/2006</u> If purchased, Section 27-33-21(f) and 27-33-31(1) require: Full Price \$ <u>208000</u> Down Payment \$ <u>3000</u>
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12. 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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. has/have complied with the income tax laws of this state.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. has/have complied with the road and bridge privilege tax laws of this state.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 2

LIST TAG NUMBERS: CYL632 LTR840

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 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 <input checked="" type="checkbox"/> NONE <input type="checkbox"/> PART <input type="checkbox"/> Application is: first time <input type="checkbox"/> renewal (no change) <input type="checkbox"/> replacement w/change <input checked="" type="checkbox"/>	I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above. _____ (usual signature of applicant)
The applicant herein has, IN PERSON, attested to and signed this application before me, this the <u>25th</u> day of <u>August</u> <u>2022</u> _____ (must be signed by tax assessor, deputy or notary)	By: _____ Attorney - Agent - Guardian If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31(c)

DEPARTMENT OF REVENUE

433

Mississippi Homestead Application
 Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> EDWARDS LOUANN C	SSN 427-04-3924	Municipality Code 024
2.	Name of Spouse <small>Last, F, MI</small>	SSN	School District Code S1321
3.	Physical Address of Taxpayer 1671 N DIVISION ST	City WEST POINT	State MS Zip 397730000

PRIMARY TELEPHONE - _____ PRIMARY EMAIL - _____
 SECONDARY TELEPHONE - _____ SECONDARY EMAIL - _____

4. 2 Exemption 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add Primary DOB <u>5/22/1956</u> Secondary DOB _____	5. 2 Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. 1 Title 1 - Fee 2 - Oco Joint 3 - Non Oco Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. 1 Additional Use 1 - None 2 - Rent # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. 00 Adjoining County #			

9. Parcel Number <small>(list dwelling first)</small>	Number of Parcels Listed Below:		# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 061D403E	0110000	1					171/279	4/08/1986
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.		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will with will
 From (name): _____
 who was my (relationship): _____ Date of Death _____
 whose title was acquired by: Deed Gift Other
 Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed Gift Other
 From (name): _____
 Date filed with Chancery Clerk: _____
 If purchased, Section 27-33-21(f) and 27-33-31(1) require:
 Full Price \$ _____ Down Payment \$ _____

12. 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 No
 B. has/have complied with the income tax laws of this state. Yes No
 C. has/have complied with the road and bridge privilege tax laws of this state. Yes No
 Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? _____

LIST TAG NUMBERS: _____

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 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 NONE PART
 Application is a: first time renewal (no change) replacement w/change
 The applicant herein has, IN PERSON, attested to and signed this application before me, this the 8th day of August 2022

(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.
Lou Ann Edwards
(usual signature of applicant)
 By: _____
 Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority.
 Section 27-33-31(e) **CHANCERY CLERK**

434

Mississippi Homestead Application

Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> LEPICIER LEONARD RICHARD	SSN 426-98-1760	Municipality Code 024
2.	Name of Spouse <small>Last, F, MI</small> LEPICIER SARAH MARIE	SSN 587-70-5743	School District Code S1321
3.	Physical Address of Taxpayer 35 SEERY ST	City WEST POINT	State MS Zip 397730000

PRIMARY TELEPHONE - 662 492-0294
SECONDARY TELEPHONE - _____

PRIMARY EMAIL - _____
SECONDARY EMAIL - _____

4. Exemption 5 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination reg & Add	5. Marital Status 1 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Title 1 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. Additional Use 1 1 - None 2 - Rent # Rooms ___ or # Apts ___ 3 - Business Type Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary DOB <u>1/07/1950</u> Secondary DOB <u>1/01/1953</u>			
8. Adjoining County # 00			

9. Parcel Number <small>(list dwelling first)</small>	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 083C114F	1	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.

1. FILING DAY	2. ADDING NEW SPOUSE	3.
---------------	----------------------	----

11. Property was acquired by:

A. Inheritance (check one): without will <input type="checkbox"/> with will <input type="checkbox"/> From (name): _____ who was my (relationship): _____ Date of Death _____ whose title was acquired by: Deed <input type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> Year: _____ Book No. / Page No.: _____	B. Check one if Applicable: Deed <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> From (name): <u>JOSEPH W FAULKNER ET UX</u> Date filed with Chancery Clerk: <u>11/17/2000</u> If purchased, Section 27-33-21(f) and 27-33-31(1) require: Full Price \$ <u>85000</u> Down Payment \$ <u>22019</u>
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12. 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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. has/have complied with the income tax laws of this state.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. has/have complied with the road and bridge privilege tax laws of this state.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1

LIST TAG NUMBERS: CYF226

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 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(e)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY ELIGIBILITY: FULL <input checked="" type="checkbox"/> NONE <input type="checkbox"/> PART <input type="checkbox"/> Application is a: first time <input type="checkbox"/> renewal (no change) <input type="checkbox"/> replacement w/change <input checked="" type="checkbox"/>	I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above. (usual signature of applicant)
The applicant herein has, IN PERSON, attested to and signed this application before me, this the <u>8th</u> day of <u>June</u> 2022. _____ (must be signed by tax assessor, deputy or notary)	By: _____ Attorney - Agent - Guardian If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31(o) CHANCERY CLERK

436

Mississippi Homestead Application

Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> BROWN DOROTHY PEARL	SSN 428-19-2536	Municipality Code 024
2.	Name of Spouse <small>Last, F, MI</small>	SSN	School District Code S1321
3.	Physical Address of Taxpayer 104 GRIFFIN ST	City WEST POINT	State MS Zip 397730000

PRIMARY TELEPHONE - 662 494-0086 PRIMARY EMAIL - DPAM1967@YAHOO.COM
 SECONDARY TELEPHONE - _____ SECONDARY EMAIL - _____

1 Exemption 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination reg & Add - Regular - Over 65 Primary DOB <u>8/08/1967</u> Secondary DOB _____	2 Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	1 Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	1 Additional Use 1 - None 2 - Rent # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. 00 Adjoining County #			

9. Parcel Number <small>(list dwelling first)</small>	Number of Parcels Listed Below:		# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 082D415H	0120000	1					210/123	3/19/1996
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. REMOVING DECEASED		
2. SPOUSE		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will with will
 From (name): _____
 who was my (relationship): _____ Date of Death _____
 whose title was acquired by: Deed Gift Other
 Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed Gift Other
 From (name): _____
 Date filed with Chancery Clerk: _____
 If purchased, Section 27-33-21(f) and 27-33-31(1) require:
 Full Price \$ _____ Down Payment \$ _____

12. 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 No
 B. has/have complied with the income tax laws of this state. Yes No
 C. has/have complied with the road and bridge privilege tax laws of this state. Yes No
 Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1

LIST TAG NUMBERS: CYA6149

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 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 NONE PART
 Application is: first time renewal (no change) replacement w/change

The applicant herein has, IN PERSON, attested to and signed this application before me, this the 11th day of March 2022

Must be signed by (tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.
Dorothy Brown
(usual signature of applicant)

By: _____
 Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority.
 Section 27-33-31(e) **CHANCERY CLERK**

437

Mississippi Homestead Application
Year 2022 County # 13

1. Name of Taxpayer: PRAGER NATHAN ISAAC, SSN: 409-80-8407, Municipality Code: 024
2. Name of Spouse: (blank), SSN: (blank), School District Code: S1321
3. Physical Address of Taxpayer: 153 GARDEN COURT, City: WEST POINT, State: MS, Zip: 397730000
PRIMARY TELEPHONE - 901 483-0757, PRIMARY EMAIL - (blank)
SECONDARY TELEPHONE - (blank), SECONDARY EMAIL - (blank)

4. Exemption: 2 (Regular), Primary/Secondary DOB: 7/09/1952
5. Marital Status: 5 (Married), Custody of minor child: No, Occupy marital home: No
6. Title: 1 (Fee), 7. Additional Use: 1 (None), Full-time business of owner? No

Table with 9 columns: Parcel Number, Number of Parcels Listed Below, # of Acres, In City, Join Home, In 5 Miles, Book # / Page #, DATE ACQUIRED. Row 1: 091C 30A, 0180200, .08, 256/310, 3/26/2007

10. Location, name, and relationship to applicant of joint owners(s) other than spouse.
1. FILING OVER 65

11. Property was acquired by:
A. Inheritance (check one): without will, with will
B. Check one if Applicable: Deed X, Gift, Other
From (name): JAMES R BECKHAM, Date filed with Chancery Clerk: 3/30/2007

12. 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 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 privilege tax laws of this state. Yes X No
How many vehicles possessed? 1
LIST TAG NUMBERS: 4496AA

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
Sections 27-33-31, 27-33-57 and 27-33-59 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.

FOR OFFICE USE ONLY
ELIGIBILITY: FULL X NONE PART
Application is a: first time X renewal (no change) replacement w/change
The applicant herein has, IN PERSON, attested to and signed this application before me, this the 25th day of July 2022
I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.
By: (signature) Attorney - Agent - Guardian
If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31(o) CHANCERY CLERK

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Mississippi Homestead Application
 Year 2022 County # 13

1.	Name of Taxpayer <small>Last, F, MI</small> HOUSTON EDWARD N	SSN 426-43-3775	Municipality Code 000
2.	Name of Spouse <small>Last, F, MI</small> HOUSTON GLADYS CLAY	SSN 427-33-2094	School District Code S1321
3.	Physical Address of Taxpayer 165 QUAIL RIDGE	City WEST POINT	State MS Zip 397730000

PRIMARY TELEPHONE - 662 425-1887 PRIMARY EMAIL - EDWARDNHOUSTON@YAHOO.COM
 SECONDARY TELEPHONE - _____ SECONDARY EMAIL - _____

5 Exemption 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination res & Add	3 1 Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6 1 Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7 1 Additional Use 1 - None 2 - Rent # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary DOB <u>5/04/1967</u> Secondary DOB <u>12/01/1966</u>			
8. 00 Adjoining County #			

9. Parcel Number <small>(list dwelling first)</small>	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 061 33	0042800	2.00				254/384	12/13/2006
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. SIGNING FOR 100% DAV _____
 2. _____
 3. _____

11. Property was acquired by:

A. Inheritance (check one): without will with will
 From (name): _____
 who was my (relationship): _____ Date of Death _____
 whose title was acquired by: Deed Gift Other
 Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed Gift Other
 From (name): SOUTHERN RETAIL DEV LLC
 Date filed with Chancery Clerk: 12/13/2006
 If purchased, Section 27-33-21(f) and 27-33-31(1) require:
 Full Price \$ 208000 Down Payment \$ 3000

12. 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 No
 B. has/have complied with the income tax laws of this state. Yes No
 C. has/have complied with the road and bridge privilege tax laws of this state. Yes No
 Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 2

LIST TAG NUMBERS: CYL632 LTR840

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 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(e)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY
 ELIGIBILITY: FULL NONE PART
 Application is a: first time renewal (no change) replacement w/change

The applicant herein has, IN PERSON, attested to and signed this application before me, this the 25th day of August 2022

 (must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

 (usual signature of applicant)

By: _____
 Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority.
 Section 27-33-31(o) **CHANCERY CLERK**

EXHIBIT C

440

	A	B	C	D	E	F	G	H	I
1	VETERAN SERVICE OFFICER REPORT		JUL	AUG	SEP	OCT			
2	227 Court Street		24JUN-27JUL	28JUL-24AUG	26AUG-21SEP				
3	P.O. Box 1203								
4	West Point, MS 39773								
5	662-494-1554 (OFC)								
6	662-494-1964 (FAX)								
7	VSO REPORT								
8	HOMEBOUND		1	0	1				
9	TOTAL FILES		289	298	306				
10	VETERANS FROM OTHER		2	5	2				
11	NEW VETERANS		13	15	8				
12	NURSING HOME / AID & AT		0	1	1				
13	BURIAL BENEFITS		2	2	4				
14	NEW CASES 526-EZ		2	5	2				
15	10-10EZ HEALTH FACILIT		2	3	2				
16	SF 180 / DD214 / NGB22		2	1	5				
17	MEDICAL EXPENSE REPOF		1	1	0				
18	MAILED		7	11	7				
19	10182 BVA BOARD OF APP		2	3	1				
20	VIRTUAL BVA		2	0	1				
21	DECEASED		5	13	7				
22	F 2 F		41	42	37				
23	CALL IN		39	39	44				
24	MONTHLY TOTAL ASSISTE		80	82	71				
25	TOTAL FILES		289	298	306				
26	DAYS OF WORK		15	13	9				
27					3 D CONVENTION				

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- BOARD OF DIRECTOR'S MEETING

- REF: CCVSO REQUEST 2022

- Asking again for the 2nd 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

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FY21 GEOGRAPHIC DISTRIBUTION OF VA EXPENDITURES (GDY)

FY21 Summary of Expenditures by State
Expenditures in \$000s

County/ Congressional District	Veteran Population*	Total Expenditure	Compensation & Pension	Construction	Education & Vocational/ Rehabilitation/ Employment	Loan Guaranty#	General Operating Expenses	Insurance & Indemnities	Medical Care	Unique Patients**
ADAMS	1,728	\$ 26,854	\$ 12,323	\$ 1,076	\$ 434	-	\$ 87	\$ 52	\$ 12,883	919
ALCORN	1,769	\$ 17,758	\$ 11,493	\$ 582	\$ 413	-	\$ 7	\$ 85	\$ 5,180	546
AMITE	658	\$ 7,099	\$ 3,418	-	\$ 183	-	-	\$ 31	\$ 3,467	329
ATTALA	990	\$ 14,731	\$ 6,802	-	\$ 174	-	-	\$ 30	\$ 7,726	498
BENTON	390	\$ 3,296	\$ 1,605	-	\$ 70	-	-	\$ 1	\$ 1,620	126
BOLIVAR	1,241	\$ 16,671	\$ 9,409	-	\$ 558	-	-	\$ 52	\$ 6,652	486
CALHOUN	622	\$ 8,452	\$ 5,068	-	\$ 132	-	-	\$ 10	\$ 3,242	276
CARROLL	529	\$ 6,712	\$ 3,397	-	\$ 62	-	-	\$ 6	\$ 3,247	252
CHICKASAW	745	\$ 8,018	\$ 5,500	-	\$ 180	-	-	\$ 21	\$ 2,316	265
CHOCTAW	425	\$ 5,472	\$ 2,625	-	\$ 152	-	-	\$ 1	\$ 2,695	213
CLAIBORNE	362	\$ 4,956	\$ 2,277	-	\$ 81	-	-	\$ 11	\$ 2,587	160
CLARKE	1,032	\$ 10,839	\$ 6,261	-	\$ 267	-	-	\$ 4	\$ 4,308	386
CLAY	1,047	\$ 10,378	\$ 6,368	-	\$ 284	-	-	\$ 50	\$ 3,677	385
COAHOMA	1,013	\$ 14,153	\$ 6,419	-	\$ 411	-	-	\$ 15	\$ 7,308	413
COPIAH	1,660	\$ 22,164	\$ 11,062	-	\$ 366	-	-	\$ 74	\$ 10,662	705
COVINGTON	1,005	\$ 13,831	\$ 7,192	-	\$ 339	-	-	\$ 0	\$ 6,299	476
DE SOTO	11,313	\$ 131,382	\$ 71,133	-	\$ 5,775	-	-	\$ 278	\$ 54,196	3,585
FORREST	5,930	\$ 74,558	\$ 51,194	-	\$ 4,967	-	-	\$ 419	\$ 17,978	1,801
FRANKLIN	408	\$ 4,953	\$ 2,847	-	\$ 152	-	-	\$ 78	\$ 1,875	189
GEORGE	1,249	\$ 18,238	\$ 9,968	-	\$ 511	-	-	\$ 25	\$ 7,733	472
GREENE	687	\$ 5,778	\$ 3,256	-	\$ 72	-	-	\$ 11	\$ 2,439	216
GRENADE	1,311	\$ 14,604	\$ 7,518	-	\$ 301	-	-	\$ 78	\$ 6,707	471
HANCOCK	3,804	\$ 45,537	\$ 19,569	-	\$ 1,197	-	-	\$ 90	\$ 24,682	1,387
HARRISON	22,229	\$ 390,786	\$ 186,282	\$ 9,114	\$ 14,167	-	\$ 1,825	\$ 1,294	\$ 178,104	9,279
HINDS	12,778	\$ 205,898	\$ 82,939	\$ (14,037)	\$ 4,865	-	\$ 13,424	\$ 620	\$ 118,086	5,684
HOLMES	603	\$ 9,881	\$ 4,855	-	\$ 152	-	-	\$ 35	\$ 4,839	290
HUMPHREYS	314	\$ 3,800	\$ 2,066	-	\$ 103	-	-	\$ 1	\$ 1,630	133
ISSAQUENA	44	\$ 485	\$ 140	-	\$ 35	-	-	\$ 0	\$ 310	31
ITAWAMBA	1,302	\$ 12,471	\$ 8,492	-	\$ 505	-	-	\$ 40	\$ 3,435	402
JACKSON	12,682	\$ 146,785	\$ 76,261	-	\$ 5,635	-	-	\$ 559	\$ 64,331	4,248
JASPER	809	\$ 11,055	\$ 6,429	-	\$ 323	-	-	\$ 72	\$ 4,231	385
JEFFERSON	269	\$ 4,222	\$ 2,045	-	\$ 69	-	-	-	\$ 2,107	161
JEFFERSON DAVIS	664	\$ 8,764	\$ 4,292	-	\$ 106	-	-	\$ 30	\$ 4,336	333
JONES	3,377	\$ 36,923	\$ 20,419	-	\$ 1,120	-	-	\$ 199	\$ 15,185	1,331
KEMPER	524	\$ 5,036	\$ 2,815	-	\$ 136	-	-	\$ 1	\$ 2,084	220
LAFAYETTE	2,328	\$ 20,430	\$ 10,519	-	\$ 1,961	-	-	\$ 55	\$ 7,895	629
LAMAR	4,154	\$ 30,045	\$ 16,080	-	\$ 968	-	-	\$ 89	\$ 12,908	1,365
LAUDERDALE	6,246	\$ 53,314	\$ 32,761	-	\$ 2,641	-	-	\$ 120	\$ 17,792	1,855
LAWRENCE	689	\$ 11,012	\$ 6,516	-	\$ 240	-	-	\$ 36	\$ 4,220	313

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FY21 GEOGRAPHIC DISTRIBUTION OF VA EXPENDITURES (GDY)

FY21 Summary of Expenditures by State
Expenditures in \$000s

County/ Congressional District	Veteran Population*	Total Expenditure	Compensation & Pension	Construction	Education & Vocational Rehabilitation/ Employment	Loan Guaranty#	General Operating Expenses	Insurance & Indemnities	Medical Care	Unique Patients**
LEAKE	1,094	\$ 16,114	\$ 9,105	\$ -	\$ 320	-	\$ -	\$ 285	\$ 6,404	485
LEE	4,715	\$ 44,805	\$ 27,994	\$ -	\$ 1,623	-	\$ -	\$ 189	\$ 14,798	1,427
LEFLORE	1,101	\$ 13,814	\$ 7,506	\$ -	\$ 242	-	\$ -	\$ 47	\$ 6,019	433
LINCOLN	1,702	\$ 19,582	\$ 9,207	\$ -	\$ 307	-	\$ -	\$ 119	\$ 9,929	742
LOWNDES	4,746	\$ 59,235	\$ 40,196	\$ -	\$ 2,540	-	\$ -	\$ 73	\$ 16,427	1,759
MADISON	5,105	\$ 63,942	\$ 34,936	\$ -	\$ 2,909	-	\$ -	\$ 351	\$ 25,748	1,984
MARION	1,361	\$ 14,669	\$ 8,975	\$ -	\$ 234	-	\$ -	\$ 9	\$ 5,451	521
MARSHALL	1,912	\$ 21,170	\$ 9,506	\$ -	\$ 561	-	\$ -	\$ 136	\$ 10,968	620
MONROE	2,098	\$ 21,185	\$ 13,866	\$ -	\$ 557	-	\$ -	\$ 83	\$ 8,679	739
MONTGOMERY	580	\$ 7,854	\$ 5,044	\$ -	\$ 129	-	\$ -	\$ 2	\$ 2,678	259
NESHOBIA	1,592	\$ 16,202	\$ 8,845	\$ -	\$ 572	-	\$ -	\$ 128	\$ 6,656	537
NEWTON	1,428	\$ 12,853	\$ 7,713	\$ -	\$ 399	-	\$ -	\$ 50	\$ 4,491	508
NOXUBEE	458	\$ 3,409	\$ 2,220	\$ -	\$ 52	-	\$ -	\$ 2	\$ 1,134	126
OKTIBBEHA	2,128	\$ 18,556	\$ 10,703	\$ -	\$ 2,620	-	\$ -	\$ 67	\$ 5,166	614
PANOLA	1,730	\$ 19,011	\$ 10,753	\$ -	\$ 464	-	\$ -	\$ 203	\$ 7,591	524
PEARL RIVER	4,510	\$ 48,952	\$ 27,287	\$ -	\$ 1,320	-	\$ -	\$ 371	\$ 19,974	1,509
PERRY	778	\$ 7,512	\$ 4,733	\$ -	\$ 190	-	\$ -	\$ 10	\$ 2,579	305
PIKE	2,226	\$ 29,588	\$ 15,304	\$ -	\$ 864	-	\$ -	\$ 120	\$ 13,300	1,018
PONTOTOC	1,659	\$ 14,014	\$ 8,580	\$ -	\$ 393	-	\$ -	\$ 20	\$ 5,020	571
PRENTISS	1,261	\$ 8,756	\$ 4,991	\$ -	\$ 239	-	\$ -	\$ 29	\$ 3,497	376
QUITMAN	318	\$ 4,487	\$ 2,763	\$ -	\$ 129	-	\$ -	\$ 24	\$ 1,571	137
RANKIN	8,335	\$ 106,128	\$ 51,214	\$ -	\$ 4,296	-	\$ -	\$ 457	\$ 50,160	3,313
SCOTT	1,172	\$ 13,440	\$ 6,750	\$ -	\$ 236	-	\$ -	\$ 116	\$ 6,337	427
SHARKEY	140	\$ 2,551	\$ 1,341	\$ -	\$ 83	-	\$ -	\$ -	\$ 1,128	89
SIMPSON	1,421	\$ 19,481	\$ 9,756	\$ -	\$ 355	-	\$ -	\$ 21	\$ 9,349	633
SMITH	850	\$ 7,751	\$ 3,532	\$ -	\$ 110	-	\$ -	\$ 0	\$ 4,109	304
STONE	1,350	\$ 20,958	\$ 11,445	\$ -	\$ 629	-	\$ -	\$ 59	\$ 8,825	585
SUNFLOWER	1,049	\$ 10,596	\$ 6,210	\$ -	\$ 240	-	\$ -	\$ 41	\$ 4,105	395
TALLAHATCHIE	555	\$ 5,771	\$ 2,948	\$ -	\$ 139	-	\$ -	\$ 22	\$ 2,663	175
TATE	1,579	\$ 14,711	\$ 7,422	\$ -	\$ 336	-	\$ -	\$ 16	\$ 6,937	478
TIPPAH	1,011	\$ 8,458	\$ 5,548	\$ -	\$ 115	-	\$ -	\$ 51	\$ 2,744	281
TISHOMINGO	1,086	\$ 10,372	\$ 7,361	\$ -	\$ 222	-	\$ -	\$ 30	\$ 2,759	308
TUNICA	563	\$ 6,670	\$ 2,916	\$ -	\$ 125	-	\$ -	\$ 24	\$ 3,805	169
UNION	1,205	\$ 11,141	\$ 7,268	\$ -	\$ 225	-	\$ -	\$ 67	\$ 3,581	430
WALTHALL	689	\$ 7,137	\$ 3,979	\$ -	\$ 281	-	\$ -	\$ 10	\$ 2,867	286
WARREN	3,191	\$ 27,344	\$ 14,913	\$ -	\$ 838	-	\$ -	\$ 177	\$ 11,415	951
WASHINGTON	2,443	\$ 27,628	\$ 13,595	\$ -	\$ 434	-	\$ -	\$ 33	\$ 13,566	1,100
WAYNE	794	\$ 7,627	\$ 4,576	\$ -	\$ 243	-	\$ -	\$ 6	\$ 2,802	324
WEBSTER	545	\$ 7,971	\$ 4,986	\$ -	\$ 155	-	\$ -	\$ 31	\$ 2,799	221

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FY21 GEOGRAPHIC DISTRIBUTION OF VA EXPENDITURES (GDX)

FY21 Summary of Expenditures by State
Expenditures in \$000s

County/ Congressional District	Veteran Population*	Total Expenditure	Compensation & Pension	Construction	Education & Vocational Rehabilitation/ Employment	Loan Guaranty#	General Operating Expenses	Insurance & Indemnities	Medical Care	Unique Patients**
WILKINSON	337	\$ 3,520	\$ 1,832	\$ -	\$ 89	\$ -	\$ -	\$ 4	\$ 1,595	129
WINSTON	1,038	\$ 11,612	\$ 5,243	\$ -	\$ 281	\$ -	\$ -	\$ 21	\$ 6,067	404
VALOBUSSHA	784	\$ 10,598	\$ 6,791	\$ -	\$ 311	\$ -	\$ -	\$ 34	\$ 3,462	286
VAZCO	1,186	\$ 16,288	\$ 8,075	\$ -	\$ 190	\$ -	\$ -	\$ 90	\$ 7,933	512
MISSISSIPPI (Totals)	182,774	\$ 2,260,383	\$ 1,187,341	\$ (3,265)	\$ 76,708	\$ -	\$ 15,342	\$ 8,197	\$ 975,960	88,149
CONG DIST (01)	42,934	\$ 452,413	\$ 266,348	\$ 582	\$ 16,863	\$ -	\$ 7	\$ 1,290	\$ 167,323	14,119
CONG DIST (02)	35,381	\$ 473,527	\$ 228,326	\$ 0	\$ 10,895	\$ -	\$ -	\$ 1,906	\$ 232,401	14,546
CONG DIST (03)	41,446	\$ 484,939	\$ 252,171	\$ (12,981)	\$ 17,670	\$ -	\$ 13,511	\$ 1,861	\$ 212,687	16,087
CONG DIST (04)	63,013	\$ 849,505	\$ 440,696	\$ 9,114	\$ 31,281	\$ -	\$ 1,825	\$ 3,141	\$ 363,449	23,397
MISSISSIPPI (Totals)	182,774	\$ 2,260,383	\$ 1,187,341	\$ (3,265)	\$ 76,708	\$ -	\$ 15,342	\$ 8,197	\$ 975,960	88,149

Notes: * Veteran population estimates, as of September 30, 2021, are produced by the VA Predictive Analytics and Actuary Service (VelPop 2018)

Prior to FY 09, "Loan Guaranty" expenditures were included in the Education & Vocational Rehabilitation and Employment (E&VRE) programs. Currently, all "Loan Guaranty" expenditures are attributed to Travis County, TX, where all Loan Guaranty payments are processed. VA will continue to improve data collection for future GDX reports to better distribute loan expenditures at the state, 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 Center (ARC). Expenditure data sources: USASpending.gov for Compensation & Pension (C&P) and Education and Vocational Rehabilitation and Employment (E&VRE) Benefits; Veterans Benefits Administration Insurance Center for the Insurance costs; the VA Financial Management System (FMS) for Construction, Medical Research, General Operating Expenses, and certain C&P and Readjustment data, and the Allocation Resource Center (ARC) for Medical Care costs.

1 Expenditures are rounded to the nearest thousand dollars. For example, \$500 to \$1,000 are rounded to \$1, \$0 to \$499 are rounded to \$0, and "\$" = 0 or no expenditures.

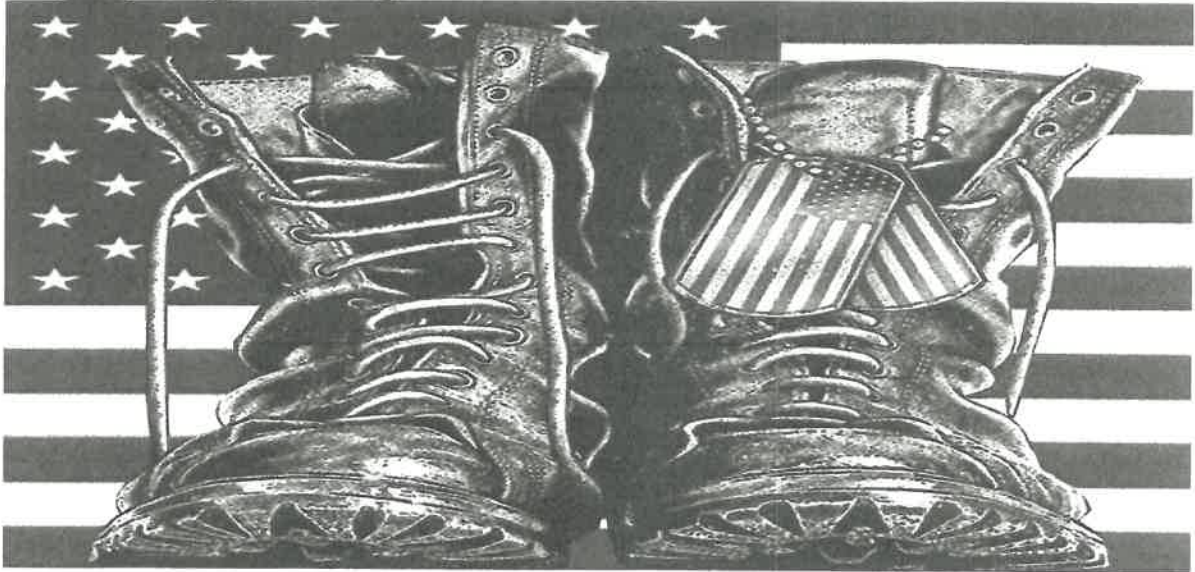
2 The Compensation & Pension expenditures include dollars for the following programs: veterans' compensation for service-connected disabilities, dependency and indemnity compensation for service-connected deaths, veterans' pension for non-service-connected disabilities, and burial and other benefits to veterans and their survivors.

3 Medical Care expenditures include dollars for medical services, medical administration, facility maintenance, educational support, research support, and other overhead items. Medical Care expenditures do not include dollars for construction or other non-medical support.

4 Medical Care expenditures are allocated to the patient's home location, not the site of care.

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MEET YOUR VSO LUNCHEON
6 OCT 2022 @ 1000 A.M.



ARMY NATIONAL GUARD

223RD 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

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Mississippi VA

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: ANNIE D. HINES-GOODIE

County: CLAY

Are you Accredited with MSVA? yes no

The group code that you will need to reserve your hotel room is S220407. Attendees 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=744063&vr=3>

Sincerely,

Elizabeth Lancaster

Director of Training

CDW&J

9/15/22

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
Executive Director

JAMES H. GARNER
Chairman
Biloxi,
Fifth Congressional District

ALLEN McDANIEL
Vice-Chairman
Flowood,
At Large

DEBORAH WALLEY COLEMAN
Madison,
At Large


BILLY L. PIERCE
Decatur,
Third Congressional District

DAVID H. McELREATH
Oxford,
First Congressional District

JAMES (MAX) FENN, JR
Summit,
Fourth Congressional District

GEORGE E. IRVIN, SR.
Jackson,
Second Congressional District

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988
SUICIDE
& CRISIS
LIFELINE

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.**





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**.

How is 988 different from 911?

988 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.



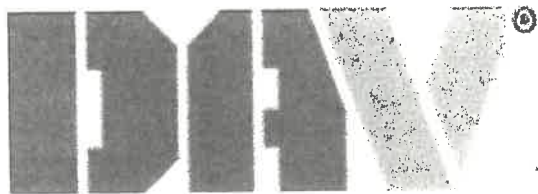
Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works! The Lifeline helps thousands of people overcome crisis situations every day.

Email 988 questions to:

**988Team@
samhsa.hhs.gov**

EXHIBIT D

450



UPHOLDING OUR PROMISES
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
12:00 pm - 4:00 pm	NSO Service Claims - 2nd Floor Omega Room
1:00 pm - 5:00 pm	DSO/HSC/CSO Certification Training - NSO Asst Supervisor Gary Gray 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	Registration - 2nd Floor Pre-Function Area
8:00 am - 11:00 pm	NSO Service Claims - 2nd Floor Omega Room
8:00 am - 12:00 pm	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 2nd Floor Orion - Triton
2:30 pm - 2:40 pm	Break
2:40 pm - 3:30 pm	Department Training - Benefit Protection - Vernon Miller - 2nd Floor Orion - Triton Room
6:00 pm - 10:00 pm	Fun Night - Red, White, and Blue Patriotic Theme - 1st Floor VIP Room

451

EXHIBIT E

452



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
Tendered By: JACQUALINE C
Date Created: 16-Sep-2022 12:30 PM
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	Qty	Invoiced	Remaining	Availability	Your Price	Your Total
ACCAAP002548	WEST POINT-MS	1	0	1	All	\$1,210.00	\$1,210.00
	Apple iPhone 14 Pro Max 256GB Space Black				Tracking #:359702373118650		
ACCANS000548	WEST POINT-MS	1	0	1	All	\$0.00	\$0.00
	Rate Plan						
ACCARB000274	WEST POINT-MS	1	0	1	All	\$0.00	\$0.00
	Outright Purchase - Term				Tracking #:6622951029		
SSSSNS000001	WEST POINT-MS	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

BERRY/AMY

MISSISSIPPI: \$84.70
Payment Balance: \$35.00

Entry Type: Chip

I agree to pay the above total according to the card holders agreement.

Balance: \$1,294.70

X _____

Comments:

453


EXHIBIT F

454

**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 review and approval to be spread upon their minutes.

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


Amy G. Berry
Chancery 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
7920	09/2022	8/31/2022	001-200-476	MEALS & LODGING	2885.28
7921	09/2022A	8/31/2022	001-200-585	SEMINAR/REGISTRATION	780.00
7922	09/2022B	8/31/2022	001-100-585	SEMINARS/REGISTRATIO	260.00
					3925.28

456

WEST POINT, MISSISSIPPI

8/31
DATE

CK#

20

22

CLAY COUNTY

General

FUND

DEPARTMENT

Card Member Service

1284

VENDOR #

VENDOR NAME

PURCHASE ORDER #

INVOICE #
EXPENSE #

09/2022

INVOICE DATE

08/31/22

DESCRIPTION

2885.28

AMOUNT

001-200-476

Meals / Lodging

INVOICE #
EXPENSE #

09/2022

INVOICE DATE

08/31/22

DESCRIPTION

780.00

AMOUNT

001-200-585

Seminar Reg.

INVOICE #
EXPENSE #

09/2022

INVOICE DATE

08/31/22

DESCRIPTION

260.00

AMOUNT

001-100-585

Seminar Reg.

3925.28

INV
EXPENS

52.88
908.98
503.89
948.81
288.24
288.24
2,885.28

0.

2,885.28
780.00
260.00
3,925.28

AMOUNT

INV
EXPENS

INVOICE DATE

DESCRIPTION

AMOUNT

457



August 2022 Statement

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

Account: 4798 5100 4674 2009

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

Cardmember Service
BUS 30 ELN 8

1-866-552-8855
13

New Balance	\$3,925.28
Minimum Payment Due	\$40.00
Payment Due Date	09/17/2022

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

Activity Summary		
Previous Balance	+	\$2,416.63
Payments	-	\$2,416.63 ^{CR}
Other Credits	-	\$52.88 ^{CR}
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:



Mail payment coupon
with a check



Pay online at
myaccountaccess.com



Pay by phone
1-866-552-8855

Please detach and send coupon with check payable to: Cardmember Service CPN 001051747

458



Visa Business Rewards

Rewards Center Activity as of 08/21/2022

Rewards Center Activity*	0
Rewards Center Balance	89,558

*This item includes points redeemed, expired and adjusted.

Rewards Earned	This Statement	Year to Date
Points Earned on Net Purchases	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

Transactions BERRY, AMY G Credit Limit \$43000

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
Other Credits					
08/12	08/10	9724	HILTON HOTELS 504-5610500 LA MERCHANDISE/SERVICE RETURN <i>P. Stange</i>	\$52.88CR	<u>s/o</u>
Purchases and Other Debits					
07/29	07/28	6746	AMERICAN CORRECTIONAL 800-2225646 VA <i>P.S. Stange</i>	\$780.00	<u>s/o</u>
08/03	08/02	4049	AMERICAN CORRECTIONAL 800-2225646 VA <i>S. Deane</i>	\$260.00	<u>Pa</u>
08/09	08/07	5864	HILTON HOTELS 504-5610500 LA <i>P. Stange</i>	\$908.98	<u>s/o</u>
08/10	08/08	1526	WESTIN (WESTIN HOTELS) 504-5667006 LA <i>A. Cummings</i>	\$503.89	<u>s/o</u>
08/18	08/16	7445	WESTIN (WESTIN HOTELS) 504-5667006 LA <i>S. Young</i>	\$948.81	<u>s/o</u>
08/19	08/18	7900	IP-MS ADV DEPOSIT 6014364555 MS <i>R. Williams</i>	\$288.24	<u>s/o</u>
08/19	08/18	9088	IP-MS ADV DEPOSIT 6014364555 MS <i>T. Moore</i>	\$288.24	<u>s/o</u>
Total for Account 4798 5100 8869 8756				\$3,925.28	

Continued on Next Page

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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

Stange, Patty
 204 HAMLIN RD
 WEST POINT MS 39773
 UNITED STATES OF AMERICA

Room No: 5114/Q2DV
 Arrival Date: 8/4/2022 9:02:00 AM
 Departure Date: 8/7/2022 2:13:00 PM
 Adult/Child: 1/0
 Cashier ID: OBUTLER
 Room Rate: 233.00
 AL:
 HH #: 261553141 SILVER
 VAT #
 Folio No/Che: 3957568 A

Confirmation Number: 3283833976

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 DEL	22608044	\$233.00		
8/4/2022	TAXES	MMERCA DEL	22608044	\$40.75		
8/5/2022	GUEST ROOM	MMERCA DEL	22609061	\$253.00		
8/5/2022	TAXES	MMERCA DEL	22609061	\$43.99		
8/6/2022	GUEST ROOM	MMERCA DEL	22611643	\$243.00		
8/6/2022	TAXES	MMERCA DEL	22611643	\$42.36		
8/7/2022	VS *8758	TRANDAL L	22612913		(\$908.98)	
8/7/2022	Direct Bill - GUEST REFUND 2018	OBUTLER	22612940	\$52.88		
BALANCE						\$0.00

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit Honors.com

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.

460

ACA

Purchase Confirmed



Your order has been processed.

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

Shopping Cart

Attendee Full Conference	Item Total	\$260.00
Participant(s): PATTY STANGE		
Badge Number: 677286277		
Dates: 8/4/2022 - 8/7/2022 - 5:00 PM		
Location: New Orleans Ernest N. Morial Convention Center 900 Convention Center Blvd New Orleans 70130 Louisiana United States		

Attendee Full Conference	Item Total	\$260.00
Participant(s): Anthony Cummings		
Badge Number: 208188364		
Dates: 8/4/2022 - 8/7/2022 - 5:00 PM		
Location: New Orleans Ernest N. Morial Convention Center 900 Convention Center Blvd New Orleans 70130 Louisiana United States		

Attendee Full Conference	Item Total	\$260.00
Participant(s): Stephen Young		
Badge Number: 579306550		
Dates: 8/4/2022 - 8/7/2022 - 5:00 PM		
Location: New Orleans Ernest N. Morial Convention Center 900 Convention Center Blvd New Orleans 70130 Louisiana United States		

Order Summary

Order Number: 13924
Order Date: 7/28/2022 4:39 PM

Grand Total	\$780.00
VISA 8758 4/2025	\$780.00

Back

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Purchase Confirmed



Your order has been processed.

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

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

Location: New Orleans Ernest N. Morial Convention Center 900 Convention Center Blvd New Orleans
70130 Louisiana United States

Order Summary

Order Number: 14087

Order Date: 8/2/2022 3:27 PM

Grand Total

\$260.00

VISA 8758 4/2025

\$260.00

Back

Powered by Configlo a Community Brands owned company

463

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



Stephen Young

Page Number : 1 Invoice Nbr : 1000089822
 Guest Number : 1180517
 Folio ID : A
 Arrive Date : 04-AUG-22 12:08
 Depart Date : 07-AUG-22 15:22
 No. Of Guest : 2
 Room Number : 1725
 Marriott Bonvoy Number: 6908

Tax ID :

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

Date	Rate	Description	Charge (USD)	Crtd (USD)
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

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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	:	2	Invoice Nbr	:	1000089822
Guest Number	:	1180517			
Folio ID	:	A			
Arrive Date	:	04-AUG-22	12:08		
Depart Date	:	07-AUG-22	15:22		
No. Of Guest	:	2			
Room Number	:	1725			
Marriott Bonvoy Number	:	6908			

** Total	985.68	0.00
*** Balance	985.68	

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

Bring the Westin experience home. Shop WestinStore.com.

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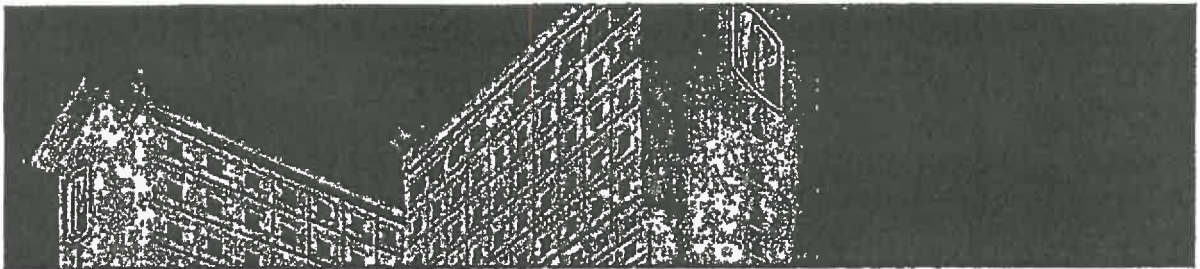
lboyd@claycounty.ms.gov

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

466

E-mail: pattystange204@comcast.net
Additional Guests: Additional names not provided
Check-in from: 4:00 PM, Tuesday, 27 September, 2022
Check-out by: 11:00 AM, Friday, 30 September, 2022
Number of Nights: 3
Number of Guests: Adults: 1, Children: 0
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 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.

- 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 [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](#).

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

Guest Name:	Jesse Moore
E-mail:	pattystange204@comcast.net
Additional Guests:	Additional names not provided
Check-in from:	4:00 PM, Tuesday, 27 September, 2022
Check-out by:	11:00 AM, Friday, 30 September, 2022
Number of Nights:	3
Number of Guests:	Adults: 1, Children: 0
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

468

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 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.
- 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 [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 Resort Spa
850 Bayview Avenue • Biloxi, MS 39530
888-946-2847
www.ipbiloxi.com

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DON'T LET THE GAME GET OUT OF HAND. FOR ASSISTANCE CALL 800-522-4700.





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 US	Dates Of Stay Room Number Guest Number Member Number Group Number	08/04/2022 - 08/07/2022 1826 1179099W1 *****526 1179099
--------------------------	---	--	---

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		503.89
Total Charges			503.89	
Total Balance				0.00 USD

Questions about your bill? Please contact your hotel directly at +1 (504) 566-7006

471

EXHIBIT G

472

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

Governemental Allowable Costs:	Amount	G/L Account	Indirect 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
	<u>166,877.61</u>		<u>6,806.93</u>
Total Governmental Allowable			
Governmental Operating Costs:			
General Fund	8,060,115.75		
Special Revenue Funds	3,937,343.86		
Capital Project Funds	194,209.15		
Enterprise Funds	<u>518,445.33</u>		
Total Governmental Operating Cost	<u>12,710,114.09</u>		
Percentage to be Applied	4.0790%		
	<u>4.0790%</u>		
Amount of Indirect Cost to be Applied to Enterprise Fund	<u>6,806.93</u>		

* This credit is to be applied against each G/L account listed

473

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	6,806.93	
001-000-386	Indirect 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	<u>20,420.79</u>	<u>20,420.79</u>

474

EXHIBIT H

475

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # TX095
Description: Printer
S/N#: 312ES061107

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 of September, 2007


Inventory Clerk

476

9/20/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

12:52:26
GINGER
Key #: 1617

Description: PRINTER OKIDATA

Location: KAY

Vendor: P C NATION

Serial #: 312E5061107

Property #: TX095

Project #: _____

Current Value: _____

303.45

*Department #: 105

TAX ASSESSOR/CO

Objective #: 87

OTHER FURNITURE

*Acquisition: P

PURCHASED

*Disposal: _____

Ledger? Y (Y/N)

*Asset Type: COMP

COMPUTER EQUIPM

Useful Life: _____

3 Years

Salvage %: 1

Salvage \$: _____

3

Cap Threshold: _____

5000

GASB Eligible? N (Y/N)

Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 303.45 Date: 5/10/2004

Remarks: _____

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

477

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # SD549
Description: Radio (Kenwood)
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

This is acknowledged receipt of the above inventory item on this the 22nd day of September, 2022


Inventory Clerk

478

9/14/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

08:18:21
GINGER
Key #: 848

Description: RADIO (KENWOOD)

Location: VF UNIT 700

Vendor: COLUMBUS COMMUNICATIONS Serial #: 80200176 TK730HBK3

Property #: SD549 Project #: Current Value: 2222.80

*Department #: 127 VOLUNTEER FIRE Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: COM COMMUNICATION E Useful Life: 5 Years

Salvage %: 10 Salvage \$: 222 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 2222.80 Date: 1/10/1997

Remarks: _____

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

479

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # WF073
Description: Chainsaw/Stihl/#200
S/N#: 03YAVEQWB

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 of September, 2010


Inventory Clerk

480

9/14/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

08:18:33
GINGER
Key #: 147

Description: CHAINSAW/STIHL/#200

Location: _____

Vendor: CLARK'S GARAGE Serial #: 034AVEQWB

Property #: WF073 Project #: _____ Current Value: 405.96

*Department #: 127 VOLUNTEER FIRE Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: HND HAND TOOLS - SH Useful Life: 7 Years

Salvage %: 1 Salvage \$: 4 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 405.96 Date: 8/09/1989

Remarks: _____

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

481

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # WF133
Description: Air mask-MSA
S/N#: 885-224024-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

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


Inventory Clerk

482

9/14/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

08:18:42
GINGER
Key #: 172

Description: AIR MASK-MSA

Location: UNIT 600-1

Vendor: TUPELO FIRE EQUIP. Serial #: 285-224024-CYL.

Property #: WF133 Project #: Current Value: 1338.00

*Department #: 127 VOLUNTEER FIRE Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal:

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 134 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 1338.00 Date: 8/10/1992

Remarks:

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

483

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # WF134
Description: Air Mask-MSA
S/N#: 285-224211-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

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


Inventory Clerk

484

9/14/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

08:18:50
GINGER
Key #: 173

Description: AIR MASK - MSA

Location: UNIT 600-1

Vendor: TUPELO FIRE EQUIP. Serial #: 285-224211-CYL.

Property #: WF134 Project #: Current Value: 1338.00

*Department #: 127 VOLUNTEER FIRE Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal:

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 134 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 1338.00 Date: 8/10/1992

Remarks:

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

485

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # SD359
Description: HI Band Radio
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 Supervisors


Department Head

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


Inventory Clerk

486

9/14/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

08:17:59
GINGER
Key #: 428

Description: HI BAND RADIO

Location: VF UNIT 500

Vendor: SECON SYSTEMS, INC.

Serial #: TK730HBK

Property #: SD359

Project #:

Current Value:

761.48

*Department #: 127

VOLUNTEER FIRE

Objective #: 87

OTHER FURNITURE

*Acquisition: P

PURCHASED

*Disposal:

Ledger? Y (Y/N)

*Asset Type: COM

COMMUNICATION E

Useful Life:

5 Years

Salvage %: 10

Salvage \$:

76

Cap Threshold:

5000

GASB Eligible? N (Y/N)

Depreciate? N

(Y/N)

Accumulated Depreciation:

Cap Value:

761.48

Date:

2/04/1994

Remarks:

Enter=Accept

*F4=Prompt

F8=Transactions

F10=Delete

F12=Cancel/No Update

487

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # EMR 13
Description: Generator
S/N#: 7349530

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 of September, 2020


Inventory Clerk

488

9/15/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

09:45:49
GINGER
Key #: 2680

Description: GENERATOR
Location: AMBULANCE SERVICE
Vendor: EDC DOSS ELECTRIC Serial #: 7349530
Property #: EMR13 Project #: _____ Current Value: 1025.05
*Department #: 240 AMBULANCE SERVI Objective #: 87 OTHER FURNITURE
*Acquisition: P PURCHASED *Disposal: _____
Ledger? Y (Y/N)
*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years
Salvage %: 10 Salvage \$: 1025 Cap Threshold: 5000
GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)
Accumulated Depreciation: 9224.95
Cap Value: 10250.00 Date: 10/15/2012
Remarks: GUARDIAN SERIES GENERATOR

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

489

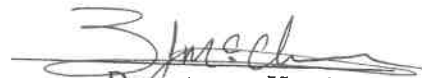
To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # 50360
Description: Radio LO Band
S/N#: TK0630HBK3

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 of September, 2019


Inventory Clerk

490

9/14/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

08:18:11
GINGER
Key #: 429

Description: RADIO LO BAND

Location: VF UNIT 500

Vendor: SECOM SYSTEMS, INC. Serial #: TK0630HBK3

Property #: SD360 Project #: Current Value: 723.72

*Department #: 127 VOLUNTEER FIRE Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal:

Ledger? Y (Y/N)

*Asset Type: COM COMMUNICATION E Useful Life: 5 Years

Salvage %: 10 Salvage \$: 72 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 723.72 Date: 2/04/1994

Remarks:

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

491

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-006
Description: Camera System
S/N#: IF9049240012 / 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



Department Head

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



Inventory Clerk

492

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:11:35
GINGER
Key #: 2404

Description: CAMERA SYSTEM

Location: E911 CENTER

Vendor: LEWIS SECURITY & ELECTRIC Serial #: 1F9049240012/ MODEL EVERFOCUS

Property #: E911-006 Project #: Current Value: 1950.00

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal:

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 195 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 1950.00 Date: 12/10/2009

Remarks:

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

493

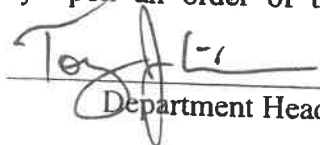
To: Amy G. Berry
Inventory Control Clerk

From:


Date:

Re: Inventory Control # E911-012
Description: CPI Tone Control Unit / Vertex Radio
S/N#: 08190105 / Radio: 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


Department Head

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


Inventory Clerk

494

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:11:43
GINGER
Key #: 2411

Description: CPI TONE CONTROL UNIT/VERTEX RADIO

Location: E911 CENTER

Vendor: PRECISION COMMUNICATIONS Serial #: 08190105/ RADIO: 94210003

Property #: E911-012 Project #: _____ Current Value: 819.00

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 82 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 819.00 Date: 12/10/2009

Remarks: _____

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

495

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-013
Description: CPI Tone Control Unit/Vertex Radio
S/N#: 082411608/ Radio: 9J210005

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 of September, ~~2010~~



Inventory Clerk

496

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:11:52
GINGER
Key #: 2412

Description: CPI TONE CONTROL UNIT/ VERTEX RADIO

Location: E911 OFFICE

Vendor: PRECISION COMMUNICATIONS Serial #: 08241608/ RADIO: 9J210005

Property #: E911-013 Project #: _____ Current Value: 819.00

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 82 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 819.00 Date: 12/10/2009

Remarks: _____

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

497

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-014
Description: CPI Tone Control Unit / Vertex Radio
S/N#: 06239808 / Radio: 9J210002

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 of September, 2002


Inventory Clerk

498

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:12:00
GINGER
Key #: 2413

Description: CPI TONE CONTROL UNIT/VERTEX RADIO

Location: E911 CENTER

Vendor: PRECISION COMMUNICATIONS Serial #: 06239808/ RADIO: 9J210002

Property #: E911-014 Project #: _____ Current Value: 819.00

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 82 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 819.00 Date: 12/10/2009

Remarks: _____

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

499

To: 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


Department Head

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


Inventory Clerk

500

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:13:41
GINGER
Key #: 2415

Description: AUDIO PANEL (ZETRON)

Location: E911 CENTER

Vendor: PRECISION COMMUNICATIONS Serial #: 145921/ MODEL# 4217B

Property #: E911-016 Project #: _____ Current Value: 1455.03

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 755 Cap Threshold: 5000

GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)

Accumulated Depreciation: 6094.97

Cap Value: 7550.00 Date: 12/10/2009

Remarks: _____

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

501

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-017
Description: Audio Panel (Zetron)
S/N#: 15922 | 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



Department Head

This is acknowledged receipt of the above inventory item on this the 22nd day of September, ~~2020~~



Inventory Clerk

502

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:13:46
GINGER
Key #: 2416

Description: AUDIO PANEL (ZETRON)

Location: E911 CENTER

Vendor: PRECISION COMMUNICATION Serial #: 145922/ MODEL# 4217B

Property #: E911-017 Project #: Current Value: 1455.03

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal:

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 755 Cap Threshold: 5000

GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)

Accumulated Depreciation: 6094.97

Cap Value: 7550.00 Date: 12/10/2009

Remarks:

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

503

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-018
Description: Computer System (Dell Optiplex 760)
S/N#: 26111281249/SVC TAG 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


Department Head

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


Inventory Clerk

504

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:13:50
GINGER
Key #: 2423

Description: COMPUTER SYSTEM (DELL OPTIPLEX 760)

Location: E911 CENTER

Vendor: PRECISION COMMUNICATIONS Serial #: 26111281249/SVC TAG BZTZDK1

Property #: E911-018 Project #: _____ Current Value: 78.01

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 78 Cap Threshold: 5000

GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)

Accumulated Depreciation: 7731.99

Cap Value: 7810.00 Date: 12/10/2009

Remarks: _____

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

505

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-019
Description: Computer System (Dell Optiplex 760)
S/N#: 26111001313/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 22nd day of September, ~~2010~~


Inventory Clerk

506

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:13:54
GINGER
Key #: 2424

Description: COMPUTER SYSTEM (DELL OPTIPLEX 760)

Location: E911 CENTER

Vendor: PRECISION COMMUNICATIONS Serial #: 26111001313/SVC TAG BZTTDK1

Property #: E911-019 Project #: _____ Current Value: 78.01

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 78 Cap Threshold: 5000

GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)

Accumulated Depreciation: 7731.99

Cap Value: 7810.00 Date: 12/10/2009

Remarks: _____

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

507

To: 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 Supervisors



Department Head

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



Inventory Clerk

508

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:13:57
GINGER
Key #: 2425

Description: COMPUTER MONITOR (ACER) 17"

Location: E911 CENTER

Vendor: PRECISION COMMUNICATION Serial #: 93504326640

Property #: E911-020 Project #: _____ Current Value: 150.00

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 2 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 150.00 Date: 12/10/2009

Remarks: _____

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

509

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-027
Description: Card Cage / Power Supplies (2)
S/N#: 15368 / 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



Department Head

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



Inventory Clerk

510

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:14:16
GINGER
Key #: 2429

Description: CARD CAGE/POWER SUPPLIES (2)

Location: E911 CENTER

Vendor: PRECISION COMMUNICATIONS Serial #: 145368/ MODEL 4020 & 4048 (2)

Property #: E911-027 Project #: _____ Current Value: 138.02

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 139 Cap Threshold: 5000

GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)

Accumulated Depreciation: 13756.98

Cap Value: 13895.00 Date: 12/10/2009

Remarks: _____

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

511

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-029
Description: Astron RM-50A
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



Department Head

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



Inventory Clerk

512

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:14:20
GINGER
Key #: 2420

Description: ASTRON RM-50A

Location: E911 CENTER

Vendor: PRECISION COMMUNICATIONS Serial #: 207080025

Property #: E911-029 Project #: _____ Current Value: 304.00

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 30 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 304.00 Date: 12/10/2009

Remarks: _____

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

513

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-030
Description: Astron RM-50A
S/N#: 208100004

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 of September, 2010



Inventory Clerk

514

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:14:24
GINGER
Key #: 2421

Description: ASTRON RM-50A

Location: E911 CENTER

Vendor: PRECISION COMMUNICATIONS Serial #: 208100004

Property #: E911-030 Project #: Current Value: 304.00

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal:

Ledger? Y (Y/N)

*Asset Type: OFE OTHER FURNITURE Useful Life: 7 Years

Salvage %: 10 Salvage \$: 30 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 304.00 Date: 12/10/2009

Remarks:

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

515

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-041
Description: Computer
S/N#: 1S9960ALUMJEFXVB

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 of September, 2019.



Inventory Clerk

516

8/22/2022
FAOFEM
Delete:

FIXED ASSETS
Other Furniture/Equipment File Maintenance

10:14:37
GINGER
Key #: 2587

Description: COMPUTER

Location: 911 CENTER- DISPATCH ROOM

Vendor: GLOBAL COMPUTER Serial #: 1S9960ALUMJEFXVB

Property #: E911-041 Project #: Current Value: 369.99

*Department #: 97 E911 FUND Objective #: 87 OTHER FURNITURE

*Acquisition: P PURCHASED *Disposal:

Ledger? Y (Y/N)

*Asset Type: COMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 4 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 369.99 Date: 1/09/2012

Remarks:

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

517

To: 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

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


Inventory Clerk

518

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:15:37
GINGER
Key #: 182

Description: MOBILE RADIO-911

Location: 911 BUILDING

Vendor: MOTOROLA SOLUTIONS Serial #: 466CUV0845

Property #: E911-059 Project #: _____ Current Value: 2148.63

*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY

*Acquisition: L LEASE/PURCHASE *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: COM COMMUNICATION E Useful Life: 5 Years

Salvage %: 10 Salvage \$: 156 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 1564.00 Date: 1/04/2019

Remarks: MOBILE RADIO FOR 911

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

579

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # 8911-060
Description: Mobile Radio-911
S/N#: 466CUV0849

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 of September, 2016.



Inventory Clerk

520

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:15:41
GINGER
Key #: 183

Description: MOBILE RADIO-911

Location: 911 BUILDING

Vendor: MOTOROLA SOLUTIONS Serial #: 466CUV0849

Property #: E911-060 Project #: _____ Current Value: 2148.63

*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY

*Acquisition: L LEASE/PURCHASE *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: COM COMMUNICATION E Useful Life: 5 Years

Salvage %: 10 Salvage \$: 156 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 1564.00 Date: 1/04/2019

Remarks: MOBILE RADIO FOR 911

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

521

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-061
Description: Mobile Radio-911
S/N#: 466C1V0844

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 of September, 2010



Inventory Clerk

522

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:15:44
GINGER
Key #: 184

Description: MOBILE RADIO-911

Location: 911 BUILDING

Vendor: MOTOROLA SOLUTIONS Serial #: 466CUV0844

Property #: E911-061 Project #: _____ Current Value: 2148.63

*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY

*Acquisition: L LEASE/PURCHASE *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: COM COMMUNICATION E Useful Life: 5 Years

Salvage %: 10 Salvage \$: 156 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 1564.00 Date: 1/04/2019

Remarks: MOBILE RADIO FOR 911

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

523

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-071
Description: Computer - HP Prodesk
S/N#: MXL12740MY

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 of September, 2012


Inventory Clerk

524

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:16:08
GINGER
Key #: 215

Description: COMPUTER-HP PRODESK
Location: 911 BUILDING

Vendor: ATT Serial #: MXL12740MY
Property #: E911-071 Project #: _____ Current Value: 3530.47
*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY
*Acquisition: L LEASE/PURCHASE *Disposal: _____
Ledger? Y (Y/N)
*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years
Salvage %: 1 Salvage \$: _____ 35 Cap Threshold: 5000
GASB Eligible? N (Y/N) Depreciate? N (Y/N)
Accumulated Depreciation: _____

Cap Value: 3530.47 Date: 3/21/2022

Remarks: HP PRODESK COMPUTER

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

525

To: 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


Department Head

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


Inventory Clerk

526

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:16:13
GINGER
Key #: 216

Description: VOICE MODULE-SAM VESTA

Location: 911 BUILDING

Vendor: ATT

Serial #: 27322E

Property #: E911-072 Project #: Current Value: 6742.13

*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY

*Acquisition: L LEASE/PURCHASE *Disposal:

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 67 Cap Threshold: 5000

GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)

Accumulated Depreciation:

Cap Value: 6742.13 Date: 3/21/2022

Remarks: VOICE MODULE

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

527

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-073
Description: Phone - Mitel
S/N#: 24YWN2132B050H2

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 of September, 2008



Inventory Clerk

528

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:16:16
GINGER
Key #: 217

Description: PHONE-MITEL
Location: 911 BUILDING

Vendor: ATT Serial #: 2A4WN2132B050HZ
Property #: E911-073 Project #: _____ Current Value: 780.14
*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY
*Acquisition: L LEASE/PURCHASE *Disposal: _____
Ledger? Y (Y/N)
*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years
Salvage %: 1 Salvage \$: 7 Cap Threshold: 5000
GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 780.14 Date: 3/21/2022

Remarks: MITEL PHONE

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

529

To: 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


Department Head

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


Inventory Clerk

530

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:16:20
GINGER
Key #: 219

Description: COMPUTER- HP PRODESK

Location: 911 BUILDING

Vendor: ATT

Serial #: MXL1273P3F

Property #: E911-075

Project #: _____

Current Value: 3530.47

*Department #: 97

E911 FUND

Objective #: 89

LEASED PROPERTY

*Acquisition: L

LEASE/PURCHASE

*Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP

COMPUTER EQUIPM

Useful Life: 3 Years

Salvage %: 1

Salvage \$: _____ 35

Cap Threshold: 5000

GASB Eligible? N (Y/N)

Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 3530.47 Date: 3/21/2022

Remarks: HP PRODESK COMPUTER

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

531

To: 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


Department Head

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


Inventory Clerk

532

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:16:23
GINGER
Key #: 220

Description: VOICE MODULE- SAM VESTA

Location: 911 BUILDING

Vendor: ATT

Serial #: 27323E

Property #: E911-076

Project #: _____

Current Value: 6742.13

*Department #: 97 E911 FUND

Objective #: 89 LEASED PROPERTY

*Acquisition: L LEASE/PURCHASE

*Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM

Useful Life: 3 Years

Salvage %: 1 Salvage \$: 67

Cap Threshold: 5000

GASB Eligible? Y (Y/N)

Depreciate? Y (Y/N)

Accumulated Depreciation: _____

Cap Value: 6742.13 Date: 3/21/2022

Remarks: SAM VESTA VOICE MODULE

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

533

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-077
Description: Phone - Mitel
S/N#: 2AYWN2128B051JA

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 of September, 2009



Inventory Clerk

534

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:17:11
GINGER
Key #: 221

Description: PHONE- MITEL

Location: 911 BUILDING

Vendor: ATT

Serial #: 2A4WN2128B051JQ

Property #: E911-077 Project #: _____ Current Value: 780.14

*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY

*Acquisition: L LEASE/PURCHASE *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 7 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 780.14 Date: 3/21/2022

Remarks: PHONE MITEL

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

535

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-079
Description: Computer - HP Prodesk
S/N#: MXL12740RD

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 of September, ~~2020~~


Inventory Clerk

536

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:17:15
GINGER
Key #: 223

Description: COMPUTER- HP PRODESK
Location: 911 BUILDING

Vendor: ATT Serial #: MXL12740RD
Property #: E911-079 Project #: _____ Current Value: 3530.47
*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY
*Acquisition: L LEASE/PURCHASE *Disposal: _____
Ledger? Y (Y/N)
*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years
Salvage %: 1 Salvage \$: 35 Cap Threshold: 5000
GASB Eligible? N (Y/N) Depreciate? N (Y/N)
Accumulated Depreciation: _____

Cap Value: 3530.47 Date: 3/21/2022
Remarks: HP COMPUTER

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

537

To: 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


Department Head

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


Inventory Clerk

538

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:17:18
GINGER
Key #: 224

Description: VOICE MODULE- SAM VESTA

Location: 911 BUILDING

Vendor: ATT

Serial #: 27324E

Property #: E911-080 Project #: _____ Current Value: 6742.13

*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY

*Acquisition: L LEASE/PURCHASE *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 67 Cap Threshold: 5000

GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)

Accumulated Depreciation: _____

Cap Value: 6742.13 Date: 3/21/2022

Remarks: VOICE MODULE

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

539

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-081
Description: Phone - Mitel
S/N#: 2AYWNA132B0505L

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 of September, ~~2010~~


Inventory Clerk

540

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:17:22
GINGER
Key #: 225

Description: PHONE- MITEL
Location: 911 BUILDING

Vendor: ATT Serial #: 2A4WN2132B050JL
Property #: E911-081 Project #: _____ Current Value: 780.14
*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY
*Acquisition: L LEASE/PURCHASE *Disposal: _____
Ledger? Y (Y/N)
*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years
Salvage %: 1 Salvage \$: _____ 7 Cap Threshold: 5000
GASB Eligible? N (Y/N) Depreciate? N (Y/N)
Accumulated Depreciation: _____

Cap Value: 780.14 Date: 3/21/2022

Remarks: PHONE- MITEL

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

541

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911 - 086
Description: Computer - HP Prodesk
S/N#: MXL12740MW

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 of September, 2010



Inventory Clerk

542

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:05
GINGER
Key #: 230

Description: COMPUTER- HP PRODESK

Location: 911 BUILDING

Vendor: ATT

Serial #: MXL12740MW

Property #: E911-086

Project #: _____

Current Value: 3530.47

*Department #: 97

E911 FUND

Objective #: 89

LEASED PROPERTY

*Acquisition: L

LEASE/PURCHASE

*Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP

COMPUTER EQUIPM

Useful Life: 3 Years

Salvage %: 1

Salvage \$: 35

Cap Threshold: 5000

GASB Eligible? N (Y/N)

Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 3530.47 Date: 3/21/2022

Remarks: COMPTER HP PRODESK

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

543

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-087
Description: Switch-CISCO
S/N#: MS1A-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



Department Head

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



Inventory Clerk

544

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:08
GINGER
Key #: 231

Description: SWITCH- CISCO

Location: 911 BUILDING

Vendor: ATT

Serial #: MS1A-FJC25481024

Property #: E911-087

Project #:

Current Value: 4773.27

*Department #: 97

E911 FUND

Objective #: 89 LEASED PROPERTY

*Acquisition: L

LEASE/PURCHASE

*Disposal:

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM

Useful Life: 3 Years

Salvage %: 1 Salvage \$: 47

Cap Threshold: 5000

GASB Eligible? N (Y/N)

Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 4773.27 Date: 3/21/2022

Remarks: SWITCH- CISCO

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

545

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-088
Description: Switch - CISCO
S/N#: MSIB-FJC25471542

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 of September, 2010


Inventory Clerk

546

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:11
GINGER
Key #: 232

Description: SWITCH- CISCO
Location: 911 BUILDING

Vendor: ATT Serial #: MS1B-FJC25471J42
Property #: E911-088 Project #: Current Value: 4773.27
*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY
*Acquisition: L LEASE/PURCHASE *Disposal: _____
Ledger? Y (Y/N)
*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years
Salvage %: 1 Salvage \$: 47 Cap Threshold: 5000
GASB Eligible? N (Y/N) Depreciate? N (Y/N)
Accumulated Depreciation: _____

Cap Value: 4773.27 Date: 3/21/2022
Remarks: CISCO SWITCH

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

547

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-089
Description: Router - CISCO
S/N#: FLM242310VS

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 of September, ~~2020~~



Inventory Clerk

548

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:15
GINGER
Key #: 233

Description: ROUTER-CISCO
Location: 911 BUILDING

Vendor: ATT Serial #: FLM242310VS
Property #: E911-089 Project #: _____ Current Value: 3499.22
*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY
*Acquisition: L LEASE/PURCHASE *Disposal: _____
Ledger? Y (Y/N)
*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years
Salvage %: 1 Salvage \$: 34 Cap Threshold: 5000
GASB Eligible? N (Y/N) Depreciate? N (Y/N)
Accumulated Depreciation: _____

Cap Value: 3499.22 Date: 3/21/2022

Remarks: ROUTER FOR 911

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

549

To: 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



Department Head

This is acknowledged receipt of the above inventory item on this the 22nd day of September, 2008



Inventory Clerk

550

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:18
GINGER
Key #: 234

Description: 4 PORT- BUNDLE-GATEWAY

Location: 911 BUILDING

Vendor: ATT

Serial #: D13114261

Property #: E911-090 Project #: _____ Current Value: 3160.18

*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY

*Acquisition: L LEASE/PURCHASE *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 31 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 3160.18 Date: 3/21/2022

Remarks: 4 PORT GATEWAY BUNDLE

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

551

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # EA11-091
Description: 4 - Port Bundle
S/N#: D13114311

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 of September, ~~2010~~



Inventory Clerk

552

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:22
GINGER
Key #: 235

Description: 4- PORT BUNDLE

Location: 911 BUILDING

Vendor: ATT

Serial #: D13114311

Property #: E911-091 Project #: Current Value: 3160.18

*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY

*Acquisition: L LEASE/PURCHASE *Disposal: _____

Ledger? Y (Y/N)

*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years

Salvage %: 1 Salvage \$: 31 Cap Threshold: 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation: _____

Cap Value: 3160.18 Date: 3/21/2022

Remarks: 4-PORT BUNDLE

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

553

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-092
Description: 4 Port Bundle
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


Department Head

This is acknowledged receipt of the above inventory item on this the 22nd day of September, ~~2000~~


Inventory Clerk

554

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:26
GINGER
Key #: 236

Description: 4 PORT BUNDLE

Location: 911 BUILDING

Vendor: ATT

Serial #: D13275290

Property #: E911-092

Project #:

Current Value: 3160.18

*Department #: 97

E911 FUND

Objective #: 89

LEASED PROPERTY

*Acquisition: L

LEASE/PURCHASE

*Disposal:

Ledger? Y (Y/N)

*Asset Type: CMP

COMPUTER EQUIPM

Useful Life: 3 Years

Salvage %: 1

Salvage \$: 31

Cap Threshold: 5000

GASB Eligible? N (Y/N)

Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 3160.18 Date: 3/21/2022

Remarks: 4 PORT BUNDLE

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

555

To: 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



Department Head

This is acknowledged receipt of the above inventory item on this the 22nd day of September, ~~2000~~



Inventory Clerk

556

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:29
GINGER
Key #: 237

Description: 4 PORT BUNDLE

Location: 911 BUILDING

Vendor: ATT

Serial #: D12559636

Property #: E911-093

Project #:

Current Value: 2855.25

*Department #: 97

E911 FUND

Objective #: 89

LEASED PROPERTY

*Acquisition: L

LEASE/PURCHASE

*Disposal: 1

Ledger? Y (Y/N)

*Asset Type: CMP

COMPUTER EQUIPM

Useful Life: 3 Years

Salvage %: 1

Salvage \$: 28

Cap Threshold: 5000

GASB Eligible? N (Y/N)

Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 2855.25 Date: 3/21/2022

Remarks: 4 PORT BUNDLE

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

557

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-094
Description: 4 Port Bundle
S/N#: D12559612

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 of September, ~~2010~~



Inventory Clerk

558

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:32
GINGER
Key #: 238

Description: 4 PORT BUNDLE
Location: 911 BUILDING

Vendor: ATT Serial #: D12559612
Property #: E911-094 Project #: Current Value: 2855.25
*Department #: 97 E911 FUND Objective #: 89 LEASED PROPERTY
*Acquisition: L LEASE/PURCHASE *Disposal: _____
Ledger? Y (Y/N)
*Asset Type: CMP COMPUTER EQUIPM Useful Life: 3 Years
Salvage %: 1 Salvage \$: 28 Cap Threshold: 5000
GASB Eligible? N (Y/N) Depreciate? N (Y/N)
Accumulated Depreciation: _____

Cap Value: 2855.25 Date: 3/21/2022
Remarks: 4 PORT BUNDLE

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

559

To: Amy G. Berry
Inventory Control Clerk

From:

Date:

Re: Inventory Control # E911-097
Description: Switch-MVTR 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 Supervisors


Department Head

This is acknowledged receipt of the above inventory item on this the 22nd day of September, 2002


Inventory Clerk

560

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:54
GINGER
Key #: 241

Description: SWITCH- MNTR RACK

Location: 911 BUILDING

Vendor: ATT

Serial #: ACK5-028BB-0054

Property #: E911-097

Project #:

Current Value: 1582.73

*Department #: 97

E911 FUND

Objective #: 89

LEASED PROPERTY

*Acquisition: L

LEASE/PURCHASE

*Disposal:

Ledger? Y (Y/N)

*Asset Type: CMP

COMPUTER EQUIPM

Useful Life: 3 Years

Salvage %: 1

Salvage \$: 15

Cap Threshold: 5000

GASB Eligible? N (Y/N)

Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 1582.73 Date: 3/21/2022

Remarks: SWITCH- MNTR RACK

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

561

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



Department Head

This is acknowledged receipt of the above inventory item on this the 22nd day of September, ~~2020~~



Inventory Clerk

562

8/22/2022
FALSPM
Delete:

FIXED ASSETS
Lease Purchase File Maintenance

10:18:50
GINGER
Key #: 239

Description: 4 PORT BUNDLE

Location: 911 BUILDING

Vendor: ATT

Serial #: D12559635

Property #: E911-095

Project #:

Current Value: 2855.25

*Department #: 97

E911 FUND

Objective #: 89

LEASED PROPERTY

*Acquisition: L

LEASE/PURCHASE

*Disposal:

Ledger? Y (Y/N)

*Asset Type: CMP

COMPUTER EQUIPM

Useful Life: 3 Years

Salvage %: 1

Salvage \$: 28

Cap Threshold: 5000

GASB Eligible? N (Y/N)

Depreciate? N (Y/N)

Accumulated Depreciation:

Cap Value: 2855.25 Date: 3/21/2022

Remarks: 4 PORT BUNDLE

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

563

EXHIBIT I

564



Pay without signing in

4 of 4

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

*conf -
cellphone*

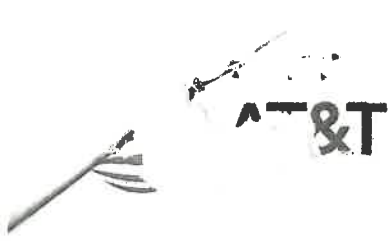
It may take up to 24 hours for your payment to post online.

Sign in to manage your account

*I request reimbursement For AT+T cell phone payment.
They had not sent a bill so Ginger had not paid it.
It was about to be cut off.*

[Signature]
9/19/2022

565



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

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

7803.002.019754.01.01.0000000 NNNNNNNY 014187.014187



999002872952120740000000001093100000000931009

566

EXHIBIT J

567



MEMORANDUM

To: Members of the Mississippi Chancery Clerks Association
From: Summer Davis, 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 3rd.

Make your room reservations with the Sheraton for the night of the 17th 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 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 Amy Berry TITLE Chancery Clerk

ADDRESS PO Box 85 COUNTY ~~MS~~ Clay County

CITY West Point STATE MS ZIP 39073

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.

570

EXHIBIT K

571

NO. _____

**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

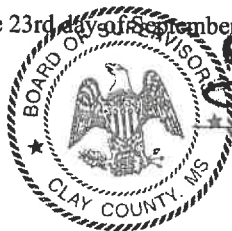
WHEREAS, It would appear duplicate Resolutions have been sent on the Cleanout of Bridge on Long Creek, PN: 13-2205-026 and the Cleanout of Tributary to Tibbee Creek, PN: 13-2206-045, and

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 September, 2022.




Lynn Horton, President

ATTEST:


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

572

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 Resolutions
Attachments: 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.

1. 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.

SO ORDERED, this the 30th day of May, 2021



Sheldon L. Deanes
Sheldon L. Deanes, President

ATTEST:
Amy G. Berry
Amy G. Berry, Chancery Clerk of Clay County, Mississippi and Clerk of the Board

574

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.

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



Lynn Horton, President

ATTEST:

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

575

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

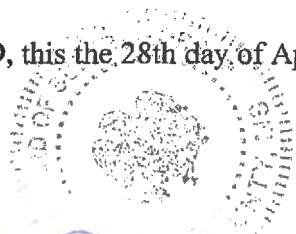
WHEREAS, without immediate attention taken toward this problem, considerable damage to property may result; and

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.

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



Lynn Horton, President

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

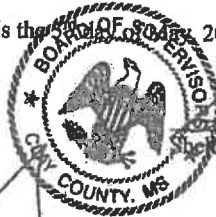
WHEREAS, there is urgent need of having a bridge cleanout project conducted at the Long Creek as located in Sections 2 and 11, Township 15, Range 5 in Clay County, Mississippi; and

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 30th day of August, 2021



Shelton L. Deanes
Shelton L. Deanes, President

ATTEST:

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

EXHIBIT L

578

LETTER OF TRANSMITTAL



CALVERT-SPRADLING ENGINEERS, INC.
CONSULTING ENGINEERS
P.O. DRAWER 1078
WEST POINT, MISSISSIPPI 39773
PHONE - 662-494-7101

Date: 8/3/2022
Job No.: 221137
Attention: Amy Berry
Reference: Yokohama Rail Repair

To: Clay County Board of Supervisors
P.O. Box 815
West Point, MS 39773

WE ARE SENDING YOU

- Attached Under separate cover via _____ the following items:
 Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order

COPIES	DESCRIPTION
1	Continental Rails, Inc. - Estimate #4
1	Calvert-Spradling Engineers, Inc. - Invoice #10544
1	Expenditure Report #4

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your information Approved as noted Submit _____ copies for distribution
 As requested Return for corrections Return _____ corrected prints
 For review and comment For your files

REMARKS:

SIGNED: Robert L. Calvert
Robert L. Calvert, P.E.

cc: Continental Rails, Inc. (Estimate)

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

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EXPENDITURE REPORT #4

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

August 3, 2022.

	THIS MONTH	TOTAL TO DATE	TOTAL BUDGET	LOAN THIS MONTH	LOAN TO DATE	LOAN BUDGET	GRANT THIS MONTH	GRANT TO DATE	GRANT BUDGET
Continental Rails, Inc. Construction	113,017.12 \$ 113,017.12	637,599.79 \$ 637,599.79	653,948.00 \$ 653,948.00	- \$	346,217.38 \$ 346,217.38	346,217.38 \$ 346,217.38	113,017.12 \$ 113,017.12	291,382.41 \$ 291,382.41	307,730.62 \$ 307,730.62
Engineering Contingencies	1,609.12	56,438.25	59,596.87 31,416.00		53,782.62	53,782.62	1,609.12	2,655.63	5,814.25 31,416.00
TOTAL COST	\$ 114,626.24	\$ 694,038.04	\$ 744,960.87	\$ -	\$ 400,000.00	\$ 400,000.00	\$ 114,626.24	\$ 294,038.04	\$ 344,960.87

581

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 Amount	Percent Complete	Prior Billed	Total Billed	Current 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

582

FINAL EXPENDITURE REPORT #5

Clay County Board of Supervisors

for

Yokohama Rail Spur Improvements

CSE#221137

September 2, 2022

	THIS MONTH	TOTAL TO DATE	TOTAL BUDGET	LOAN THIS MONTH	LOAN TO DATE	LOAN BUDGET	GRANT THIS MONTH	GRANT TO DATE	GRANT BUDGET
Continental Rails, Inc.:									
Construction	\$ 58,990.01	\$ 696,589.80	\$ 696,589.80	\$ -	\$ 346,217.38	\$ 346,217.38	\$ 58,990.01	\$ 350,372.42	\$ 350,372.42
Engineering Contingencies	4,134.78	60,573.03	60,573.03	-	53,782.62	53,782.62	4,134.78	6,790.41	6,790.41
TOTAL COST	\$ 63,124.79	\$ 757,162.83	\$ 757,162.83	\$ -	\$ 400,000.00	\$ 400,000.00	\$ 63,124.79	\$ 357,162.83	\$ 357,162.83

*Includes Change Order #1

Funding:

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

583

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

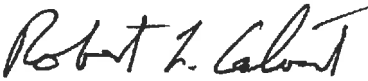
Invoice number 10600
Date 09/02/2022

Project 221-137 CCBS - YOKOHAMA RAIL
REPAIR

Description	Contract Amount	Percent Complete	Prior Billed	Total Billed	Current 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

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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
FILE: yokorailrepair.est

PAGE 1

DESCRIPTION	CONTRACT QUANTITY	ALLOWED TO DATE	UNIT	UNIT PRICE	AMOUNT
STANDARD CROSS TIES	4933.000	5011.000	EACH	99.50	498594.50
SWITCH CROSS TIES	118.000	167.000	EACH	400.00	66800.00
TRACK BALLAST	1058.000	1276.290	TON	70.00	89340.30
TAMPING TRACK	8371.000	8371.000	TRFT	5.00	41855.00

This Estimate Certified Correct:

Robert L. Calvert

CALVERT-SPRADLING ENGRS., INC.

TOTAL AMT INST TO DATE 696589.80
LESS 2.5 % RETAINAGE 0.00

TOTAL AMT DUE TO DATE 696589.80
LESS PREV PAYMENTS 637599.79

AMT DUE THIS ESTIMATE 58990.01

585

EXHIBIT M

586

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