

BE IT REMEMBERED that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, MS, on the 25th day of February, 2016, at 9 00 a m., and present were: Lynn Horton, Luke Lummus, R. B Davis, President, Shelton Deanes, and Joe Chandler Also present were Amy G Berry, Chancery Clerk and Clerk to the Board, Bob Marshall, Board Attorney, and Eddie Scott, Sheriff of Clay County, when and where the following proceedings were as determined to wit,

NO _____

**IN THE MATTER OF ADOPTING AND AMENDING THE AGENDA FOR THE
BOARD OF SUPERVISORS MEETING HELD ON FEBRUARY 25, 2016**

There came on this day for consideration the matter of adopting and amending the agenda for the Board of Supervisors meeting held on February 25, 2016

It appears to this Board the items below should be added to the agenda for further consideration and discussion, to-wit,

- Shelton Deanes regarding scholarship opportunities with MAS
- R B Davis regarding addressing the stop signs being stolen
- R B Davis request to purchase Clay Gravel from BACCO instead of Preston Dobbs
- Luke Lummus request to send a resolution to TRVWMD for McGee Creek

After motion by Lynn Horton and second by Luke Lummus this Board doth vote unanimously to adopt the agenda as presented and as amended by this Board

SO ORDERED this the 25th day of February, 2016



President

**Clay County Board of Supervisors
Agenda for Meeting Held
Thursday, February 25, 2016 at 9 00 a.m**

- Call to Order
- Welcome and Prayer
- Adopt and Amend agenda
- Robert Calvert
 - Request to approve and accept the final acceptance of Yokohama Blvd
- Phyllis Benson
 - Authorize and approve request for cash #3 of CDBG in the amount of \$76,710 23 for the Siloam Water Association Grant and ARC/Siloam Water Association in the amount of \$ _____
- Paige Lamkin
 - Request to refund property tax payment posted to incorrect parcel
 - Free Port Warehouse Exemption Requests
 - Collection Contract for Mobile Homes
- Eddie Scott
 - Request to amend the Sheriff office unmarked vehicle listing
 - Request to authorize travel for "Tactical Transporting of Prisoner", Gulfport, MS, March 15,2016
- Amy Berry
 - Request to authorize and approve credit card machine contracts for the Justice Court Office and Chancery Clerk's Office
- Authorize and approve payment to Constables for the Monthly net gross fee income for the month of January 2016
- Consider approving claim received from the MS Dept of Unemployment in the amount of \$138 57 for the Jail
- Authorize Travel for the Constables to attend the quarterly Board meeting in Olive Branch, April 22,2016
- Authorize travel for Deborah Myers, Deputy Chancery Clerk, Deputy Youth Court Clerk, to travel for training April 26-28, 2016 to Beau Rivage for MS Court Administrators Spring Conference
- Authorize the President to execute the 2016 Continuing Disclosure Statement as prepared by Butler Snow
- Review letter as received from the MS State Dept Of Health downsizing clinical operations
- Request to go into executive session regarding potential land acquisition and personnel matter,
- Adjourn until Monday, March 7, 2016 at 9 00 a m

Amendments:

NO _____

**IN THE MATTER OF AUTHORIZING AND APPROVING THE FINAL ACCEPTANCE
OF YOKOHAMA BLVD AS RECEIVED FROM THE MS DEPARTMENT OF STATE
AID**

There came on this day for consideration the matter of authorizing and approving the Final Acceptance of Yokohama BLVD as received from the MS Department of State Aid

After motion by Luke Lummas and second by Lynn Horton this Board doth vote unanimously to authorize and approve the final acceptance of Yokohama Blvd as attached hereto as Exhibit A and for the said road to be added to the County's Fixed Asset Ledger as infrastructure valued at \$ 28,329,306 79 as disclosed in Exhibit B as certified by the County Engineer

SO ORDERED this the 25th day of February, 2016



President

EXPENDITURE REPORT NO 50
 BASED UPON BUDGET UPDATE 12/17/14
 CLAY COUNTY BOARD OF SUPERVISORS
 FOR
 YOKOHAMA BLVD
 DECD-0013(51)B
 CSE Project No 213055

February 15, 2016

	THIS MONTH	TOTAL TO DATE	BUDGET
Eutaw Construction	523,065 47	20,132,986 47	20,132,986 47 *
CONSTRUCTION	\$ 523,065 47	\$ 20,132,986 47	\$ 20,132,986 47
Engineering - design		1,050,956 91	1,050,956 91
Engineering - construction	34,666 73	1,566,331 33	1,566,331 33
Testing		100,000 00	100,000 00
Environmental Assessment		110,000 00	110,000 00
Environmental Mitigation		63,877 60	63,877 60
ROW Appraisal		14,000 00	14,000 00
ROW Acquisition		972,675 57	1,200 000 00
ROW Legal Fees		109 639 87	109,639 87
TVA		30,000 00	30,000 00
TVA		912,588 25	1,507,000 00 **
4-County Electric		575,000 00	575,000 00
ATMOS	-	70,339 60	77,233 00
Southern Natural Gas		20,764 00	20,764 00
Southern Natural Gas		2,003,378 34	2,119,320 00 **
Petro Harvester		298,198 84	298,198 84
White Station Water			-
City of West Point		139,830 50	170,023 00
KCS Monitoring		28,316 17	146,000 00
MDOT Testing		21,789 71	21,789 71
Contingencies/Testing	-	107,633 63	360,583 86
Fuel Adjustment	-	-	83,957 67
TOTAL COST			
	\$ 557,732 20	\$ 28,329,306 79	\$ 29,757,662 26

* Thru Change Order #16

** Refund

FUNDING

MDA/EDH 29,757,662 26

Total \$ 29,757,662 26

OFFICE OF
STATE AID ROAD CONSTRUCTION
MISSISSIPPI DEPARTMENT OF TRANSPORTATION
P O BOX 1850
JACKSON MISSISSIPPI 39215 1850

H Carey Webb P E
State Aid Engineer
Telephone (601)359 7150
www.msstateaidroads.us

412 Woodrow Wilson Avenue
Jackson, Mississippi 39216
Fax (601)359 7141
mail@osarc.state.ms.us

February 17, 2016

Gentlemen

Eutaw Construction Co , Inc
P O Box 36
Aberdeen, MS 39730

RE DEPARTMENT OF ECONOMIC COMMUNITY DEVELOPMENT
PROJECT NO DECD-0013(51)B
CLAY COUNTY

This is our formal notice that the above designated contract, including all provisions thereof, is hereby accepted and you are released from further responsibility under this contract effective upon signature of the State Aid Engineer

Sincerely,

By


President, Board of Supervisors

MISSISSIPPI DEPARTMENT OF TRANSPORTATION

By

H Carey Webb, State Aid Engineer
Office of State Aid Road Construction

Date

HCW/PR

pc Clay County Board of Supervisors
Robert L. Calvert, P E , County Engineer
Travelers Casualty & Surety Co of America
MS Procurement Technical Assistance Program
Materials Division, 72-01
State Tax Commission
Project File

ORDER OF THE BOARD OF SUPERVISORS OF CLAY COUNTY ACCEPTING
THE CONTRACT FOR DEPARTMENT OF ECONOMIC COMMUNITY DEVELOPMENT
PROJECT NO DECD-0013(51)B

WHEREAS, the Board of Supervisors of Clay County, Mississippi awarded a contract to **Eutaw Construction Co Inc**, known as **DEPARTMENT OF ECONOMIC COMMUNITY DEVELOPMENT** Project No **DECD-0013(51)B**,

WHEREAS, the Clay County Engineer and the State Aid Engineer advise that they consider the construction portion of this contract to have been completed according to all its provisions and recommend that the Contractor be released from further maintenance responsibilities

NOW, THEREFORE, IT IS HEREBY ORDERED by this Board that the contractor for the project designated above, be released from further maintenance responsibility under the contract, effective **February 16, 2016**

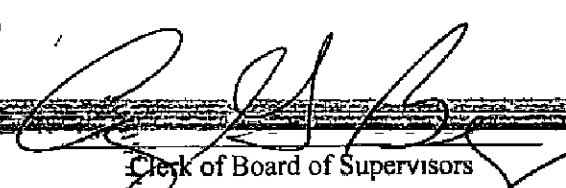
IT IS FURTHER ORDERED that the President of the Board be and he is hereby authorized to sign, with the State Aid Engineer of the Mississippi Department of Transportation, a joint letter of formal contract acceptance to the Contractor, and that the Clerk of the Board transmit a certified copy of this order to the State Aid Engineer



President, Board of Supervisors

CLAY COUNTY, MISSISSIPPI

This is to certify that the foregoing is a true and correct copy of an order passed by the Board of Supervisors of Clay County, Mississippi, entered into the minutes of said Board of Supervisors, Minute Book No 153, Page No _____, same having been adopted at a meeting of said Board of Supervisors on the 2/25/16 day of Feb 25, 20 16



Clerk of Board of Supervisors
CLAY COUNTY, MISSISSIPPI

NO _____


**IN THE MATTER OF AUTHORIZING AND APPROVING THE PAY REQUEST FOR
THE SILOAM WATER ASSOCIATION GRANT**

There came on this day for consideration the matter of authorizing and approving the pay request for the Siloam Water Association Grant.

It appears to this Board Phyllis Benson with the GTR Planning and Development is requesting this Board's approval of the invoice as attached hereto as Exhibit A on the Siloam Water Association Grant in the amount of \$105,666 00 with \$76,710 23 funded thru the Clay County CDBG Grant, \$16,909 73 funded thru the Clay County ARC Grant, and \$12,046 04 funded thru the Siloam Water Association.

After motion by Shelton Deanes and second by Luke Lummus this Board doth vote unanimously to authorize and approve of the said pay request as attached hereto as Exhibit A and further upon receipt of the proceeds this Board authorizes and approves the disbursement of the monies

SO ORDERED this the 25th day of February, 2016



President

Memorandum

To Clay County Board of Supervisors
From Phylis Benson, Golden Triangle Planning & Development District
Date February 25 2016
Re Siloam Water Association Water Well

Utilizing Community Development Block Grant (CDBG) #1131 14-013-PF-01 and Appalachian Regional Commission (ARC) Grant #MS17-889 in addition to funds from Siloam Water Association, the following invoices will be dispersed as follows

Donald Smith Construction Invoice # PP #2 Invoice Amount \$101,374 50
Calvert Spradling Engineers Invoice # 5864 Invoice Amount \$ 4 291 50

Vendor	Clay County CDBG	Clay County ARC	Siloam Water Assoc	TOTAL
Donald Smith Construction	\$72 418 73	\$16,909 73	\$12,046 04	\$101 374 50
Calvert-Spradling Engineers	\$ 4,291 50	-0-	-0-	\$ 4,291 50
Golden Triangle PDD	-0	-0-	-0-	
TOTAL	\$76,710 23	\$16,909 73	\$12,046 04	\$105,666 00

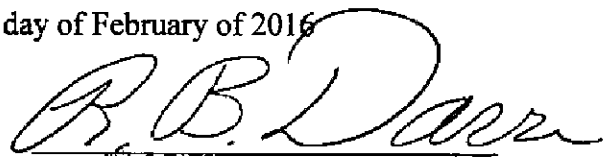
Should you have any questions or need additional information please contact this office at (662) 320-2007

A RESOLUTION OF THE BOARD OF SUPERVISORS OF CLAY COUNTY, MISSISSIPPI GRANTING APPROVAL FOR EXEMPTION FROM ADVALOREM TAXES AUTHORIZED BY SECTION 27-31-51 ET SEQ OF *THE MISSISSIPPI CODE*, 1972, AS AMENDED, FOR PERSONAL PROPERTY IN TRANSIT THROUGH MISSISSIPPI WHEN SUCH PERSONAL PROPERTY IS CONSIGNED OR TRANSFERRED TO THE FREE PORT WAREHOUSE OPERATED BY FABRICATOR'S SUPPLY INC FOR STORAGE IN TRANSIT TO A FINAL DESTINATION OUTSIDE THE STATE OF MISSISSIPPI, AS APPROVED BY THE MISSISSIPPI DEPARTMENT OF REVENUE

WHEREAS, Fabricator's Supply Inc filed with this Board its application for free port warehouse license and submitted the license fee, a copy of said application is attached hereto as Exhibit A and made part hereof, and

WHEREAS, Fabricator's Supply Inc requests exemption from ad valorem tax authority as allowed by Section 27-31-51 et seq of *The Mississippi Code of 1972*, as amended, for personal property in transit through Mississippi when such personal property is consigned or transferred to the free port warehouse operated by Fabricator's Supply Inc for storage in transit to a final destination outside the State of Mississippi,

NOW, THEREFORE, BE IT RESOLVED, by the Board of Supervisors of Clay County, Mississippi, that approval for free port warehouse license and exemption from ad valorem tax for personal property in transit through Mississippi when such personal property is consigned or transferred to the free port warehouse operated by Fabricator's Supply Inc for storage in transit to a final destination outside the State of Mississippi as described in their application dated February 22, 2016, be and hereby is granted, this the 25th day of February of 2016


President

ATTEST


Chancery Clerk

APPLICATION
FREE PORT WAREHOUSE
LICENSE

AS AUTHORIZED BY SECTION 27-31-51, et seq
MISSISSIPPI CODE OF 1972, AS AMENDED

NAME OF WAREHOUSE Fabricators Supply
PHYSICAL ADDRESS 869 Airport Rd West Point, MS 39773
TYPE OF PROPERTY SHIPPED Steel
TOTAL VALUE OF PROPERTY 1425,000
PERCENTAGE OF PROPERTY SHIPMENTS WITHIN MISSISSIPPI 40%
LOCATION - COUNTY Clay

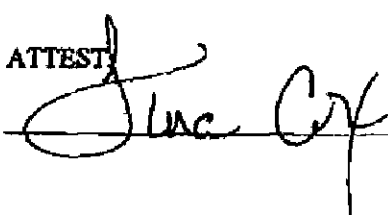
The applicant requests that the Board approve this application and grant the license by declaring that the above warehouse be exempt from all ad valorem taxation on personal property shipped out of state during the calendar year. The applicant is qualified to make application for exemption and has submitted the license fee.

This information is true and correct as certified by the applicant. This application is submitted on the 22nd day of Feb, 2016

Fabricator's Supply

By 

ATTEST



FREE PORT WAREHOUSE
REPORT OF INVENTORY
JANUARY 1, 2016

Name of Warehouse Fabricators Supply

Location 869 Airport Rd West Point, MS 39773

Mailing Address PO Box 637 West Point, MS 39773

1 Total value of personal property as of 1/1/2016 \$ 1,425,000

2 Estimated percentage of personal property to be shipped within Mississippi x 40%

3 Amount of personal property to be assessed (Multiply Item 1 times Item 2) \$570,000

This report is prepared and filed under the terms and provisions of Section 27-31-55, Mississippi Code of 1972, as amended. It is certified that the above information is true and correct. This report is submitted on the 4th day of Feb, 2016

By 

Title GM

This report shall be submitted to the Tax Assessor no later than March 31 of each year

NO _____

**IN THE MATTER OF UNMARKED VEHICLES IN THE CLAY COUNTY
MISSISSIPPI SHERIFF'S DEPARTMENT**

There came on this day for consideration the matter of unmarked vehicles in the Clay County MS Sheriff's Department

After motion by Lynn Horton and second by Shelton Deanes this Board doth vote unanimously to authorize the Sheriff of Clay County, Mississippi to use the following vehicles as unmarked according to Section 19-22-15 of the Mississippi Code of 1972

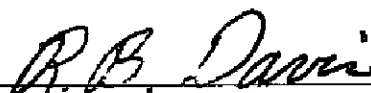
SD1381	Ford Crown Victoria (2008)	VIN 2FAHP71V88X161751
SD1382	Ford Crown Victoria (2008)	VIN 2FAHP71V99X131241
SD1495	Nissan Truck (2005)	VIN 1N6BA07B45N544019
SD1498	DODGE RAM Truck (2014)	VIN 1C6RR7XT7ES223046
SD1637	DODGE RAM Truck (2016)	VIN 1C6RR7XT9GS250784

These vehicles will be used for sensitive investigation procedures where marked vehicles would hinder law enforcement investigative procedures

This Board further orders that the Clerk attach hereto as Exhibit A a list of all vehicles owned by the County and assigned to the Sheriff's Department

It is, also, further ordered that this order cancels and supersedes any previous orders of this Board relating to unmarked vehicles of the Clay County, Mississippi Sheriff's Department

SO ORDERED, this the 25th day of February, 2016



President

2/16/2016

FIXED ASSETS

12 07 28

FALSPM

Lease Purchase File Maintenance

AMY

Delete

Key #

76

Description DODGE RAM 1500
 Location EDDIE SCOTT CLAY 1
 Vendor/ ROUNDTREE CHRYSLER DODGE JEEP Serial # 1C6RR7XT7ES223046
 Property # SD1498 Project # Current Value 16801 20
 *Department # 200 SHERIFF/JAIL Objective # 89 LEASED PROPERTY
 *Acquisition L LEASE/PURCHASE *Disposal
 Ledger? Y (Y/N)
 *Asset Type MVC MOTOR VEHICLE - Useful Life 5 Years
 Salvage % 10 Salvage \$ 2625 Cap Threshold 5000
 GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)
 Accumulated Depreciation 9450 80
 Cap Value 26252 00 Date 12/20/2013
 Remarks 2014 DODGE RAM TRUCK CLAY 1
 UNMARKED VEHICLE

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

transfer Eddie's tag on
 this truck to new truck
 VIN # 1C6RR7XT9GS250784

For this vehicle Ram wants
 13 SD 2 Tag

Description CROWN VICTORIA 2008
 Location RAMIREZ WILLIAMS-CLAY 3
 Vendor MISSOURI STATE HIGHWAY PATROL Serial # 2FAHP71V68X161750
 Property # SD1380 Project # Current Value 1325 00
 *Department # 200 SHERIFF/JAIL Objective # 86 MOBILE EQUIPMEN
 *Acquisition T TRANSFER *Disposal
 Ledger? Y (Y/N)
 *Asset Type MVC MOTOR VEHICLE - Useful Life 5 Years
 Salvage % 10 Salvage \$ 1325 Cap Threshold 5000
 GASB Eligible? Y (Y/N) Depreciate? Y (Y/N)
 Accumulated Depreciation 4770 00
 Cap Value 13250 00 Date 2/23/2011
 Remarks UNMARKED VEHICLE

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

Request to change
 from un marked to marked
 need gov't tag

**SPECIAL LICENSE TAG
REGISTRATION TRANSFER**

SAME OWNER
VEHICLE TO VEHICLE
TRANSFER ONLY

TYPE OF TAG Shenff Tag TAG NUMBER 13 501

THIS IS TO CERTIFY THAT Clay County, MS (OWNER)
PO Box 815
205 Court Street West Point Clay MS
STREET CITY COUNTY

HAS ON 2 / 22 / 16 TRANSFERRED THE ABOVE TAG
MONTH DAY YEAR

VEHICLE DATA	FROM	<u>2014</u> YEAR	<u>Dodge</u> MAKE	<u>13 501</u> MODEL	<u>13 501</u> DECAL NUMBER
		<u>Silver</u> COLOR	<u>1C6RR7XT7ES2230A6</u> VIN NUMBER		<u> </u> EXP MO / YR
	TO	<u>2016</u> YEAR	<u>Dodge</u> MAKE	<u>13 501</u> MODEL	<u>13 501</u> DECAL NUMBER
		<u> </u> COLOR	<u>1C6RR7XT9GS250784</u> VIN NUMBER		<u> </u> EXP MO / YR

COPY OF TITLE APPLICATION ATTACHED
OR
 TITLE #

SIGNED [Signature]
TITLE Cheryle Clark PH # 694-3124

ORIGINAL To State Tax Commission

2nd COPY To Owner

3rd COPY To Collector's Copy

SPECIAL CENSE TAG
REGISTRATION TRANSFER

SAME OWNER
VEHICLE TO VEHICLE
TRANSFER ONLY

TYPE OF TAG Sheriff Deputy Tag TAG NUMBER 13 502

THIS IS TO CERTIFY THAT Clay County, MS
PO Box 815 West Point Clay, MS
(OWNER)
STREET CITY COUNTY

HAS ON 2 / 22 / 16 TRANSFERRED THE ABOVE TAG
MONTH DAY YEAR

VEHICLE DATA	FROM	<u>2014</u>	<u>Dodge</u>	<u>13502</u>
		<small>YEAR</small>	<small>MAKE</small>	<small>DECAL NUMBER</small>
		<u>grey/piter</u>	<u>1C6RR7D5223046</u>	
		<small>COLOR</small>	<small>VIN NUMBER</small>	<small>EXP MO / YR</small>
	TO			
		<small>YEAR</small>	<small>MAKE</small>	<small>MODEL</small>
		<small>COLOR</small>	<small>VIN NUMBER</small>	<small>EXP MO / YR</small>

COPY OF TITLE APPLICATION ATTACHED
OR
TITLE # _____

SIGNED [Signature]
TITLE Chasey Clerk # 49853124

1st COPY - State Tax Commission

2nd COPY - To Owner

3rd COPY - Tax Collector's Copy

(For non government vehicles only)

683

Date 4/05/2016
Time 11 25 58

CLAY COUNTY
Asset Listing by Department
Mobile Equipment
Purchase Date Range to 4/05/2016
ALL ASSETS

Page 1
Pgm FADLAMPB

Dept	200 SHERIFF/JAIL	Dept Head	EDDIE SCOTT	Property #	Description	Serial# / Location	Acq Date	Ch/Ref # Salv Val	Current Value	Key#
SD1088	FORD 1994 CROWN VICTORIA	2FALP71N4RX151397	4/28/2005			SHOP			00	344
	Disposal SOLD	Vendor CITY OF WEST POINT						115 00		
	Original Cost	1 150 00								
SD1095	FORD CROWN VICTORIA 1995	2FALP71W2SX121322	8/25/2005			SWING CAR			00	347
	Disposal SOLD	Vendor TRICOUNTY NARCOTICS						190 00		
	Original Cost	1 900 00								
SD1218	FORD CROWN VICTORIA (2003)	2FAHP71W93X183937	5/21/2007 43227			911 DIRECTOR CT HOUSE			4 995 00	370
	Original Cost:	4 995 00				Vendor RANDLE AUTO SALES		499 00		
SD1220	FORD TAURUS	1FAPP53U13A231561	6/10/2007 43391			FRANK WILLIAMS			4 995 00	371
	Original Cost	4 995 00				Vendor RANDLE AUTO SALES		499 00		
SD1251	CROWN VICTORIA (FORD) 2008	2FAPP71V88X122438	1/26/2012			ROMAN PONDS			2 464 00	431
	Original Cost	6 901 00				Vendor WATSON QUALITY FORD		2 464 00		
SD1252	CROWN VICTORIA (FORD) 2008	2FAPP71VX122439	1/26/2012			TERRY SCOTT			2 464 00	432
	Original Cost	6 901 00				Vendor WATSON QUALITY FORD		2 464 00		
SD1253	CROWN VICTORIA (FORD) 2008	2FAPP71V68X122440	1/26/2012			WILLIAM KNOWLES			2 464 00	433
	Original Cost	6 901 00				Vendor WATSON QUALITY FORD		2 464 00		
SD1254	CROWN VICTORIA (FORD) 2008	2FAPP71V88X122441	1/26/2012			STANLEE LEE			2 464 00	434
	Original Cost	6 901 00				Vendor WATSON QUALITY FORD		2 464 00		
SD1380	CROWN VICTORIA 2008	2FAHP71V68X161750	7/24/2014			RAMIREZ WILLIAMS CLAY 3			1 325 00	408
	Original Cost	6 095 00				Vendor MISSOURI STATE HIGHWAY PATROL		1 325 00		
SD1381	CROWN VICTORIA 2008	2FAHP71V88X161751	7/24/2014			BOBBY GRIMES CLAY 9			1 325 00	409
	Original Cost	6 095 00				Vendor MISSOURI STATE HIGHWAY PATROL		1 325 00		

684

Date 4/05/2016
Time 11 25 58

CLAY COUNTY
Asset Listing by Department
Mobile Equipment
Purchase Date Range to 4/05/2016
ALL ASSETS

Page 2
Egm FADLAMBP

Dept 200 SHERIFF/JAIL		Dept Head EDDIE SCOTT		Acq Date	Current Value	Key#
Property #	Description	Serial# / Location	Acq Date	Current Value	Key#	
SD1382	CROWN VICTORIA 2009	2FAHP71V99X131241 BRAD PETTIT CLAY 5 Vendor MISSOURI STATE HIGHWAY PATROL	2/23/2011	1 475 00	410	
	Original Cost	14 750 00				
SD1383	CROWN VICTORIA	2FAHP71V39X134667 EVERETT QUINN Vendor MISSOURI STATE HIGHWAY PATROL	7/24/2014	1 475 00	411	
	Original Cost	6 785 00				
SD1419	DODGE CHARGER SE	2B3LA43V59H598475 WILLIAM KNOWLES Vendor KANSAS HIGHWAY PATROL	3/07/2012	4 032 00	421	
	Original Cost	14 400 00				
SD1422	2012 DODGE CHARGER	2C3CDXAT2CH230937 EDDIE SCOTT CLAY 1 Vendor JOE USRY CHRYSLER JEEP DODGE	6/13/2012	7 357 76	425	
	Original Cost	26 279 00				
SD1423	FORD RANGER 2002	1FTYR44U22TA12326 HENRY CHANDLER/ SHOP AT SHERIF Vendor SEIZED PROPERTY	6/26/2012	2 550 00	426	
	Original Cost	2 550 00				
SD1425	CHEVROLET SILVERADO 2002	2GCEK19V821194241 SHERIFF S OFFICE/ OFFICE STAFF Vendor RANDLE AUTO SALES	9/10/2012	1 568 00	427	
	Original Cost	5 600 00				
SD1428	TRAVEL TRAILOR	47CTS5P246L116836 CLAY COUNTY SHERIFF S OFFICE Vendor MS OFFICE OF SURPLUS	10/10/2012	1 400 00	436	
	Original Cost	1 400 00				
SD1470	2013 DODGE CHARGER	2C3CDXAG1DH713596 FRANK WILLIAMSON Vendor ROUNDTREE CHRYSLER DODGE	6/11/2013	11 449 04	437	
	Original Cost	25 672 00				
SD1495	2005 NISSAN TRUCK	1N6BA07B45N544019 TERRI SCOTT CLAY 4 Vendor MBN	10/29/2013	6 400 00	447	
	Original Cost	10 000 00				
SD1540	CROWN VICTORIA 2007 J 1	2FAHP71W97X151480 J 1 ANTHINY CUMMINGS Vendor TUPELO FIRST CHOICE AUTO SALE	2/10/2015	5 159 00	458	
	Original Cost	5 159 00				

685

Date 4/05/2016
 Time 11 25 58

CLAY COUNTY
 Asset Listing by Department
 Mobile Equipment
 Purchase Date Range to 4/05/2016
 ALL ASSETS

Page 3
 Pgm FADLAMBP

Dept	200 SHERIFF/JAIL	Dept Head	KIDDIE SCOTT	Ch/Ref #	Current	Key#
Property #	Description	Serial# / Location	Acq Date	Salv Val	Value	
SD1630	2016 DODGE CHARGER	2C3CDXAG4GH140246 JORDAN ROBERTS CLAY 21 Vendor CROWSON AUTO WORLD	1/13/2016	00	00	464
	Original Cost	00				
SD1630	2016 DODGE CHARGER	2C3CDXAG4GH140246 JORDAN ROBERTS CLAY 21 Vendor CROWSON AUTO WORLD	1/13/2016	00	00	464
	Original Cost	00				
SD1631	2002 CHEVROLET TRUCK	1GCCS19W028249394 PARKING LOT AT CCSO Vendor SEIZED	3/25/2015	00	3 772 00	462
	Original Cost:	3 772 00				
SD555	FORD CROWN VICTORIA 1996	2FALP71W6TX194193 HAL HEADD Vendor TRI COUNTY NARCOTICS	6/17/1997	1 907 00	00	187
	Disposal SOLD					
	Original Cost	19 078 00				
SD649	FORD CROWN VICTORIA 1998	2FAPP71W8WX132408 SHOP Vendor STARKVILLE FORD	8/09/2001	2 071 00	00	280
	Disposal DELETION					
	Original Cost	20 713 00				
SD796	FORD CROWN VICTORIA 2000	2FAPP71WXYX167390 ANTHONY CUMMINGS Vendor STARKVILLE FORD	3/28/2002	1 998 00	00	293
	Original Cost	19 987 00				
SD797	FORD CROWN VICTORIA 2000	2FAPP71W3YX167389 BOBBY RANDLE Vendor STARKVILLE FORD	3/28/2002	1 998 00	00	294
	Original Cost	19 987 00				
SD798	FORD EXPLORER 2000	1FMZU62E3YZB50467 MIKE WEAVER Vendor STARKVILLE FORD	3/28/2002	2 155 00	00	295
	Disposal SOLD					
	Original Cost	21 550 00				
SD799	FORD EXPLORER 2000	1FMZU62E5YZB50468 R LASHIER Vendor STARKVILLE FORD	3/28/2002	2 155 00	2 155 00	296
	Original Cost	21 550 00				
SD891	DODGE 150 TRUCK	1B7HC16X7WS601214 DANNY BANKS Vendor SEIZED FROM DAVID MATHEWS	8/31/2001	950 00	950 00	275
	Original Cost	9 500 00				

989

Date 4/05/2016
 Time 11 25 58

CLAY COUNTY
 Asset Listing by Department
 Mobile Equipment
 Purchase Date Range to 4/05/2016
 ALL ASSETS

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 Pgm FADLAMP

Dept 200 SHERIFF/JAIL		Dept Head EDDIE SCOTT		Chk/Ref #	Current	Key#
Property #	Description	Serial# / Location	Acq Date	Salv Val	Value	
SD944	FORD RANGER 1988	1FTCR11AXJUB45217 HENRY CHANDLER	11/14/2002		00	304
	Disposal SOLD	Vendor SEIZED		280 00		
	Original Cost	2 800 00				
SD990	FORD EXPEDITITION	1FMPU15L14LA88603 LADDIE HUFFMAN SHERIFF S DEPAR	1/25/2007		2 665 00	362
	Original Cost	Vendor STARKVILLE FORD LINCOLNMERCUR		2 665 00		
SD997	FORD CROWN VICTORIA 2004	2FAFP71W74X136379 D STRONG	1/25/2007		00	363
	Disposal BOARD ORDER	Vendor STARKVILLE FORD LINCOLNMERCUR		2 306 00		
	Original Cost	23 069 00				
SD998	FORD CROWN VICTORIA 2004 (REBU	2FAFP71W34X136377 S LEE	1/25/2007		2 306 00	364
	Original Cost	Vendor STARKVILLE FORD LINCOLNMERCUR		2 306 00		
	Orig Cost Total	286 898 00	Department Totals	27	77 209 80	
	Orig Cost Total	286 898 00	Grand Totals	27	77 209 80	

687

Date 4/05/2016
 Time 11 26 18

CLAY COUNTY
 Asset Listing by Department
 Lease Purchase
 Purchase Date Range to 4/05/2016
 ALL ASSETS

Page 1
 Pgm FADLALSP

Dept 200 SHERIFF/JAIL

Dept Head EDDIE SCOTT

888

Property #	Description	Serial# / Location	Acq Date	Ck/Ref # Salv_Val	Current Value	Key#
SD1251	CROWN VICTORIA (FORD) 2008 Disposal BOARD ORDER Original Cost 24 649 00	2FAPP71V88X122438 ROMAN PONDS Vendor WATSON QUALITY FORD	1/10/2008	2 464 00	00	43
SD1252	CROWN VICTORIA (FORD) 2008 Disposal BOARD ORDFR Original Cost 24 649 00	2FAPP71VX8X122439 TERRY SCOTT Vendor WATSON QUAIITY FORD	1/10/2008	2 464 00	00	44
SD1253	CROWN VICTORIA (FORD) 2008 Disposal BOARD ORDER Original Cost 24 649 00	2FAPP71V68X122440 WILLIAM KNOWLES Vendor WATSON QUALITY FORD	1/10/2008	2 464 00	00	45
SD1254	CROWN VICTORIA (FORD) 2008 Disposal BOARD ORDER Original Cost 24 649 00	2FAPP71V88X122441 STANLEE LEE Vendor WATSON QUALITY FORD	1/10/2008	2 464 00	00	46
SD1380	CROWN VICTORIA 2008 Disposal TRANSFER Original Cost 13 250 00	2FAHP71V68X161750 RAMIREZ WILLIAMS CLAY 3 Vendor MISSOURI STATE HIGHWAY PATROL	2/23/2011	1 325 00	00	62
SD1381	CROWN VICTORIA 2008 Disposal TRANSFER Original Cost 13 250 00	2FAHP71V88X161751 BOBBY GRIMES CLAY 9 Vendor MISSOURI STATE HIGHWAY PATROL	2/23/2011	1 325 00	00	63
SD1383	CROWN VICTORIA 2009 Disposal TRANSFER Original Cost 14 750 00	2FAHP71V39X134667 EVERETT QUINN Vendor MISSOURI STATE HIGHWAY PATROL	2/23/2011	1 475 00	00	64
SD1498	DODGE RAM 1500 Original Cost 26 251 00	1C6RR7XT78S223046 EDDIE SCOTT CLAY 1 Vendor ROUNDTREE CHRYSLER DODGE JEEP	12/20/2014	2 625 00	16 801 20	76
SD1507	2014 DODGE CHARGER Original Cost 27 539 00	2C3CDXAG2EH194656 CLAY 11 EVERETT QUINN Vendor ROUNDTREE CHRYSLER	2/25/2014	2 753 00	17 624 60	72
SD1508	2014 DODGE CHARGER Original Cost 27 539 00	2C3CDXAG4EH194657 CLAY 9 JON LEPICIER Vendor ROUNDTREE CHRYSLER	2/27/2014	2 753 00	17 624 60	73

Date 4/05/2016
 Time 11 26 18

CLAY COUNTY
 Asset Listing by Department
 Lease Purchase
 Purchase Date Range to 4/05/2016
 ALL ASSETS

Page 2
 Pgm FADLALSP

Dept 200 SHERIFF/JAIL		Dept Head EDDIE SCOTT		Ch/Ref #	Current	Key#
Property #	Description	Serial# / Location	Acq Date	Salv Val	Value	
SD1509	2014 DODGE CHARGER	2C3CDXAG0EH194655 CLAY 10 DEVIN STRONG Vendor ROUNDTREE CHRYSLER	3/12/2014	2 753 00	17 624 60	74
	Original Cost	27 539 00				
SD1510	2014 DODGE CHARGER	2C3CDXAGXE236538 CLAY 15 KEN POOLE Vendor ROUNDTREE CHRYSLER	3/25/2014	2 753 00	17 624 60	75
	Original Cost	27 539 00				
SD1629	2016 DODGE CHARGER	2C3CDXAG4GH140245 RICK HAGGARD Vendor CROWSON AUTO WORLD	1/13/2016	2 672 00	26 724 00	82
	Original Cost	26 724 00				
SD1630	2016 DODGE CHARGER	2C3CDXAG4GH140246 JORDAN ROBERTS Vendor CROWSON AUTO WORLD	1/13/2016	2 672 00	26 724 00	81
	Original Cost	26 724 00				
SD1637	2016 DODGE RAM PICKUP	1C6RR7XT9GS250784 EDDIE SCOTT CLAY 1 Vendor CROWSON AUTO WORLD	3/04/2016	3 065 00	30 652 00	83
	Original Cost	30 652 00				
	Orig Cost Total	220 508 00	Department Totals	8	171 399 60	
	Orig Cost Total	220 508 00	Grand Totals	8	171 399 60	

NOTE Disposed item amounts are not included in Department or Grand Totals

689

NO _____

**IN THE MATTER OF APPROVING TO REFUND A TAX PAYMENT
INADVERTANTLY POSTED TO THE WRONG PARCEL**

There came on this day for consideration the matter of approving to refund a tax payment inadvertently posted to the wrong parcel

It appears to this Board a tax payment was received from Quicken Loans for parcel no 049 29 0120000 in the amount of \$417 04 and was inadvertently posted to parcel no 049 29 0100000 in error, and,

It appears to this Board Tax Assessor/Collector, Paige Lamkin, is requesting authority to refund the said \$417 04 to Quicken Loans as attached hereto as Exhibit A in order for the owner of the parcel no 049 29 0100000 to be able to pay their taxes

After motion by Shelton Deanes and second by Lynn Horton this Board doth vote unanimously to authorize and approve of the said refund to Quicken Loans as stated above

SO ORDERED this the 25th day of February, 2016



President

Paige Lamkin

From Hirsch, Ellery <ElleryHirsch@quickenloans.com>
Sent Monday, February 08, 2016 9:51 AM
To plamkin@claycounty.ms.gov
Subject 3338084847 - McClenton

February 8, 2016

Clay County Tax Assessor/Collector
Attn: Paige Lamkin
P O BOX 795
West Point MS 39773

Attention: Paige Lamkin
Tax ID 049 29 0120000 Loan Number 3338084847
Taxpayer THELMA MCCLENTON
Refund Amount \$417.04 & 470.78

Taxes were paid on the wrong account. Our tax servicer, Corelogic, paid \$470.78 and \$417.04 on pin # 049 29 0100000, however our client's account is 049 29 0120000. The payment file was sent on 11/15/2015. Please remit refund to the address below.

Quicken Loans
Attn: Servicing
1035 Woodward Ave
Detroit, MI 48226

Thank you for your assistance with this matter. You can reach me at (313) 373-4683 direct or my e-mail address ElleryHirsch@quickenloans.com

Best regards,

pt# 2015 6983 MCCLENTON EDMOND ESTATE
 cel# 049 29 0100000 Collection Date 2/22/2016
 Payment # 2 ORIGINAL AMT PREV COL-D CURRENT DUE AMT COL-D
 Ad Valorem Tax 417 04 417 04
 Special Assessment
 Forestry Tax
 Interest Fees
 Printer Fees
 Recording Fees
 Miscellaneous Charges
 TOTAL AMOUNT 417 04 417 04 00
 TAXES PAID BY MCCLENTON EDMOND ESTATE METHOD CK CHECK CK#
 Collected By PLAMKIN Collection Number 9772 MINIMUM DUE 00

Option 4=Void Payment 5=View Payment Detail
 OPT PMT# DATE PAID AMOUNT PD PAID BY COL-D BY VO
 - 001 12/23/2015 417 04 CL-QUICKEN LOANS ALICE

F5=Post Payment/Print Receipt F6=Post Payment/No Print F8=Reprint Receipt
 F9=View Receipt Record F12=Cancel

[paid in error]

requesting refund on this!

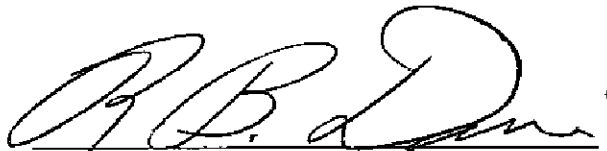
NO _____

**IN THE MATTER OF AUTHORIZING AND APPROVING TRAVEL FOR THE
SHERIFF**

There came on this day for consideration the matter of authorizing and approving travel for the Sheriff

After motion by Shelton Deanes and second by Lynn Horton this Board doth vote unanimously to authorize and approve the travel for the Sheriff as attached hereto as Exhibit A in Gulfport, MS, March 15, 2016

SO ORDERED this the 25th day of February, 2016



President

Preventing the Escape: The Tactical Transporting of the Prisoner

March 15, 2016 - Gulfport, MS

This training is sponsored by the Regional Organized Crime Information Center and
the Gulfport Police Department



COURSE HOURS 8 00 a m – 5 00 p m
Gulfport Police Department - 2220 15th Street, Gulfport MS 39501



Preventing the escape while moving your prisoner is an eight hour presentation on the aspect of safely and securely transporting prisoners by land vehicle, both post arrest and from the lockup. Presentation is lecture, slide presentation, examples, videos and case study format. Participants will have a heightened awareness to the inherent dangers associated with transporting dangerous prisoners along with learning new innovations in techniques and hardware.

Topics Include

- | | |
|---|---|
| <ul style="list-style-type: none"> - Safety concerns - Security issues - Observation - Searches of prisoner - High risk transports - Restraints - Weapon retention - Searches of transport vehicles | <ul style="list-style-type: none"> - Situational Awareness - Legal Issues - Mentally Impaired - Vehicle Preparation - Overnight - Multi-State - Multi-Prisoner Transport |
|---|---|

Major Jim Reeves – KDOC (Retired)

Jim retired from the Kansas Department of Corrections having served 26 years, the last three as Chief of Security with operational responsibility of over 365 uniformed officers and 1800 felons.

Jim is now teaching classes throughout US and has served hundreds of agencies and thousands of officers. Jim developed his knowledge and transport skills while serving as the Special Security Team Leader. Jim now assists with the Criminal Justice Program at Central Christian College where he earned his Bachelor's Degree in criminal justice.

NO REGISTRATION FEE!!!
Travel, lodging, and per diem are the responsibility of the attendee.

Seating Is Limited– Register Early

Please complete registration form and Fax to (615) 234-5466 or email to stbarnes@rocic.nss.net
For additional information, please contact LEC Steve Barnes at (228) 518-7684

Rank.		First Name	Last Name	
		Frank Edward	Williamson Jr	
Agency	Clay County Sher FF Dept			
Address	330 W Broad Street PO Box 142		City/State	West Point, MS 39773
Email	Frank_101_99@yahoo.com		Telephone	662-494-7339

Wingate Hotels Confirmed Reservation Notification

From donotreply@wyn.com

Wed, Feb 10, 2016 02:58 PM

Subject Wingate Hotels Confirmed Reservation Notification**To** pattygoff337@comcast.net

To ensure guarantee delivery directly to your inbox, please add donotreply@wyn.com to your address book today. Please do not reply to this email, as we are unable to respond from this address.



Booking Confirmation

Hotel Information

**Wingate by Wyndham
Gulfport**

4302 West Beach Boulevard
Gulfport, MS 39501 US
Phone 1-228-2140010
Fax 1-228-2140012
[View Welcome Screen](#)

Guest Information

frank williamson
po box 142
west point, MS 39773 US
Phone 6622952728
E-mail
pattygoff337@comcast.net

Your Stay: 1 Room 1 Night

Confirmation #: 19367657

Check-In: 03/14/2016, 3:00 PM

Check-Out: 03/15/2016, 11:00 AM

1 King Bed Non Smoking Room with free breakfast, free Wi-Fi, refrigerator, microwave, desk, coffeemaker and

\$89.25

hairdryer

Taxes & Fees: \$10 71**Total: \$99.96**

Reservation Policies

Rate Information

PAY NOW AND SAVE Book early and save plus receive 200 bonus points This Rate Requires Full Non-Refundable Pre-Payment and cannot be changed or cancelled

Cancellation Policy

There will be no credit or refund for early departures, cancellations, no shows, or changes in your reservation for any reason Guests will not receive any refund or credit

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The sender believes that this e-mail and any attachments were free of any virus, worm, Trojan horse, malicious code and/or other contaminants when sent. E-mail transmissions cannot be guaranteed to be secure or error-free, so this message and its attachments could have been infected, corrupted or made incomplete during transmission. By reading the message and opening any attachments, the recipient accepts full responsibility for any viruses or other defects that may arise and for taking remedial action relating to such viruses and other defects. Neither Wyndham Worldwide Corporation nor any of its affiliated entities is liable for any loss or damage arising in any way from, or for errors or omissions in the contents of, this message or its attachments.

NO _____

**IN THE MATTER OF AUTHORIZING AND APPROVING THE CREDIT CARD
CONTRACT FOR THE CHANCERY CLERK'S AND JUSTICE COURT OFFICES**

There came on this day for consideration the matter of authorizing and approving the credit card contract for the Chancery Clerk's office and Justice Court Offices

It appears to this Board Amy Berry, Chancery Clerk, is presenting to the Board two contracts for the purchase and use of credit card machine provided by Renasant Bank BancCard Services as attached hereto as Exhibit A to be used by the Chancery Clerk's office and the Justice Court Office

After motion by Shelton Deanes and second by Luke Lummus this Board doth vote unanimously to authorize and approve of the said contracts as attached hereto as Exhibit A and further authorizes the President to execute the said contracts

SO ORDERED this the 25th day of February, 2016



President

1 MERCHANT INFORMATION									
◆ DBA NAME CLAY COUNTY CHANCERY CLERK'S OFFICE									
CORPORATE NAME (IF DIFFERENT THAN ABOVE)									
CONTACT NAME					◆ DBA PHONE #				
◆ DBA ADDRESS 1 (NO PO BOX)					DBA FAX #				
DBA ADDRESS 2					YEAR ESTABLISHED				
◆ CITY		◆ STATE		◆ ZIP CODE		◆ LENGTH OF CURRENT OWNERSHIP		YEARS	MONTHS
◆ BUSINESS COUNTRY OF ORIGIN (HEADQUARTERED) USA									
GEOGRAPHY FOOTPRINT (ALL COUNTRIES LICENSED TO DO BUSINESS) USA									
◆ BUSINESS SCOPE OF OPERATIONS (TOTAL NUMBER OF LOCATIONS IN ALL COUNTRIES INCLUDING USA) 1									
◆ EMAIL ADDRESS					MOBILE PHONE #				
<input type="checkbox"/> Yes! I authorize Elavon and Member to send me text and e-mail messages for marketing purposes. I agree to receive automated calls and texts, and e-mail messages, from Elavon and Member of the mobile phone number and e-mail address I have provided for this purpose. Messages and data rates may apply. I understand that I am not required to provide my consent as a condition of using any Elavon or Member services. I also understand that Elavon and Member may send text and e-mail messages to the mobile phone number and e-mail address I have provided as part of servicing my account without my consent.									
2 OTHER ADDRESS (DIFFERENT YEAR AND/OR TYPE)									
<input checked="" type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)									
DBA NAME HP ENTERPRISE SERVICES, LLC					PHONE # (800) 708-9832				
CONTACT RITA OWEN					FAX # (800) 232 5370				
ADDRESS 5400 LEGACY DRIVE			CITY PLANO		STATE TX		ZIP CODE 75024		
3 STATEMENTS/RETRIEVALS/CHARGEBACKS									
STATEMENTS <input type="checkbox"/> DBA OR <input checked="" type="checkbox"/> MAILING OR <input type="checkbox"/> W-9					AUTO SEND <input type="checkbox"/> Yes <input type="checkbox"/> No (CHAIN MERCHANTS ONLY - MUST INCLUDE CHAIN SET UP FORM)				
RETRIEVALS MAIL TO <input type="checkbox"/> DBA <input checked="" type="checkbox"/> MAILING OR FAX TO <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO					OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)				
CHARGEBACKS MAIL TO <input type="checkbox"/> DBA <input checked="" type="checkbox"/> MAILING AND FAX TO <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO					OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)				
4 PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP ON THIS ADDITIONAL OWNERSHIP FORM)									
<input type="checkbox"/> BENEFICIAL OWNER PERCENTAGE OF OWNERSHIP _____ %			<input type="checkbox"/> AUTHORIZED SIGNER			<input checked="" type="checkbox"/> RESPONSIBLE PARTY			
◆ FIRST NAME		MIDDLE NAME		◆ LAST NAME		◆ SSN#			
◆ HOME ADDRESS						◆ DOB			
◆ CITY			◆ STATE		◆ ZIP CODE		HOME PHONE #		
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS									
HOME ADDRESS				CITY		STATE		ZIP CODE	
◆ PRIMARY IDENTIFICATION DOCUMENT					◆ DOCUMENT ISSUING AGENCY				
◆ DOCUMENT #			ISSUE DATE			EXPIRY DATE			
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED <input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH									
INDIVIDUAL ID EXEMPTION CLASS									
SOLE PROPRIETORS ONLY*									
OCCUPATION					EMPLOYER (OR DBA)				
COUNTRY OF PERMANENT RESIDENCE USA					COUNTRY(S) OF CITIZENSHIP				
5 OTHER MERCHANT INFORMATION									
◆ AVERAGE SALE AMOUNT \$					◆ CARD PRESENT 95 %				
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES \$					◆ CARD NOT PRESENT* 5 %				
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED					◆ INTERNET* _____ %				
(MUST TOTAL 100%)									
SPECIAL PROGRAM MCC ONLY					*CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW				
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY # OF DAYS (INCLUDE SHIPPING TIME FRAME)					CUSTOMER SERVICE PHONE #				
INTERNET PRODUCT WEBSITE					PREVIOUS PROCESSOR				
INTERNET CONTACT US EMAIL									
IF SEASONAL PLEASE CHECK MONTHS CLOSED BELOW (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)									
<input type="checkbox"/> JANUARY <input type="checkbox"/> JULY	<input type="checkbox"/> FEBRUARY <input type="checkbox"/> AUGUST		<input type="checkbox"/> MARCH <input type="checkbox"/> SEPTEMBER		<input type="checkbox"/> APRIL <input type="checkbox"/> OCTOBER		<input type="checkbox"/> MAY <input type="checkbox"/> NOVEMBER		<input type="checkbox"/> JUNE <input type="checkbox"/> DECEMBER
6 BANK ACCOUNT (CREDITING ACCOUNTS ONLY)									
◆ DEPOSIT BANK NAME			◆ ABA/ROUTING #			◆ DDA ACCOUNT #			
BILLING BANK NAME (IF DIFFERENT) JP MORGAN CHASE			ABA/ROUTING # 021000021			DDA ACCOUNT # 323059821			
CHARGEBACK BANK NAME			ABA/ROUTING #			DDA ACCOUNT #			

____ Initials

CC.

CLAY COUNTY CHANCERY CLERK'S OFFICE

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT)					PRICING CATEGORY				
<input type="checkbox"/> ALL VISA/MASTERCARD/UNIONPAY/DISCOVER CARDS (JCB, Diners, AMEX)					<input type="checkbox"/> RETAIL <input type="checkbox"/> MO/TO / INTERNET <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input type="checkbox"/> DISCOVER (incl. D) <input type="checkbox"/> UNIONPAY <input type="checkbox"/> AMEX <input type="checkbox"/> LODGING <input type="checkbox"/> RESTAURANT <input type="checkbox"/> ARU				
RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.									
PRICING INFORMATION RATES ARE FOR ALL CARD ACCEPTANCE TYPES SELECTED. ALL CARD BRAND ASSESSMENTS WILL BE PASSED THROUGH AT COST.					FEES				
<input type="checkbox"/> TIERED OR ENHANCED IC PLUS QUALIFIED <u>50 % + \$.15</u> <u>50 % + \$.15</u> MID QUALIFIED <u>50 % + \$.15</u> <u>50 % + \$.15</u> NON QUALIFIED <u>50 % + \$.15</u> <u>50 % + \$.15</u> OTHER TIER <input checked="" type="checkbox"/> CHECK CARD (T-opt / EIC-req) <input type="checkbox"/> SPRMKT (T-o) X X X <u>50 % + \$.15</u> <u>50 % + \$.15</u> REWARDS TIER (T-opt / EIC-req) <u>50 % + \$.15</u> <u>50 % + \$.15</u> COMMERCIAL CARD TIER (T-opt / EIC-req) <u>50 % + \$.15</u> <u>50 % + \$.15</u>					EBT FEE (MTHLY) \$ WIRELESS (MTHLY) \$ WIRELESS SET-UP ✓ ACCOUNT MAINTENANCE \$20.00 CHARGEBACK (PER OCCUR) \$25.00 RETURN ITEM FEE/NSF (PER OCCUR) \$20.00 ANNUAL FEE START DATE \$ MONTHLY SERVICE FEE \$10.00 MONTHLY MINIMUM \$ VERIZON DATA PLAN OVERAGE (PER MB) \$ BATCH HEADER FEE \$.25 NEXT DAY FUNDING \$				
OTHER \$ OTHER MASTERCARD DISCOVER UNIONPAY AMERICAN EXPRESS RATE (%) + PER ITEM (\$) RATE (%) + PER ITEM (\$) RATE (%) + PER ITEM (\$) RATE (%) + PER ITEM (\$) RATE (%) + PER ITEM (\$)					STATEMENT <input checked="" type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER				
MARKUP % + \$ % + \$ % + \$ % + \$ % + \$					PRICING PROGRAMS MONETARY PRICING PROGRAM AUTH PRICING PROGRAM 49101 EQUIPMENT 59999 MISCELLANEOUS 59999				
<input type="checkbox"/> DIFFERENTIAL QUALIFIED % + \$ % + \$ % + \$ % + \$ % + \$ NON QUALIFIED % + \$ % + \$ % + \$ % + \$ % + \$					SAFE T SERVICES BUNDLE <input checked="" type="checkbox"/> ASSOCIATION COMPLIANCE <input type="checkbox"/> SAFE T SILVER <input type="checkbox"/> SAFE T GOLD \$ TITL Per month taxes and other fees may apply. See merchant representation and certification.				
AUTHORIZATION (PER OCCURRENCE)					PRICING PROGRAMS				
VISA	\$ 0	UNIONPAY	\$	VOICE AUTH TOUCH TONE	\$ 95	SAFE T SERVICES BUNDLE <input checked="" type="checkbox"/> ASSOCIATION COMPLIANCE <input type="checkbox"/> SAFE T SILVER <input type="checkbox"/> SAFE T GOLD \$ TITL Per month taxes and other fees may apply. See merchant representation and certification.			
MASTERCARD	\$ 0	WEX	\$	VOICE OPERATOR ASSISTED	\$ 95				
DISCOVER	\$	DIAL COMMUNICATION	\$	VOICE - WITH AVS	\$ 2 20				
AMEX	\$	OTHER	\$	VOICE - BANK REFERRAL	\$ 4 00				
OTHER CARD TYPES EXISTING					PRICING PROGRAMS				
AMEX	SE# (10 DIGITS)	PER AUTH \$	MONETARY PRICING		MARK UP	% + \$	PER ITEM	PASS THRU IC DIFF (DEFAULT) <input type="checkbox"/> PASS THRU IC PLUS	
OTHER	SE#	PER AUTH \$	AUTHORIZATION PRICING		MARK UP	\$	PER AUTH (ASSOC)	(ALL DEBIT NETWORK FEES WILL BE PASSED THROUGH AT COST)	
EBT	SE# (7 DIGITS)	PER AUTH \$							
<input type="checkbox"/> WEX (ADDITIONAL PAPERWORK REQ.) <input type="checkbox"/> VOYAGER (ADDITIONAL PAPERWORK REQ.)									
POINT OF SALE (EQUIPMENT OR SOFTWARE)									
NETWORK: <input checked="" type="checkbox"/> ELAVON <input type="checkbox"/> OTHER VAR SERVICE PROVIDER (HOSTED) HEWLETT PACKARD			VAR VENDOR (DISTRIBUTED) VAR PRODUCT: TD BANK ENVIRONMENT VAR VERSION			GATEWAY (OPTIONAL) HP GATEWAY			
QTY	POS DESCRIPTION	EQUIP CODE	PRICE PER UNIT	MONTHLY FEE	PER AUTH	PURCHASE	EXISTING	EXCHANGE	
1	HP GATEWAY		\$	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ALL APPLICABLE STATE AND LOCAL TAXES WILL BE APPLIED. <input type="checkbox"/> SALES TAX EXEMPT (ADDITIONAL DOCUMENTATION REQUIRED)									
<input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> 2 ND DAY AIR ELAVON BILLS ONE TIME FEES									
Elavon and Member have no responsibility for and shall have no liability to Merchant in connection with any hardware or software, or any related services. Merchant receives under a direct agreement (including any sale, warranty or end-user license agreement) between Merchant and a third party, including any Value Added Services, even if Elavon collects fees or other amounts from Merchant with respect to such hardware, software or services.									
TERMINAL PROGRAMMING INSTRUCTIONS (DO NOT USE FOR CONVERGENT TERMINALS COVERED DURING TRAINING)									
<input type="checkbox"/> RETAIL (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE		<input type="checkbox"/> STORE AND FORWARD		<input type="checkbox"/> NO SIGNATURE		<input type="checkbox"/> CONTACTLESS (+ NO SIGNATURE)	
<input type="checkbox"/> RESTAURANT (QUICK CLOSE DEFAULT)		<input type="checkbox"/> TIP FUNCTION CASHIER		<input type="checkbox"/> FINE DINING		<input type="checkbox"/> TAB FUNCTION			
<input type="checkbox"/> CARD NOT PRESENT (AUTO CLOSE DEFAULT)		<input type="checkbox"/> QUICK CLOSE							
<input type="checkbox"/> LODGING (QUICK CLOSE DEFAULT)		<input type="checkbox"/> QUICK STAY							
CUSTOM PROMPTS (CUSTOM PROMPTS COULD RESULT IN LONGER DEPLOYMENT TIMEFRAMES)									
<input type="checkbox"/> TERMINAL AUTO CLOSE (RTL, MOTO)		TIME ZONE		<input type="checkbox"/> CASH BACK PER DEBIT (RTL) \$ (MAX)		<input type="checkbox"/> NO T P (REST)		<input type="checkbox"/> NO SERVER PROMPT (REST)	
<input type="checkbox"/> NO T P (REST)		<input type="checkbox"/> NO SERVER PROMPT (REST)		<input type="checkbox"/> CLERK PROMPT (RTL)		<input type="checkbox"/> REMOVE SECURITY PROMPTS (FORM REQUIRED)			
<input type="checkbox"/> TIP FUNCTION WATER (RTL)		<input type="checkbox"/> TIP FUNCTION CASHIER (RTL)		<input type="checkbox"/> CUSTOM FOOTER					
TRAINING (DEFAULT = NO TRAINING) <input type="checkbox"/> TRAINING PHONE INFORMATION: ACCESS #					CONTACT NAME CONTACT PHONE #				

Initials

REPORT TOOLS

MCP ONLY OR MCP WITH OGM MONTHLY FEE \$ _____ SET UP FEE \$ _____ # USERS _____ SET UP TYPE (CHECK ONE) MID CHN ENT

ACS 004744 MONTHLY FEE \$ _____ SET UP FEE \$ _____ REMOTE ID _____

SUBSTITUTE FORM W-9

SOLE PROPRIETOR PUBLIC CORP CLOSELY HELD CORP SUB S CORP GOVERNMENT GENERAL PARTNERSHIP
 LIMITED PARTNERSHIP TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) OTHER (ASSN/ESTATE/TRUST)
 LIMITED LIABILITY COMPANY - TAX CLASSIFICATION (D=DISREGARDED ENTITY C=CORPORATION P=PARTNERSHIP) (IF LLC PLEASE INDICATE D C OR P)

NAME
 NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS THIS SHOULD ALWAYS BE THE OWNER'S NAME.

ADDRESS OR TIN (EMPLOYER ID #)

CITY STATE ZIP TIN (SOCIAL SECURITY #)

5 MERCHANT REPRESENTATIONS AND CERTIFICATIONS

Merchant Representations and Certifications. By signing below the applicant merchant ("Merchant") and its representative(s) represent and warrant to Elavon Inc. ("Elavon" or "Member" as applicable) with offices at 7300 Chapman Highway Knoxville TN 37920

(collectively "we" or "us") that (i) all information provided in this merchant application ("Merchant Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Merchant, and (ii) the persons signing this Merchant Application are duly authorized to bind Merchant to all provisions of this Merchant Application and the Agreement. The signature by an authorized representative of Merchant on the Merchant Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Merchant's acceptance of and agreement to the terms and conditions contained in the Agreement including without limitation, this Merchant Application, the Terms of Service ("TOS") and the Merchant Operating Guide ("MOG") incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRWeb/pdf/MOG_ENG.pdf, respectively. If Merchant does not have access to view the TOS or MOG at our website please contact our customer service center. Notwithstanding any such non-receipt of the TOS or MOG, Merchant agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks, and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Merchant Application, have the same meaning ascribed to them in the TOS and MOG.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Merchant and its representative(s) authorize us prior to our acceptance of this Merchant Application and from time to time thereafter, to investigate the individual and business history and background of Merchant, each such representative and any other officers, partners, proprietors, and/or owners of Merchant, and to obtain credit reports and other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Merchant Application. Merchant also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

This Merchant Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Merchant Application. Delivery of executed counterparts of this Merchant Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Merchant Application shall constitute a signed original.

Merchant understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that merchant will not receive a Chargeback for that Transaction.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

All merchants must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 merchants (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis with initial validation to occur no later than ninety (90) days after account approval. Any merchant that has not validated PCI DSS compliance within ninety (90) days of account approval or in subsequent years on or before the anniversary date of account approval will be charged a monthly non-compliance fee of \$45 until Elavon is provided with validation of compliance. Merchant may be eligible for Data Breach Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for coverage details and conditions.

Under penalties of perjury, Merchant certifies that:

- The number shown on this Merchant Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person.
- The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

American Express Acceptance Program (Acceptance Program). If Merchant has elected to accept American Express Transactions (as indicated in the Card Acceptance section of this Merchant Application) in addition to all other terms of this Agreement, Merchant agrees to the provisions set forth in Section E (Acceptance Program) of the TOS. By signing below or by accepting a Transaction initiated with an American Express Payment Device, Merchant expressly authorizes Elavon to submit American Express Transactions to, and to receive settlement funds from, American Express on Merchant's behalf. Merchant further authorizes Elavon to provide Merchant's contact information to American Express, and Merchant agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable Laws, including to communicate with Merchant regarding products, services, and resources available to Merchant's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Merchant Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Merchant may still receive messages related to important information about Merchant's account from American Express. Merchant or Elavon may terminate Merchant's acceptance of American Express Payment Devices at any time, with or without cause, without affecting Merchant's rights and obligations pursuant to the remainder of this Agreement. Merchant acknowledges that, if at any time Merchant is no longer qualified to participate in the Acceptance Program, Merchant may be enrolled in the standard American Express card acceptance program, which may have different terms and conditions than the Acceptance Program, and Merchant's acceptance of American Express Payment Devices pursuant to this Agreement will be terminated. Merchant acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Merchant's acceptance of American Express Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Merchant.

SIGNATURE X	PRINTED NAME	TITLE	DATE
SIGNATURE X	PRINTED NAME	TITLE	DATE

6 PERSONAL GUARANTEE

As a primary inducement to us to accept this Merchant Application, the undersigned Guarantor(s) by signing the Merchant Application jointly and severally unconditionally and irrevocably guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to us (including without limitation Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Merchant Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Merchant. This guarantee will not be discharged or affected by the death of the Guarantor(s); will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Merchant Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE X	PRINTED NAME	DATE
SIGNATURE X	PRINTED NAME	DATE

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Merchant Application was provided by the Merchant and is true, complete and accurate. I further certify that the signatures were provided by the Merchant's owner(s) or officer(s) as appropriate.

SALES REP SIGNATURE X	PRINTED NAME FAIR HAYS	REP ID # 35279	DATE
REP PHONE # 615-352 6956	REP EMAIL	ELAVON USA-MSP-ELV 1115	



This agreement, by and between Banc Card of America, with it's principal offices in Nashville Tennessee and Member/Merchant nam ed
CLAY COUNTY CHANCERY CLERK S OFFICE Member/Merchant address _____
_____, city/state/zip _____ phone number _____

GENERAL TERMS AND CONDITIONS

- 1 Merchant will receive monthly statements reflecting activity on its account. Merchant agrees to examine and reconcile its merchant statement and notify Company of any error or discrepancy Unless merchant provides written notice to Company of an error or discrepancy within 60 days of the statement date the statement shall be deemed as correct for all purposes and Company shall not be liable for any error or discrepancy reflected thereon Requests for any research older than 90 days from date of transaction will result in research fees Cost may vary depending on research required Cost will be disclosed at time of research request Company will only refund up to three (3) months on the agreed upon amount No legal proceedings or action may thereafter be brought against Company to recover for any error or discrepancy
- 2 Cancellation or Termination of the agreement by either party for any reason shall not void the liability of Member/Merchant to Banc Card of America or bankcard processor for fees due
- 3 \$ _____ of the registration fee is non refundable to cover credit report and processing
- 4 Merchant agrees to indemnify and hold harmless Banc Card of America from any and all loss damages or expenses assigned to Banc Card of America by any third party arising out of or related to this agreement.

Registration fee (One-time)	\$	250 00	COMMENTS
Terminal _____	\$	_____	
Terminal Reprogramming/VAR Setup	\$	_____	
Equipment Exchange	\$	_____	
Gateway <u>HP GATEWAY</u>	\$	0 00	
Imprinter(s)	\$	_____	
Other _____	\$	_____	
Sales tax 0 00%	\$	0 00	
Total	\$	250 00	

Your signature below confirms you have read and agree to be bound by all associated pricing provided by BancCard

DBA Name	CLAY COUNTY CHANCERY CLERK'S OFFICE		
SIGN HERE X			
Print Name			
Date	Banc Card (Sales Rep)	FAIR HAYS	35279

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT OR CREDIT CARD CHARGE)

Company or Customer Name CLAY COUNTY CHANCERY CLERK'S OFFICE
 Bill to Address _____ City _____ State _____ Zip _____
 Bill to Phone _____
 MID _____

I (we) hereby authorize Banc Card hereinafter called COMPANY to initiate debit entries to my (our) Checking / Savings Account (Please provide copy of a voided check) / Credit Card (check one) indicated below at the depository financial institution named below hereafter called DEPOSITORY and to debit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U S law

Bank Depository Name _____ Branch _____
 City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Credit Card Type Visa MasterCard Discover American Express

Credit Card Number _____ Expiration Date _____ Credit Card CVV _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

SIGN HERE _____ Date _____
 Name(s) _____

NOTE DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION


Single Payment of \$ 250 00 Recurring Payments of \$ _____ Period Monthly Annually
 (Check One)

1 MERCHANT INFORMATION			
◆ DBA NAME CLAY COUNTY JUSTICE COURT			
CORPORATE NAME (IF DIFFERENT THAN ABOVE)			
CONTACT NAME AMY BERRY		◆ DBA PHONE #	
◆ DBA ADDRESS 1 (NO PO BOX)		DBA FAX #	
DBA ADDRESS 2		YEAR ESTABLISHED	
◆ CITY	◆ STATE	◆ ZIP CODE	◆ LENGTH OF CURRENT OWNERSHIP YEARS MONTHS
◆ BUSINESS COUNTRY OF ORIGIN (HEADQUARTERED) USA			
GEOGRAPHY FOOTPRINT (ALL COUNTRIES LICENSED TO DO BUSINESS) USA			
◆ BUSINESS SCOPE OF OPERATIONS (TOTAL NUMBER OF LOCATIONS IN ALL COUNTRIES INCLUDING USA) 1			
◆ EMAIL ADDRESS		MOBILE PHONE #	
<input type="checkbox"/> Yes I authorize Elavon and Member to send me text and e-mail messages for marketing purposes. I agree to receive automated calls and texts and e-mail messages, from Elavon and Member at the mobile phone number and e-mail address I have provided for this purpose. Messages and data rates may apply. I understand that I am not required to provide my consent as a condition of using any Elavon or Member services. I also understand that Elavon and Member may send text and e-mail messages to the mobile phone number and e-mail address I have provided as part of servicing my account without my consent.			
2 OTHER ADDRESS (IF DIFFERENT THAN ABOVE)			
<input checked="" type="checkbox"/> MAILING <input type="checkbox"/> SHIPPING <input type="checkbox"/> SEE ALSO SPECIAL INSTRUCTIONS (MORE THAN ONE OPTION MAY BE SELECTED)			
DBA NAME HP ENTERPRISE SERVICES LLC		PHONE # (800) 708 9832	
CONTACT RITA OWEN		FAX # (800) 232-5370	
ADDRESS 5400 LEGACY DRIVE	CITY PLANO	STATE TX	ZIP CODE 75024
STATEMENTS/RETRIEVALS/CHARGEBACKS			
STATEMENTS <input type="checkbox"/> DBA OR <input checked="" type="checkbox"/> MAILING OR <input type="checkbox"/> W-9		AUTO SEND <input type="checkbox"/> YES <input type="checkbox"/> NO (CHAIN MERCHANTS ONLY - MUST INCLUDE CHAIN SET UP FORM)	
RETRIEVALS MAIL TO <input type="checkbox"/> DBA <input checked="" type="checkbox"/> MAILING OR FAX TO <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
CHARGEBACKS MAIL TO <input type="checkbox"/> DBA <input checked="" type="checkbox"/> MAILING AND FAX TO <input type="checkbox"/> DBA <input type="checkbox"/> MAILING OR EMAIL TO		OR <input type="checkbox"/> ONLINE CASE MANAGEMENT (OCM)	
3 PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERSHIP PERCENTAGES FOR GREATER OWNERSHIP ON THE ADDITIONAL OWNERSHIP FORM)			
<input type="checkbox"/> BENEFICIAL OWNER PERCENTAGE OF OWNERSHIP _____ %		<input type="checkbox"/> AUTHORIZED SIGNER	
		<input checked="" type="checkbox"/> RESPONSIBLE PARTY	
◆ FIRST NAME	MIDDLE NAME	◆ LAST NAME	◆ SSN#
◆ HOME ADDRESS			
◆ CITY	◆ STATE	◆ ZIP CODE	HOME PHONE #
PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS			
HOME ADDRESS	CITY	STATE	ZIP CODE
◆ PRIMARY IDENTIFICATION DOCUMENT		◆ DOCUMENT ISSUING AGENCY	
◆ DOCUMENT #	ISSUE DATE	EXPIRY DATE	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED			<input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH
INDIVIDUAL ID EXEMPTION CLASS			
SOLE PROPRIETORS ONLY			
OCCUPATION		EMPLOYER (OR DBA)	
COUNTRY OF PERMANENT RESIDENCE USA		COUNTRY(S) OF CITIZENSHIP	
OTHER MERCHANT INFORMATION			
◆ AVERAGE SALE AMOUNT \$		◆ CARD PRESENT 95 %	
◆ TOTAL MONTHLY VISA/MC/AMEX/DISC/UNIONPAY SALES \$		◆ CARD NOT PRESENT* 5 %	
◆ DESCRIPTION OF PRODUCT/SERVICES OFFERED		◆ INTERNET* _____ %	
SPECIAL PROGRAM MCC ONLY		(MUST TOTAL 100%)	
WHEN DOES THE CUSTOMER RECEIVE THE PRODUCT OR SERVICE? IF NOT SAME DAY # OF DAYS (INCLUDE SHIPPING TIME FRAME)		CUSTOMER SERVICE PHONE # AND PREVIOUS PROCESSOR REQUIRED BELOW	
INTERNET PRODUCT WEBSITE		CUSTOMER SERVICE PHONE #	
INTERNET CONTACT US EMAIL		PREVIOUS PROCESSOR	
IF SEASONAL PLEASE CHECK MONTHS CLOSED BELOW (CUSTOMER MUST CONTACT CUSTOMER SERVICE TO DEACTIVATE AND REACTIVATE ACCOUNT)			
<input type="checkbox"/> JANUARY	<input type="checkbox"/> FEBRUARY	<input type="checkbox"/> MARCH	<input type="checkbox"/> APRIL
<input type="checkbox"/> MAY	<input type="checkbox"/> JUNE	<input type="checkbox"/> JULY	<input type="checkbox"/> AUGUST
<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> OCTOBER	<input type="checkbox"/> NOVEMBER	<input type="checkbox"/> DECEMBER
BANK ACCOUNT (CHECKING ACCOUNTS ONLY)			
◆ DEPOSIT BANK NAME		◆ ABA/ROUTING #	
BANK NAME (IF DIFFERENT) JP MORGAN CHASE		ABA/ROUTING # 021000021	
◆ DDA ACCOUNT #		◆ DDA ACCOUNT #	
BILLING		323059821	
CHARGEBACK BANK NAME		ABA/ROUTING#	
		DDA ACCOUNT#	

____ Initials

703

CLAY COUNTY JUSTICE COURT

CARD ACCEPTANCE (PLEASE CHECK EACH CARD YOU WISH TO ACCEPT)				PRICING CATEGORY																																																																																																																																																															
<input type="checkbox"/> ALL VISA/MASTERCARD/UNIONPAY/DISCOVER CARDS (JCB, DIXIE/AMEX)				<input type="checkbox"/> RETAIL		<input type="checkbox"/> MO/TU / INTERNET		<input type="checkbox"/> SUPERMARKET																																																																																																																																																											
<input checked="" type="checkbox"/> VISA CREDIT <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MASTERCARD CREDIT <input type="checkbox"/> MASTERCARD DEBIT <input type="checkbox"/> DISCOVER (JCB, DIXIE) <input type="checkbox"/> UNIONPAY <input type="checkbox"/> AMEX 				<input type="checkbox"/> LODGING		<input type="checkbox"/> RESTAURANT		<input type="checkbox"/> ARU																																																																																																																																																											
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Initials

MCP ONLY OR MCP WITH OCM MONTHLY FEE \$ SET UP FEE \$ # USERS SET UP TYPE (CHECK ONE) MID CHN ENT

ACS 004744 MONTHLY FEE \$ SET UP FEE \$ REMOTE ID

SUBSTITUTE FORM W-9

SOLE PROPRIETOR PUBLIC CORP CLOSELY HELD CORP SUB S CORP GOVERNMENT GENERAL PARTNERSHIP
 LIMITED PARTNERSHIP TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) OTHER (ASSN/ESTATE/TRUST)
 LIMITED LIABILITY COMPANY - TAX CLASSIFICATION (D=DISREGARDED ENTITY C=CORPORATION P=PARTNERSHIP) (IF LLC PLEASE INDICATE D C OR P)

NAME
 *NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.

ADDRESS OR TIN (EMPLOYER ID #)

CITY STATE ZIP TIN (SOCIAL SECURITY #)

MERCHANT REPRESENTATIONS AND CERTIFICATIONS

Merchant Representations and Certifications. By signing below the applicant merchant ("Merchant") and its representative(s) represent and warrant to Elavon Inc. ("Elavon" or "Member" as applicable) with offices at 7300 Chapman Highway Knoxville TN 37920 (collectively "we" or "us") that (i) all information provided in this merchant application ("Merchant Application") is true and complete and properly reflects the business, financial condition, and principal partners, owners, or officers of Merchant; and (ii) the persons signing this Merchant Application are duly authorized to bind Merchant to all provisions of this Merchant Application and the Agreement. The signature by an authorized representative of Merchant on the Merchant Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to us, shall be the Merchant's acceptance of and agreement to the terms and conditions contained in the Agreement including without limitation this Merchant Application, the Terms of Service ("TOS") and the Merchant Operating Guide ("MOG") (incorporated herein by this reference and located at our website at https://www.merchantconnect.com/CWRVWeb/pdf/TOS_ENG.pdf and https://www.merchantconnect.com/CWRVWeb/pdf/MOG_ENG.pdf and https://www.merchantconnect.com/CWRVWeb/pdf/MOG_ENG.pdf, respectively. If Merchant does not have access to view the TOS or MOG at our website please contact our customer service center. Notwithstanding any such non-receipt of the TOS or MOG, Merchant agrees to comply with the Agreement, and all applicable laws, rules, and regulations including the rules and regulations of the Payment Networks and understands that failure to comply will result in termination of processing services. Capitalized terms shall, unless otherwise defined in this Merchant Application, have the same meaning ascribed to them in the TOS and MOG.

All merchants must comply with the requirements of the Payment Card Industry Data Security Standards ("PCI DSS"). Elavon requires Level 4 merchants (determined based on Transaction volume) to validate PCI DSS compliance on an annual basis, with initial validation to occur no later than ninety (90) days after account approval. Any merchant that has not validated PCI DSS compliance within ninety (90) days of account approval or in subsequent years on or before the anniversary date of account approval, will be charged a monthly non-compliance fee of \$45 until Elavon is provided with validation of compliance. Merchant may be eligible for Data Breach Coverage following account approval and PCI DSS compliance validation. See the PCI Compliance Program Overview for coverage details and conditions.

Under penalties of perjury, Merchant certifies that:

1. The number shown on this Merchant Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
3. I am a U.S. citizen or other U.S. person.
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means we will ask for certain information and identifying documents to allow us to identify you. Merchant and its representative(s) authorize us prior to our acceptance of this Merchant Application and from time to time thereafter to investigate the individual and business history and background of Merchant, each such representative and any other officers, partners, proprietors and/or owners of Merchant, and to obtain credit reports or other background investigation reports on each of them that we consider necessary to review the acceptance and continuation of this Merchant Application. Merchant also authorizes any person or credit reporting agency to compile information to answer those credit inquiries and to furnish that information to us.

American Express Acceptance Program (Acceptance Program). If Merchant has elected to accept American Express® Transactions (as indicated in the Card Acceptance section of the Merchant Application) in addition to all other terms of this Agreement, Merchant agrees to the provisions set forth in Section E (Acceptance Program) of the TOS. By signing below or by accepting a Transaction initiated with an American Express® Payment Device, Merchant expressly authorizes Elavon to submit American Express® Transactions to, and to receive settlement funds from, American Express on Merchant's behalf. Merchant further authorizes Elavon to provide Merchant's contact information to American Express and Merchant agrees that American Express may use and share such contact information for its business purposes and as permitted by applicable laws, including to communicate with Merchant regarding products, services, and resources available to Merchant's business. American Express's use of the email address and mobile phone number provided above is subject to the consent to such use as indicated in Section 1 of this Merchant Application. Consent to American Express's use of contact information for such communications may be withdrawn at any time by contacting our customer service center. Even if consent is withdrawn, Merchant may still receive messages related to important information about Merchant's account from American Express. Merchant or Elavon may terminate Merchant's acceptance of American Express® Payment Devices at any time, with or without cause, without affecting Merchant's rights and obligations pursuant to the remainder of this Agreement. Merchant acknowledges that, if at any time Merchant is no longer qualified to participate in the Acceptance Program, Merchant may be enrolled in the standard American Express® card acceptance program, which may have different terms and conditions than the Acceptance Program, and Merchant's acceptance of American Express® Payment Devices pursuant to this Agreement will be terminated. Merchant acknowledges that American Express is an intended third-party beneficiary of this Agreement, solely with respect to the terms and conditions applicable to Merchant's acceptance of American Express® Payment Devices, and that American Express has the right to enforce such terms and conditions directly against Merchant.

This Merchant Application may be signed in one or more counterparts, each of which shall constitute an original and all of which, taken together, shall constitute one and the same Merchant Application. Delivery of executed counterparts of this Merchant Application may be accomplished by a facsimile transmission, and a signed facsimile or copy of this Merchant Application shall constitute a signed original.

Merchant understands that an authorization code is not a guarantee of acceptance or payment of a Transaction. Receipt of an authorization code does not mean that merchant will not receive a Chargeback for that Transaction.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE X	PRINTED NAME	TITLE	DATE
SIGNATURE X	PRINTED NAME	TITLE	DATE

PERSONAL GUARANTY

As a primary inducement to us to accept this Merchant Application, the undersigned Guarantor(s) by signing this Merchant Application jointly and severally unconditionally and irrevocably guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to us (including, without limitation, Chargebacks and obligations in connection with Leased Equipment, if applicable) pursuant to the Merchant Application and Agreement, as may be amended from time to time, with or without notice. Guarantor(s) understand further that we may proceed directly against Guarantor(s) without first exhausting our remedies against any other person or entity responsible therefore to them or any security held by us or Merchant. This guarantee will not be discharged or affected by the death of the Guarantors, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any of our successors. Guarantor(s) understand that the inducement to us to accept this Merchant Application is consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty. The undersigned hereby directs any consumer reporting agency to furnish a consumer credit report that relates personally to the undersigned upon the request of Elavon or any of its designees, successors or assigns and agrees that all parties involved are in compliance with the Fair Credit Reporting Act.

SIGNATURE X	PRINTED NAME	DATE
SIGNATURE X	PRINTED NAME	DATE

SUBMITTED BY (SALES USE ONLY)

To the best of my knowledge, I certify that the information provided in this Merchant Application was provided by the Merchant and is true, complete and accurate. I further certify that the signatures were provided by the Merchant's owner(s) or officer(s) as appropriate.

SALES REP SIGNATURE X	PRINTED NAME FAIR HAYS	REP ID # 35279	DATE
REP PHONE # 615-352-6956	REP EMAIL	ELAVON USA-MSP ELV 1115	

795



This agreement, by and between Banc Card of America, with its principal offices in Nashville, Tennessee and Member/Merchant named CLAY COUNTY JUSTICE COURT Member/Merchant address _____, city/state/zip _____ phone number _____

GENERAL TERMS AND CONDITIONS

- 1 Merchant will receive monthly statements reflecting activity on its account Merchant agrees to examine and reconcile its merchant statement and notify Company of any error or discrepancy Unless merchant provides written notice to Company of an error or discrepancy within 60 days of the statement date the statement shall be deemed as correct for all purposes and Company shall not be liable for any error or discrepancy reflected thereon Requests for any research older than 90 days from date of transaction will result in research fees Cost may vary depending on research required Cost will be disclosed at time of research request Company will only refund up to three (3) months on the agreed upon amount No legal proceedings or action may thereafter be brought against Company to recover for any error or discrepancy
- 2 Cancellation or Termination of the agreement by either party for any reason shall not void the liability of Member/Merchant to Banc Card of America or bankcard processor for fees due
- 3 \$ _____ of the registration fee is non refundable to cover credit report and processing
- 4 Merchant agrees to indemnify and hold harmless Banc Card of America from any and all loss damages or expenses assigned to Banc Card of America by any third party arising out of or related to this agreement

Registration fee (One-time)	\$	250 00	COMMENTS
Terminal _____	\$	_____	
Terminal Reprogramming/VAR Setup	\$	_____	
Equipment Exchange	\$	_____	
Gateway <u>HP GATEWAY</u>	\$	0 00	
Imprinter(s)	\$	_____	
Other _____	\$	_____	
Sales tax 0 00%	\$	0 00	
Total	\$	250 00	

Your signature below confirms you have read and agree to be bound by all associated pricing provided by BancCard

DBA Name	<u>CLAY COUNTY JUSTICE COURT</u>		
SIGN HERE <input checked="" type="checkbox"/>			
Print Name			
Date	Banc Card (Sales Rep)	<u>FAIR HAYS</u>	<u>35279</u>

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT OR CREDIT CARD CHARGE)

Company or Customer Name CLAY COUNTY JUSTICE COURT

Bill to Address _____ City _____ State _____ Zip _____

Bill to Phone _____

MID _____

(we) hereby authorize Banc Card hereinafter called COMPANY to initiate debit entries to my (our) Checking / Savings Account (Please provide copy of voided check) / Credit Card (check one) indicated below at the depository financial institution named below hereafter called DEPOSITORY and to debit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U S law

Bank Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Credit Card Type Visa MasterCard Discover American Express

Credit Card Number _____ Expiration Date _____ Credit Card CVV _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

SIGN HERE _____ Date _____

Name(s) _____

NOTE DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION

Single Payment of \$ 250 00 Recurring Payments of \$ _____ Period Monthly Annually
(Check One)



REGISTRATION FORM

Mississippi Court Administrators Spring Conference
Beau Rivage ~ April 26-28, 2016

To register for the conference, please complete the following form and return to MJC on or before **March 26, 2016** to

Krista Poynor
Mississippi Judicial College
115 Northgate Dr Crosby Hall
PMB 9446
University, MS 38677

Telephone 662-915-5955
Fax 662-915-7845
E-mails kbpoynor@olemiss.edu

Deborah Myers

Youth Court

Name (Please Print)

Type of Court Administrator

P.O. Box 815

Office Mailing Address

West Point

MS

39773

City

State

Zip

662-494-3124

662-492-4059

dmyer@claycounty.ms.gov

Office Telephone

Office Fax

E-Mail Address

The Beau Rivage Casino & Resort will serve as the host hotel for the conference. Please mark below whether you intend to make overnight reservations. You will need to make reservations with the Beau Rivage by following the instructions on the "Making Your Reservation" page of the brochure.

- YES, I will contact the Beau Rivage and reserve overnight accommodations for the fall conference by the deadline of **March 26, 2016**
- I am attending, but will not be making reservations at the Beau Rivage for this conference
- I acknowledge that MJC requires **100% attendance** to be eligible for reimbursement of mileage, meals, and lodging

The
Mississippi Judicial College
announces registration for the
2016
MISSISSIPPI
COURT ADMINISTRATORS
SPRING CONFERENCE



Beau Rivage Resort & Casino
April 26-28, 2016



MISSISSIPPI JUDICIAL COLLEGE

115 Northgate Drive, Clossby Hall, PMB 9446 • University, MS 38677
(662) 915-5955 • Fax (662) 915-7845 • E-mail msjudcol@olemiss.edu

Mississippi Court Administrators

The Mississippi Judicial College takes great pleasure in inviting each of you to the Mississippi Court Administrators Spring Conference to be held on April 26-28, 2016, at the Beau Rivage Resort & Casino in Biloxi, MS. As part of our service to the people of Mississippi, MJC provides continuing education to judges and court-related personnel in our judicial system. We are pleased to have the opportunity to work with you on this and other continuing education endeavors, and hope that your visit to the Gulf Coast will be both an educational and enjoyable one.

If you have any questions about the information contained in this electronically transmitted brochure, please feel free to contact the MJC staff. We look forward to seeing you in Biloxi.

Mark your 2016-2017 Calendars

2016 Court Administrators Fall Conference

Jackson Marriott ~ Jackson, Mississippi

October 27-28, 2016

2017 Court Administrators Spring Conference

Beau Rivage Resort & Casino

April 25-27, 2017

SPRING CONFERENCE INFORMATION

Conference Registration

Please complete the registration form in this brochure, and then return it to MJC on or before **Monday, March 26, 2016**. The registration form can be returned to us by email (kbpoynor@olemiss.edu) or by fax (662-915-7845).

Hotel Registration

The Beau Rivage will serve as our host hotel for this conference. To make your overnight reservations, please follow the instructions on the **Making Your Reservations** page of this brochure. Reservations must be made directly with the Beau Rivage using their *Passkey* reservation system. **Your room must be guaranteed with a credit card to confirm your reservations.**

Judicial Education

This year's spring conference will provide 12 hours credit of continuing education. The conference agenda will be posted to the MJC's website at <http://mjc.olemiss.edu/> at a later date.

Travel & Meal Reimbursement

A travel allowance of 0.54 cents per mile will be paid to court administrators who drive their own vehicle. A reimbursement form for meals and mileage will be provided by MJC in the conference notebook that you will receive at registration. A complimentary continental breakfast will be served on Wednesday and Thursday morning of the conference in Camellia B.

MJC Reimbursement Policy

100% attendance of all sessions is required of all constituency groups who are reimbursed by MJC for hotel rates, mileage, and applicable meals.

MAKING YOUR RESERVATIONS



This year's spring conference will be held at the Beau Rivage Resort & Casino. Reservations for the conference can be made on the Beau Rivage's online reservation system by clicking the following link [Court Administrators Passkey](#). The Mississippi Judicial College has obtained a special rate for the nights of Tuesday, April 26th, and Wednesday, April 27th. Our contracted room rate is \$128 including the resort fee. Any reservation request made prior to or after these dates are subject to availability and the prevailing hotel rates.

Click here for the Online Reservations: [Court Administrators Passkey](#)

The deadline for making reservations with the Beau Rivage in the MJC room block is Monday, March 26, 2016, or until rooms in the block are gone, whichever comes first.

All reservations must be made directly with the Beau Rivage and must be guaranteed by a credit card when making your reservation. Please be sure to print your confirmation number. Should cancellation of your reservation become necessary, the Beau Rivage requires forty-eight (48) hours notice prior to the scheduled check-in time.

For driving instructions to the Beau Rivage, please visit its website at [http //www beaurivage com/](http://www.beaurivage.com/)

MJC WEBSITE

The MJC website, which contains the 2016 calendar, the program registration and agenda, and publications, may be accessed at

[http //mjc olemiss edu/](http://mjc.olemiss.edu/)

ONLINE RESERVATION

Reservations for the conference can be made on the Beau Rivage's online reservation system by clicking the following link

[Passkey](#)

SPRING CONFERENCE AGENDA

The latest agenda for the Mississippi Court Administrators Spring Conference may be viewed at

[http //mjc olemiss edu/conferences/](http://mjc.olemiss.edu/conferences/)

REGISTRATION

The Registration Form for the Mississippi Court Administrators Spring Conference is accessible at

[Registration Form](#)



NO _____

**IN THE MATTER OF PAYING THE CLAY COUNTY CONSTABLES
ACCORDING TO S B 2860 BASED UPON THEIR GROSS FEE INCOME**

There came on this day for consideration the matter of paying the Clay County, Mississippi constables according to S B 2860 based upon their gross fee income

It appears to this Board that the attached Exhibit "A" reflects the gross fee income of Constables Sherman Ivy and Lewis Stafford for the month of February 2016 as submitted by the Justice Court Clerk. It further appears that the attached Exhibit "A" represents the calculations and estimated contributions due to the Public Employees' Retirement System for each constable and the net fee income to be paid to each constable.

After motion made by Lynn Horton and second by Shelton Deanes this Board doth vote unanimously to have the Chancery Clerk transfer \$875.84 to the Payroll Clearing Account to be remitted to the Public Employees' Retirement System on behalf of the Clay County constables and to pay Sherman Ivy \$ 3,376.42 and Lewis Stafford \$2,802.74 as net fee income after the Public Employees' Retirement System deduction withheld for the month of February 2016.

SO ORDERED, on this the 25th day of February, 2016



President

**Calculation of Estimated Contributions/Wages For Constables
February 2016**

Calculation

	Lewis Stafford	Sherman Ivy	
Gross Fee Income *	\$3,200 00	\$3,855 00	(Input)
Minimum Withholding Rate	11%	11%	
Estimated Contributions	<u>\$352 00</u>	<u>\$424 05</u>	
Estimated Contributions	\$352 00	\$424 05	
Divided by PERS EE/ER	21 93%	21 93%	
Estimated Wages To Be Reported To PERS	<u>\$1,605 11</u>	<u>\$1 933 65</u>	
Estimated Wages	\$1,605 11	\$1,933 65	
Multipled by PERS EE Rate	9 00%	9 00%	
Estimated PERS EE Contributions	<u>\$144 46</u>	<u>\$174 03</u>	
Estimated Wages	\$1,605 11	\$1,933 65	
Multipled by PERS ER Rate	15 75%	15 75%	
Estimated PERS ER Contributions	<u>\$252 80</u>	<u>\$304 55</u>	

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

Estimated Wages	\$1,605 11	\$1,933 65	
Estimated PERS EE Contributions	\$144 46	\$174 03	318 49
Estimated PERS ER Contributions	\$252 80	\$304 55	557 35
Total Estimated Contributions	<u>\$397 26</u>	<u>\$478 58</u>	

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

Gross Fee Income	\$3,200 00	\$3,855 00
Less Total Estimated PERS EE/ER Contrib	<u>\$397 26</u>	<u>\$478 58</u>
Net Gross	\$2,802 74	\$3,376 42

Need an order to transfer to Payroll Clearing fund \$ 875 84 to remit with Retirement Contributions

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

NO _____

**IN THE MATTER OF AUTHORIZING PAYMENT TO THE MS DEPARTMENT OF
EMPLOYMENT SECURITY COMMISSION FOR UNEMPLOYMENT CLAIM**

There came on this day for consideration the matter of authorizing payment to the MS Department of Employment Security Commission for unemployment claim

It appears to this Board, as attached hereto as Exhibit A, a claim has been received from the MS Department of Employment Security Commission for an unemployment claim on a former County Employee, Janet B Gibson, and,

It appears to this Board the said claim is in the amount of \$138 57 and should be remitted immediately to the MS Department of Employment Security, and at this time, the Chancery Clerk, Amy Berry, is requesting authority to expense the said claim against the Jail's budget, to be deposited into the County's Emergency Unemployment Security Account, fund no, 107, and then for funds to be remitted to the MS Department of Employment Security

After motion by Shelton Deanes and second by R B Davis this Board doth vote unanimously to authorize payment as attached hereto as Exhibit A as stated above

SO ORDERED this the 25th day of February, 2016



President

Board Approved

EXR-5R

Mississippi Department of Employment Security | M | D | E | S |
REIMBURSABLE BILLING STATEMENT



Date Mailed 01/18/2016

EMPLOYER INFORMATION

Employer Name CLAY COUNTY OFFICE OF BOARD OF SUPERVISOR MDES Employer Account Number 92 00091 0-00

BENEFIT CHARGES for FOURTH QUARTER of 2015

The following benefit payments are charged to you for the Fourth Quarter of 2015 under your election to reimburse the fund for benefits paid. This amount is to be paid by 03/03/2016. Interest on past due balances will accrue at the rate of one percent per month beginning forty six (46) days after the date mailed.

Employer Name CLAY COUNTY OFFICE OF BOARD OF SUPERVISOR		MDES Employer Account Number 92 00091 0-00			
Name	SSN	Claim End Date	Amount Charged (\$)	Prior Quarter Adjustment (\$)	Program/Entitlement
JANET B GIBSON	JGB	10/31/2015	138.57	0.00	REG
TOTAL			138.57	0.00	
NET CHARGES					\$138.57

- To pay this debt online
- Visit WWW.MDES.MS.GOV
- Select Employers
- Select Online Services for Employers
- Select Unemployment Tax Services
- Login
- Select Online Payment

Payment Voucher

RETURN VOUCHER WITH REMITTANCE
REMIT TO MDES

TOTAL PAYMENT DUE FOR
QTR ENDING 12/31/2015 AS OF 01/18/2016 \$138.57

P O Box 22781
Jackson MS 39225 2781

FEIN # 646000252

Employer Name CLAY COUNTY OFFICE OF BOARD OF SUPERVISOR

92 00091 0 00 000 415 7

MDES Employer Account Numb | Tax Rate | QTR/YR | Check Dtg

I certify that no part of this tax was or is to be deducted from the worker's wages

Tel ph n Number

Signature of individual making return or responsible for

Title

Date

NO _____

IN THE MATTER OF AUTHORIZING THE CONSTABLES TO TRAVEL

There came on this day for consideration the matter of authorizing the Constables to travel

After motion by Shelton Deanes and second by Lynn Horton this Board doth vote unanimously to authorize and approve the Constables to travel to Olive Branch on April 22, 2016 for the quarterly business meeting of the officers for the MS Association of Constables

SO ORDERED this the 25th day of February, 2016

A handwritten signature in black ink, appearing to be 'B. D. Deanes', written over a horizontal line.

President



Request to travel

MISSISSIPPI CONSTABLES ASSOCIATION

BOARD OF DIRECTORS

Glenn McKay
Warren County
President

John H Heggins
Warren County
Secretary/Treasurer

NORTHERN DISTRICT

Lewis Stafford
Clay County
Vice President

DIRECTORS

L.D Gillespie
Pontotoc County

Sherman Ivy
Clay County

Bobby Holloway
Desoto County

CENTRAL DISTRICT

Jerry Dale Bridges
Montgomery County
Vice President

DIRECTORS

Randy Atkinson
Leake County

Troy Kimble
Warren County

Willie Anderson
Holmes County

SOUTHERN DISTRICT

Harold Rhodes
Jefferson Davis County
Vice President

DIRECTORS

Randall Coleman
Simpson County

Kelly Porter
Lincoln County

Chance Curry
Lamar County

SERGEANT AT ARMS

Terry Necaise
Hancock County

DIRECTOR AT LARGE

CHAPLAIN

Christopher Coleman
Choctaw County

**MCA Quarterly Board Meeting including
Convention/Training Seminar Committee**

February 16, 2016

To All Board Members & Convention Committee,

We will be having our next quarterly board meeting in Olive Branch where we will be making final arrangements on our training and convention schedule. All convention area ~~Constables~~ are invited and urged to attend. It will be held on Friday April 22, 2016 at 9 00am at the Whispering Woods Hotel and Conference Center. If you would like to stay overnight on April 21st, our rate will be \$75 00 per night. Please make your arrangements directly with the hotel and reference the room block "MS Constables Board Meeting"

Sincerely,

John H Heggins

Secretary / Treasurer

Whispering Woods Hotel and Conference Center

7300 Hacks Cross Road

Olive Branch, MS 38654

Direct 662-895-2941 • Toll Free 866-851-0393 • FAX 662-895-1590

www wwconferencecenter com

L.WATKINS@SFBCIL.COM

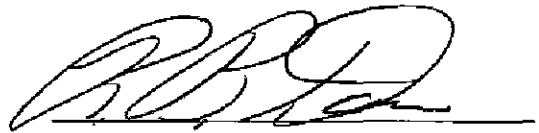
NO _____

IN THE MATTER OF AUTHORIZING TRAVEL

There came on this day for consideration the matter of authorizing travel

After motion by Shelton Deanes and second by Lynn Horton this Board doth vote unanimously to authorize Deborah Myers to travel to the MS Court Administrators Spring Conference on April 26-28, 2016 at the Beau Rivage in Biloxi, MS in her capacity as the Deputy Youth Court Clerk

SO ORDERED this the 25th day of February, 2016



President

**Chickasaw, Clay and Monroe Counties
March 7-11, 2016**

Week of	Monday	Tuesday	Wednesday	Thursday	Friday
March 7-11	PM· Intake C Autry, A Scrivner D Myers, P Cantrell, K Stevenson, M McAnally, D Chamblee	AM: DYS P Cantrell, M McAnally, PM: Prosecutor A Scrivner, G Barton, L Quarles, C Martin, C Blalock	AM Hearing, Orders, Motions, Alerts and Reports A Scrivner, D Myers, D Chamblee PM. GAL or Pub Def K Williams, M Stewart, T Ervin,	AM Judges/Referee R Bennett, T Storey, S Griffie PM DHS 1 30 or 3 00 PM Please divide your staff Half to 1 30 and half to 3	AM Dep Clk S Barnett, L Davis, T Lovvorn, S Bevels, T Woodard, A Berry,

AM = 9-12
PM = 1.30-4 30

Location·
1619 Highland Drive,
Amory, MS 38821

Thursday PM for DHS Supervisors please divide your staff to provide staffing at your office Half to 1 30 and half to 3 Training for all workers is mandatory

NO _____

**IN THE MATTER OF AUTHORIZING AND APPROVING THE PRESIDENT TO
EXECUTE THE CONTINUING DISCLOSURE AGREEMENT FOR YEAR 2016**

There came on this day for consideration the matter of authorizing and approving the President to execute the Continuing Disclosure Agreement for year 2016

After motion by Lynn Horton and seconded by Luke Lummus this Board doth vote unanimously to approve and authorize the President to execute the Continuing Disclosure Statement for year 2016 as prepared by Butler Snow, as attached hereto as Exhibit A

SO ORDERED this the 25th day of February, 2016

A handwritten signature in cursive script, appearing to read "B. P. D.", written over a horizontal line.

President

CONTINUING DISCLOSURE INFORMATION STATEMENT

BY CLAY COUNTY, MISSISSIPPI

(March 1, 2016)

Pursuant to the Continuing Disclosure Agreements (“Disclosure Agreements”) executed by Clay County, Mississippi (the “County”), in connection with bond issues, the County hereby provides the information described in such Disclosure Agreements

Section 1 Annual Report

A Updated financial information and operating data of the County, attached hereto as **APPENDIX A,**

B Updated financial statements of the County¹, attached hereto as **APPENDIX B** and **APPENDIX C,**
and

C Updated budgeted or estimated revenues and expenditures of the County, attached hereto as **APPENDIX D**

Section 2 Event Notice

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

¹ If the audited financial statement for the County is not available as of the date of this disclosure the County will provide a copy of same when the audit report becomes available

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

Section 3 Notice

Pursuant to the Continuing Disclosure Agreements, notice is hereby given of the following information with regard to the County's filing of its updated financial statements

- (a) The County's FY 2015 audited and/or unaudited financial statements are not available at the time of this continuing disclosure filing. The County will file its FY 2015 audited financial statements when said statements become available.


'

Section 4 Certification

I, the undersigned officers of the County, hereby certify, that the information, representations and warranties of the County contained herein are true and correct in all material respects on and as of the date of this Continuing Disclosure Information Statement. Further, this Continuing Disclosure Information Statement does not contain any untrue statement of material fact or omit to state any material fact necessary in order to make the statements made herein in light of the circumstances under which they were made, not misleading.

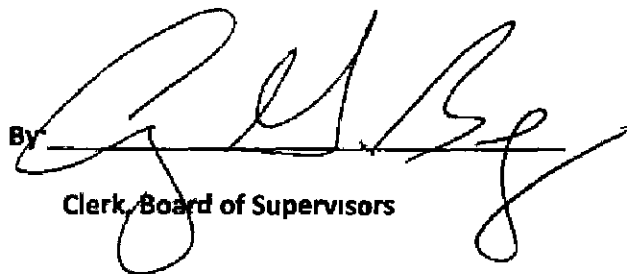
IN WITNESS WHEREOF, the County has caused this Continuing Disclosure Information Statement to be executed in its name by its undersigned officer, duly authorized, all as of the date first above written.

CLAY COUNTY, MISSISSIPPI

By 

President, Board of Supervisors

ATTESTED

By 
Clerk, Board of Supervisors

(SEAL)

APPENDIX A

ECONOMIC AND DEMOGRAPHIC INFORMATION

TAX INFORMATION

DEBT INFORMATION

CLAY COUNTY, MISSISSIPPI

APPENDIX B

AUDITED FINANCIAL STATEMENTS FOR THE COUNTY FOR FISCAL YEAR ENDED SEPTEMBER 30, 2014

APPENDIX C

AUDITED FINANCIAL STATEMENTS FOR THE COUNTY FOR FISCAL YEAR ENDED SEPTEMBER 30, 2015²

² The County's FY 2015 Audited and/or unaudited Financial Statements are not available for filing at this time, and will be filed when said financial statements become available

APPENDIX D
BUDGET FOR FISCAL YEAR 2016

29416775 v1

Clay County – Information Needed for Continuing Disclosure

TAX INFORMATION

Assessed Valuation

Assessment Year	Real Property	Personal Property	Public Utility Property	Total
2015-16				

*Please show the total for mobile homes, automobile tags & personal property

Ad Valorem Tax Collections

Fiscal Year Ended September 30	Amount Budgeted	Amount Collected	Difference Over/(Under)
2015			

Ten Largest Taxpayers – Please update for FY ending 9/30/2015!

Taxpayer	Assessed Valuation	Taxes Collected

PLEASE UPDATE ALL BALANCES AS OF MARCH 1, 2016:

Outstanding General Obligation Bonded Debt

Issue	Date of Issue	Outstanding Principal
General Obligation Public Improvement Bonds	09/01/99	
General Obligation Note (Courthouse Roof)	05/06/10	
General Obligation Note (DTL Building)	09/30/11	
General Obligation Note (DTL Building)	01/05/12	
Taxable General Obligation Industrial Development Bond ¹	09/12/13	11,000,000

Outstanding General Obligation Bonded Debt of Supervisor Districts as of March 1, 2016

Issue	Date of Issue	Outstanding Principal
General Obligation Road & Bridge Bonds, District 5	04/01/00	
General Obligation Road & Bridge Bonds, District 4	06/01/00	
General Obligation Road & Bridge Bonds, District 3	08/01/00	
General Obligation Road & Bridge Bonds, District 2	02/22/01	
General Obligation Road & Bridge Bonds, District 4	10/01/08	
General Obligation Road & Bridge Bonds, District 5	05/01/13	
General Obligation Road & Bridge Bonds, District 1	09/03/13	
Total		

¹ This bond, secured by the pledge of the County, was purchased by the Mississippi Development Bank from the proceeds of its \$11,000,000 Mississippi Development Bank Taxable Special Obligation Bonds, Series 2013 (Clay County, Mississippi Taxable General Obligation Industrial Development Bond Project), dated September 12, 2013. This obligation is not subject to the County's statutory debt limitations.

Other Debt (Please Update as of March 1, 2016)

Issue	Date of Issue	Outstanding Principal
CAP Loan	5/01/2007	\$ 39,022 04
CAP Loan	6/01/2007	685,363 86
CAP Loan	9/01/2011	517,021 89
Equipment Notes	6/30/2010	21,000 00
Capital Leases	Various	214,311 10
Cadence Bank - Construction/Acquisition Bank Note	3/15/2014	230,000 00
Total		\$1,706,718 89

General Obligation Bonded Debt - Please show balances as of 9/30/2015

Issue	Fiscal Year Ended September 30				
	2015	2014	2013	2012	2011
General Obligation Public Improvement Bonds (09/01/99)	\$0	-0-	\$33 000	\$99 000	\$132 000
General Obligation Note (Courthouse Roof) (5/6/10)		16 000	32 000	48 000	64 000
General Obligation Note (DTL Building) (9/30/11)		90,000	135,000	180,000	225 000
General Obligation Note (DTL Building) (1/5/12)		28 000	56 000	70,000	-0-
Total		\$134,000	\$256 000	\$397,000	\$421,000

Please show assessed value for 2015-16

Overlapping/Underlying General Obligation Indebtedness

Municipality	Current Assessed Valuation
West Point	\$

School District	Current Assessed Valuation
Clay County School District	\$

PLEASE UPDATE ALL BALANCES AS OF MARCH 1, 2016

Outstanding General Obligation Bonded Debt

Issue	Date of Issue	Outstanding Principal
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General Obligation Road & Bridge Bonds, District 4	10/01/08	
General Obligation Road & Bridge Bonds, District 5	05/01/13	
General Obligation Road & Bridge Bonds, District 1	09/03/13	
Total		

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Total		\$134 000	\$256 000	\$397 000	\$421 000

Please show assessed value for 2015-16

Overlapping/Underlying General Obligation Indebtedness

Municipality	Current Assessed Valuation
West Point	\$

School District	Current Assessed Valuation
Clay County School District	\$

Clay County Board of Supervisors Debt Schedule Report
As of 03/31/16

Outstanding Bonds

Fund #	Fund Name	Original Amount		Date of Issuance	Current O/S Principal Balance	Current O/S Interest Balance	Maturity Dates	Rate
		Financed	Financial Institution					
080	Industrial Development Bonds	\$11 000 000 00	State of MS MDA	9/12/2013	\$11 000 000 00	\$5 397 130 50	3/1/2031	2 45%
138	Cap Loan Graham Roofing Building	\$1 000 000 00	State of MS MDA	6/1/2007	\$634 786 19	\$113 919 74	6/1/2027	3 00%
138	Cap Loan Henson Construction/TM Bldg	\$595 193 00	State of MS MDA	9/1/2011	\$492 587 21	\$124 685 36	9/1/2031	3 00%
230	D 3 Road B & I 2000 Bond Issuance	\$500 000 00	First Security Bank	8/1/2000	\$185 000 00	\$29 190 00	8/1/2020	**
231	D 2 Road B & I 2001 Bond Issuance	\$500 000 00	Trustmark National Bank	2/22/2001	\$185 000 00	\$29 895 00	12/1/2020	5 50%
250	D 5 Road B&I 2013 Bond Issuance	\$500 000 00	Trustmark National Bank	5/1/2013	\$427 000 00	\$55 460 00	5/1/2025	2 40%
240	D-4 Road B&I 2008 Bond Issuance	\$500 000 00	Trustmark National Bank	10/1/2008	\$310,000 00	\$52 867 50	9/1/2023	4 00%
241	D 1 Road B&I 2013 Bond Issuance	\$500 000 00	Trustmark National Bank	9/3/2013	\$427 000 00	\$71 405 91	11/1/2025	2 40%
220	\$230 000 G/O 2014 Construction/Acquisitio	\$230 000 00	Cadence Bank	3/15/2014	\$138 000 00	\$6 044 40	3/15/2019	2 19%
001	Land Purchase \$45 000 00	\$46 000 10	Cadence Bank	3/15/2016	\$45 000 00	\$1 000 10	3/15/2021	2 19%
Total General Obligation Bonds Outstand		\$15,371,193 10			\$13,844,373 40	\$5,881,598 51		

Equipment Notes

217	DTL Building Construction Notes 2011	\$225 000 00	Cadence Bank	9/30/2011	\$45 000 00	\$1 033 95	9/30/2016	1 74%
219	DTL Building Construction Notes 2012	\$70 000 00	Renasant Bank	1/5/2012	\$14 000 00	\$464 67	1/5/2017	3 31%
Total Equipment Notes		\$295,000 00			\$59,000 00	\$1,498 62		

Lease Purchase Agreements

D 1	Kubota Tractor	\$34 427 00	Hancock Bank	5/10/2012	\$8 398 18	\$120 97	5/10/2017	\$608 56 Monthly
D 3	New Holland Tractor	\$39 900 00	Hancock Bank	5/10/2012	\$11 103 00	\$184 96	5/10/2017	\$705 31 Monthly
Sheriff	(5) 2014 Dodge Vehicles	\$136 408 00	Hancock Bank	3/28/2014	\$78 189 58	\$1 611 63	3/28/2018	\$2 961 77 Monthly
Sheriff	(3) 2016 Dodge Vehicles (2 cars 1 truck)	\$86 256 36	Hancock Bank	3/10/2016	\$84 100 00	\$2 156 36	3/10/2019	\$2 396 01 Monthly
D 4	Kubota Tractor 2015	\$39 500 00	BancorpSouth Equipment	3/10/2015	\$29 084 21	\$800 83	3/10/2019	\$853 86 Monthly
Coroner	Chevy Suburban 2015	\$37 263 36	Hancock Bank	3/26/2015	\$28 206 99	\$820 53	3/26/2019	\$806 32 Monthly
Vol Fire	Volunteer Fire Trucks 2	\$359 206 50	MS Development Authority	8/1/2015	\$292 096 44	\$43 162 57	7/1/2025	\$2 993 38 Monthly
Sanitation	2016 Sanitation Truck	\$144 629 00	BancorpSouth Equipment	11/30/2015	\$132 965 49	\$4 482 32	11/10/2019	\$3 123 81 Monthly
E911	E911 Equipment	\$172 119 00	BancorpSouth Equipment	1/11/2016	\$172 119 00	\$8 154 20	1/11/2021	\$3 013 85 Monthly
Vol Fire	Volunteer Fire Trucks 2	\$177 509 37	MS Development Authority	5/1/2007	\$19 007 13	\$222 49	4/1/2017	\$1 479 25 Monthly
D 2	2015 International Truck Single Cab & Chas	\$66 456 00	Hancock Bank	1/8/2015	\$47 629 48	\$1 430 14	1/8/2019	\$1 442 93 Monthly

Total Lease Purchases	\$1,293,674 59				\$902 899 50	\$63,147 00		
Total Debt Outstanding	\$16,959 867 69				\$14,806,272 90	\$5 946,244 13		

NO _____

**IN THE MATTER OF TABLING THE CONTRIBUTION THE MAS MINORITY
CAUCUS FOR SCHOLARSHIP OPPORTUNITY**

There came on this day for consideration the matter of tabling the contribution to the MAS Minority Caucus for Scholarship Opportunity

It appears to this Board Supervisor Deanes is requesting authority to pay to the MAS Minority Caucus \$500 to be given to a local high school student in Clay County, MS, and,

It appears to this Board the Board Attorney is not sure if this Board has the authority to make this type of contribution

After motion by Shelton Deanes and second by Lynn Horton this Board doth vote unanimously to table the said issue until the March 7th meeting to allow the Board Attorney time to research the said issue to see if this Board has the authority to make the said contribution

SO ORDERED this the 25th day of February, 2016



President

NO _____

**IN THE MATTER OF DESIGNATING BACCO MATERIALS INC AS THE PRIMARY
BIDDER FOR DISTRICTS THREE AND FIVE TO PURCHASE CLAY GRAVEL**

There came on this day for consideration the matter of designating BACCO Materials Inc as the primary bidder for Districts Three and Five to purchase Clay Gravel

It appears to this Board at a prior meeting dated January 7th this Board awarded the clay gravel bid to Preston Dobbs as the primary vendor and designated BACCO as the alternate vendor, and,

It appears to this Board Supervisor Davis and Supervisor Chandler are both requesting to designate BACCO MATERIALS as their districts primary vendor for Clay Gravel due to the quality of the product not being satisfactory and to the standards of the Supervisor

After motion by R B Davis and second by Lynn Horton this Board doth vote unanimously to authorize and approve for Districts three and five to designate BACCO Materials Inc as the primary vendor for Clay Gravel and Preston Dobbs as the alternate vendor due to the quality of the product not being satisfactory and to the standards of the Supervisor and effective until such time that Preston Dobbs meets the quality standard of the Supervisor

SO ORDERED this the 25th day of February, 2016



President

NO _____

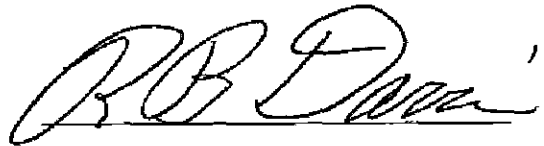
**IN THE MATTER OF CHANGING THE NAME OF A PRIVATE DRIVE AS LOCATED
IN THE COUNTY**

There came on this day for consideration the matter of changing the name of an unnamed private drive as located in the County

It appears to this Board there is a private drive located on Siloam-Griffith Road and the owners of the private drive have requested for Supervisor Davis to change the name of the said private drive from Apostolic Drive to Afford Drive while the 911 Readdressing project is in operation

After motion by R B Davis and second by Lynn Horton this Board doth vote unanimously to change the said name of the private drive from Apostolic Drive to Afford Drive

SO ORDERED this the 25th day of February, 2016



President

NO _____

**IN THE MATTER OF NAMING AN UNNAMED PRIVATE DRIVE FOR PUBLIC
SAFETY PURPOSES**

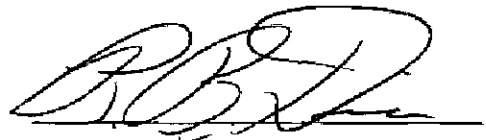
There came on this day for consideration the matter of naming an unnamed private drive for public safety purposes

It appears to this Board Supervisor Deanes is requesting this Board to consider naming an unnamed private drive as situated in Section 17 Township 15 Range 5 in order for the paramedics, fire, or Sheriff's Department to find their drive, and,

It appears to this Board the owners of the private drive are requesting for the said drive to be designated as Raines Drive

After motion by Shelton Deanes and second by Lynn Horton this Board doth vote unanimously to authorize and approve to designate the unnamed private drive as situated in Section 17 Township 15 Range 5 as Raines Drive in order for the Public Safety professionals such as paramedics, fire, or Sheriff's Department to locate their home

SO ORDERED this the 25th day of February, 2016



President

NO _____

**IN THE MATTER OF AUTHORIZING AND APPROVING THE TOMBIGBEE RIVER
VALLEY WATER MANAGEMENT DISTRICT TO REMOVE DEBRIS AND DRIFTS
FROM A PORTION OF MCGEE CREEK**

There came on this day for consideration the matter of authorizing and approving the Tombigbee River Valley Water Management District to remove debris and drifts from a portion of McGee Creek

It appears to this Board Supervisor Lummus is requesting this Board's consideration and assistance in authorizing the TRVWMD to clean out the debris and drifts from a three mile portion of McGee Creek as located in Section 18, 19, and 20, Township 17 South, and Range 7 East and as attached hereto as Exhibit A, and,

It appears to this Board that if immediate attention is not given to this project the bridge will be closed and the general public will be inconvenienced, and,

It appears to this Board Clay County, Mississippi is without sufficient resources to perform such tasks

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of Clay County, Mississippi, that the Tombigbee River Valley Water Management District has been authorized and designated to perform the above stated task in Clay County as within their means to do so

After motion by Luke Lummus and second by Lynn Horton with all members of the Board present voting "Aye", the President declared the motion carried and the resolution adopted

SO ORDERED this the 25th day of February, 2016



President

CLAY COUNTY
CASH DISBURSEMENTS REPORT
FOR THE PERIOD FEBRUARY 01 2016 TO FEBRUARY 09 2016

BANK CHECK NUMBER	DATE	CADENCE BANK	GENERAL COUNTY	VENDOR NAME	INVOICE NUMBER	LINE #	NUMBER	- ACCOUNT DESCRIPTION	AMOUNT	CHECK AMOUNT
62674	2/01/2016			GOLDEN TRIANGLE DEVELOPMENT	02/2016	01	138 676 710	DUE TO CITY OF WP	4075 53	4075 53
62676	2/02/2016			LADARIUS MCMILLIAN	02/2016	01	154 304 542	REPAIR TO VEHICLES	319 93	319 93
62677	2/04/2016			JW MARRIOTT WASHINGTON DC	02/2016	01	001 100 476	MEALS AND LODGING	3228 90	3228 90
62678	2/08/2016			CIRCUIT CLERK OF CLAY COUNTY	02/2016	01	078 676 705	DUE TO CIR CRT EMM	2970 75	2970 75
** CHECK TOTAL FOR BANK CADENCE BANK- GENERAL COUNTY									10595 11	10595 11
** TOTAL DISBURSEMENTS **									10595 11	10595 11

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CLAY COUNTY
CASH DISBURSEMENTS REPORT
FOR THE PERIOD FEBRUARY 11 2016 TO FEBRUARY 29 2016

BANK CB CADENCE BANK GENERAL COUNTY
CHECK

CHECK NUMBER	DATE	VENDOR NAME	INVOICE NUMBER	LINE #	ACCOUNT NUMBER	DESCRIPTION	AMOUNT	CHECK AMOUNT
62869	2/15/2016	PAYROLL CLEARING ACCOUNT	201602150002	01	001 000 110	PERSONNEL MAN/SYSTEM	873 36	
			201602150002	02	001 000 110	ASST PERSONNEL MNGR	104 17	
			201602150002	03	001 000 110	STATE RET MATCHING	153 97	
			201602150002	04	001 000 110	SOC SEC MATCHING	72 83	
			201602150002	05	001 000 110	GROUP INS MATCHING	587 89	
			201602150003	01	001 000 110	OFFICE CLERICAL	817 22	
			201602150003	02	001 000 110	STATE RET MATCHING	128 71	
			201602150003	03	001 000 110	SOC SEC MATCHING	61 16	
			201602150003	04	001 000 110	GROUP INS MATCHING	1172 48	
			201602150004	01	001 000 110	DEPUTIES	1981 20	
			201602150004	02	001 000 110	OFFICE CLERICAL	315 00	
			201602150004	03	001 000 110	STATE RET MATCHING	361 65	
			201602150004	04	001 000 110	SOC SFC MATCHING	164 35	
			201602150004	05	001 000 110	GROUP INS MATCHING	1172 48	
			201602150005	01	001 000 110	DEPUTIES	3160 42	
			201602150005	02	001 000 110	PART TIME HELP	592 00	
			201602150005	03	001 000 110	STATE RET MATCHING	497 76	
			201602150005	04	001 000 110	SOC SEC MATCHING	275 42	
			201602150005	05	001 000 110	GROUP INS MATCHING	1758 72	
			201602150006	01	001 000 110	ASST PURCHASE CLERK	625 01	
			201602150006	02	001 000 110	STATE RET MATCHING	98 44	
			201602150006	03	001 000 110	SOC SEC MATCHING	47 81	
			201602150006	04	001 000 110	GROUP INS MATCHING	1153 76	
			201602150007	01	001 000 110	RECEIVING CLERK	485 42	
			201602150007	02	001 000 110	STATE RET MATCHING	76 45	
			201602150007	03	001 000 110	SOC SEC MATCHING	37 13	
			201602150007	04	001 000 110	GROUP INS MATCHING	7 71	
			201602150008	01	001 000 110	MAINTENANCE SALARY	2534 71	
			201602150008	02	001 000 110	PART TIME HELP	909 99	
			201602150008	03	001 000 110	MAINTENANCE OVERTIME	506 93	
			201602150008	04	001 000 110	STATE RET MATCHING	566 53	
			201602150008	05	001 000 110	SOC SEC MATCHING	293 35	
			201602150008	06	001 000 110	GROUP INS MATCHING	595 60	
			201602150009	01	001 000 110	INFORMATION TECHNOLO	436 68	
			201602150009	02	001 000 110	STATE RET MATCHING	68 78	
			201602150009	03	001 000 110	SOC SEC MATCHING	32 44	
			201602150010	01	001 000 110	CASE MANAGER GRANT	499 70	
			201602150010	02	001 000 110	OFFICE/CLERICAL	83 34	
			201602150010	03	001 000 110	STATE RET MATCHING	91 83	
			201602150010	04	001 000 110	SOC SEC MATCHING	21 18	
			201602150011	01	001 000 110	CLERICAL	1129 17	
			201602150011	02	001 000 110	STATE RET MATCHING	177 84	
			201602150011	03	001 000-110	FICA/MEDI MATCH	84 66	
			201602150011	04	001 000 110	GROUP INS MATCHING	586 24	
			201602150012	01	001 000 110	DEPUTIES	3275 19	
			201602150012	02	001 000 110	STATE RET MATCHING	515 84	
			201602150012	03	001 000 110	SOC SEC MATCHING	233 02	
			201602150012	04	001 000 110	GROUP INS MATCHING	1758 72	
			201602150013	01	001 000 110	OFFICE/CLERICAL	254 16	

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CLAY COUNTY
CASH DISBURSEMENTS REPORT
FOR THE PERIOD FEBRUARY 11 2016 TO FEBRUARY 29 2016

BANK	CB	CADENCE BANK	GENERAL COUNTY	INVOICE	ACCOUNT	CHECK			
NUMBER	CHECK	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT	CHECK
									AMOUNT
				201602150013	02	001 000 110	STATE RET MATCHING	11	68
				201602150013	03	001 000 110	SOC SEC MATCHING	19	20
				201602150014	01	001 000 110	DEPUTIES	15803	23
				201602150014	02	001 000 110	OFFICE/CLERICAL	6459	85
				201602150014	03	001 000 110	DEPUTIES OVERTIME	2192	69
				201602150014	04	001 000 110	OFFICE CLERICAL OVER	329	12
				201602150014	05	001 000 110	STATE RET MATCHING	3637	73
				201602150014	06	001 000 110	SOC SEC MATCHING	1798	49
				201602150014	07	001 000 110	GROUP INS MATCHING	9962	81
				201602150015	01	001 000 110	MTC TRANSPORT OFFICE	839	74
				201602150015	02	001 000 110	STATE RET MATCHING	132	26
				201602150015	03	001 000 110	SOC SEC MATCHING	62	89
				201602150015	04	001 000 110	GROUP INS MATCHING	586	24
				201602150016	01	001 000 110	JAIL ADMINISTRATOR	1666	67
				201602150016	02	001 000 110	JAIL RECORDS CLERK	1221	59
				201602150016	03	001 000 110	JAILORS SALARIES	9008	64
				201602150016	04	001 000 110	KITCHEN MANAGER	1394	63
				201602150016	05	001 000 110	JAILORS OVERTIME	718	02
				201602150016	06	001 000 110	STATE RET MATCHING	2206	51
				201602150016	07	001 000 110	SOC SEC MATCHING	1009	38
				201602150016	08	001 000 110	GROUP INS MATCHING	8207	36
				201602150017	01	001 000 110	DEP EMA DIRECTOR SAL	208	33
				201602150017	02	001 000 110	STATE RET MATCHING	32	81
				201602150017	03	001 000 110	SOC SEC MATCHING	15	47
				201602150018	01	097 000 110	911 DIRECTOR SALARY	971	63
				201602150018	02	097 000 110	DISPATCHERS	6508	50
				201602150018	03	097 000 110	DISPATCHER O/T	385	63
				201602150018	04	097 000 110	STATE RET MATCHING	1238	86
				201602150018	05	097 000 110	SOC SEC MATCHING	563	34
				201602150018	06	097 000 110	GROUP INS MATCHING	4103	68
				201602150019	01	151 000-110	ROAD LABORERS HOURL	3514	36
				201602150019	02	151 000 110	STATE RET MATCHING	553	51
				201602150019	03	151 000 110	SOC SEC MATCHING	236	06
				201602150019	04	151 000 110	GROUP INS MATCHING	1758	72
				201602150020	01	152 000 110	ROAD LABORERS HOURL	1576	00
				201602150020	02	152 000 110	STATE RET MATCHING	248	22
				201602150020	03	152 000 110	SOC SEC MATCHING	120	56
				201602150020	04	152 000 110	GROUP INS MATCHING	586	24
				201602150021	01	153 000 110	ROAD LABORERS HOURL	2884	80
				201602150021	02	153 000 110	STATE RET MATCHING	454	36
				201602150021	03	153 000 110	SOC SEC MATCHING	216	86
				201602150022	01	154 000 110	ROAD LABORERS HOURL	1927	20
				201602150022	02	154 000 110	STATE RET MATCHING	303	54
				201602150022	03	154 000 110	SOC SEC MATCHING	132	98
				201602150022	04	154 000 110	GROUP INS MATCHING	1172	48
				201602150023	01	155 000 110	ROAD LABORERES HOU	4270	46
				201602150023	02	155 000 110	STATE RET MATCHING	672	60
				201602150023	03	155 000 110	SOC SEC MATCHING	316	39
				201602150023	04	155 000 110	GROUP INS MATCHING	1758	72
				201602150024	01	400 000 110	SANITATION SALARY	3209	12
				201602150024	02	400 000 110	STATE RET MATCHING	360	35

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CLAY COUNTY
CASH DISBURSEMENTS REPORT
FOR THE PERIOD FEBRUARY 11 2016 TO FEBRUARY 29 2016

BANK CHECK NUMBER	CB DATE	CADENCE BANK	GENERAL COUNTY	VENDOR NAME	INVOICE NUMBER	LINE #	NUMBER	ACCOUNT DESCRIPTION	AMOUNT	CHECK AMOUNT
					201602150024	03	400 000 110	SOC SEC MATCHING	377 63	
					201602150024	04	400 000 110	GROUP INS MATCHING	1758 72	
										141145 28
62870	2/19/2016	HAMPTON INN	CORINTH	02/2016	01	097 230-476		MEALS & LODGING	89 00	89 00
62871	2/22/2016	UNEMPLOYMENT SECURITY ACCOUN		02/2016	01	001 220 469		UNEMPLOYMENT INSURAN	138 57	138 57
62872	2/25/2016	PAYROLL CLEARING ACCOUNT		02/2016	01	001 262 470		RET W/HELD & MATCHED	875 84	875 84
62873	2/25/2016	SHERMAN IVY		02/2016A	01	001 262 461		CONSTABLE FEES	3376 42	3376 42
62874	2/25/2016	LEWIS STAFFORD		02/2016A	01	001 262 461		CONSTABLE FEES	2802 74	2802 74
62875	2/25/2016	MS DEVELOPMENT AUTHORITY		02/2016HEN	01	138 800 800		PRIN RETIREMENT CAP	2059 15	
				02/2016GRAH	01	138 800-800		PRIN RETIREMENT CAP	3949 14	
				02/2016HEN	02	138 800 802		INTEREST EXPENSE	1241 78	
				02/2016GRAH	02	138 800 802		INTEREST EXPENSE	1596 84	
										8846 91
62876	2/25/2016	CITY WATER & LIGHT DEPT		03/2016ELLIS	01	001 151 512		ELLIS CLINIC UTILITI	393 20	
				03/2016FOR	01	001 151 513		OFFICE COMPLEX BUILD	427 35	
				03/2016EXT	01	001 151 513		OFFICE COMPLEX BUILD	259 96	
				03/2016SHER	01	001 151-514		SHERIFF S DEPT UTILI	1558 12	
										2638 63
62877	2/26/2016	PAYROLL CLEARING ACCOUNT		201602150025	01	001 000 110		PART TIME HELP	181 83	
				201602150025	02	001 000 110		SOC SEC MATCHING	12 65	
				201602290002	01	001 000 110		SUPERVISORS SALARIES	16833 35	
				201602290002	02	001 000 110		PERSONNEL MAN/SYSTEM	873 36	
				201602290002	03	001 000 110		ATTORNEYS	3366 67	
				201602290002	04	001 000 110		ASST PERSONNEL MNGR	104 17	
				201602290002	05	001 000 110		STATE RET MATCHING	3335 47	
				201602290002	06	001 000 110		SOC SEC MATCHING	1564 84	
				201602290002	07	001 000 110		GROUP INS MATCHING	3534 00	
				201602290003	01	001 000 110		OFFICE CLERICAL	858 35	
				201602290003	02	001 000 110		COMPROLLER	3664 55	
				201602290003	03	001 000 110		ATTENDING BRD MEETIN	120 00	
				201602290003	04	001 000 110		COUNTY AUDITOR	441 67	
				201602290003	05	001 000 110		COUNTY TREASURER	208 33	
				201602290003	06	001 000-110		PUBLIC SVC NOT PROV	416 67	
				201602290003	07	001 000 110		STATE RET MATCHING	899 26	
				201602290003	08	001 000 110		SOC SEC MATCHING	426 72	
				201602290003	09	001 000 110		GROUP INS MATCHING	2347 56	
				201602290004	01	001 000 110		DEPUTIES	1981 20	
				201602290004	02	001 000 110		OFFICE CLERICAL	315 00	

CLAY COUNTY
CASH DISBURSEMENTS REPORT
FOR THE PERIOD FEBRUARY 11 2016 TO FEBRUARY 29 2016

BANK	CB	CADENCE BANK	GENERAL COUNTY	INVOICE	ACCOUNT	CHECK		
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT	AMOUNT
201602290004	03	001-000	110	PUBLIC SVCS NOT PROV	416	66		
201602290004	04	001-000	110	COUNTY REGISTRAR	1341	67		
201602290004	05	001 000	110	STATE FAILURES	33	33		
201602290004	06	001-000-110	ELECTION FEES	208	34			
201602290004	07	001 000	110	STATE RET MATCHING	676	65		
201602290004	08	001-000	110	SOC SEC MATCHING	305	07		
201602290004	09	001-000	110	GROUP INS MATCHING	1184	44		
201602290005	01	001-000	110	TAX ASSESSOR SALARY	4791	67		
201602290005	02	001 000	110	DEPUTIES	3160	42		
201602290005	03	001 000	110	PART TIME HELP	740	00		
201602290005	04	001 000	110	STATE RET MATCHING	1252	45		
201602290005	05	001 000	110	SOC SEC MATCHING	645	66		
201602290005	06	001-000	110	GROUP INS MATCHING	2347	56		
201602290006	01	001 000	110	PURCHASE CLERK SALAR	416	67		
201602290006	02	001 000	110	ASST PURCHASE CLERK	208	34		
201602290006	03	001 000	110	STATE RET MATCHING	98	44		
201602290006	04	001 000	110	SOC SEC MATCHING	47	81		
201602290006	05	001 000	110	GROUP INS MATCHING	1153	76		
201602290007	01	001 000	110	INVENTORY CLERK	2032	47		
201602290007	02	001 000	110	STATE RET MATCHING	320	11		
201602290007	03	001 000	110	SOC SEC MATCHING	151	84		
201602290008	01	001 000	110	RECEIVING CLERK	485	42		
201602290008	02	001 000	110	STATE RET MATCHING	76	45		
201602290008	03	001 000	110	SOC SEC MATCHING	37	13		
201602290008	04	001 000	110	GROUP INS MATCHING	7	71		
201602290009	01	001 000	110	MAINTENANCE SALARY	2813	42		
201602290009	02	001 000	110	PART TIME HELP	573	26		
201602290009	03	001 000	110	MAINTENANCE OVERTIME	263	00		
201602290009	04	001 000	110	STATE RET MATCHING	574	83		
201602290009	05	001 000	110	SOC SEC MATCHING	270	25		
201602290009	06	001 000	110	GROUP INS MATCHING	595	60		
201602290010	01	001 000	110	INFORMATION TECHNOLO	436	68		
201602290010	02	001 000	110	STATE RET MATCHING	68	78		
201602290010	03	001 000	110	SOC SEC MATCHING	32	44		
201602290011	01	001 000	110	OFFICE/CLERICAL	647	77		
201602290011	02	001 000	110	SOC SEC MATCHING	49	55		
201602290012	01	001 000	110	BAILIFF	385	00		
201602290012	02	001 000	110	ATTENDING COURT	1800	00		
201602290012	03	001 000	110	STATE RET MATCHING	318	15		
201602290012	04	001 000	110	SOC SEC MATCHING	163	92		
201602290013	01	001 000	110	COPY APPEAL FEES	452	00		
201602290013	02	001 000	110	STATE RET MATCHING	71	19		
201602290013	03	001 000	110	SOC SEC MATCHING	31	69		
201602290014	01	001 000	110	CASE MANAGER GRANT	499	70		
201602290014	02	001 000-110	OFFICE/CLERICAL	83	34			
201602290014	03	001 000-110	BAILIFF/DEPUTY	55	00			
201602290014	04	001 000	110	JUDGE/REFEREE	793	29		
201602290014	05	001 000	110	FILING FEES	1650	00		
201602290014	06	001 000	110	STATE RET MATCHING	476	65		
201602290014	07	001 000	110	SOC SEC MATCHING	209	34		
201602290014	08	001 000	110	GROUP INS MATCHING	423	95		

CLAY COUNTY
CASH DISBURSEMENTS REPORT
FOR THE PERIOD FEBRUARY 11 2016 TO FEBRUARY 29 2016

BANK CB CADENCE BANK GENERAL COUNTY
CHECK

BANK CHECK NUMBER	DATE	VENDOR NAME	INVOICE NUMBER	LINE #	ACCOUNT NUMBER	DESCRIPTION	AMOUNT	CHECK AMOUNT
			201602290015	01	001-000 110	COURT ADMINISTRATOR	4041 66	
			201602290015	02	001 000 110	CLERICAL	1129 17	
			201602290015	03	001 000 110	STATE RET MATCHING	814 40	
			201602290015	04	001-000 110	FICA/MEDI MATCH	386 42	
			201602290015	05	001 000 110	GROUP INS MATCHING	1217 50	
			201602290016	01	001 000 110	PROSECUTING ATTORNEY	600 00	
			201602290016	02	001 000 110	LUNACY JUDGE	286 15	
			201602290016	03	001 000 110	RETIREMENT MATCH	139 57	
			201602290016	04	001 000 110	FICA MATCH	42 97	
			201602290016	05	001 000 110	INSURANCE MATCH	729 81	
			201602290017	01	001 000 110	DEPUTIES	3275 19	
			201602290017	02	001 000 110	BAILIFF	825 00	
			201602290017	03	001 000 110	COUNTY JUDGES	6733 34	
			201602290017	04	001 000 110	STATE RET MATCHING	1697 62	
			201602290017	05	001 000 110	SOC SEC MATCHING	780 83	
			201602290017	06	001-000 110	GROUP INS MATCHING	2932 22	
			201602290018	01	001 000 110	CORONER S FEE	900 00	
			201602290018	02	001 000 110	MEDICAL EXAMINERS FE	750 00	
			201602290018	03	001 000 110	STATE RET MATCHING	259 88	
			201602290018	04	001 000 110	SOC SEC MATCHING	126 23	
			201602290018	05	001 000 110	GROUP INS MATCHING	11 96	
			201602290019	01	001 000 110	ATTORNEYS	3366 67	
			201602290019	02	001 000 110	STATE RET MATCHING	530 25	
			201602290019	03	001 000 110	SOC SEC MATCHING	257 55	
			201602290019	04	001 000 110	GROUP INS MATCHING	586 24	
			201602290020	01	001 000 110	ATTORNEYS	6180 00	
			201602290020	02	001 000 110	STATE RETIRE MATCHIN	973 36	
			201602290020	03	001 000 110	SOCIAL SEC MATCHING	455 38	
			201602290020	04	001 000 110	GROUP INS MATCHING	586 24	
			201602290021	01	001 000 110	OFFICE/CLERICAL	317 16	
			201602290021	02	001 000 110	ELECTION COMMISSIONER	5628 00	
			201602290021	03	001 000 110	STATE RET MATCHING	220 05	
			201602290021	04	001 000 110	SOC SEC MATCHING	454 06	
			201602290022	01	001 000 110	SHERIFF SALARY	7500 00	
			201602290022	02	001 000 110	DEPUTIES	15793 97	
			201602290022	03	001 000 110	OFFICE/CLERICAL	7283 71	
			201602290022	04	001 000 110	DEPUTIES OVERTIME	659 62	
			201602290022	05	001 000 110	OFFICE CLERICAL OVER	161 97	
			201602290022	06	001 000 110	STATE RET MATCHING	4694 26	
			201602290022	07	001 000 110	SOC SEC MATCHING	2278 96	
			201602290022	08	001 000 110	GROUP INS MATCHING	10551 65	
			201602290023	01	001 000 110	MTC TRANSPORT OFFICE	757 52	
			201602290023	02	001 000 110	STATE RET MATCHING	119 31	
			201602290023	03	001 000 110	SOC SEC MATCHING	56 60	
			201602290023	04	001 000 110	GROUP INS MATCHING	586 24	
			201602290024	01	001 000-110	JAIL ADMINISTRATOR	1666 67	
			201602290024	02	001 000 110	JAIL RECORDS CLERK	1349 51	
			201602290024	03	001 000 110	JAILORS SALARIES	10580 13	
			201602290024	04	001 000 110	KITCHEN MANAGER	1426 43	
			201602290024	05	001 000 110	JAILORS OVERTIME	998 40	
			201602290024	06	001 000 110	STATE RET MATCHING	2523 33	

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CLAY COUNTY
CASH DISBURSEMENTS REPORT
FOR THE PERIOD FEBRUARY 11 2016 TO FEBRUARY 29 2016

BANK	CB	CADENCE BANK	GENERAL COUNTY	INVOICE	ACCOUNT	CHECK
CHECK	NUMBER	DATE	VENDOR NAME	NUMBER	LINE # NUMBER DESCRIPTION	AMOUNT
				201602290024	07 001 000 110 SOC SEC MATCHING	1163 22
				201602290024	08 001 000 110 GROUP INS MATCHING	8207 36
				201602290025	01 001 000 110 DEP EMA DIRECTOR SAL	208 33
				201602290025	02 001 000 110 STATE RET MATCHING	32 81
				201602290025	03 001 000 110 SOC SEC MATCHING	15 47
				201602290026	01 001 000 110 CO DIRECTOR/4H YOUTH	610 28
				201602290026	02 001 000 110 OFFICE/CLERICAL	732 33
				201602290026	03 001 000 110 STATE RET MATCHING	96 12
				201602290026	04 001 000 110 SOC SEC MATCHING	102 72
				201602290027	01 097 000 110 911 DIRECTOR SALARY	971 63
				201602290027	02 097 000 110 DISPATCHERS	7584 66
				201602290027	03 097 000 110 DISPATCHER O/T	669 95
				201602290027	04 097 000 110 STATE RET MATCHING	1453 15
				201602290027	05 097 000 110 SOC SEC MATCHING	667 42
				201602290027	06 097 000 110 GROUP INS MATCHING	4103 68
				201602290028	01 104 000 110 LAW LIBRARY ADMINIS	133 55
				201602290028	02 104 000 110 STATE RET MATCHING	21 03
				201602290028	03 104 000 110 SOC SEC MATCHING	9 36
				201602290029	01 114 000 110 COORDINATOR/VOL FIRE	367 74
				201602290029	02 114 000 110 STATE RET MATCHING	57 92
				201602290029	03 114 000 110 SOC SEC MATCHING	28 13
				201602290030	01 161 000 110 ROAD LABORERS HOURLY	3570 80
				201602290030	02 161 000 110 STATE RET MATCHING	562 42
				201602290030	03 161 000 110 SOC SEC MATCHING	240 37
				201602290030	04 161 000 110 GROUP INS MATCHING	1758 72
				201602290031	01 162 000 110 ROAD LABORERS HOURL	1660 00
				201602290031	02 162 000 110 STATE RET MATCHING	261 45
				201602290031	03 162 000 110 SOC SEC MATCHING	126 99
				201602290031	04 162 000 110 GROUP INS MATCHING	1172 48
				201602290032	01 163 000 110 ROAD LABORERS HOURL	3305 28
				201602290032	02 163 000 110 STATE RET MATCHING	520 57
				201602290032	03 163 000 110 SOC SEC MATCHING	249 02
				201602290033	01 164 000 110 ROAD LABORERS HOURL	2119 92
				201602290033	02 164 000 110 STATE RET MATCHING	333 88
				201602290033	03 164 000 110 SOC SEC MATCHING	147 73
				201602290033	04 164 000 110 GROUP INS MATCHING	1172 48
				201602290034	01 165 000 110 ROAD LABORERS HOURL	4530 88
				201602290034	02 165 000 110 STATE RET MATCHING	713 61
				201602290034	03 165 000 110 SOC SEC MATCHING	336 32
				201602290034	04 165 000 110 GROUP INS MATCHING	1172 48
				201602290035	01 400 000 110 SANITATION SALARY	3557 98
				201602290035	02 400 000 110 STATE RET MATCHING	388 81
				201602290035	03 400 000 110 SOC SEC MATCHING	430 81
				201602290035	04 400 000 110 GROUP INS MATCHING	1758 72
						250916 26
62878		2/26/2016	DAMIEN MITCHELL	02/2016	01 097 230 476 MEALS & LODGING	43 30
						43 30
					** CHECK TOTAL FOR BANK CADENCE BANK GENERAL COUNTY	410872 95

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CLAY COUNTY
CASH DISBURSEMENTS REPORT
FOR THE PERIOD FEBRUARY 11 2016 TO FEBRUARY 29 2016

BANK PB4 EMERGENCY EMPLOYMENT ACCOUNT
CHECK

CHECK NUMBER	DATE	VENDOR NAME	INVOICE		ACCOUNT		AMOUNT	CHECK AMOUNT
			NUMBER	LINE #	NUMBER	DESCRIPTION		
1033	2/22/2016	MS DEPT OF EMPLOYMENT SECURI	02/2016	01	107 141 469	UNEMPLOYMENT	138 57	138 57
** CHECK TOTAL FOR BANK EMERGENCY EMPLOYMENT ACCOUNT								138 57

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CLAY COUNTY
CASH DISBURSEMENTS REPORT
FOR THE PERIOD FEBRUARY 11 2016 TO FEBRUARY 29 2016

BANK RN2 RENASANT BANK INSURANCE ACCT		INVOICE		ACCOUNT		CHECK
CHECK		NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT
NUMBER	DATE	VENDOR NAME				AMOUNT
1273	2/18/2016	GUARDIAN LIFE INSURANCE CO	02/2016	03	687 000 128 DUE TO GUARDIAN LIFE	851 65
			02/2016	01	687 000 129 DUE TO GUARDIAN VISI	743 57
			02/2016	02	687 000 130 DUE TO GUARDIAN DENT	3223 39
						4818 61
1274	2/18/2016	COLONIAL LIFE	02/2016	01	687 000 126 DUE TO COLONIAL LIFE	52 62
						52 62
1275	2/18/2016	LIBERTY NATIONAL INS	02/2016	01	687 000 125 DUE TO LIBERTY NATIO	2656 78
						2656 78
1276	2/18/2016	AMERICAN FAMILY LIFE INS CO	02/2016	01	687 000 124 DUE TO AFLAC	183 45
						183 45
1277	2/18/2016	NEW YORK LIFE	02/2016	01	687 000 123 DUE TO NEW YORK LIFE	136 24
						136 24
1278	2/18/2016	PENNSYLVANIA LIFE INS CO	02/2016	01	687 000 122 DUE TO PENNSLVANIA L	78 31
						78 31
1279	2/18/2016	ASSURITY LIFE INSURANCE CO	02/2016	01	687 000 121 DUE TO ASSURITY	45 90
						45 90
1280	2/18/2016	LIFE INSURANCE CO OF ALABAM	02/2016	01	687 000 127 DUE TO LICOA	1425 87
						1425 87
** CHECK TOTAL FOR BANK RENASANT BANK INSURANCE ACCT						9397 78
** TOTAL DISBURSEMENTS **						420409 30


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NO _____

IN THE MATTER OF GOING INTO CLOSED SESSION

There came on this day for consideration the matter of going into closed session
After motion by Lynn Horton and second by Luke Lummus this Board doth vote
unanimously to authorize to go into closed session

SO ORDERED this the 25th day of February, 2016



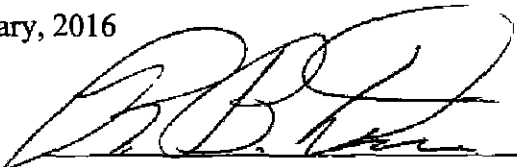
President

**IN THE MATTER OF GOING FROM CLOSED SESSION TO EXECUTIVE SESSION
AS ALLOWED UNDER SECTION 25-41-7 OF THE MISSISSIPPI CODE**

There came on this day for consideration the matter of going from closed session to
executive session as allowed under Section 25-41-7 of the Mississippi Code

After motion by Luke Lummus and second by Joe Chandler this Board doth vote
unanimously to go into executive session as allowed under Section 25-41-7 of the Mississippi
Code to discuss a personnel matter

SO ORDERED this the 25th day of February, 2016



President

NO _____

IN THE MATTER OF COMING OUT OF EXECUTIVE SESSION


There came on this day for consideration the matter of coming out of Executive Session
After motion by Lynn Horton and second by Luke Lummus this Board doth vote
unanimously to authorize to come out of Executive Session

SO ORDERED this the 25th day of February, 2016


President

After motion by Luke Lummus and second by Joe Chandler this Board doth vote
unanimously to authorize and approve to adjourn until Monday, March 7, 2016, at 9 00 a m at
the Clay County Courthouse

SO ORDERED this the 25th day of February, 2016


President

Intentionally

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