CHAVES COUNTY BOARD OF COMMISSIONERS REGULAR BUSINESS MEETING AGENDA

October 16, 2014 -9:00 a.m.

Chaves County Administrative Center – Joseph R. Skeen Building Commission Chambers - #1 St. Mary's Place

CALL TO ORDER
PLEDGE OF ALLEGIANCE

DETERMINATION OF QUORUM

APPROVAL OF MINUTES

PRESENTATION

PROCLAMATION-CHARACTER COUNTS WEEK

AGENDA ITEMS

A. AGREEMENTS AND RESOLUTIONS

- 1. A. Resolution R-14-053-Designating Signatory Authority
 - B. Agreement A-14-039-between Chaves County and the NM Environment Department
- 2. Resolution R-14-054-Requesting Congress to Provide Fiscal Year 2015 PILT Funding

B. OTHER BUSINESS

3. Permission to Publish for a Public Hearing Regarding Proposed Ordinance O-088 Relating to Economic Development Planning

APPROVAL OF CHECKS APPROVAL OF REPORTS

UNSCHEDULED COMMUNICATIONS LIMITED TO FIVE MINUTES PER VISITOR NO FORMAL ACTION TAKEN BY COMMISSION

- COUNTY MANAGERS' COMMUNICATIONS
- COMMISSIONER'S COMMUNICATIONS
- SIGNATURE OF DOCUMENTS
- ADJOURNMENT

If you are an individual with a disability who is in need of a reader, qualified sign language interpreter, or any form of auxiliary aid or service to attend or participate in the hearing of a meeting, please contact the County Commissioner's office at 575-624-6600. This should be done at least one week prior to the meeting. Public documents, including the agenda and minutes, can be provided in various accessible formats. Please contact the County Commissioner's office if a summary or other type of accessible format is needed.

| AGENDA ITEM: 1 | - | A. | Resolution R-14-053 Designating Signatory Authority | | |
|--|---|-----------|--|--|--|
| | | B. | Agreement A-14-039 between Chaves County and the NM Environment Department | | |
| MEETING DATE: 10/16 | /14 | | | | |
| | STAFF S | SUMMA | ARY | | |
| Action Requested by: | Charlotte Andrade, | Commu | unity Development Division | | |
| Action Requested: | Approval of Resolution R-14-053 Approval of Agreement A-14-039 | | | | |
| Item Summary: Chaves County received a Coof 2014 from the New Mexical Resolution R-14-053 designation R-14-050 designation R-14-050 designation R-14-050 designation R-14-050 designation R-14-050 designation R-14-050 des | co Environment Depa | artment. | approved by the Legislature under the Laws | | |
| Agreement A-14-039 refle "One hundred and one thou compactors in Chaves Cour | and (\$101,000) dolla | rs to pla | n, design, purchase, install and construct | | |
| The term of the agreement v | vill be June 30, 2018. | | | | |
| Staff recommends approval | | | | | |
| | | | | | |
| | | | | | |
| SUPPORT DOCUMENTS | : Resolution I | | | | |

Summary by: <u>Charlotte Andrade</u>

Title: <u>Community Development Director</u>

RESOLUTION NO. R-14-053

WHEREAS, the Chaves County Board of Commissioners of Chaves County of the State of New Mexico shall enter into a Grant Agreement with the State of New Mexico Environment Department, and

WHEREAS, the Agreement is identified as 14-1602-STB Grant Agreement.

NOW, THEREFORE BE IT RESOLVED BY THE GOVERNING BODY OF CHAVES COUNTY, NEW MEXICO, that

- 1. Commissioner James W. Duffey, Commission Chairman as Chaves County's Chief Executive Officer is authorized to sign the agreement for this project, and
- 2. Stanton L. Riggs, County Manager and Alternate Joe Sedillo, Chief Financial Officer are OFFICIAL REPRESENTATIVES who are authorized to sign and request reimbursement requests and act as a single point of contact concerning all matters relating to the grant agreement.

PASSED, ADOPTED AND APPROVED this 16th day of October, 2014.

| | James W. Duffey Commission Chairman |
|--------------|--------------------------------------|
| ATTEST: | |
| | |
| Dave Kunko | |
| County Clerk | |

Agreement A-14-039

STATE OF NEW MEXICO DEPARTMENT OF ENVIRONMENT FUND 89200 CAPITAL APPROPRIATION PROJECT

14-1602-STB

THIS AGREEMENT is made and entered into as of this _____ day of _____,
20___, by and between the Department of Environment, Harold Runnels Building, Room S-2072,
1190 St. Francis Drive, Santa Fe, New Mexico, 87505, hereinafter called the "Department" or
abbreviation such as "NMED", and Chaves County, hereinafter called the "Grantee". This
Agreement shall be effective as of the date it is executed by the Department.

RECITALS

WHEREAS, in the Laws of 2014, Chapter 66, the Legislature made an appropriation to the Department, funds from which the Department is making available to the Grantee pursuant to this Agreement; and

WHEREAS, the Department is granting to Grantee, and the Grantee is accepting the grant of, funds from this appropriation, in accordance with the terms and conditions of this Agreement; and

WHEREAS, NMED is empowered pursuant to Section 74-1-6 B, NMSA 1978 to contract in its own name.

AGREEMENT

NOW, THEREFORE, in consideration of the mutual covenants and obligations contained herein, the parties hereby mutually agree as follows:

ARTICLE I. PROJECT DESCRIPTION, AMOUNT OF GRANT AND REVERSION DATE

A. The project that is the subject of this Agreement is described as follows:

14-1602 (\$101,000) APPROPRIATION REVERSION DATE: June 30, 2018 Laws of 2014, Chapter 66, Section 16, Paragraph 8, one hundred one thousand dollars (\$101,000), to plan, design, purchase, install and construct compactors in Chaves county.

The Grantee's total reimbursements shall not exceed the appropriation amount one hundred one thousand dollars (\$101,000) (the "Appropriation Amount") minus the allocation for Art in Public Places ("AIPP amount"), if applicable, zero (\$0), which equals one hundred one thousand dollars (\$101,000) (the "Adjusted Appropriation Amount").

¹ The AIPP amount is "an amount of money equal to one percent or two hundred thousand dollars (\$200,000), whichever is less, of the amount of money appropriated for new construction or any major renovation exceeding one hundred thousand dollars (\$100,000)." Section 13-4A-4 NMSA 1978.

In the event of a conflict among the Appropriation Amount, the Reversion Date, as defined herein and/or the purpose of the Project, as set forth in this Agreement, and the corresponding appropriation language in the laws cited above in this Article I(A), the language of the laws cited herein shall control.

This project is referred to throughout the remainder of this Agreement as the "Project"; the information contained in Article I(A) is referred to collectively throughout the remainder of this Agreement as the "Project Description." Attachments A and B set forth additional or more stringent requirements and conditions, which are incorporated by this reference as if set forth fully herein. If Attachments A and B impose more stringent requirements than any requirement set forth in this Agreement, the more stringent requirements of Attachments A and B shall prevail, in the event of irreconcilable conflict. The Grantee shall reference the Project's number in all correspondence with and submissions to the Department concerning the Project, including, but not limited to, Requests for Payment and reports.

ARTICLE II. LIMITATION ON DEPARTMENT'S OBLIGATION TO MAKE GRANT DISBURSEMENT TO GRANTEE

A. Upon the Effective Date of this Agreement, for permissible purposes within the scope of the Project Description, the Grantee shall only be reimbursed monies for which the Department has issued and the Grantee has received a Notice of Department's Obligation to Reimburse² Grantee (hereinafter referred to as "Notice of Obligation"). This Grant Agreement and the disbursement of any and all amounts of the above referenced Adjusted Appropriation Amount are expressly conditioned upon the following:

- (i) Irrespective of any Notice of Obligation, the Grantee's expenditures shall be made on or before the Reversion Date and, if applicable, an Early Termination Date (i.e., the goods have been delivered and accepted or the title to the goods has been transferred to the Grantee and/or the services have been rendered for the Grantee); and
- (ii) The total amount received by the Grantee shall not exceed the lesser of: (a) the Adjusted Appropriation Amount identified in Article I(A) herein or (b) the total of all amounts stated in the Notice(s) of Obligation evidencing that the Department has received and accepted the Grantee's Third Party Obligation(s), as defined in subparagraph iii of this Article II(A); and
- (iii) The Grantee's expenditures were made pursuant to the Grantee's legal procurement and execution of binding written obligations or purchase orders with third party contractors or vendors for the provision of services, including professional services, or the purchase of tangible personal property and real property for the Project, hereinafter referred to as "Third Party Obligations"; and
- (iv) The Grantee's submittal of timely Requests for Payment in accordance with the procedures set forth in Article IX of this Agreement;
- (v) In the event that capital assets acquired with Project funds are to be sold, leased, or licensed to or operated by a private entity, the sale, lease, license, or operating agreement:

² "Reimburse" as used throughout this Agreement includes Department payments to the Grantee for invoices received, but not yet paid, by the Grantee from a third party contractor or vendor, if the invoices comply with the provisions of this Agreement and are a valid liability of the Grantee.

- a. must be approved by the applicable oversight entity (if any) in accordance with law; or
- b. if no oversight entity is required to approve of the transaction, the Department must approve of the transaction as complying with law.

Prior to the sale, lease, license, or operating agreement being approved pursuant to subparagraph (a) or (b) above, the Department may, in its discretion and unless inconsistent with New Mexico State Board of Finance imposed conditions, reimburse the Grantee for necessary expenditures incurred to develop the Project sufficiently to make the sale, lease, license, or operating agreement commercially feasible, such as plan and design expenditures; and

- (vi) The Grantee's submittal of documentation of all Third Party Obligations and amendments thereto (including terminations) to the Department and the Department's issuance and the Grantee's receiving of a Notice of Obligation for a particular amount in accordance with the terms of this Agreement as follows:
 - a. The Grantee shall submit to the Department one copy of all Third Party Obligations and amendments thereto (including terminations) as soon as possible after execution by the Third Party but prior to execution by the Grantee.
 - b. Grantee acknowledges and agrees that if it chooses to enter into a Third Party Obligation prior to receiving a Notice of Obligation that covers the expenditure, it is solely responsible for such expenditures.
 - c. The Department may, in its absolute discretion, issue to Grantee a Notice of Obligation for the particular amount of that Third Party Obligation that only obligates the Department to reimburse Grantee's expenditures made on or before the Reversion Date or an Early Termination Date. The current Notice of Obligation form is attached to this Agreement as Exhibit 4.
 - d. The date the Department sends, by mail or email, the Notice of Obligation is the date that the Department's Notice of Obligation is effective. After that date, the Grantee is authorized to budget the particular amount set forth in the Notice of Obligation, execute the Third Party Obligation and request the Third Party begin work.
- B. The Grantee shall implement, in all respects, the Project. The Grantee shall provide all necessary qualified personnel, material, and facilities to implement the Project. The Grantee shall finance its share (if any) of the costs of the Project, including all Project overruns.
- C. Project funds shall not be used for purposes other than those specified in the Project Description.
- D. Unless specifically allowed by law, Project funds cannot be used to reimburse Grantee for indirect Project costs.

ARTICLE III. NOTICE PROVISIONS AND GRANTEE AND DEPARTMENT DESIGNATED REPRESENTATIVES

Whenever written notices, including written decisions, are to be given or received, related to this Agreement, the following provisions shall apply.

The Grantee and the Department hereby designate the persons listed below as their official representative concerning all matters related to this Agreement:

| Grantee: | Grantee: | |
|---|------------------|--|
| Name: | | |
| Title: | | |
| Address: | | |
| Email: | | |
| Telephone: | | |
| FAX: | FAX: | |
| Department: NMED | | |
| Name: Andrea Pollock | | |
| Title: Project Manager, Construction Progra | ams Bureau | |
| Address: Harold Runnels Bldg, Room S-20 | 017, PO Box 5469 | |
| Santa Fe, NM 87502 | | |
| Email: andrea.pollock@state.nm.us | | |
| Telephone: (505) 222-9536 | | |
| FAX: (505) 827-2837 | | |

The Grantee's designee shall have authority from Grantee to request disbursements. The Grantee and the Department agree that either party shall send all notices, including written decisions, related to this Agreement to the above named persons by facsimile, email, or regular mail. In the case of mailings, notices shall be deemed to have been given and received upon the date of the receiving party's actual receipt or five calendar days after mailing, whichever shall first occur. In the case of facsimile transmissions, the notice shall be deemed to have been given and received on the date reflected on the facsimile confirmation indicating a successful transmission of all pages included in the writing. In the case of email transmissions, the notice shall be deemed to have been given and received on the date reflected on the delivery receipt of email.

ARTICLE IV. REVERSION DATE, TERM, EARLY TERMINATION

A. As referenced in Article I(A), the applicable law establishes a date by which Project funds must be expended by Grantee, which is referred to throughout the remainder of this Agreement as the "Reversion Date." Upon being duly executed by both parties, this Agreement shall be effective as of the date of execution by the Department. It shall terminate on **June 30**, **2018** the Reversion Date unless Terminated Before Reversion Date ("Early Termination") pursuant to Article V herein.

B. The Project's funds must be "expended" on or before the Reversion Date and, if applicable, Early Termination Date of this Agreement. For purposes of this Agreement, it is not sufficient for the Grantee to "encumber" the Project funds on its books on or before the Project's Reversion Date or Early Termination Date. Funds are "expended" and an "expenditure" has occurred as of the date that a particular quantity of goods are delivered to and received by the Grantee or title to the goods is transferred to the Grantee and/or as of the date particular services are rendered for the Grantee. Funds are *not* "expended" and an "expenditure" has *not* occurred as of the date they are "encumbered" by the Grantee pursuant to a contract or purchase order with a third party.

ARTICLE V. EARLY TERMINATION

A. <u>Early Termination Before Reversion Date Due to Completion of the Project or Complete Expenditure of the Adjusted Appropriation or Violation of this Agreement</u>

Early Termination includes:

- (i) Termination due to completion of the Project before the Reversion Date; or
- (ii) Termination due to complete expenditure of the Adjusted Appropriation Amount before the Reversion Date; or
- (iii) Termination for violation of the terms of this Agreement; or
- (iv) Termination for suspected mishandling of public funds, including but not limited to, fraud, waste, abuse, conflicts of interest.

Either the Department or the Grantee may early terminate this Agreement prior to the Reversion Date by providing the other party with a minimum of fifteen (15) days' advance, written notice of early termination. Grantee hereby waives any rights to assert an impairment of contract claim against the Department or the State of New Mexico in the event of Early Termination of this Agreement by the Department pursuant to Article V(A).

B. Early Termination Before Reversion Date Due to Non-appropriation

The terms of this Agreement are expressly made contingent upon sufficient appropriations and authorization being made by the Legislature of New Mexico for the performance of this Agreement. Throughout this Agreement the term "non-appropriate" or "non-appropriation" includes the following actions by the New Mexico Legislature: deauthorization, reauthorization or revocation of a prior authorization. The Legislature may choose to non-appropriate the Appropriation referred to Article I and, if that occurs, the Department shall early terminate this Agreement for non-appropriation by giving the Grantee written notice of such termination, as of the effective date of the law making the non-

appropriation. The Department's decision as to whether sufficient appropriations or authorizations are available shall be accepted by the Grantee and shall be final. Grantee hereby waives any rights to assert an impairment of contract claim against the Department or the State of New Mexico in the event of Early Termination of this Agreement by the Department pursuant to Article V(B).

C. <u>Limitation on Department's Obligation to Make Grant Disbursements to Grantee in the Event of Early Termination</u>

In the event of Early Termination of this Agreement by either party, the Department's sole obligation to reimburse the Grantee is expressly conditioned upon the limitations set forth Article II.

ARTICLE VI. SUSPENSION OF NEW OR FURTHER OBLIGATIONS

- A. The Department may choose, in its absolute discretion, to direct the Grantee to suspend entering into new and further obligations.
 - (i) The Grantee shall immediately suspend entering into new or further written obligations with third parties upon the date the Grantee receives written notice given by the Department; and
 - (ii) The Department is, upon the date the Grantee receives written notice given by the Department, suspending issuance of any new or further Notice of Obligation under this Agreement; and
 - (iii) The Department may direct the Grantee to implement a corrective action plan in accordance with Article VI(D) herein.
- B. In the event of Suspension of this Agreement, the Department's sole obligation to reimburse the Grantee is expressly conditioned upon the limitations set forth in Article II herein.
- C. A suspension of new or further obligations under this Agreement shall remain in effect unless or until the date the Grantee receives written notice given by the Department informing the Grantee that the Suspension has been lifted or that the Agreement has been Early Terminated in accordance with Article V herein. If the Suspension is lifted, the Department will consider further requests for Notice of Obligation.

D. Corrective Action Plan in the Event of Suspension

In the event that the Department chooses, in its absolute discretion to direct the Grantee to suspend entering into new or further written obligations with third parties pursuant to Article VI(A), the Department may, but is not obligated to, require the Grantee to develop and implement a written corrective action plan to remedy the grounds for the Suspension. Such corrective action plan must be approved by the Department and be signed by the Grantee. Failure to sign a corrective action plan or meet the terms and deadlines set forth in the signed corrective action plan, is hereby deemed a violation of the terms of this Agreement for purposes of Early Termination, Article V(A)(iii). The corrective action plan is in addition to, and not in lieu of, any other equitable or legal remedy, including but not limited to Early Termination.

ARTICLE VII. AMENDMENT

This Agreement shall not be altered, changed, or amended except by instrument in writing duly executed by both the parties hereto.

ARTICLE VIII. REPORTS

A. Paper Periodic Reports

In order that the Department may adequately monitor Project activity, the Grantee shall submit to the Department Paper Periodic Reports for the Project. Paper Periodic Reports shall be submitted on a form prescribed by the Department. The Paper Periodic and Paper Final Report form are attached hereto as Exhibit 2. The Department shall provide the Grantee with a minimum of thirty (30) days' advance written notice of any change to the Periodic Report format or content.

The Paper Periodic Report shall be due monthly on the last day of each month, beginning with the first full month following execution of this Agreement by the Department and ending upon the submission of a Paper Final Report for the Project. The Department may, in its discretion, change the reporting period from time to time by giving Grantee a minimum of thirty (30) days' advance, written notice of any change to the reporting period; provided, however, that in no event shall the reporting period be less than one month.

B. Paper Final Report

The Grantee shall submit to the Department and the Department of Finance and Administration a Final Report for the Project. The Final Report shall be submitted on a form provided by the Department and contain such information as the Department may require. The Periodic and Final Report form is attached hereto as Exhibit 2. The Department shall provide Grantee with a minimum of thirty (30) days' advance, written notice of any change to the Final Report format or content. The Paper Final Report must be submitted within twenty (20) days after the Project's Reversion Date or within twenty (20) days of the date of Early Termination, which ever first occurs.

C. Paperless Reporting

In lieu of the paper reports described in subparagraphs A and B of this Article, the Grantee shall report periodic and final Project activity by entering such Project information as the Department and the Department of Finance and Administration may require directly into a database maintained by the Department of Finance and Administration. The information currently required to be reported into the database is set forth in Exhibit 1. The Department shall give Grantee a minimum of thirty (30) days' advance written notice of any changes to the information the Grantee is required to report on a paperless basis. The Paperless Report shall be due monthly on the last day of each month, beginning with the first full month following execution of this Agreement by the Department and ending upon the submission of a Final Report for the Project. The Paperless Final Report along with a Paper Final Report must be submitted within twenty (20) days after the Project's Reversion Date or within twenty (20) days of the date of Early Termination, which ever first occurs.

D. Requests for Additional Information/Project Inspection

During the term of this Agreement and during the period of time during which the Grantee must maintain records pursuant to Article VIII, the Department may (i) request such additional information regarding the Project as it deems necessary and (ii) conduct, at reasonable times and upon reasonable notice, onsite inspections of the Project. Grantee shall respond to such requests for additional information within a reasonable period of time, as established by the Department. Requests made pursuant to this subparagraph D are in addition to and not in lieu of the periodic and final reporting described in subparagraphs A through C of this Article VIII.

ARTICLE IX. REQUEST FOR PAYMENT PROCEDURES AND DEADLINES

- A. The Grantee shall request payment by submitting a Request for Payment, in the form attached hereto as Exhibit 3. Payment requests are subject to the following procedures:
 - (i) The Grantee must submit one original and one copy of each Request for Payment; and
 - (ii) Each Request for Payment must contain proof of payment by the Grantee or liabilities incurred by the Grantee in the form of a notarized certification by Grantee's designated representative in Article III herein, that the expenditures are valid or are liabilities incurred by the Grantee in the form of actual unpaid invoices received by the Grantee of services rendered by a third party or items of tangible personal property received by the Grantee for the implementation of the Project; provided, however, that the Grantee may be reimbursed for unpaid liabilities only if the Department, in its discretion, agrees to do so and in accordance with any special conditions imposed by the Department.
 - (iii) In cases where the Grantee is submitting a Request for Payment to the Department based upon invoices received, but not yet paid, by the Grantee from a third party contractor or vendor, if the invoices comply with the provisions of this Agreement and are a valid liability of the Grantee, the Grantee shall make payment to those contractors or vendors within five (5) business days from the date of receiving reimbursement from the Department or such shorter period of time as the Department may prescribe in writing.

B. Deadlines

Requests for Payments shall be submitted by Grantee to the Department on the earlier of:

- (i) Twenty (20) days from the end of the calendar quarter in which the expenditure was incurred or liability of the Grantee was incurred as evidenced by an unpaid invoice received by the Grantee from a third party contractor or vendor, if total unreimbursed expenditures or liabilities at calendar quarter end exceed \$25,000; or
- (ii) July 15 of each year for all unreimbursed expenditures incurred during the previous fiscal year; or
- (iii) Twenty (20) days from date of Early Termination; or
- (iv) Twenty (20) days from the Reversion Date.
- C. The Grantee's failure to abide by the requirements set forth in Article II herein will result in the denial of its Request for Payment or will delay the processing of Requests for Payment. The Department has the right to reject a payment request for the Project unless and

until it is satisfied that the expenditures in the Request for Payment are for permissible purposes within the meaning of the Project Description and that the expenditures and the Grantee are otherwise in compliance with this Agreement, including but not limited to, compliance with the reporting requirements and the requirements set forth in Article II herein to provide Third Party Obligations. The Department's ability to reject any Request for Payment is in addition to, and not in lieu of, any other legal or equitable remedy available to the Department due to Grantee's violation of this Agreement.

ARTICLE X. PROJECT CONDITIONS AND RESTRICTIONS; REPRESENTATIONS AND WARRANTIES

- A. The following general conditions and restrictions are applicable to the Project:
- (i) The Project's funds must be spent in accordance with all applicable state laws, regulations, policies, and guidelines, including, but not limited to, the Procurement Code (or local procurement ordinance, where applicable).
- The Project must be implemented in accordance with the New Mexico Public (ii) Works Minimum Works Act, Section 13-4-10 through 13-4-17 NMSA 1978, if applicable. Every contract or project in excess of sixty thousand dollars (\$60,000) that the Grantee is a party to for construction, alteration, demolition or repair or any combination of these, including painting and decorating, of public buildings, public works or public roads and that requires or involves the employment of mechanics, laborers or both shall contain a provision stating the minimum wages and fringe benefits to be paid to various classes of laborers and mechanics, shall be based upon the wages and benefits that will be determined by the New Mexico Department of Workforce Solutions to be prevailing for the corresponding classes of laborers and mechanics employed on contract work of a similar nature in the locality. Further, every contract or project shall contain a stipulation that the contractor, subcontractor, employer or a person acting as a contractor shall pay all mechanics and laborers employed on the site of the project, unconditionally and not less often than once a week and without subsequent unlawful deduction or rebate on any account, the full amounts accrued at time of payment computed at wage rates and fringe benefit rates not less than those determined pursuant to Section 13-4-11 B. NMSA 1978 to be the prevailing wage rates and prevailing fringe benefit rates issued for the project.
- (iii) The Project may only benefit private entities in accordance with applicable law, including, but not limited to, Article IX, Section 14 of the Constitution of the State of New Mexico, the so-called "Anti-Donation Clause."
- (iv) The Grantee shall not at any time convert any property acquired or developed with the Project's funds to uses other than those specified in the Project Description without the Department's express, advance, written approval.
- (v) The Grantee shall comply with all federal and state laws, rules and regulations pertaining to equal employment opportunity. In accordance with all such laws, rules and regulations the Grantee agrees to assure that no person shall, on the grounds of race, color, national origin, sex, sexual preference, age or handicap, be excluded from employment with Grantee, be excluded from participation in the Project, be denied benefits or otherwise be subject to discrimination under, any

activity performed under this Agreement. If Grantee is found to be not in compliance with these requirements during the life of this Agreement, Grantee agrees to take appropriate steps to correct any deficiencies. The Grantee's failure to implement such appropriate steps within a reasonable time constitutes grounds for terminating this Agreement.

- B. The Grantee hereby represents and warrants the following:
- (i) The Grantee has the legal authority to receive and expend the Project's funds.
- (ii) This Agreement has been duly authorized by the Grantee, the person executing this Agreement has authority to do so, and, once executed by the Grantee, this Agreement shall constitute a binding obligation of the Grantee, enforceable according to its terms.
- (iii) This Agreement and the Grantee's obligations hereunder do not conflict with any law or ordinance or resolution applicable to the Grantee, the Grantee's charter (if applicable), or any judgment or decree to which it is subject.
- (iv) The Grantee has independently confirmed that the Project Description, including, but not limited to, the amount and Reversion Date, is consistent with the underlying appropriation in law.
- (v) The Grantee's governing body has duly adopted or passed as an official act a resolution, motion, or similar action authorizing the person identified as the official representative of the Grantee to sign the Agreement and to sign Requests for Payment.
- (vi) The Grantee shall abide by New Mexico laws regarding Conflict of Interest and Governmental Conduct and whistleblower protection. The Grantee specifically agrees that no officer or employee of the local jurisdiction or its designees or agents, no member of the governing body, and no other public official of the locality who exercises any function or responsibility with respect to this Grant, during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in any contract or subcontract, or the proceeds thereof, for work to be performed pursuant to this Grant. Further, Grantee shall require all of its contractors to incorporate in all subcontracts the language set forth in this paragraph prohibiting conflicts of interest.
- (vii) No funds have been paid or will be paid, by or on behalf of the Grantee, to any person for influencing or attempting to influence an officer or employee of this or any agency or body in connection with the awarding of any Third Party Obligation and that the Grantee shall require certifying language prohibiting lobbying to be included in the award documents for all subawards, including subcontracts, loans and cooperative agreements. All subrecipients shall be required to certify accordingly.

ARTICLE XI. STRICT ACCOUNTABILITY OF RECEIPTS AND DISBURSEMENTS; PROJECT RECORDS

A. The Grantee shall be strictly accountable for receipts and disbursements relating to the Project's funds. The Grantee shall follow generally accepted accounting principles, and, if feasible, maintain a separate bank account or fund with a separate organizational code, for the funds to assure separate budgeting and accounting of the funds.

- B. For a period of six (6) years following the Project's completion, the Grantee shall maintain all Project related records, including, but not limited to, all financial records, requests for proposals, invitations to bid, selection and award criteria, contracts and subcontracts, advertisements, minutes of pertinent meetings, as well as records sufficient to fully account for the amount and disposition of the total funds from all sources budgeted for the Project, the purpose for which such funds were used, and such other records as the Department shall prescribe.
- C. The Grantee shall make all Project records available to the Department and the New Mexico State Auditor upon request. With respect to the funds that are the subject of this Agreement, if the State Auditor finds that any or all of these funds were improperly expended, the Grantee may be required to reimburse to the State of New Mexico, to the originating fund, any and all amounts found to be improperly expended.

ARTICLE XII. IMPROPERLY REIMBURSED FUNDS

If the Department determines that part or all of the Appropriation Amount was improperly reimbursed to Grantee, including but not limited to, Project funds reimbursed to Grantee based upon fraud, mismanagement, misrepresentation, misuse, violation of law by the Grantee, or violation of this Agreement, the Grantee shall return such funds to the Department for disposition in accordance with law.

ARTICLE XIII. LIABILITY

Neither party shall be responsible for liability incurred as a result of the other party's acts or omissions in connection with this Agreement. Any liability incurred in connection with this Agreement is subject to immunities and limitations of the New Mexico Tort Claims Act.

ARTICLE XIV. SCOPE OF AGREEMENT

Attachments A and B are incorporated by reference and made part of the Agreement. This Agreement constitutes the entire and exclusive agreement between the Grantee and Department concerning the subject matter hereof. The Agreement supersedes any and all prior or contemporaneous agreements, understandings, discussions, communications, and representations, written or verbal.

ARTICLE XV. REQUIRED NON-APPROPRIATIONS CLAUSE IN CONTRACTS FUNDED IN WHOLE OR PART BY FUNDS MADE AVAILABLE UNDER THIS AGREEMENT

The Grantee acknowledges and agrees that Grantee shall include a "non-appropriations" clause in all contracts between it and other parties that are (i) funded in whole or part by funds made

available under this Agreement and (ii) entered into after the effective date of this Agreement that states:

"The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the Legislature of New Mexico for the performance of this Agreement. If sufficient appropriations and authorization are not made by the Legislature, the Chaves County may immediately terminate this Agreement by giving Contractor written notice of such termination. The Chaves County's decision as to whether sufficient appropriations are available shall be accepted by the Contractor and shall be final. Contractor hereby waives any rights to assert an impairment of contract claim against the Chaves County or the NMED or the State of New Mexico in the event of immediate or Early Termination of this Agreement by the Chaves County or the Department"

ARTICLE XVI. REQUIRED TERMINATION CLAUSE IN CONTRACTS FUNDED IN WHOLE OR PART BY FUNDS MADE AVAILABLE UNDER THIS AGREEMENT

Grantee acknowledges and agrees that Grantee shall include the following or a termination clause in all contracts that are (i) funded in whole or part by funds made available under this Agreement and (ii) entered into after the effective date of this Agreement:

"This contract is funded in whole or in part by funds made available under a NMED Grant Agreement. Should the NMED early terminate the grant agreement, the Chaves County may early terminate this contract by providing Contractor written notice of such termination. In the event of termination pursuant to this paragraph, the Chaves County's only liability shall be to pay Contractor for acceptable goods delivered and services rendered before the termination date."

Grantee hereby waives any rights to assert an impairment of contract claim against the Department or the State of New Mexico in the event of Early Termination of this Agreement by the Department.

ARTICLE XVII. COMPLIANCE WITH UNIFORM FUNDING CRITERIA.

- A. Throughout the term of this Agreement, Grantee shall:
- 1. submit all reports of annual audits and agreed upon procedures required by Section 12-6-3(A)-(B) NMSA 1978 by the due dates established in 2.2.2 NMAC, reports of which must be a public record pursuant to Section 12-6-5(A) NMSA 1978 within forty-five days of delivery to the State Auditor;
- 2. have a duly adopted budget for the current fiscal year approved by its budgetary oversight agency (if any);
- 3. timely submit all required financial reports to its budgetary oversight agency (if any); and
- 4. have adequate accounting methods and procedures to expend grant funds in accordance with applicable law and account for and safeguard grant funds and assets acquired by grant funds.

- B. In the event Grantee fails to comply with the requirements of Paragraph A of this Article XVII, the Department may take one or more of the following actions:
- 1. suspend new or further obligations pursuant to Article VI(A) of this Agreement;
- 2. require the Grantee to develop and implement a written corrective action plan pursuant to Article VI(D) of this Agreement to remedy the non-compliance;
- 3. impose special grant conditions to address the non-compliance by giving the Grantee notice of such special conditions in accordance with Article III of this Agreement; the special conditions shall be binding and effective on the date that notice is deemed to have been given pursuant to Article III; or
 - 4. terminate this Agreement pursuant to Article V(A) of this Agreement.

ARTICLE XVIII. SEVERANCE TAX BOND CLAUSES

- A. Grantee acknowledges and agrees that the underlying appropriation for the Project is a severance tax bond, which is administered by the New Mexico State Board of Finance (BOF), an entity separate and distinct from the Department. Grantee acknowledges and agrees that (i) it is Grantee's sole responsibility to determine through BOF staff what (if any) conditions are currently imposed on the Project; (ii) the Department's failure to inform Grantee of a BOF imposed condition does not affect the validity or enforceability of the condition; (iii) the BOF may in the future impose further or different conditions upon the Project; (iv) all BOF conditions are effective without amendment of this Agreement; (v) all applicable BOF conditions must be satisfied before the BOF will release to the Department funds subject to the condition(s); and (vi) the Department's obligation to reimburse Grantee from the Project is contingent upon the then current BOF conditions being satisfied.
- B. Grantee acknowledges and agrees that this Agreement is subject to the BOF's Bond Project Disbursements rule, 2.61.6 NMAC, as such may be amended or re-codified.

[THIS SPACE LEFT BLANK INTENTIONALLY]

IN WITNESS WHEREOF, the parties have duly executed this Agreement as of the date of execution by the Department.

| GRANTEE |
|--|
| Signature of Official with Authority to Bind Grantee |
| By:(Type or Print Name) |
| (Type or Print Name) |
| Its: |
| (Type or Print Title) |
| |
| Date |
| NEW MEXICO ENVIRONMENT DEPARTMENT |
| By: |
| Its: Cabinet Secretary or Deputy Cabinet Secretary |
| Date |

| | Amendment |
|------|-----------|
| No. | |
| Date | |

ATTACHMENT A

NEW MEXICO ENVIRONMENT DEPARTMENT CONSTRUCTION PROGRAMS BUREAU

PROJECT DESCRIPTION

| NAME OF GRAN | ITEE: Chaves County | | |
|---------------|---------------------------------|---------------------|---------|
| PROJECT NO: | 14-1602-STB | | |
| The GRANTEE a | grees to accomplish the project | as described below: | |
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| X | X | | |

Official Representative

NMED Project Manager Approval

ATTACHMENT B – NMENV TECHNICAL REQUIREMENTS TO STATE OF NEW MEXICO CAPITAL APPROPRIATION FUND AGREEMENT

ARTICLE 1 REVIEW

Upon execution of the agreement, the Grantee will follow the procedures listed below unless waived in writing by the New Mexico Environment Department (NMED) (payment may be withheld if any of these procedures are not followed by the Grantee).

- A. The Grantee must submit a detailed project description to NMED Construction Programs Bureau prior to committing to expenditures from these funds. The detailed description will be provided on the Attachment B form. The Grantee must submit copies to NMED of all executed contracts entered into by the Grantee prior to this agreement, that are related to the project, for review and, if appropriate, approval.
- B. If these grant funds are to be used for engineering and/or other professional services, the Grantee must submit documentation regarding the hiring process to be used and the Request for Proposals (RFP), if applicable, to NMED for review and approval prior to selecting engineering and/or other professional services. An RFP for engineering services and/or other professional services must be performed in compliance with the New Mexico Procurement [Sections 13-1-21 et seq. NMSA 1978]. If, for any one circumstance, engineering fees will exceed \$60,000, excluding gross receipt taxes, the Grantee is also required to contact the Professional Technical Advisory Board (PTAB) for assistance in the preparation of the RFP package. (PTAB: phone (505) 888-6161 and e-mail ptab@acecnm.org.)
- C. If these grant funds are to be used for engineering and/or other professional services, the Grantee must submit a draft of any engineering agreement and/or other professional services contract, or a letter certifying that the Grantee's staff will be used for design, to NMED for review and approval <u>prior to</u> executing the agreement/contract or using Grantee's staff. The required engineering agreement format is the "Publicly Funded Project" form prepared by NMED and posted on the website at www.nmenv.state.nm.us/cpb/cpbtop.html.
 - E. A preliminary engineering report (PER) or study by a registered New Mexico Professional Engineer may be required. If a PER or study is to be prepared, the Grantee and their consultant shall meet with NMED before starting any work for a "scoping" meeting to fully discuss the scope and extent of the PER. The consultant shall present their preliminary outline for the PER, including the alternatives to be considered. The Grantee must submit the final PER and/or study to NMED for review and approval <u>before</u> preparation of plans and specifications. The purpose of the PER and/or study is to analyze and choose the most technically feasible and cost effective solution for the project. The PER must follow USDA RUS Bulletin 1780-2.
- D. Grantee agrees not to start the preparation of plans and specifications until NMED approval of the PER, study, or waiver of the report requirement has been received.

- E. If the grant funds are to be used for engineering design or for construction, the Grantee must submit all plans, specifications, and any addenda for this project (prepared by a registered New Mexico Professional Engineer) to NMED for review and approval **before** the project is advertised for construction bids.
- F. The Grantee must submit all work related to easements, rights-of-ways, other property rights, and financing provisions associated with the project to NMED for review **prior to** advertising for construction. A site certificate certifying that all necessary easements and/or property upon or through which the project is being constructed have been obtained must be submitted prior to the advertisement for bid of the project. The Site Certificate must be signed by an attorney, engineer, surveyor, or title abstractor. The Grantee must submit the recommendation of award, certified bid tabulation, a copy of bid bond for the selected contractor and evidence of full project financing to NMED for review and approval prior to awarding the contract. Grantee shall not award the contract until NMED has concurred in writing with the award. Competitive bidding, in accordance with applicable state laws (including local wage determinations as provided Section 13-4-11 NMSA 1978), will be used for awarding construction contracts. Contracts will be awarded to the responsive, responsible bidder who submits the lowest acceptable bid, or as provided for by State Law.
- G. Following NMED approval of the proposed award, the Grantee will submit the notice of the award and the minutes of the meeting in which the award was made, the notice of a pre-construction conference, a copy of the executed construction contract documents (including payment and performance bonds), and the notice to contractor to proceed to NMED for review. The selected contractor will be required to post a performance and payment bond in accordance with requirements of Section 13-4-18 NMSA 1978.
- H. The selected contractor will submit a construction schedule to the Grantee and NMED if requested at the pre-construction conference with a copy to NMED. The Grantee will submit all modifications to plans and contract by change orders to the NMED project manager promptly for review and approval <u>prior to</u> implementation of such modification or change. The decision by NMED will be rendered promptly in writing to the Grantee. In cases necessitating immediate action, a verbal decision will be rendered by NMED and followed by a written confirmation to the Grantee.
- I. The Grantee will provide a full-time construction inspector during construction of the project. The Grantee will be required to submit the inspector's résumé to NMED for review and approval. All daily inspection reports shall be made available to the NMED Project Manager upon request.
- J. Notwithstanding the inspections performed by the Grantee and its engineer, NMED will have the right to examine all installations comprising the project, including materials delivered and stored on-site for use on the project. Such examinations will not be considered an inspection for compliance with contract plans, but will be a general NMED review as described in Article 2 below.
- K. If applicable, the Grantee (or the system owner) will employ qualified utility operators and will comply with all provisions of the New Mexico Utility Operators Certification Act, Section 61-33-1 et seq. NMSA 1978.

L. If the grant funds are to be used for construction of wastewater collection lines or water distribution lines, the Grantee will assure NMED that the existing population will connect to the collection system or distribution system within reasonable time after project completion. This will be accomplished by adoption and annual review of an ordinance and user charge system or other legal documents or other official act requiring such connection to the system, to the extent permitted by law.

ARTICLE 2 NMED OVERSIGHT

NMED inspection, review and approval are only for purposes of compliance with applicable state grant requirements, procedures, statutes and regulations. NMED approval will not be interpreted as any warranty or guarantee of any kind. Approval of plans and design of the project means only that plans are complete and in compliance with applicable state grant requirements, procedures and regulations. NMED will bring to the Grantee's attention, any obvious defects in the project's design, materials or workmanship, but all such defects and their correction will be the responsibility of the Grantee and its contractors and consultants. Any questions raised by NMED during its inspections and reviews shall be resolved exclusively by the Grantee. The Grantee and its contractors and consultants will remain responsible for the completion and success of the project. Approval does not relieve the owner or engineer of legal responsibilities for the overall integrity of the project, adequacy of the design, safety, or compliance with all applicable regulations.

ARTICLE 3 CLOSEOUT

- A. The project will not be considered complete until the work as defined in this agreement has been fully performed, and finally and unconditionally accepted by the Grantee and NMED.
- B. If the grant funds are to be used for preparation of a PER, a study, or plans and specifications, final payment will be made after approval by NMED of the PER, study, or plans and specifications. Payments do not constitute approval of any of these documents.
- C. If the grant funds are to be used for purchase of equipment, final payment will be made after approval by NMED of receipt of equipment title and appraisal reports for used equipment.
- D. If the grant funds are to be used for construction, final payment will be made after the final inspection has been conducted by NMED and the following items, unless waived by NMED, have been provided to NMED, and have been reviewed and approved by NMED:
 - i. Operation and maintenance manuals or a letter from the owner certifying receipt and acceptance of the operation and maintenance manuals;
 - ii. A final reimbursement request including the final certified construction pay request prepared by the Grantee's project engineer and approved by the Grantee;
 - iii. A certificate of substantial completion including punch list items;

- iv. A letter certifying project acceptance by the Grantee and the Grantee's project engineer stating that work has been satisfactorily completed and the construction contractor has fulfilled all of the obligations required under the contract documents with the Grantee, or if payment and materials performance bonds are "called", an acceptance close-out settlement to the Grantee and contractors will be submitted to NMED for final review and approval;
- v. Certification letter by the Grantee that the Labor Standards Contract Provisions have been met;
- vi. Record drawings prepared by the Grantee's project engineer or a letter from the owner certifying receipt and acceptance of the record drawings;
- vii. Complete and legally effective releases or waivers (satisfactory to the Grantee) of all liens arising out of the contract documents and the labor services performed and the materials and equipment furnished there under. In lieu thereof and as approved by the Grantee, contractor(s) may furnish receipts or releases in full; an affidavit of contractor that the releases and receipts include labor, services, materials, and equipment for which a lien could be filed and that all payrolls, material and equipment bills, and other indebtedness connected with the work for which the Grantee or its property might in any way be responsible, have been paid or otherwise satisfied;
- viii. A written consent of the surety, if any, to final payment; and
- ix. Grantee's ledger sheets including all payments made by the Grantee may be requested with the final reimbursement request and before the final reimbursement request can be processed by NMED.

With the exception of easements (See Article 1.G above), when real property is acquired by the Grantee, either through purchase or donation as a part of this project and within the project period, the Grantee will submit documentation of the acquisition to NMED, including a legal description of the property, the date the property will be acquired, evidence of clear title, and an appraisal report prepared by a <u>qualified</u> appraiser who was selected through applicable procurement procedures. These documents must be reviewed and approved by NMED <u>prior to</u> the acquisition of any real property. After real property acquisition, the Grantee will make available to NMED all documents of title pertaining to the acquired property and all easements or rights-of-way necessary for the completion of work under this grant agreement.

| AGENDA ITEM: 2 |
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Resolution R-14-054 Requesting Congress to Provide FY 2015 PILT Funding

MEETING DATE: October 16, 2014

STAFF SUMMARY REPORT

ACTION REQUESTED BY: Stanton L. Riggs

ACTION REQUESTED: Approve Resolution

ITEM SUMMARY:

This Resolution, if approved, states Chaves County's desire for Congress to provide full funding for PILT in FY 2015. In addition, it requests that Congress develop a sustainable long-term solution for funding.

Staff recommends approval of Resolution R-14-054.

SUPPORT DOCUMENTS: Resolution R-14-054

SUMMARY BY: Stanton L. Riggs

TITLE: County Manager

RESOLUTION R-14-054 REQUESTING CONGRESS TO PROVIDE FY 2015 PILT FUNDING

WHEREAS, the Payment in Lieu of Taxes (PILT) program was created in 1976 to offset costs incurred by counties for services provided to public lands; and

WHEREAS, Chaves County provides services to the public lands in the way of road maintenance, law enforcement, fire protection, and other important community services; and

WHEREAS, PILT payments make up a significant portion of the revenues upon which Chaves County's operating budget is based; and

WHEREAS, Federal Public Lands make up thirty two percent (32%) of the land in Chaves County; and

WHEREAS, PILT was extended through the farm bill (P.L. 113-79) as a fully funded, mandatory program at \$425 million for FY 2014; and

WHEREAS without Congressional action to extend additional mandatory funding, PILT will revert to a discretionary program subject to the annual appropriations process;

NOW THEREFORE BE IT RESOLVED that the Board of Commissioners of Chaves County respectfully requests that Congress provide full funding for PILT in FY 2015 and that Congress should develop a sustainable long-term approach to funding these essential local services in America's public lands counties.

Done this 16th day of October, 2014.

CHAVES COUNTY BOARD OF COMMISSIONERS

| | James W. Duffey, Chairman |
|--------------|--------------------------------------|
| | |
| | Kyle D. Smiley Wooton, Vice-Chairman |
| | Kim Chesser, Member |
| | Greg Nibert, Member |
| ATTEST: | |
| | Robert B. Corn, Member |
| Dave Kunko | |
| County Clerk | |

| AGENDA ITEM: | 3 | |
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Permission to Publish for a Public Hearing Regarding Proposed Ordinance O-088 Relating to Economic Development Planning

MEETING DATE: October 16, 2014

STAFF SUMMARY REPORT

ACTION REQUESTED BY: Stanton L. Riggs

ACTION REQUESTED: Permission to Publish

ITEM SUMMARY:

Staff is requesting permission to advertise for a public hearing to be held Thursday, November 20, 2014 at 9:00 a.m. to consider proposed Ordinance O-088 Relating to Economic Development Planning.

Staff recommends approval for permission to publish for public hearing.

SUPPORT DOCUMENTS: Proposed Ordinance O-088

(Will be provided prior to the meeting)

SUMMARY BY: Stanton L. Riggs

TITLE: County Manager

| 1 | | | Approval of Checks |
|-----------------|------------------------|-------------------------------|------------------------------|
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| | STAFF S | UMMARY REPORT | |
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| ACTION REQUEST | ED BV: | Joe Sedillo, Finance Director | |
| ACTION NEGOLOTI | LD D1. | (624-6646) | |
| ACTION REQUEST | ED: | | |
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| A/P: | 05-Sep-14 | | \$636,775.08 |
| | 12-Sep-14 | | \$1,830,168.03 |
| | 19-Sep-14 23-Sep-14 | | \$394,467.39 \$223,903.53 |
| | 26-Sep-14 | | \$157,196.28 |
| | 29-Sep-14 | | \$216,387.00 |
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| A/P: VOID | 01-Sep-14 | | -\$369,349.51 |
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| | | FINAL | \$200.88 |
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| | | REGULAR | \$253,618.01 \$232,345.93 |
| | 30-Sep-14 | REGULAR FINAL | \$406.46 |
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| Grand Total Che | cks to be Approv | ed: | \$3,805,992.59 |
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| SUMMARY BY: | Cindy Mealand | | |
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TITLE:

A/P Officer

PAGE: 1 A/P PAYMENT REGISTER

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PACKET: 01778 Regular Payments
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| VENDOR | ITEM NO# | DESCRIPTION | BANK CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
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| | | 410 8-816-340-000 | TELEPHONE | | 38.92 | ACCT.#050-543 | 3-9111-001 | |
| I CCO | 10665 | SIERRA F.D. #2 G/L ACCOUNT | AP | R | 9/05/2014 | 38.92 | 38.92CR | |
| | | 412 8-815-340-000 | TELEPHONE | | 38.92 | ACCT.#017-240 |)-8197-001 | |
| | | VENDOR TOTALS | REG. CHECK | | | 77.84 77.84 | 77.84CR 0.00 | 0.00 |
| 01-5053 | AURORA APP | RAISAL'S LLC | | | | | | |
| I 112 | | APPRAISAL SERVICES/ | ASSESSOR AP | | | 3,600.00 | 3,600.00CR | |
| | | 401 7-732-260-000 | PROFESSIONAL SERVICES PROFESSIONAL SERVICES | 5 5 | 1,800.00 1,800.00 | PROFESSIONAL PROFESSIONAL | SERVICES SERVICES | |
| | | VENDOR TOTALS | REG. CHECK | | | 3,600.00 3,600.00 | 3,600.00CR 0.00 | 0.00 |
| 01-3747 | AMANDA BEA | | | | | | | |
| I CCO |)10643 | PRISONER TRANSPORT | | | 9/05/2014 | 10.00 | 10.00CR | |
| | | 650 6-684-228-000 | TRANSPORT PRISONERS | - PER DI | EM 10.00 | GRANTS/08/27 | /14-08/27/14 | |
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| I CC | 010659 | ROAD DEPT G/L ACCOUNT | AP | R | 9/05/2014 | 51.07 | 51.07CR | |
| | | 402 6-651-341-000 | UTILITIES | | 51.07 | ACCT.#J1-72 | | |
| | | VENDOR TOTALS | REG. CHECK | | | 51.07 51.07 | 51.07CR 0.00 | 0.00 |

PAGE: A/P PAYMENT REGISTER

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| C C39 | 201409047596 | J.BEST/ Cause # DM-2007-019 | 9 AP | | R | 8/31/2014 | 154.62CR 154.62CR | 154.62 | |
| | | 452 2-200-018-000 CHILD | ENFORCEME | ENT PAYAI | BLE | 154.62C | RJ.BEST/ Cause # | DM-2007-0194 | |
| I C39 | 201409037593 | J.BEST/ Cause # DM-2007-019 G/L ACCOUNT | | | | | 154.62 | | |
| | | 452 2-200-018-000 CHILD | ENFORCEME | ENT PAYAI | BLE | 154.62 | J.BEST/ Cause | DM-2007-0194 | |
| I C39 | 201409047597 | J.BEST/ Cause # DM-2007-01 | | | | | 154.62 | | |
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| 01-5098 | JAMMIE DEE B | BURRELL | | | | | | | |
| I CCO | 10670 | REIMBURSEMENT/DISABILITY G/L ACCOUNT | | | | | 280.32 | | |
| | | 402 6-651-102-000 REGULA | R SALARII | ES | | 280.32 | SHORT TERM DISA | ABILITY | |
| | | VENDOR TOTALS | REG. | CHECK | | | 280.32 280.32 | 280.32CR 0.00 | 0.00 |
| 01-4123 | RENE L. CARF | REON | | | | | | | |
| I CCO |)10649 | REIMBURSEMENT/CHILD SUPPOR | | | | | 70.15 | | |
| | | 401 2-200-018-000 CHILD | ENFORCEM | ENT PAYA | BLE | 70.15 | CHILD SUPPORT/ | #96AG6799 | |
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| 01-698 | CENTRAL VALI | LEY ELECTRIC COO | | | | | | | |
| I CCC | 010666 | MDIWAY F.D.# 1 & 2 G/L ACCOUNT | AP | | R | 9/05/2014 | 262.29 262.29 | 262.29CR | |
| | | 410 8-816-341-000 UTILIT 410 8-816-341-000 UTILIT | | | | | ACCT.#10114001 ACCT.#23898800 | | |
| I CCC | 010667 | ROAD/DISTRICT 8/MIDWAY F.D | . AP | | R | 9/05/2014 | 1,176.73 1,176.73 | 1,176.73CR | |
| | | 402 6-653-243-000 HIGHWA | Y LIGHTS | 2002 | | 25.25 | | | |

A/P PAYMENT REGISTER PAGE: 9-05-2014 11:24 AM

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| I CC010668 | BERRENDO F.D. G/L ACCOUNT 411 8-814-341-000 411 8-814-341-000 411 8-814-341-000 411 8-814-341-000 | UTILITIES UTILITIES UTILITIES | R | 47.01 11.28 | 108.16 108.16 ACCT.#12413201 ACCT.#12026501 ACCT.#12413101 ACCT.#12413301 | | |
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| I CC010650 | COMMISSION G/L ACCOUNT 401 6-619-340-000 | AP TELEPHONE | R | | 55.38 55.38 ACCT.#575-625-2 | | |
| I CC010651 | COMMISSION G/L ACCOUNT 401 6-619-340-000 | AP | R | 9/05/2014 | 32.83 32.83 ACCT.#575-625-3 | | |
| I CC010652 | COMMISSION G/L ACCOUNT 401 6-619-340-000 | AP TELEPHONE | R | | 50.19 50.19 ACCT.#575-625-1 | | |
| I CC010653 | COMMISSION G/L ACCOUNT 401 6-619-340-000 | AP TELEPHONE | R | | 1,469.69 1,469.69 ACCT.#575-622- | | |
| I CC010660 | CCDC G/L ACCOUNT | | | 9/05/2014 | 55.38 | | |
| I CC010661 | FLOOD CONTROL G/L ACCOUNT 452 8-832-340-000 | AP | | 9/05/2014 | 109.64 109.64 ACCT.#575-622- | | |
| I CC010662 | COURTHOUSE G/L ACCOUNT 401 6-692-340-000 | AP TELEPHONE | R | | 117.74 117.74 ACCT.#575-622- | | |
| | | | | | 38.41 | | |

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| 01-5076 | CHAVES COUNT | TY FEDERAL PAYRO | | | | | | | | | |
| С Т1 | 201409047596 | 402 2-200-003-000 427 2-200-003-000 432 2-200-003-000 437 2-200-003-000 | FEDERAL FEDERAL FEDERAL FEDERAL FEDERAL FEDERAL | WITHHOM WITHHOM WITHHOM WITHHOM WITHHOM WITHHOM | LDING LDING LDING LDING LDING | PAYABLE PAYABLE PAYABLE PAYABLE PAYABLE | 11 | 8,312.2 3,424.8 95.5 218.6 176.4 | 23,503.86CR 23,503.86CR 4CRFEDERAL W/H 4CRFEDERAL W/H 4CRFEDERAL W/H 4CRFEDERAL W/H 4CRFEDERAL W/H 4CRFEDERAL W/H | PAYABLE PAYABLE PAYABLE PAYABLE PAYABLE | |
| C T3 | 201409047596 | G/L ACCOUNT 401 2-200-001-000 401 6-611-108-000 401 6-612-108-000 401 6-612-108-000 401 6-621-108-000 401 6-622-108-000 401 6-622-108-000 401 6-625-108-000 401 6-625-108-000 401 6-631-108-000 401 6-631-108-000 401 6-632-108-000 401 6-641-108-000 401 6-642-108-000 401 6-649-108-000 401 6-691-108-000 401 7-721-108-000 401 7-721-108-000 401 7-721-108-000 401 7-731-108-000 401 7-731-108-000 401 7-731-108-000 401 7-751-108-000 401 7-751-108-000 401 7-751-108-000 402 6-651-108-000 402 6-651-108-000 402 6-653-108-000 402 6-653-108-000 402 6-653-108-000 402 6-653-108-000 402 6-653-108-000 402 6-653-108-000 | FICA PA FICA A FICA A FICA A FICA A FICA A FICA A FICA A FICA A FICA PA FICA PA FICA PA FICA PA FICA PA | YABLE | | | 10 | 0,110.8 225.6 422.2 129.1 348.7 238.4 395.7 256.4 414.2 301.1 783.8 682.3 495.3 386.1 133.6 21.9 570.2 465.2 2,552.3 294.9 408.1 1,750.0 98.3 172.1 | 28,034.62CR 28,034 | | |

PAGE: 5 A/P PAYMENT REGISTER

PACKET: . .05778 Regular Payments VENDOR SET: 01

| VENDOR | ITEM NO# | DESCRIPTION | BANK | | | DISC DT | GROSS BALANCE | DISCOUNT | OUTSTANDING |
|--------|--------------|---|--|------------|-------|-----------|--|--------------------|-------------|
| | | 432 7-761-108-000 | | | | | .20CRFICA PAYAB | | |
| | | 432 7-761-108-000 | FICA | | | 165 | .15CRFICA PAYAB | | |
| | | 432 7-765-108-000 432 7-765-108-000 437 2-200-001-000 | FICA PAYARLE | | | 143 | .31CRFICA PAYAB | | |
| | | 437 6-659-108-000 | FICA | | | 143 | .31CRFICA PAYAB | | |
| | | 452 2-200-001-000 | FICA PAYABLE | | | | .21CRFICA PAYAB | | |
| | | 452 8-832-108-000 | F I C A FICA PAYABLE F I C A | | | | .21CRFICA PAYAB | | |
| С Т4 | 201409047596 | MEDICARE PAYABLE | AP | | R | 8/31/2014 | 8,193.88CF | | |
| | | | | | | | 8,193.88CF | { | |
| | | 401 2-200-006-000 | MEDICARE PAY | ABLE | | 3,183 | .34CRMEDICARE F | AYABLE | |
| | | 401 6-611-106-000 | MEDICARE TAX | | | 52 | .76CRMEDICARE E | PAYABLE | |
| | | 401 6-612-106-000 | MEDICARE TAX | | | 98 | .76CRMEDICARE F | PAYABLE | |
| | | 401 6-613-106-000 | MEDICARE TAX | | | 30 | .21CRMEDICARE F | PAYABLE | |
| | | 401 6-621-106-000 | MEDICARE TAX | | | 81 | .56CRMEDICARE F | PAYABLE | |
| | | 401 6-622-106-000 | MEDICARE TAX | | | 55 | .77CRMEDICARE F | PAYABLE | |
| | | 401 6-624-106-000 | MEDICARE TAX | | | 92 | PAYABLE | | |
| | | 401 6-625-106-000 | MEDICARE TAX | | | 59 | PAYABLE | | |
| | | 401 6-631-106-000 | MEDICARE TAX | | | 96 | PAYABLE | | |
| | | 401 6-632-106-000 | MEDICARE TAX | | | 70 | .44CRMEDICARE F | PAYABLE | |
| | | 401 6-641-106-000 | MEDICARE TAX | | | 168 | .11CRMEDICARE I | PAYABLE | |
| | | 401 6-642-106-000 | MEDICARE TAX | | | 651 | .07CRMEDICARE | PAYABLE | |
| | | 401 6-645-106-000 | MEDICARE TAX | | | 159 | .60CRMEDICARE | PAYABLE | |
| | | 401 6-691-106-000 | MEDICARE TAX | | | 115 | .87CRMEDICARE | PAYABLE | |
| | | 401 6-692-106-000 | MEDICARE TAX | | | 31 | .25CRMEDICARE | PAYABLE | |
| | | 401 7-721-106-000 | MEDICARE TAX | | | 90 | 34CRMEDICARE F .76CRMEDICARE F .76CRMEDICARE F .76CRMEDICARE F .21CRMEDICARE F .56CRMEDICARE F .55CRMEDICARE F .98CRMEDICARE F .98CRMEDICARE F .98CRMEDICARE F .98CRMEDICARE F .89CRMEDICARE F .11CRMEDICARE F .07CRMEDICARE F .60CRMEDICARE F .87CRMEDICARE F .87CRMEDICARE F .87CRMEDICARE F .87CRMEDICARE F .81CRMEDICARE F | PAYABLE | |
| | | 401 7-722-106-000 | MEDICARE TAX | | | 42 | .58CRMEDICARE | PAYABLE | |
| | | 401 7-723-106-000 | MEDICARE TAX | | | 100 | .13CRMEDICARE | PAIABLE | |
| | | 401 7-731-106-000 | MEDICARE TAX | | | 133 | . SACRMEDICARE | PAIABLE DAVABLE | |
| | | 401 7-732-106-000 | MEDICARE TAX | | | 57 | .64CRMEDICARE | PAIABLE Davabie | |
| | | 401 7-741-106-000 | MEDICARE TAX | | | 113 | .29CRMEDICARE | PAIADLE PAVADIE | |
| | | 401 7-751-106-000 | MEDICARE TAX | | | 100 | . ASCRMEDICARE : | LUINDIE | |
| | | 401 7-752-106-000 | MEDICARE TAX | | | 164 | 140CKMEDICARE I | DAVADLE PAIADLE | |
| | | 401 7-758-106-000 | MEDICARE TAX | | | 104 | COCOMEDICARE 1 | בענעסטה בענעסטה | |
| | | 402 2-200-006-000 | MEDICARE PAY | ARPE | | 290 | 0.92CRMEDICARE | DAVABLE | |
| | | 402 6-651-106-000 | MEDICARE TAX | | | 0.0 | . AGCDMEDICARE | PAYARI.E | |
| | | 402 6-652-106-000 | MEDICARE TAX | | | 400 | A2CDMEDICARE | PAVARI.E | |
| | | 402 6-653-106-000 | MEDICARE TAX MEDICARE TAX MEDICARE TAX MEDICARE TAX MEDICARE TAX | | | 22 | 0.42CRMEDICARE 1 | PAYARI.E | |
| | | 402 6-654-106-000 | MEDICARE TAX | NDIE | | A (| .29CRMEDICARE | DAYARI.E | |
| | | 427 2-200-006-000 | MEDICARE PAI | MDDE | | 40 | .29CRMEDICARE | PAYARLE | |
| | | 427 6-636-106-000 | HEDICANE INV | | | 56 | 44CRMEDICARE | PAYABLE | |
| | | 432 2-200-006-000 | MEDICARE PAY MEDICARE TAX | MDDE | | 17 | 82CRMEDICARE 1 | PAYABLE | |
| | | 432 7-761-106-000 | MEDICARE MAN | | | 38 | 62CRMEDICARE | PAYABLE | |
| | | 432 7-765-106-000 | MEDICARE TAX MEDICARE PAY MEDICARE TAX | ARIF | | 33 | J.29CRMEDICARE 5.44CRMEDICARE 7.82CRMEDICARE 8.62CRMEDICARE 8.51CRMEDICARE | PAYABLE | |
| | | 437 2-200-006-000 | MEDICARE TAI | พอกอ | | 33 | 3.51CRMEDICARE | PAYABLE | |
| | | 437 6-659-106-000 | MEDICARE DAY | ARLE | | | .44CRMEDICARE | | |
| | | 452 2-200-006-000 | MEDICARE PAY | , ADDE | | | .44CRMEDICARE | | |
| | | 452 8-832-106-000 | MEDICARE IAA | • | | 10. | | | |
| I T1 | 201409037593 | FEDERAL W/H PAYABLE | AP | | R | 8/31/2014 | 28,277.12 | 28,277.12CF | ł |
| | | G/L ACCOUNT | | | | 00.40 | 28,277.12 | /U DAVADIE | |
| | | 401 2-200-003-000 | FEDERAL WITH | HOLDING PA | YABLE | 22,48 | 3.69 FEDERAL W | / n PAIADLE | |

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PACKET: , 0\$778 Regular Payments VENDOR SET: 01

| VENDOR | ITEM NO# | | | | HECK STAT | DISC DT | | DISCOUNT | OUTSTANDING |
|--------|--------------|--|---------|-----------|-------------|--|--------------|---------------|-------------|
| | | 402 2-200-003-000 427 2-200-003-000 432 2-200-003-000 435 2-200-003-000 437 2-200-003-000 | FEDERAL | WITHHOLDI | NG PAYABLE | 3,980.52 | FEDERAL W/H | PAYABLE | |
| | | 427 2-200-003-000 | FEDERAL | WITHHOLDI | NG PAYABLE | 95.54 | FEDERAL W/H | PAYABLE | |
| | | 432 2-200-003-000 | FEDERAL | WITHHOLDI | NG PAYABLE | 218.69 | FEDERAL W/H | PAYABLE | |
| | | 435 2-200-003-000 | FEDERAL | WITHHOLDI | NG PAYABLE | 11.64 | FEDERAL W/H | PAYABLE | |
| | | 437 2-200-003-000 | FEDERAL | WITHHOLDI | NG PAYABLE | 176.47 | FEDERAL W/H | PAYABLE | |
| | | 452 2-200-003-000 | FEDERAL | WITHHOLDI | NG PAYABLE | 1,310.57 | FEDERAL W/H | PAYABLE | |
| I T1 | 201409047597 | FEDERAL W/H PAYABLE | | AP | R | 8/31/2014 | 23,430.60 | 23,430.60CR | |
| | | a / a a a a seriem | | | | | 23,430.60 | D3 V3 D7 E | |
| | | 401 2-200-003-000 | FEDERAL | WITHHOLD | ING PAYABLE | 18,288.08 | FEDERAL W/H | PAYABLE | |
| | | 402 2-200-003-000 | FEDERAL | WITHHOLDI | ING PAYABLE | 3,424.87 | FEDERAL W/H | PAYABLE | |
| | | 427 2-200-003-000 | FEDERAL | WITHHOLD | ING PAYABLE | 95.55 | FEDERAL W/H | PAYABLE | |
| | | 432 2-200-003-000 | FEDERAL | WITHHOLD | NG PAYABLE | 218.69 | FEDERAL W/H | PAYABLE | |
| | | 437 2-200-003-000 | FEDERAL | WITHHOLD | ING PAYABLE | 1/6.4/ | FEDERAL W/H | PATABLE | |
| | | 401 2-200-003-000 402 2-200-003-000 427 2-200-003-000 432 2-200-003-000 437 2-200-003-000 452 2-200-003-000 | FEDERAL | WITHHOLD | ING PAYABLE | 1,226.94 | FEDERAL W/H | PATABLE | |
| I Т3 | 201409037593 | ## ## ## ## ## ## ## ## ## ## ## ## ## | | AP | R | 8/31/2014 | 35,228.16 | 35,228.16CR | |
| | | G/L ACCOUNT | | | | 12 054 00 | 33,228.10 | - | |
| | | 401 2-200-001-000 | FICA PA | YABLE | | 13,054.09 | FICA PAIABLE | 5 5 | |
| | | 401 6-611-108-000 | FICA | | | 225.63 | FICA PAIADLE | 5 | |
| | | 401 6-612-108-000 | FICA | | | 422.20 | FICA PAIADLE | 5 7 | |
| | | 401 6-613-108-000 | FICA | | | 129.17 | FICA PAIADLE | r | |
| | | 401 6-621-108-000 | FICA | | | 410.12 | FICA PAIABLE | : - | |
| | | 401 6-622-108-000 | FICA | | | 305.43 | FICA PAYABLE | <u>.</u> | |
| | | 401 6-624-108-000 | FICA | | | 256 47 | FICA PAYABL | 5 F. | |
| | | 401 6-625-108-000 | FICA | | | 414.26 | FICA PAYABLI | <u>-</u> E | |
| | | 401 6-631-108-000 | FICA | | | 301.19 | FICA PAYABLE | - E | |
| | | 401 6-632-108-000 | FICA | | | 957.18 | FICA PAYABLE | - E | |
| | | 401 6-641-108-000 | FICA | | | 3.978.41 | FICA PAYABLE | | |
| | | 401 6-645-108-000 | FICA | | | 1.307.22 | FICA PAYABLE | E | |
| | | 401 6-691-108-000 | FICA | | | 791.30 | FICA PAYABLE | E | |
| | | 401 6-692-108-000 | FICA | | | 188.60 | FICA PAYABL | Ε | |
| | | 401 7-721-108-000 | FICA | | | 457.45 | FICA PAYABLE | E | |
| | | 401 7-722-108-000 | FICA | | | 271.57 | FICA PAYABL | E | |
| | | 401 7-723-108-000 | FICA | | | 21.92 | FICA PAYABL | E | |
| | | 401 7-731-108-000 | FICA | | | 594.62 | FICA PAYABL | E | |
| | | 401 7-732-108-000 | FICA | | | 383.39 | FICA PAYABL | E | |
| | | 401 7-741-108-000 | FICA | | | 492.93 | FICA PAYABL | E | |
| | | 401 7-751-108-000 | FICA | - | | 665.22 | FICA PAYABL | E | |
| | | 402 2-200-001-000 | FICA PA | YABLE | | 3,053.03 | FICA PAYABL | E | |
| | | 402 6-651-108-000 | FICA | | | 294.98 | FICA PAYABL | E | |
| | | 402 6-652-108-000 | FICA | L | | 484.98 | FICA PAYABL | E | |
| | | 402 6-653-108-000 | FICA | 1 | | 2,101.18 | FICA PAYABL | Ē | |
| | | 402 6-654-108-000 | FICA | 1 | | 171.89 | FICA PAYABL | E | |
| | | 427 2-200-001-000 | FICA PA | YABLE | | 172.26 | FICA PAYABL | E | |
| | | 427 6-638-108-000 | FICA | 1 | | 172.26 | FICA PAYABL | E | |
| | | 432 2-200-001-000 | FICA PA | YABLE | | 294.98 484.98 2,101.18 171.89 172.26 172.26 241.35 | FICA PAYABL | E | |

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VENDOR SET: 01 A/P PAYMENT REGISTER

| VENDOR | ITEM NO# | DESCRIPTION | BANK | CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|--------------|--|--|-------|------|-------------------|------------------------|---------------------|-------------|
| | | 432 7-761-108-000 | F.I.C.A. | | | | | | |
| | | 432 7-765-108-000 | F.I.C.A. | | | 165.15 | FICA PAYABLE | | |
| | | 435 2-200-001-000 | FICA PAYABLE | | | 76.85 | FICA PAYABLE | | |
| | | 435 6-643-108-000 | FICA | | | 76.85 | FICA PAYABLE | | |
| | | 437 2-200-001-000 | FICA PAYABLE | | | 143.31 | FICA PAYABLE | | |
| | | 437 6-659-108-000 | FICA | | | 143.31 | FICA PAYABLE | | |
| | | 452 2-200-001-000 | FICA PAYABLE | | | 873.19 | FICA PAYABLE | | |
| | | 452 8-832-108-000 | F.I.C.A. F.I.C.A. FICA PAYABLE F I C A FICA PAYABLE F I C A FICA PAYABLE F I C A | | | 873.19 | FICA PAYABLE | | |
| I T3 | 201409037594 | FICA PAYABLE | AP | | R | 8/31/2014 | 134.28 | 134.28CR | |
| | | G/L ACCOUNT | | | | | 134.28 | | |
| | | 401 2-200-001-000 | FICA PAYABLE | | | | FICA PAYABLE | | |
| | | 401 6-691-108-000 | FICA | | | 67.14 | FICA PAYABLE | | |
| 1 Т3 | 201409047597 | FICA PAYABLE G/L ACCOUNT 401 2-200-001-000 401 6-611-108-000 401 6-612-108-000 401 6-621-108-000 401 6-621-108-000 401 6-621-108-000 401 6-621-108-000 401 6-625-108-000 401 6-631-108-000 401 6-631-108-000 401 6-631-108-000 401 6-641-108-000 401 6-645-108-000 401 6-691-108-000 401 6-691-108-000 401 7-721-108-000 401 7-723-108-000 401 7-731-108-000 401 7-731-108-000 401 7-731-108-000 401 7-731-108-000 401 7-751-108-000 401 7-751-108-000 | AP | | R | 8/31/2014 | 27,976.88 27,976.88 | 27,976.88CR | |
| | | 401 2-200-001-000 | FICA PAYABLE | | | 10,116.78 | FICA PAYABLE | | |
| | | 401 6-611-108-000 | FICA | | | 225.63 | FICA PAYABLE | | |
| | | 401 6-612-108-000 | FICA | | | 422.28 | FICA PAYABLE | | |
| | | 401 6-613-108-000 | FICA | | | 129.17 | FICA PAYABLE | | |
| | | 401 6-621-108-000 | FICA | | | 348.74 | FICA PAYABLE | | |
| | | 401 6-622-108-000 | FICA | | | 238.47 | FICA PAYABLE | | |
| | | 401 6-624-108-000 | FICA | | | 395.73 | FICA PAYABLE | | |
| | | 401 6-625-108-000 | FICA | | | 256.47 | FICA PAYABLE | | |
| | | 401 6-631-108-000 | FICA | | | 414.26 | FICA PAYABLE | | |
| | | 401 6-632-108-000 | FICA | | | 301.19 | FICA PAYABLE | | |
| | | 401 6-641-108-000 | FICA | | | 718.83 | FICA PAYABLE | | |
| | | 401 6-642-108-000 | FICA | | | 2,783.93 | FICA PAYABLE | | |
| | | 401 6-645-108-000 | FICA | | | 684.01 | FICA PAYABLE | | |
| | | 401 6-691-108-000 | FICA | | | 495.39 | FICA PAYABLE | | |
| | | 401 6-692-108-000 | FICA | | | 133.60 | FICA PAYABLE | | |
| | | 401 7-721-108-000 | FICA | | | 386.18 | FICA PAYABLE | | |
| | | 401 7-722-108-000 | FICA | | | 182.05 | FICA PAYABLE | | |
| | | 401 7-723-108-000 | FICA | | | 21.92 | FICA PAYABLE | | |
| | | 401 7-731-108-000 | FICA | | | 570.03 | FICA PAYABLE | | |
| | | 401 7-732-108-000 | FICA | | | 219.04 | FICA PAYABLE | | |
| | | 401 7-741-108-000 | FICA | | | 492.93 | FICA PAYABLE | | |
| | | 401 7-751-108-000 | FICA | | | 696.93 | FICA PAYABLE | | |
| | | 402 2-200-001-000 | FICA PAYABLE | | | 2,552.35 | FICA PAYABLE | | |
| | | 402 6-651-108-000 | FICA | | | 294.98 | FICA PAYABLE | | |
| | | 402 6-652-108-000 | FICA | | | 408.31 | FICA PAYABLE | | |
| | | 402 6-653-108-000 | FICA | | | 1,750.60 | FICA PAYABLE | | |
| | | 402 6-654-108-000 | FICA | | | 98.46 | FICA PAYABLE | | |
| | | 427 2-200-001-000 | FICA PAYABLE FICA A FICA FICA FICA FICA FICA FICA FICA FIC | | | 172.26 | FICA PAYABLE | | |
| | | 427 6-638-108-000 | FICA | | | 172.26 | FICA PAYABLE | | |
| | | 432 2-200-001-000 | FICA PAYABLE | | | 241.35 | FICA PAYABLE | | |
| | | 432 7-761-108-000 | F.I.C.A. | | | 76.20 | FICA PAYABLE | | |
| | | 432 7-765-108-000 | F I C A FICA PAYABLE F.I.C.A. F.I.C.A. | | | 165.15 | FICA PAYABLE | | |

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| VENDOR | ITEM NO# | | BANK | CHECK | STAT | DUE DISC | DT DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
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| | | 437 2-200-001-000 | | | | | | | | |
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| | | 452 2-200-001-000 | FICA PAYABLE | | | | 762.39 | FICA PAYABI | Æ | |
| | | 437 2-200-001-000 437 6-659-108-000 452 2-200-001-000 452 8-832-108-000 | FICA | | | | 762.39 | FICA PAYABI | Æ | |
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| 1 Т4 | 201409037593 | MEDICARE PAYABLE | AP | | R | 8/31/2 | 2014 | 10,142.86 | 10,142.86C | R |
| | | G/L ACCOUNT | | | | | | 10,142.86 | | |
| | | 401 2-200-006-000 | MEDICARE PAYAB | LE | | | 4,004.99 | MEDICARE PA | YABLE | |
| | | 401 6-611-106-000 | MEDICARE TAX | | | | 52.76 | MEDICARE PA | YABLE | |
| | | 401 6-612-106-000 | MEDICARE TAX | | | | 98.76 | MEDICARE PA | YABLE | |
| | | 401 6-613-106-000 | MEDICARE TAX | | | | 30.21 | MEDICARE PA | YABLE | |
| | | 401 6-621-106-000 | MEDICARE TAX | | | | 95.92 | MEDICARE PA | YABLE | |
| | | 401 6-622-106-000 | MEDICARE TAX | | | | 91.08 | MEDICARE PA | YABLE | |
| | | 401 6-624-106-000 | MEDICARE TAX | | | | 92.55 | MEDICARE PA | YABLE | |
| | | 401 6-625-106-000 | MEDICARE TAX | | | | 59.98 | MEDICARE PA | YABLE | |
| | | 401 6-631-106-000 | MEDICARE TAX | | | | 96.89 | MEDICARE PA | YABLE | |
| | | 401 6-632-106-000 | MEDICARE TAX | | | | 70.44 | MEDICARE PA | YABLE | |
| | | 401 6-641-106-000 | MEDICARE TAX | | | | 223.85 | MEDICARE PA | YABLE | |
| | | 401 6-642-106-000 | MEDICARE TAX | | | | 930.47 | MEDICARE PA | YABLE | |
| | | 401 6-645-106-000 | MEDICARE TAX | | | | 305.75 | MEDICARE PA | YABLE | |
| | | 401 6-691-106-000 | MEDICARE TAX | | | | 185.08 | MEDICARE PA | YABLE | |
| | | 401 6-692-106-000 | MEDICARE TAX | | | | 44.11 | MEDICARE PA | VADIE | |
| | | 401 7-721-106-000 | MEDICARE TAX | | | | 106.98 | MEDICARE PA | AIABLE | |
| | | 401 7-722-106-000 | MEDICARE TAX | | | | 63.52 | MEDICARE PA | VADIE | |
| | | 401 7-723-106-000 | MEDICARE TAX | | | | 3.13 | MEDICARE PA | AINDLE | |
| | | 401 7-731-106-000 | MEDICARE TAX | | | | 139.03 | MEDICARE PA | AYDIE | |
| | | 401 7-732-106-000 | MEDICARE TAX | | | | 115 20 | MEDICARE PA | VARI.E | |
| | | 401 7-741-106-000 | MEDICARE IAA | | | | 217 89 | MEDICARE PA | YARLE | |
| | | 401 7-751-106-000 | MEDICARE TAX | | | | 725 45 | MEDICARE PA | YABLE | |
| | | 401 7-752-106-000 | MEDICARE TAX | | | | 164 16 | MEDICARE PA | YABLE | |
| | | 401 7-738-106-000 | MEDICARE DAVAR | r.E | | | 714.02 | MEDICARE PA | YABLE | |
| | | 402 6-651-106-000 | MEDICARE TATAL | | | | 68 98 | MEDICARE PA | YABLE | |
| | | 402 6-652-106-000 | MEDICARE TAX | | | | 113.42 | MEDICARE PA | AYABLE | |
| | | 402 6-653-106-000 | MEDICARE TAX | | | | 491.42 | MEDICARE PA | AYABLE | |
| | | 402 6-654-106-000 | MEDICARE TAX | | | | 40.20 | MEDICARE PA | YABLE | |
| | | 427 2-200-006-000 | MEDICARE PAYAR | LE. | | | 40.29 | MEDICARE PA | YABLE | |
| | | 427 6-638-106-000 | MEDICARE TAX | | | | 40.29 | MEDICARE PA | AYABLE | |
| | | 432 2-200-006-000 | MEDICARE PAYAB | LE | | | 56.44 | MEDICARE PA | AYABLE | |
| | | 432 7-761-106-000 | MEDICARE TAX | | | | 17.82 | MEDICARE PA | AYABLE | |
| | | 432 7-765-106-000 | MEDICARE TAX | | | | 38.62 | MEDICARE PA | AYABLE | |
| | | 435 2-200-006-000 | MEDICARE PAYAB | LE | | | 17.97 | MEDICARE PA | AYABLE | |
| | | 435 6-643-106-000 | MEDICARE TAX | | | | 17.97 | MEDICARE PA | AYABLE | |
| | | 437 2-200-006-000 | MEDICARE PAYAB | LE | | | 33.51 | MEDICARE PA | AYABLE | |
| | | 437 6-659-106-000 | MEDICARE TAX | | | | 33.51 | MEDICARE PA | AYABLE | |
| | | 452 2-200-006-000 | MEDICARE PAYAB | LE | | | 204.21 | MEDICARE PA | AYABLE | |
| | | 452 8-832-106-000 | MEDICARE TAX | | | | 204.21 | MEDICARE PA | AYABLE | |
| I T4 | 201409037594 | MEDICARE PAYABLE G/L ACCOUNT 401 2-200-006-000 401 6-611-106-000 401 6-612-106-000 401 6-613-106-000 401 6-621-106-000 401 6-622-106-000 401 6-625-106-000 401 6-625-106-000 401 6-632-106-000 401 6-631-106-000 401 6-641-106-000 401 6-645-106-000 401 6-645-106-000 401 6-691-106-000 401 6-691-106-000 401 7-721-106-000 401 7-723-106-000 401 7-731-106-000 401 7-731-106-000 401 7-751-106-000 401 7-751-106-000 401 7-758-106-000 401 7-758-106-000 401 7-758-106-000 401 7-758-106-000 402 6-651-106-000 402 6-653-106-000 402 6-653-106-000 402 6-653-106-000 402 6-653-106-000 402 6-654-106-000 402 6-654-106-000 402 6-654-106-000 403 7-765-106-000 407 7-765-106-000 408 7-765-106-000 409 8-832-106-000 437 6-643-106-000 437 6-643-106-000 437 6-659-106-000 437 6-659-106-000 452 8-832-106-000 | AP | | R | 8/31/ | 2014 | 31.40 | 31.400 | CR. |
| | | G/L ACCOUNT 401 2-200-006-000 | | | | | | MEDICARE PA | | |

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VENDOR SET: 01

| VENDOR | ITEM NO# | DESCRIPTION | BAN | к снеск | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|-------------------|--|----------------------------|------------|--------|-------------------|------------------------|---------------------|-------------|
| | | 401 6-691-106-000 | MEDICARE TA | х | | 15.70 | MEDICARE | PAYABLE | |
| I T4 | 201409037595 | MEDICARE PAYABLE G/L ACCOUNT | AP | | R | 8/31/2014 | 5.92 5.92 | 5.92CF | |
| | | 401 2-200-006-000 401 7-758-106-000 | MEDICARE PA MEDICARE TA | YABLE X | | 2.96 2.96 | MEDICARE MEDICARE | PAYABLE PAYABLE | |
| I T4 | 201409047597 | MEDICARE PAYABLE G/L ACCOUNT 401 2-200-006-000 401 6-611-106-000 401 6-612-106-000 401 6-613-106-000 401 6-621-106-000 401 6-621-106-000 401 6-625-106-000 401 6-625-106-000 401 6-631-106-000 401 6-631-106-000 401 6-631-106-000 401 6-641-106-000 401 6-641-106-000 401 6-691-106-000 401 6-691-106-000 401 7-721-106-000 401 7-721-106-000 401 7-731-106-000 401 7-751-106-000 401 7-751-106-000 401 7-758-106-000 401 7-758-106-000 401 7-758-106-000 401 7-758-106-000 401 7-758-106-000 402 6-651-106-000 | AP | | R | 8/31/2014 | 8,177.18 8,177.18 | 8,177.18CF | ı |
| | | 401 2-200-006-000 | MEDICARE PA | YABLE | | 3,183.14 | MEDICARE | PAYABLE | |
| | | 401 6-611-106-000 | MEDICARE TA | x | | 52.76 | MEDICARE | PAYABLE | |
| | | 401 6-612-106-000 | MEDICARE TA | X | | 98.76 | MEDICARE | PAYABLE | |
| | | 401 6-613-106-000 | MEDICARE TA | X | | 30.21 | MEDICARE | PAYABLE | |
| | | 401 6-621-106-000 | MEDICARE TA | X | | 81.56 | MEDICARE | PAYABLE | |
| | | 401 6-622-106-000 | MEDICARE TA | X | | 55.77 | MEDICARE | PAYABLE | |
| | 401 6-624-106-000 | MEDICARE TA | X | | 92.55 | MEDICARE | PAYABLE | | |
| | | 401 6-625-106-000 | MEDICARE TA | X | | 59.98 | MEDICARE | PAYABLE | |
| | 401 6-631-106-000 | MEDICARE TA | X | | 96.89 | MEDICARE | PAYABLE | | |
| | 401 6-632-106-000 | MEDICARE TA | X | | 70.44 | MEDICARE | PAYABLE | | |
| | 401 6-641-106-000 | MEDICARE TA | x | | 168.11 | MEDICARE | PAYABLE | | |
| | 401 6-642-106-000 | MEDICARE TA | X | | 651.07 | MEDICARE | PAYABLE | | |
| | | 401 6-645-106-000 | MEDICARE TA | X | | 159.98 | MEDICARE | PAYABLE | |
| | | 401 6-691-106-000 | MEDICARE TA | X | | 115.87 | MEDICARE | PAYABLE | |
| | | 401 6-692-106-000 | MEDICARE TA | x | | 31.25 | MEDICARE | PAYABLE | |
| | | 401 7-721-106-000 | MEDICARE TA | X | | 90.31 | MEDICARE | PAYABLE | |
| | | 401 7-722-106-000 | MEDICARE TA | X | | 42.58 | MEDICARE | PAYABLE | |
| | | 401 7-723-106-000 | MEDICARE TA | X | | 5.13 | MEDICARE | PAYABLE | |
| | | 401 7-731-106-000 | MEDICARE TA | X | | 133.30 | MEDICARE | PAYABLE | |
| | | 401 7-732-106-000 | MEDICARE TA | X | | 51.22 | MEDICARE | PAYABLE | |
| | | 401 7-741-106-000 | MEDICARE TA | X | | 115.29 | MEDICARE | PAYABLE | |
| | | 401 7-751-106-000 | MEDICARE TA | X | | 194.05 | MEDICARE | PAYABLE | |
| | | 401 7-752-106-000 | MEDICARE TA | X | | 621.90 | MEDICARE | PAYABLE | |
| | | 401 7-758-106-000 | MEDICARE TA | X | | 164.16 | MEDICARE | PAYABLE | |
| | | 402 2-200-006-000 | MEDICARE PA | YABLE | | 596.92 | MEDICARE | PAYABLE | |
| | | 402 6-651-106-000 | MEDICARE TA | X | | 68.98 | MEDICARE | PAYABLE | |
| | | 402 6-652-106-000 | MEDICARE TA | X | | 95.49 | MEDICARE | PAYABLE | |
| | | 402 6-653-106-000 | MEDICARE TA | X | | 409.42 | MEDICARE | PAYABLE | |
| | | 402 6-654-106-000 | MEDICARE TA | X | | 23.03 | MEDICARE | PAYABLE | |
| | | 427 2-200-006-000 | MEDICARE PA | YABLE | | 40.29 | MEDICARE | PAYABLE | |
| | | 427 6-638-106-000 | MEDICARE TA | X | | 40.29 | MEDICARE | PAYABLE | |
| | | 432 2-200-006-000 | MEDICARE PA | YABLE | | 56.44 | MEDICARE | PAYABLE | |
| | | 432 7-761-106-000 | MEDICARE TA | Х | | 17.82 | MEDICARE | PAYABLE | |
| | | 432 7-765-106-000 | MEDICARE TA | X | | 38.62 | MEDICARE | PAYABLE | |
| | | 437 2-200-006-000 | MEDICARE PA | YABLE | | 33.51 | MEDICARE | PAYABLE | |
| | | 43/ 6-659-106-000 | MEDICARE TA | X | | 33.51 | MEDICARE | PATABLE | |
| | | 452 2-200-006-000 | MEDICARE PA | YABLE | | 178.29 | MEDICARE | PATABLE | |
| | | 452 8-832-106-000 | MEDICARE TA | X | | 1/8.29 | MEDICARE | PAIABLE | |
| | | VENDOR TOTALS | R | EG. CHECK | | | 73,672.04 73,672.04 | 73,672.04CI 0.00 | 0.00 |

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| VENDOR | ITEM NO# | DESCRIPTION | BANK | CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------|--------------|--|----------------------|-----------|-------------|--------------------|--|----------------------|-------------|
| 01-3734 | COOPERATIVE | EDUCATIONAL SVC | | | | | | | |
| I 24-0 | 35791 | CONST. SIERRA F.D. G/L ACCOUNT 631 8-889-247-000 | | | | | 184,851.00 184,851.00 CONSTRUCTION | 184,851.00CR | |
| | | VENDOR TOTALS | REG. | СНЕСК | | | 184,851.00 184,851.00 | 184,851.00CR 0.00 | 0.00 |
| 01-4428 | MARION J. C | RAIG III ATTORNE | | | | | | | |
| I 11725 | 25 | SOLE COMMUNITY G/L ACCOUNT 401 6-611-260-000 | | | | | 1,443.51 1,443.51 LEGAL SERVICE | | |
| | | VENDOR TOTALS | REG. | | | | 1,443.51 | | 0.00 |
| 01-4027 | CUMBERLAND | | | | | | | | |
| I CCO | 10656 | EGP F.D. G/L ACCOUNT 408 8-812-341-000 | | | R | | 21.43 21.43 3 ACCT.#B1085 | 21.43CR | |
| I CCO | 10657 | MIDWAY F.D. G/L ACCOUNT 410 8-816-341-000 | AP UTILITIES | | R | | 21.43 21.43 3 ACCT.#G105 | 21.43CR | |
| I CCO | 10658 | MAINT. DEPT G/L ACCOUNT 401 6-691-341-000 | AP UTILITIES | | R | 9/05/2014 | 35.46 35.46 5 ACCT.#G215 | 35.46CR | |
| | | VENDOR TOTALS | REG. | CHECK | | | 78.32 78.32 | 78.32CR 0.00 | 0.00 |
| 01-3914 | DEER OAKS E | AP SERVICES, LLC | | | | | | | |
| C EAP | 201409047596 | EAP PAYABLE G/L ACCOUNT 401 6-613-245-000 | AP EMPLOYEE ASSIS | | R ROGRAM | | 198.64CR 198.64CR 4CREAP PAYABLE | 198.64 | |
| I EAP | 201409037593 | EAP PAYABLE G/L ACCOUNT 401 6-613-245-000 | | STANCE PF | r ROGRAM | 8/31/2014 248.5 | 248.56 248.56 6 EAP PAYABLE | 248.56CR | |

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VENDOR SET: 01 A/P PAYMENT REGISTER

| VENDOR | ITEM NO# | DESCRIPTION | BANK | СНЕСК | STAT | DUE DT DISC DT | GROSS BALANCE | | OUTSTANDING |
|---------|--------------|---|-----------------|-------|------|----------------------|--|-------------------------------|-------------|
| I EAP | 201409047597 | EAP PAYABLE G/L ACCOUNT 401 6-613-245-000 | | | | 8/31/2014 | 198.64 | 198.64CR | |
| | | VENDOR TOTALS | REG. C | | | | 248.56 | 248.56CR 0.00 | 0.00 |
| 01-5014 | TOWN OF DEX | | | | | | | | |
| I CCO | 10655 | HEALTH CLINIC/DEXTE G/L ACCOUNT 401 6-693-341-000 | | | R | | 64.71 64.71 ACCT.#1085 | 64.71CR | |
| | | VENDOR TOTALS | REG. C | CHECK | | | 64.71 64.71 | 64.71CR 0.00 | 0.00 |
| 01-5034 | FARROW & STI | ROTZ, P.C. | | | | | | | |
| C G29 | 201409047596 | ABERNATHY # D-504-C G/L ACCOUNT 401 2-200-011-000 | | | | 8/31/2014 250.450 | 250.45CR | | 59 |
| I G29 | 201409037593 | ABERNATHY # D-504-C G/L ACCOUNT 401 2-200-011-000 | | | | | 250.45 | 250.45CR 0-504-CV-20120076 | 59 |
| I G29 | 201409047597 | ABERNATHY # D-504-C G/L ACCOUNT 401 2-200-011-000 | | | | 8/31/2014 250.45 | 250.45 | | 59 |
| | | VENDOR TOTALS | REG. (| | | | 250.45 | 250.45CR 0.00 | |
| 01-3088 | GLOBE LIFE | AND ACCIDENT INS | | | | | | | |
| C 14 | 201409047596 | GLOBE LIFE PAYABLE G/L ACCOUNT 401 2-200-016-000 402 2-200-016-000 | GLOBE LIFE PAYA | BLE | R | 192.380 | 464.98CR 464.98CR CRGLOBE LIFE PA CRGLOBE LIFE PA | YABLE | |
| I 14 | 201409037593 | GLOBE LIFE PAYABLE G/L ACCOUNT 401 2-200-016-000 402 2-200-016-000 | GLOBE LIFE PAYA | BLE | R | 258.38 | 628.46 628.46 GLOBE LIFE PA | YABLE | |

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| VENDOR ITEM NO# | DESCRIPTION | BANK | CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------------------|---|----------------|-------|------|-------------------|------------------|------------------------------|-------------|
| I 14 201409047597 | GLOBE LIFE PAYABLE G/L ACCOUNT 401 2-200-016-000 402 2-200-016-000 | GLOBE LIFE PAY | ABLE | | 192.38 | 464.98 | 464.98CR AYABLE AYABLE | |
| | VENDOR TOTALS | REG. | | | | 628.46 | 628.46CR 0.00 | 0.00 |
| 01-5069 VANESSA GON | | | | | | | | |
| I C61201409037593 | A. PADILLA/DM-2012- G/L ACCOUNT 401 2-200-018-000 | | | | | 132.96 | | |
| | VENDOR TOTALS | REG. | | | | 132.96 132.96 | 132.96CR 0.00 | 0.00 |
| 01-2464 HENNIGHAUSE | n & Olson | | | | | | | |
| I CC010510 | JULY 2014-JULY 2015 G/L ACCOUNT 452 8-832-260-000 | | | | | 2,828.16 | | |
| | | REG. | | | | 2,828.16 | 2,828.16CR 0.00 | 0.00 |
| 01-4779 MANDI LEWAL | | | | | | | | |
| I C51201409037593 | A.PADILLA/Cause # D G/L ACCOUNT 401 2-200-018-000 | | | | | 132.80 | | |
| | VENDOR TOTALS | REG. | CHECK | | | 132.80 132.80 | 132.80CR 0.00 | 0.00 |
| 01-4442 MOSS CONSTR | UCTION | | | | | | | |
| I 1045 | OAK STORAGE CABINET G/L ACCOUNT 401 6-691-256-000 | | | | 9/05/2014 719.65 | 719.65 | | |
| | VENDOR TOTALS | REG. | CHECK | | | | 719.65CR 0.00 | 0.00 |

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VENDOR SEQUENCE

BANK CHECK STAT DUE DT GROSS PAYMENT
DISC DT BALANCE DISCOUNT VENDOR ITEM NO# DESCRIPTION OUTSTANDING 01-5040 BAMBI NALLEY C C58201409047596 SEELY DM-2013-443 AP R 8/31/2014 115.38CR 115.38 G/L ACCOUNT 115.38CR 401 2-200-018-000 CHILD ENFORCEMENT PAYABLE 115.38CRSEELY DM-2013-443 I C58201409037593 SEELY DM-2013-443 AP R 8/31/2014 115.38 115.38CR G/L ACCOUNT 115.38 401 2-200-018-000 CHILD ENFORCEMENT PAYABLE 115.38 SEELY DM-2013-443 I C58201409047597 SEELY DM-2013-443 AP R 8/31/2014 115.38 115.38CR 115.38 G/L ACCOUNT 401 2-200-018-000 CHILD ENFORCEMENT PAYABLE 115.38 SEELY DM-2013-443 VENDOR TOTALS REG. CHECK 115.38 115.38CR 0.00 0.00 115.38 01-3986 NATIONWIDE RETIREMENT SOLUT C 15 201409047596 Deferred Comp Payable AP D 8/31/2014 4,102.38CR 4,102.38 G/L ACCOUNT 4,102.38CR 401 2-200-017-000 DEFERRED COMP. PAYABLE 2,880.38CRDeferred Comp Payable
402 2-200-017-000 DEFERRED COMP. PAYABLE 1,172.00CRDeferred Comp Payable
432 2-200-017-000 DEFERRED COMP. PAYABLE 40.00CRDeferred Comp Payable
437 2-200-017-000 DEFERRED COMP. PAYABLE 10.00CRDeferred Comp Payable I 15 201409037593 Deferred Comp Payable AP D 8/31/2014 4,966.76 4,966.76CR G/L ACCOUNT 4,966.76

401 2-200-017-000 DEFERRED COMP. PAYABLE 3,659.76 Deferred Comp Payable

402 2-200-017-000 DEFERRED COMP. PAYABLE 1,257.00 Deferred Comp Payable

432 2-200-017-000 DEFERRED COMP. PAYABLE 40.00 Deferred Comp Payable

437 2-200-017-000 DEFERRED COMP. PAYABLE 10.00 Deferred Comp Payable Deferred Comp Payable AP D 8/31/2014 4,102.38 4,102.38CR I 15 201409047597 G/L ACCOUNT 4,102.38

 G/L ACCOUNT
 4,102.38

 401 2-200-017-000
 DEFERRED COMP. PAYABLE
 2,880.38
 Deferred Comp Payable

 402 2-200-017-000
 DEFERRED COMP. PAYABLE
 1,172.00
 Deferred Comp Payable

 432 2-200-017-000
 DEFERRED COMP. PAYABLE
 40.00
 Deferred Comp Payable

 437 2-200-017-000
 DEFERRED COMP. PAYABLE
 10.00
 Deferred Comp Payable

 1 4,966.76 VENDOR TOTALS DRAFTS 4,966.76 4,966.76CR 4,966.76 0.00 4,966.76CR 0.00

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PACKET: 05778 Regular Payments VENDOR SET: 01

| VENDOR | ITEM NO# | DESCRIPTION | | BANK | CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------|--------------|--|-------------------------|-----------------------------------|-------------------------------------|-------------|-----------------------------|--|--|-------------|
| 01-4002 | NEW MEXICO | GAS COMPANY INC | | | | | | | | |
| I CCO | 10669 | SIERRA F.D. #1 G/L ACCOUNT | | AP | | R | | 34.00 34.00 | 34.00CR | |
| | | 412 8-815-341-000 | UTILIT | TIES | | | 34.00 | ACCT.#075706 | 312-0/01100-/ | |
| I CCO | 10670 | HEALTH DEPT/DEXTER G/L ACCOUNT 401 6-693-341-000 | | AP TIES | | R | 9/05/2014 20.58 | 20.58 20.58 ACCT.#076281 | 20.58CR 612-0786941-8 | |
| | | VENDOR TOTALS | | | СНЕСК | | | 54.58 54.58 | 54.58CR 0.00 | 0.00 |
| 01-5251 | NEW MEXICO | STATE DISBURSEME | | | | | | | | |
| I C64 | 201409037593 | ID# 0011730383DM200 G/L ACCOUNT 401 2-200-018-000 | | | | R BLE | • | 418.15 418.15 ID# 00117303 | 418.15CR 83DM200528 | |
| | | VENDOR TOTALS | | REG. | CHECK | | | 418.15 418.15 | 418.15CR 0.00 | 0.00 |
| 01-131 | NM GEN SVCS | RISK MGMT | | | | | | | | |
| C 04 | 201409047596 | Supplemental Life E | Payable | AP | | R | 8/31/2014 | | 712.21 | |
| | | G/L ACCOUNT 401 2-200-005-000 402 2-200-005-000 452 2-200-005-000 | GROUP GROUP GROUP | INSURANC INSURANC INSURANC | E PAYABLI E PAYABLI E PAYABLI | S S S | 569.670 57.210 85.330 | :RSupplemental :RSupplemental :RSupplemental | Life Payable Life Payable Life Payable | |
| C 05 | 201409047596 | Medical Insurance F | Payable | AP | | R | 1 | .82,555.84CR .82,555.84CR | | |
| | | 401 2-200-007-000 401 6-611-110-000 401 6-612-110-000 | GROUP GROUP | AL INSURA INSURANC INSURANC | E E | 3LE | 4,007.750 2,482.840 | RMedical Insu RMedical Insu | rance Payable rance Payable rance Payable | |
| | | 401 6-613-110-000 401 6-621-110-000 401 6-622-110-000 | GROUP GROUP | INSURANC INSURANC INSURANC | E E | | 2,165.040 | | rance Payable rance Payable rance Payable rance Payable | |
| | | 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 | GROUP | INSURANC INSURANC INSURANC | E | | 1,241.420 2,376.260 | RMedical Insu RMedical Insu | rance Payable rance Payable | |
| | | 401 6-632-110-000 401 6-641-110-000 401 6-642-110-000 | GROUP | INSURANC INSURANC INSURANC | E | | 7,191.200 26,289.170 | CRMedical Insu CRMedical Insu | rance Payable rance Payable rance Payable | |
| | | 401 6-645-110-000 | | INSURANC | | | 5,460.200 | RMedical Insu | rance Payable | |

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| VENDOR | ITEM NO# | DESCRIPTION | BANK | | TAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|---------------|--|------------------------------------|-------------|-----|-------------------|------------------------------------|------------------------------------|-------------|
| | | 401 6-691-110-000 | GROUP INSURANCE | | | 4,451 | .04CRMedical In | surance Payable | |
| | | 401 6-692-110-000 | GROUP INSURANCE | | | | | | |
| | | 401 7-721-110-000 | GROUP INSURANCE | | | 4,102 | .54CRMedical In | surance Payable surance Payable | |
| | | 401 7-722-110-000 | GROUP INSURANCE | | | 2,861 | .12CRMedical In | surance Payable | |
| | | 401 7-723-110-000 | GROUP INSURANCE | | | 1,205 | .02CRMedical In | surance Payable | |
| | | 401 7-731-110-000 | GROUP INSURANCE | 2 | | 4,223 | .50CRMedical In | surance Payable | |
| | | 401 7-732-110-000 | GROUP INSURANCE | E | | 3,084 | .13CRMedical In | surance Payable | |
| | | 401 7-741-110-000 | GROUP INSURANCE | Σ | | 4.647 | .88CRMedical In | surance Payable | |
| | | 401 7-751-110-000 | GROUP INSURANCE | Ε | | 5,940 | .34CRMedical In | surance Payable surance Payable | |
| | | 401 7-752-110-000 | GROUP INSURANCE | E | | | | | |
| | | 401 7-758-110-000 | GROUP INSURANCE | E | | | | surance Payable | |
| | | 402 2-200-007-000 | MEDICAL INSURAN | ICE PAYABLE | : | | | surance Payable | |
| | | 402 6-651-110-000 | GROUP INSURANCE | | | 1,997 | .98CRMedical In | surance Payable | |
| | | 402 6-652-110-000 | GROUP INSURANCE | | | | | surance Payable | |
| | | 402 6-653-110-000 | GROUP INSURANCE | | | • | | surance Payable | |
| | | 402 6-654-110-000 | GROUP INSURANCE | | | | | surance Payable | |
| | | 427 2-200-007-000 | MEDICAL INSURAN | | : | | | surance Payable | |
| | | 427 6-638-110-000 | GROUP INSURANCE | | | • | | surance Payable | |
| | | 432 2-200-007-000 | MEDICAL INS. PA | | | | | surance Payable surance Payable | |
| | | 432 7-761-110-000 | GROUP INSURANCE | | | 1,241 | .42CRMedical II | surance Payable | |
| | | 432 7-765-110-000 | GROUP INSURANCE | | | 736 | OCCMEDICAL II. | surance Payable surance Payable | |
| | | 437 2-200-007-000 | MEDICAL INSURAN GROUP INSURANCE | | • | 2 165 | .OOCKMedical In | surance Payable | |
| | | 437 6-659-110-000 | MEDICAL INSURANCE | | | | | surance Payable | |
| | | 452 2-200-007-000 452 8-832-110-000 | GROUP INSURANCE | | • | • | | surance Payable | |
| C 19 | 201409047596 | Vision Insurance Pa | vable AP | | R | 8/31/2014 | 1,767.38CF | 1,767.38 | |
| C 19 | 201409047390 | G/L ACCOUNT | , abic iii | | | 0,00,000 | 1,767.38CF | | |
| | | 401 2-200-021-000 | VISION CARE PAY | YABLE | | 1,401 | .36CRVision Ins | surance Payable | |
| | | 402 2-200-021-000 | VISION CARE PAY | | | 234 | .04CRVision Ins | surance Payable | |
| | | 427 2-200-021-000 | VISION CARE PAY | | | 20 | .32CRVision Ins | surance Payable | |
| | | 432 2-200-021-000 | VISION CARE PAY | | | 25 | .70CRVision Ins | surance Payable | |
| | | 437 2-200-021-000 | VISION CARE PAY | YABLE | | | | surance Payable | |
| | | 452 2-200-021-000 | VISION CARE PAY | YABLE | | 60 | .88CRVision Ins | surance Payable | |
| C ADN | 1201409047596 | Administration Fee | AP | | R | 8/31/2014 | 248.30CF | | |
| | | G/L ACCOUNT | | | | | 248.30CF | | |
| | | 401 6-611-110-000 | GROUP INSURANCE | 2 | | | .50CRAdministra | | |
| | | 401 6-612-110-000 | GROUP INSURANCE | | | | .60CRAdministra | | |
| | | 401 6-613-110-000 | GROUP INSURANCE | | | | .30CRAdministra | | |
| | | 401 6-621-110-000 | GROUP INSURANCE | | | | .90CRAdministra | | |
| | | 401 6-622-110-000 | GROUP INSURANCE | | | | .60CRAdministra | | |
| | | 401 6-624-110-000 | GROUP INSURANCE | | | | .20CRAdministra | | |
| | | 401 6-625-110-000 | GROUP INSURANCE | | | | .60CRAdministra | | |
| | | 401 6-631-110-000 | GROUP INSURANCE | | | | .20CRAdministra .90CRAdministra | | |
| | | 401 6-632-110-000 | GROUP INSURANCE | | | | .10CRAdministra | | |
| | | 401 6-641-110-000 | GROUP INSURANCE | | | | .40CRAdministra | | |
| | | 401 6-642-110-000 | GROUP INSURANCE | | | 43 | | | |

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VENDOR SET: 01 PAGE: 16 A/P PAYMENT REGISTER

| VENDOR | ITEM NO# | DESCRIPTION | | BANK | | STAT | DUE DISC | | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|--------------|---------------------|-------|-----------|---------|------|-------------|------|--|---------------------|-------------|
| | | 401 6-645-110-000 | GROUP | INSURANCE | | | | | 10.40CRAdministration | Fee | |
| | | 401 6-691-110-000 | | INSURANCE | | | | | 7.80CRAdministration | Fee | |
| | | 401 6-692-110-000 | GROUP | INSURANCE | | | | | 2.60CRAdministration | Fee | |
| | | 401 7-721-110-000 | GROUP | INSURANCE | | | | | 5.20CRAdministration | Fee | |
| | | 401 7-722-110-000 | GROUP | INSURANCE | | | | | 3.90CRAdministration | Fee | |
| | | 401 7-723-110-000 | GROUP | INSURANCE | | | | | 1.30CRAdministration | Fee | |
| | | 401 7-731-110-000 | GROUP | INSURANCE | | | | | 7.80CRAdministration | Fee | |
| | | 401 7-732-110-000 | GROUP | INSURANCE | | | | | 3.90CRAdministration | | |
| | | 401 7-741-110-000 | GROUP | INSURANCE | | | | | 6.50CRAdministration | Fee | |
| | | 401 7-751-110-000 | GROUP | INSURANCE | | | | | 11.70CRAdministration | | |
| | | 401 7-752-110-000 | GROUP | INSURANCE | | | | | 31.20CRAdministration | Fee | |
| | | 401 7-758-110-000 | GROUP | INSURANCE | | | | | 7.80CRAdministration | | |
| | | 402 6-651-110-000 | GROUP | INSURANCE | | | | | 3.90CRAdministration | | |
| | | 402 6-652-110-000 | | INSURANCE | | | | | 5.20CRAdministration | | |
| | | 402 6-653-110-000 | | INSURANCE | | | | | 26.00CRAdministration | | |
| | | 402 6-654-110-000 | | INSURANCE | | | | | 1.30CRAdministration | | |
| | | 427 6-638-110-000 | | INSURANCE | | | | | 2.60CRAdministration | | |
| | | 432 7-761-110-000 | | INSURANCE | | | | | 1.30CRAdministration | | |
| | | 432 7-765-110-000 | | INSURANCE | | | | | 2.60CRAdministration | | |
| | | 437 6-659-110-000 | | INSURANCE | | | | | 2.60CRAdministration | | |
| | | 452 8-832-110-000 | GROUP | INSURANCE | | | | | 10.40CRAdministration | ree | |
| C DIS | 201409047596 | Disability Payable | | AP | | R | 8/31/2 | 2014 | 1,513.40CR | 1,513.40 | |
| | | G/L ACCOUNT | | | | | | | 1,513.40CR | | |
| | | 401 2-200-005-000 | | INSURANCE | | | | | 37.40CRDisability Pay | | |
| | | 402 2-200-005-000 | | INSURANCE | | | | | 44.40CRDisability Pay | | |
| | | 427 2-200-005-000 | | INSURANCE | | | | | 18.80CRDisability Pay | | |
| | | 432 2-200-005-000 | | INSURANCE | | | | | 28.20CRDisability Pay | | |
| | | 437 2-200-005-000 | | INSURANCE | | | | | 9.40CRDisability Pay | | |
| | | 452 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | | | 75.20CRDisability Pay | able | |
| C LFD | 201409047596 | Dependent Life Paya | ble | AP | | R | 8/31/2 | 2014 | 331.35CR | 331.35 | |
| | | G/L ACCOUNT | | | | | | | 331.35CR | | |
| | | 401 6-611-110-000 | GROUP | INSURANCE | | | | | 11.75CRDependent Life | | |
| | | 401 6-612-110-000 | GROUP | INSURANCE | | | | | 4.70CRDependent Life | - | |
| | | 401 6-613-110-000 | | INSURANCE | | | | | 2.35CRDependent Life | - | |
| | | 401 6-621-110-000 | | INSURANCE | | | | | 7.05CRDependent Life | - | |
| | | 401 6-622-110-000 | | INSURANCE | | | | | 4.70CRDependent Life | - | |
| | | 401 6-624-110-000 | | INSURANCE | | | | | 7.05CRDependent Life | - | |
| | | 401 6-625-110-000 | | INSURANCE | | | | | 4.70CRDependent Life | - | |
| | | 401 6-631-110-000 | | INSURANCE | | | | | 2.35CRDependent Life | - | |
| | | 401 6-632-110-000 | | INSURANCE | | | | | 7.05CRDependent Life | - | |
| | | 401 6-641-110-000 | | INSURANCE | | | | | 14.10CRDependent Life | | |
| | | 401 6-642-110-000 | | INSURANCE | | | | | 44.65CRDependent Life | | |
| | | 401 6-645-110-000 | | INSURANCE | | | | | 9.40CRDependent Life | | |
| | | 401 6-691-110-000 | | INSURANCE | | | | | 9.40CRDependent Life | | |
| | | 401 6-692-110-000 | | INSURANCE | | | | | 2.35CRDependent Life | | |
| | | 401 7-721-110-000 | GROUP | INSURANCE | | | | | 7.05CRDependent Life | rayante | |

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| VENDOR | ITEM NO# | DESCRIPTION | | BANK | CHECK | STAT | DUE DISC | | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|--------------|--|-------|------------------------|-------|------|-------------|------|-------------------------------------|---------------------|-------------|
| | | 401 7-722-110-000 | GEOUE | INSURANCE | | | | | 4.70CRDependent | Life Pavable | |
| | | 401 7-723-110-000 | | INSURANCE | | | | | 2.35CRDependent | _ | |
| | | 401 7-731-110-000 | | INSURANCE | | | | | 9.40CRDependent | | |
| | | 401 7-732-110-000 | | INSURANCE | | | | | 7.05CRDependent | Life Payable | |
| | | 401 7-741-110-000 | | INSURANCE | | | | | 11.75CRDependent | Life Payable | |
| | | 401 7-751-110-000 | | INSURANCE | | | | | 16.45CRDependent | Life Payable | |
| | | 401 7-752-110-000 | | INSURANCE | | | | | 49.35CRDependent | Life Payable | |
| | | 401 7-758-110-000 | GROUP | INSURANCE | | | | | 14.10CRDependent | Life Payable | |
| | | 402 6-651-110-000 | GROUP | INSURANCE | | | | | 4.70CRDependent | _ | |
| | | 402 6-652-110-000 | GROUP | INSURANCE | | | | | 9.40CRDependent | | |
| | | 402 6-653-110-000 | GROUP | INSURANCE | | | | | 37.60CRDependent | | |
| | | 427 6-638-110-000 | GROUP | INSURANCE | | | | | 4.70CRDependent | - | |
| | | 432 7-761-110-000 | GROUP | INSURANCE | | | | | 2.35CRDependent | | |
| | | 437 6-659-110-000 | | INSURANCE | | | | | 4.70CRDependent | | |
| | | 452 8-832-110-000 | GROUP | INSURANCE | | | | | 14.10CRDependent | Life Payable | |
| C LFE | 201409047596 | Employee Life Paya | ble | AP | | R | 8/31/ | 2014 | 798.00CF 798.00CF | | |
| | | G/L ACCOUNT | anama | 711011D3110D | | | | | 21.00CREmployee I | | |
| | | 401 6-611-110-000 | | INSURANCE | | | | | 8.40CREmployee I | - | |
| | | 401 6-612-110-000 | | INSURANCE INSURANCE | | | | | 4.20CREmployee I | - | |
| | | 401 6-613-110-000 | | INSURANCE | | | | | 12.60CREmployee I | | |
| | | 401 6-621-110-000 401 6-622-110-000 | | INSURANCE | | | | | 8.40CREmployee | | |
| | | 401 6-624-110-000 | | INSURANCE | | | | | 16.80CREmployee | | |
| | | 401 6-625-110-000 | | INSURANCE | | | | | 8.40CREmployee | | |
| | | 401 6-631-110-000 | | INSURANCE | | | | | 16.80CREmployee I | | |
| | | 401 6-632-110-000 | | INSURANCE | | | | | 12.60CREmployee 1 | Life Payable | |
| | | 401 6-641-110-000 | GROUP | INSURANCE | | | | | 29.40CREmployee I | Life Payable | |
| | | 401 6-642-110-000 | GROUP | INSURANCE | | | | | 55.40CREmployee 1 | | |
| | | 401 6-645-110-000 | GROUP | INSURANCE | | | | | 33.60CREmployee 1 | - | |
| | | 401 6-691-110-000 | GROUP | INSURANCE | | | | | 25.20CREmployee 1 | | |
| | | 401 6-692-110-000 | GROUP | INSURANCE | | | | | 8.40CREmployee 1 | | |
| | | 401 7-721-110-000 | | INSURANCE | | | | | 16.80CREmployee | | |
| | | 401 7-722-110-000 | | INSURANCE | | | | | 12.60CREmployee | | |
| | | 401 7-723-110-000 | | INSURANCE | | | | | 4.20CREmployee | - | |
| | | 401 7-731-110-000 | | INSURANCE | | | | | 25.20CREmployee | - | |
| | | 401 7-732-110-000 | | INSURANCE | | | | | 12.60CREmployee | | |
| | | 401 7-741-110-000 | | INSURANCE | | | | | 21.00CREmployee 1 37.80CREmployee 1 | | |
| | | 401 7-751-110-000 | | INSURANCE | | | | | 00.80CREmployee | | |
| | | 401 7-752-110-000 | | INSURANCE | | | | | 25.20CREmployee | - | |
| | | 401 7-758-110-000 | | INSURANCE INSURANCE | | | | | 12.60CREmployee | | |
| | | 402 6-651-110-000 402 6-652-110-000 | | INSURANCE | | | | | 16.80CREmployee | | |
| | | 402 6-653-110-000 | | INSURANCE | | | | | 84.00CREmployee | - | |
| | | 402 6-654-110-000 | | INSURANCE | | | | | 4.20CREmployee | - | |
| | | 427 6-638-110-000 | | INSURANCE | | | | | 8.40CREmployee | _ | |
| | | 432 7-761-110-000 | | INSURANCE | | | | | 4.20CREmployee | Life Payable | |
| | | 432 7-765-110-000 | | INSURANCE | | | | | 8.40CREmployee | Life Payable | |

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VENDOR SET: 01

| VENDOR | ITEM NO# | DESCRIPTION | | BANK | CHECK | STAT | DUE DISC | DT | GROSS BALANCE | D | PAYMENT ISCOUNT | OUTSTANDING |
|--------|--------------|--|---------|-------------------------|----------------|------|-------------|-----------|---|----------|--------------------|-------------|
| | | 437 6-650-110-000 | CPOUR | TNSUBANCE | | | | 8.40 | CREmplovee L | ife Pava | able | |
| | | 437 6-659-110-000 452 8-832-110-000 | GROUP | INSURANCE | | | | 33.60 | CREmployee L | ife Pay | able | |
| | | | | | | | | | | | | |
| I 04 | 201409037593 | Supplemental Life | Payable | AP | | R | 8/31/ | 2014 | 762.03 | | 762.03CR | |
| | | C/I ACCOUNT | | | | | | | 762.03 | | | |
| | | 401 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | | 619.49 | Supplement | al Life | Payable | |
| | | 402 2-200-005-000 452 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | | 57.21 | Supplement | al Life | Payable | |
| | | 452 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | | 85.33 | Supprement | ai Lile | Payable | |
| I 04 | 201409047597 | Supplemental Life | Payable | AP | | R | 8/31/ | 2014 | 712.21 712.21 | | 712.21CR | |
| | | G/L ACCOUNT | CROUR | THEHDANCE | DAVABLE | | | 574 48 | | al Life | Pavable | |
| | | 401 2-200-005-000 | CROUP | INSURANCE | PAINDLE | | | 57.21 | Supplement | al Life | Pavable | |
| | | 402 2-200-005-000 452 2-200-005-000 | CROUP | INSURANCE | PAYABLE | | | 80.52 | Supplement Supplement | al Life | Pavable | |
| | | 452 2-200-005-000 | GROOP | INSURANCE | LWINDDE | | | 00.52 | Dupprement | u | , | |
| 1 05 | 201409037593 | Medical Insurance | Payable | AP | | R | 8/31/ | | 218,867.50 218,867.50 | | | |
| | | 401 2-200-007-000 | MEDICA | T. TNSIIRAN | CE PAYARI | ιE | | 21.517.81 | Medical In | surance | Payable | |
| | | 401 6-611-110-000 | GROUP | INSURANCE | 02 :::::.2 | | | 4.007.75 | Medical In | surance | Payable | |
| | | 401 6-612-110-000 | GROUP | INSURANCE | | | | 2,482.84 | Medical In | surance | Payable | |
| | | 401 6-613-110-000 | GROUP | INSURANCE | | | | 1,241.42 | Medical In | surance | Payable | |
| | | 401 6-621-110-000 | GROUP | INSURANCE | | | | 2,165.04 | Medical In | surance | Payable | |
| | | 401 6-622-110-000 | GROUP | INSURANCE | | | | 3,406.46 | Medical In | surance | Payable | |
| | | 401 6-624-110-000 | GROUP | INSURANCE | | | | 3,784.74 | Medical In | surance | Payable | |
| | | 401 6-625-110-000 | GROUP | INSURANCE | | | | 1,241.42 | Medical In | surance | Payable | |
| | | 401 6-631-110-000 | GROUP | INSURANCE | | | | 2,376.26 | Medical In | surance | Payable | |
| | | 401 6-632-110-000 | GROUP | INSURANCE | | | | 3,023.46 | Medical In | surance | Payable | |
| | | 401 6-641-110-000 | GROUP | INSURANCE | | | | 10,597.66 | Medical In | surance | Payable | |
| | | 401 6-642-110-000 | GROUP | INSURANCE | | | | 32,914.40 | Medical In | surance | Payable | |
| | | 401 6-645-110-000 | GROUP | INSURANCE | | | | 11,409.98 | Medical In | surance | Payable | |
| | | 401 6-691-110-000 | GROUP | INSURANCE | | | | 6,298.28 | Medical In | surance | Payable | |
| | | 401 6-692-110-000 | GROUP | INSURANCE | | | | 1,680.18 | Medical In | surance | Payable | |
| | | 401 7-721-110-000 | GROUP | INSURANCE | | | | 5,026.16 | Medical In | surance | Payable | |
| | | 401 7-722-110-000 | GROUP | INSURANCE | | | | 3,239.40 | Medical In | surance | Payable | |
| | | 401 7-723-110-000 | GROUP | INSURANCE | | | | 1,205.02 | Medical In | surance | Payable | |
| | | 401 7-731-110-000 | GROUP | INSURANCE | | | | 4,223.50 | Medical In | surance | Payable | |
| | | 401 7-732-110-000 | GROUP | INSURANCE | | | | 4,703.83 | Medical in | surance | Payable | |
| | | 401 7-741-110-000 | GROUP | INSURANCE | | | | 4,647.88 | Medical In | surance | Payable | |
| | | 401 7-751-110-000 | GROUP | INSURANCE | | | | 6,863.96 | Medical In | surance | Payable | |
| | | 401 7-752-110-000 | GROUP | INSURANCE | | | | 28,441.// | Medical In | surance | rayable | |
| | | 401 7-758-110-000 | GROUP | INSURANCE | | | | 3,3/1.50 | Medical In | surance | Payable | |
| | | 402 2-200-007-000 | MEDIC | AL INSURAN | CE PAYAB | LΕ | | 1 007 00 | Medical I | surance | Pavahle Pavahle | |
| | | 402 6-651-110-000 | GROUP | INSURANCE | | | | 5 0/0 70 | Medical I | Surance | Pavahle | |
| | | 402 6-652-110-000 | GROUP | INSURANCE | | | | 10 701 11 | Medical Tr | Surance | Pavahle | |
| | | 402 6-653-110-000 | GROUP | INSURANCE | | | | 756 56 | Medical In | SHEARCE | Pavahle | |
| | | 402 6-654-110-000 | GROUP | LNOUKANCE MAGNONT TA | רב סאעאם. י | LP | | 230.30 | Medical Tr | surance | Pavable | |
| | | 427 2-200-007-000 427 6-638-110-000 | GROUP | INSURANCE | CE FAIAB | PE | | 1,619.70 | Medical Ir Medical Ir Medical Ir | surance | Payable | |

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PACKET: . . 05778 Regular Payments VENDOR SET: 01

| VENDOR | ITEM | | DESCRIPTION | BANK | | | DISC DT | GROSS BALANCE | DISCOUNT | OUTSTANDING |
|--------|-------|--------|--|-----------------|-----------|-----|------------------|--------------------------|-------------------|-------------|
| | | | 432 2-200-007-000 | MEDICAL INS. P | AYABLE | | 320.00 | Medical | Insurance Payable | |
| | | | 432 7-761-110-000 | GROUP INSURANC | E | | 1,241.42 | Medical | Insurance Payable | |
| | | | 432 7-765-110-000 | GROUP INSURANC | E | | 756.56 | Medical | Insurance Payable | |
| | | | 435 2-200-007-000 | MEDICAL INSURA | NCE PAYA | BLE | 140.00 | Medical | Insurance Payable | |
| | | | 435 6-643-110-000 | GROUP INSURANC | Έ | | 1,241.42 | Medical | Insurance Payable | |
| | | | 437 2-200-007-000 | MEDICAL INSURA | NCE PAYA | BLE | 270.00 | Medical | Insurance Payable | |
| | | | 437 6-659-110-000 | GROUP INSURANC | Έ | | 2,165.04 | Medical | Insurance Payable | |
| | | | 452 2-200-007-000 | MEDICAL INSURA | NCE PAYA | BLE | 1,106.35 | Medical | Insurance Payable | |
| | | | 432 2-200-007-000 432 7-761-110-000 432 7-765-110-000 435 2-200-007-000 437 2-200-007-000 437 6-659-110-000 452 2-200-007-000 452 8-832-110-000 | GROUP INSURANC | Έ | | 6,066.21 | Medical | Insurance Payable | |
| I 05 2 | 01409 | 047597 | | Payable AP | | R | 8/31/2014 1 1 | .82,555.84 .82,555.84 | 182,555.64CR | |
| | | | 401 2-200-007-000 | MEDICAL INSURA | NCE PAYA | BLE | 17,719.45 | Medical | Insurance Payable | |
| | | | 401 6-611-110-000 | GROUP INSURANC | E | | 4,007.75 | Medical | Insurance Payable | |
| | | | 401 6-612-110-000 | GROUP INSURANC | E | | 2,482.84 | Medical | Insurance Payable | |
| | | | 401 6-613-110-000 | GROUP INSURANCE | E | | 1,241.42 | Medical | Insurance Payable | |
| | | | 401 6-621-110-000 | GROUP INSURANCE | E | | 2,165.04 | Medical | Insurance Payable | |
| | | | 401 6-622-110-000 | GROUP INSURANC | E | | 2,482.84 | Medical | Insurance Payable | |
| | | | 401 6-624-110-000 | GROUP INSURANCE | E | | 3,784.74 | Medical | Insurance Payable | |
| | | | 401 6-625-110-000 | GROUP INSURANC | E | | 1,241.42 | Medical | Insurance Payable | |
| | | | 401 6-631-110-000 | GROUP INSURANCE | E | | 2,376.26 | Medical | Insurance Payable | |
| | | | 401 6-632-110-000 | GROUP INSURANCE | Œ | | 3,023.46 | Medical | Insurance Payable | |
| | | | 401 6-641-110-000 | GROUP INSURANC | CE | | 7,191.20 | Medical | Insurance Payable | |
| | | | 401 6-642-110-000 | GROUP INSURANC | CE | | 26,289.17 | Medical | Insurance Payable | |
| | | | 401 6-645-110-000 | GROUP INSURANC | Œ | | 5,460.20 | Medical | Insurance Payable | |
| | | | 401 6-691-110-000 | GROUP INSURANC | Œ | | 4,451.04 | Medical | Insurance Payable | |
| | | | 401 6-692-110-000 | GROUP INSURANC | Œ | | 1,301.90 | Medical | Insurance Payable | |
| | | | 401 7-721-110-000 | GROUP INSURANC | Œ | | 4,102.54 | Medical | Insurance Payable | |
| | | | 401 7-722-110-000 | GROUP INSURANC | CE | | 2,861.12 | Medical | Insurance Payable | |
| | | | 401 7-723-110-000 | GROUP INSURANC | CE | | 1,205.02 | Medical | Insurance Payable | |
| | | | 401 7-731-110-000 | GROUP INSURANC | CE | | 4,223.50 | Medical | Insurance Payable | |
| | | | 401 7-732-110-000 | GROUP INSURANC | CE | | 3,084.13 | Medical | Insurance Payable | |
| | | | 401 7-741-110-000 | GROUP INSURANC | CE | | 4,647.88 | Medical | Insurance Payable | |
| | | | 401 7-751-110-000 | GROUP INSURANC | CE | | 6,244.34 | Medical | Insurance Payable | |
| | | | 401 7-752-110-000 | GROUP INSURANCE | CE | | 25,868.26 | Medical | Insurance Payable | |
| | | | 401 7-758-110-000 | GROUP INSURANC | CE | | 5,571.50 | Medical | Insurance Payable | |
| | | | 402 2-200-007-000 | MEDICAL INSUR | ANCE PAYA | BLE | 3,295.00 | Medical | Insurance Payable | |
| | | | 402 6-651-110-000 | GROUP INSURANC | CE | | 1,997.98 | Medical | Insurance Payable | |
| | | | 402 6-652-110-000 | GROUP INSURANC | CE | | 4,330.08 | Medical | Insurance Payable | |
| | | | 402 6-653-110-000 | GROUP INSURANC | CE | | 16,573.42 | Medical | Insurance Payable | |
| | | | 402 6-654-110-000 | GROUP INSURANCE | CE | | 378.28 | Medical | Insurance Payable | |
| | | | 427 2-200-007-000 | MEDICAL INSUR | ANCE PAYA | BLE | 230.00 | Medical | insurance Payable | |
| | | | 427 6-638-110-000 | GROUP INSURANCE | CE | | 1,619.70 | Medical | Insurance Payable | |
| | | | 432 2-200-007-000 | MEDICAL INS. | PAYABLE | | 320.00 | Medical | insurance Payable | |
| | | | 432 7-761-110-000 | GROUP INSURANC | CE | | 1,241.42 | Medical | insurance Payable | |
| | | | 432 7-765-110-000 | GROUP INSURANCE | CE | | 756.56 | Medical | insurance Payable | |
| | | | 437 2-200-007-000 | MEDICAL INSUR | ANCE PAYA | BLE | 270.00 | Medical | Insurance Payable | |
| | | | 437 6-659-110-000 | GROUP INSURANCE | CE | | 2,165.04 | Medical | insurance Payable | |

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PACKET: . 05778 Regular Payments VENDOR SET: 01

| VENDOR | ITEM NO# | DESCRIPTION | | BANK | | | DISC I | DΤ | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|---------------|---|---------|-------------|-----------|------|---------|----------------|---|---------------------|-------------|
| | | 452 2-200-007-000 | MEDICAI | TNGIIDA | NCE DAVA | al.E | | 967 41 | Medical Insura | nce Pavable | |
| | | 452 2-200-007-000 452 8-832-110-000 | CDUID I | NCHBVIC | NCE FAIAI | 206 | | 5.383.93 | Medical Insura | nce Pavable | |
| | | 432 0-032-110-000 | GROOF I | . INDUIGNO. | • | | • | 3,303.33 | | | |
| I 19 | 201409037593 | Vision Insurance Pa G/L ACCOUNT | yable | AP | | R | 8/31/20 | 014 | 2,134.68 2,134.68 | 2,134.68CR | |
| | | 401 2-200-021-000 | VISION | CARE PA | YABLE | | | 1,687.42 | Vision Insuran | ce Payable | |
| | | 402 2-200-021-000 | VISION | CARE PA | YABLE | | | 285.40 | Vision Insuran | ce Payable | |
| | | 427 2-200-021-000 | VISION | CARE PA | YABLE | | | 20.32 | Vision Insuran | ce Payable | |
| | | 432 2-200-021-000 | VISION | CARE PA | YABLE | | | 25.70 | Vision Insuran | ce Payable | |
| | | 435 2-200-021-000 | VISION | CARE PA | YABLE | | | 14.94 | Vision Insuran | ce Payable | |
| | | 437 2-200-021-000 | VISION | CARE PA | YABLE | | | 25.08 | Vision Insuran | ce Payable | |
| | | G/L ACCOUNT 401 2-200-021-000 402 2-200-021-000 427 2-200-021-000 432 2-200-021-000 435 2-200-021-000 437 2-200-021-000 452 2-200-021-000 | VISION | CARE PA | YABLE | | | 75.82 | Vision Insuran | ce Payable | |
| I 19 | 201409047597 | Vision Insurance Pa | yable | AP | | R | 8/31/20 | 014 | 1,767.38 | 1,767.38CR | |
| | | G/L ACCOUNT | | | | | | | 1,767.38 | aa Dawahla | |
| | | 401 2-200-021-000 | VISION | CARE PA | YABLE | | • | 1,404.47 | Vision Insuran | ce Payable | |
| | | 402 2-200-021-000 | VISION | CARE PA | YABLE | | | 234.04 | Vision Insuran | ce Payable | |
| | | 427 2-200-021-000 | VISION | CARE PA | YABLE | | | 20.32 | Vision Insuran | ce rayable | |
| | | 432 2-200-021-000 | VISION | CARE PA | YABLE | | | 25.70 | Vision Insuran | ce Payable | |
| | | 457 2-200-021-000 | VISION | CARE PA | IABLE | | | 23.00 57 77 | Vision Insuran | ce Payable | |
| | | 401 2-200-021-000 402 2-200-021-000 427 2-200-021-000 432 2-200-021-000 437 2-200-021-000 452 2-200-021-000 | VISION | CARE PA | IABLE | | | 37.77 | ATSTON THEATEN | ce rayable | |
| I ADM | 1201409037593 | Administration Fee | | AP | | R | 8/31/20 | 014 | 310.70 | 310.70CR | |
| | | G/L ACCOUNT | CDOUD I | NOUDBNO | _ | | | 6 50 | Administration Administration Administration Administration Administration Administration Administration Administration | Foo | |
| | | 401 6-611-110-000 | GROUP I | NSURANC | e F | | | 2.60 | Administration | Fee | |
| | | 401 6-612-110-000 | GROUP I | NSUKANC | e e | | | 1 30 | Administration | Fee | |
| | | 401 6-613-110-000 | CROUP I | NSURANC | e e | | | 3.00 | Administration | Fee | |
| | | 401 6-621-110-000 401 6-622-110-000 | CROUP | NEUDANC | E | | | 3.90 | Administration | Fee | |
| | | 401 6-624-110-000 | CROUP | NEURANC | r - | | | 5.20 | Administration | Fee | |
| | | 401 6-625-110-000 | GROUP I | NSURANC | r | | | 2 60 | Administration | Fee | |
| | | 401 6-631-110-000 | GROUP | NSIIRANC | r - | | | 5.20 | Administration | Fee | |
| | | 401 6-632-110-000 | GROUP | NSURANC | E | | | 3.90 | Administration | Fee | |
| | | 401 6-641-110-000 | | | | | | | | | |
| | | 401 6-642-110-000 | GROUP 1 | NSURANC | – E | | | 66.30 | Administration Administration | Fee | |
| | | 401 6-645-110-000 | GROUP 1 | NSURANC | E | | | 22.10 | Administration | Fee | |
| | | 401 6-691-110-000 | GROUP 1 | NSURANC | E | | | 11.70 | Administration | Fee | |
| | | 401 6-692-110-000 | GROUP 1 | NSURANC | E | | | 3.90 | Administration | Fee | |
| | | 401 7-721-110-000 | GROUP I | NSURANC | E | | | 6.50 | Administration | Fee | |
| | | 401 7-722-110-000 | GROUP I | NSURANC | E | | | 5.20 | Administration | Fee | |
| | | 401 7-723-110-000 | GROUP 1 | NSURANC | E | | | 1.30 | Administration | Fee | |
| | | 401 7-731-110-000 | GROUP 1 | NSURANC | E | | | 7.80 | Administration | Fee | |
| | | 401 7-732-110-000 | GROUP 1 | NSURANC | E | | | 6.50 | Administration | Fee | |
| | | 401 7-741-110-000 | GROUP I | NSURANC | E | | | 6.50 | Administration | Fee | |
| | | 401 7-751-110-000 | GROUP I | NSURANC | E | | | 13.00 | Administration | Fee | |
| | | 401 7-752-110-000 | GROUP I | NSURANC | E | | | 36.40 | Administration | Fee | |
| | | 401 7-758-110-000 | GROUP 1 | NSURANC | E | | | 7.80 | Administration | Fee | |
| | | 402 6-651-110-000 | GROUP 1 | INSURANC | E | | | 3.90 | Administration | Fee | |

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401 2-200-005-000

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ITEM NO# DESCRIPTION BANK CHECK STAT DUE DT GROSS PAYMENT OUTSTANDING VENDOR DISC DT BALANCE DISCOUNT 402 6-652-110-000 GROUP INSURANCE 7.80 Administration Fee GROUP INSURANCE 31.20 Administration Fee 402 6-653-110-000 402 6-654-110-000 GROUP INSURANCE 2.60 Administration Fee 2.60 Administration Fee 427 6-638-110-000 GROUP INSURANCE 1.30 Administration Fee 432 7-761-110-000 GROUP INSURANCE GROUP INSURANCE 2.60 Administration Fee 432 7-765-110-000 1.30 Administration Fee 435 6-643-110-000 GROUP INSURANCE 437 6-659-110-000 GROUP INSURANCE 2.60 Administration Fee 11.70 Administration Fee 452 8-832-110-000 GROUP INSURANCE 8/31/2014 248.30 248.30CR I ADM201409047597 Administration Fee ΑP R 248.30 G/L ACCOUNT 401 6-611-110-000 GROUP INSURANCE 6.50 Administration Fee 2.60 Administration Fee 401 6-612-110-000 GROUP INSURANCE 401 6-613-110-000 GROUP INSURANCE 1.30 Administration Fee 401 6-621-110-000 GROUP INSURANCE 3.90 Administration Fee 401 6-622-110-000 GROUP INSURANCE 2.60 Administration Fee GROUP INSURANCE 5.20 Administration Fee 401 6-624-110-000 401 6-625-110-000 GROUP INSURANCE 2.60 Administration Fee 401 6-631-110-000 GROUP INSURANCE 5.20 Administration Fee 3.90 Administration Fee 401 6-632-110-000 GROUP INSURANCE GROUP INSURANCE 9.10 Administration Fee 401 6-641-110-000 401 6-642-110-000 GROUP INSURANCE 49.40 Administration Fee GROUP INSURANCE 10.40 Administration Fee 401 6-645-110-000 Administration Fee 401 6-691-110-000 GROUP INSURANCE 7.80 401 6-692-110-000 GROUP INSURANCE 2.60 Administration Fee 401 7-721-110-000 GROUP INSURANCE 5.20 Administration Fee 401 7-722-110-000 GROUP INSURANCE 3.90 Administration Fee GROUP INSURANCE 1.30 Administration Fee 401 7-723-110-000 401 7-731-110-000 GROUP INSURANCE 7.80 Administration Fee 3.90 Administration Fee 401 7-732-110-000 GROUP INSURANCE 6.50 Administration Fee GROUP INSURANCE 401 7-741-110-000 401 7-751-110-000 GROUP INSURANCE 12.21 Administration Fee 401 7-752-110-000 GROUP INSURANCE 31.20 Administration Fee 401 7-758-110-000 GROUP INSURANCE 7.80 Administration Fee 3.90 Administration Fee 402 6-651-110-000 GROUP INSURANCE 402 6-652-110-000 GROUP INSURANCE 5.20 Administration Fee GROUP INSURANCE 26.00 Administration Fee 402 6-653-110-000 402 6-654-110-000 GROUP INSURANCE 1.30 Administration Fee 427 6-638-110-000 GROUP INSURANCE 2.60 Administration Fee 432 7-761-110-000 GROUP INSURANCE 1.30 Administration Fee GROUP INSURANCE Administration Fee 432 7-765-110-000 2.60 437 6-659-110-000 GROUP INSURANCE 2.60 Administration Fee 9.89 Administration Fee 452 8-832-110-000 GROUP INSURANCE 8/31/2014 1,889.40 1,889.40CR I DIS201409037593 Disability Payable AΡ G/L ACCOUNT 1,889.40

1,438.20 Disability Payable

GROUP INSURANCE PAYABLE

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| VENDOR | ITEM NO# | DESCRIPTION | | BANK | СНЕСК | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|--------------|---------------------|-------|------------------------|---------|------|-------------------|------------------|------------------------------|-------------|
| | | 402 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | 300.80 | Disability | Payable | |
| | | 427 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | | Disability | - | |
| | | 432 2-200-005-000 | | INSURANCE | | | | Disability | - | |
| | | 435 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | | Disability | = | |
| | | 437 2-200-005-000 | | INSURANCE | | | | Disability | - | |
| | | 452 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | 84.60 | Disability | Payable | |
| I DIS2 | 201409047597 | Disability Payable | | AP | | R | 8/31/2014 | 1,513.40 | 1,513.40CR | |
| | | G/L ACCOUNT | | | | | | 1,513.40 | | |
| | | 401 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | 1,141.15 | Disability | Payable | |
| | | 402 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | 244.40 | Disability | Payable | |
| | | 427 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | | Disability | | |
| | | 432 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | | Disability | | |
| | | 437 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | | Disability | _ | |
| | | 452 2-200-005-000 | GROUP | INSURANCE | PAYABLE | | 71.45 | Disability | Payable | |
| I LFD2 | 201409037593 | Dependent Life Paya | ble | AP | | R | 8/31/2014 | 404.20 | 404.20CR | |
| | | G/L ACCOUNT | | | | | | 404.20 | | |
| | | 401 6-611-110-000 | GROUP | INSURANCE | | | 11.75 | Dependent 1 | Life Payable | |
| | | 401 6-612-110-000 | GROUP | INSURANCE | | | 4.70 | Dependent 1 | Life Payable | |
| | | 401 6-613-110-000 | GROUP | INSURANCE | | | 2.35 | Dependent 1 | Life Payable | |
| | | 401 6-621-110-000 | GROUP | INSURANCE | | | | • | Life Payable | |
| | | 401 6-622-110-000 | GROUP | INSURANCE | | | | - | Life Payable | |
| | | 401 6-624-110-000 | GROUP | INSURANCE | | | | | Life Payable | |
| | | 401 6-625-110-000 | GROUP | INSURANCE | | | | - | Life Payable | |
| | | 401 6-631-110-000 | GROUP | INSURANCE | | | | - | Life Payable | |
| | | 401 6-632-110-000 | | INSURANCE | | | | | Life Payable | |
| | | 401 6-641-110-000 | | INSURANCE | | | | | Life Payable | |
| | | 401 6-642-110-000 | | INSURANCE | | | | | Life Payable | |
| | | 401 6-645-110-000 | | INSURANCE | | | 25.85 | | Life Payable | |
| | | 401 6-691-110-000 | | INSURANCE | | | 16.45 | | Life Payable | |
| | | 401 6-692-110-000 | | INSURANCE | | | 2.35 | | Life Payable | |
| | | 401 7-721-110-000 | | INSURANCE | | | | | Life Payable | |
| | | 401 7-722-110-000 | | INSURANCE | | | | | Life Payable | |
| | | 401 7-723-110-000 | | INSURANCE | | | 2.35 | | Life Payable | |
| | | 401 7-731-110-000 | | INSURANCE | | | 9.40 11.75 | | Life Payable Life Payable | |
| | | 401 7-732-110-000 | | INSURANCE | | | 11.75 | • | Life Payable Life Payable | |
| | | 401 7-741-110-000 | | INSURANCE | | | 18.80 | • | Life Payable Life Payable | |
| | | 401 7-751-110-000 | | INSURANCE | | | 56.40 | • | Life Payable Life Payable | |
| | | 401 7-752-110-000 | | INSURANCE | | | 14.10 | - | Life Payable | |
| | | 401 7-758-110-000 | | INSURANCE | | | 4.70 | • | Life Payable Life Payable | |
| | | 402 6-651-110-000 | | INSURANCE | | | 11.75 | | Life Payable | |
| | | 402 6-652-110-000 | | INSURANCE | | | 42.30 | | Life Payable | |
| | | 402 6-653-110-000 | | INSURANCE | | | 4.70 | - | Life Payable | |
| | | 427 6-638-110-000 | | INSURANCE | | | 2.35 | • | Life Payable | |
| | | 432 7-761-110-000 | | INSURANCE INSURANCE | | | 2.35 | - | Life Payable | |
| | | 435 6-643-110-000 | | INSURANCE | | | 4.70 | | Life Payable | |
| | | 437 6-659-110-000 | GROOP | THOUMNUL | • | | 4.70 | p | | |

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VENDOR SEQUENCE

PAYMENT OUTSTANDING DUE DT GROSS STAT ITEM NO# DESCRIPTION BANK CHECK VENDOR DISCOUNT BALANCE DISC DT 16.45 Dependent Life Payable GROUP INSURANCE 452 8-832-110-000 331.35 331.35CR 8/31/2014 AΡ I LFD201409047597 Dependent Life Payable 331.35 G/L ACCOUNT 11.75 Dependent Life Payable GROUP INSURANCE 401 6-611-110-000 4.70 Dependent Life Payable 401 6-612-110-000 GROUP INSURANCE 2.35 Dependent Life Payable GROUP INSURANCE 401 6-613-110-000 7.05 Dependent Life Payable GROUP INSURANCE 401 6-621-110-000 4.70 Dependent Life Payable GROUP INSURANCE 401 6-622-110-000 7.05 Dependent Life Payable 401 6-624-110-000 GROUP INSURANCE 4.70 Dependent Life Payable GROUP INSURANCE 401 6-625-110-000 2.35 Dependent Life Payable GROUP INSURANCE 401 6-631-110-000 7.05 Dependent Life Payable GROUP INSURANCE 401 6-632-110-000 14.10 Dependent Life Payable 401 6-641-110-000 GROUP INSURANCE 44.65 Dependent Life Payable GROUP INSURANCE 401 6-642-110-000 9.40 Dependent Life Payable 401 6-645-110-000 GROUP INSURANCE 9.40 Dependent Life Payable GROUP INSURANCE 401 6-691-110-000 2.35 Dependent Life Payable GROUP INSURANCE 401 6-692-110-000 7.05 Dependent Life Payable 401 7-721-110-000 GROUP INSURANCE 4.70 Dependent Life Payable GROUP INSURANCE 401 7-722-110-000 2.35 Dependent Life Payable GROUP INSURANCE 401 7-723-110-000 9.40 Dependent Life Payable 7.05 Dependent Life Payable GROUP INSURANCE 401 7-731-110-000 GROUP INSURANCE 401 7-732-110-000 11.75 Dependent Life Payable 401 7-741-110-000 GROUP INSURANCE 17.21 Dependent Life Payable GROUP INSURANCE 401 7-751-110-000 49.35 Dependent Life Payable GROUP INSURANCE 401 7-752-110-000 14.10 Dependent Life Payable GROUP INSURANCE 401 7-758-110-000 4.70 Dependent Life Payable GROUP INSURANCE 402 6-651-110-000 Dependent Life Payable 9.40 402 6-652-110-000 GROUP INSURANCE 37.60 Dependent Life Payable GROUP INSURANCE 402 6-653-110-000 4.70 Dependent Life Payable 427 6-638-110-000 GROUP INSURANCE 2.35 Dependent Life Payable GROUP INSURANCE 432 7-761-110-000 4.70 Dependent Life Payable GROUP INSURANCE 437 6-659-110-000 13.34 Dependent Life Payable 452 8-832-110-000 GROUP INSURANCE 999.60CR 999.60 8/31/2014 Employee Life Payable I LFE201409037593 AΡ 999.60 G/L ACCOUNT 21.00 Employee Life Payable GROUP INSURANCE 401 6-611-110-000 8.40 Employee Life Payable GROUP INSURANCE 401 6-612-110-000 4.20 Employee Life Payable GROUP INSURANCE 401 6-613-110-000 12.60 Employee Life Payable GROUP INSURANCE 401 6-621-110-000 12.60 Employee Life Payable 401 6-622-110-000 GROUP INSURANCE 16.80 Employee Life Payable 401 6-624-110-000 GROUP INSURANCE 8.40 Employee Life Payable GROUP INSURANCE 401 6-625-110-000 16.80 Employee Life Payable GROUP INSURANCE 401 6-631-110-000 12.60 Employee Life Payable 401 6-632-110-000 GROUP INSURANCE 42.00 Employee Life Payable 401 6-641-110-000 GROUP INSURANCE 210.00 Employee Life Payable GROUP INSURANCE 401 6-642-110-000

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| VENDOR | ITEM NO# | DESCRIPTION | | BANK | CHECK | STAT | DISC | | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|--------------|--|--|---|-------|------|--------|---|--|---|-------------|
| | | 401 6-645-110-000 | | INSURANCE | | | | | Employee L | ife Payable | |
| | | 401 6-691-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 401 6-692-110-000 | | INSURANCE | | | | 12.60 | Employee L: | ife Payable | |
| | | 401 7-721-110-000 | GROUP | INSURANCE | | | | 21.00 | Employee L: | ife Payable | |
| | | 401 7-722-110-000 | GROUP | INSURANCE | | | | | Employee L: | - | |
| | | 401 7-723-110-000 | GROUP | INSURANCE | | | | | Employee L: | | |
| | | 401 7-731-110-000 | GROUP | INSURANCE | | | | | Employee L | _ | |
| | | 401 7-732-110-000 | GROUP | INSURANCE | | | | | Employee L | | |
| | | 401 7-741-110-000 | | INSURANCE | | | | | Employee L | - | |
| | | 401 7-751-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 401 7-752-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 401 7-758-110-000 | | INSURANCE | | | | | Employee L | • | |
| | | 402 6-651-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 402 6-652-110-000 | | INSURANCE | | | | | Employee L: | | |
| | | 402 6-653-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 402 6-654-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 427 6-638-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 432 7-761-110-000 | | INSURANCE INSURANCE | | | | | Employee L | | |
| | | 432 7-765-110-000 435 6-643-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 437 6-659-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 452 8-832-110-000 | | INSURANCE | | | | | Employee L | _ | |
| | | 432 0 032 110 000 | 0.1.001 | 21.00.01.02 | | | | | • - | - | |
| I LFE | 201409047597 | Employee Life Payab | le | AP | | R | 8/31/2 | 2014 | 798.00 798.00 | 798.00CR | |
| | | G/L ACCOUNT 401 6-611-110-000 | CRUID | INSURANCE | | | | 21.00 | Employee L | ife Pavable | |
| | | 401 6-612-110-000 | | INSURANCE | | | | | Employee L | | |
| | | 401 6-613-110-000 | | INSURANCE | | | | | Employee L | | |
| | | | | INSURANCE | | | | | | | |
| | | 401 6-621-110-000 | GROUP | | | | | 12.60 | Employee L | ife Payable | |
| | | 401 6-621-110-000 401 6-622-110-000 | | | | | | | Employee L Employee L | _ | |
| | | 401 6-622-110-000 | GROUP | INSURANCE INSURANCE | | | | 8.40 | | ife Payable | |
| | | | GROUP GROUP | INSURANCE | | | | 8.40 16.80 | Employee L | ife Payable ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 | GROUP GROUP GROUP | INSURANCE INSURANCE | | | | 8.40 16.80 8.40 16.80 | Employee L Employee L Employee L | ife Payable ife Payable ife Payable ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 | GROUP GROUP GROUP | INSURANCE INSURANCE INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 | Employee L Employee L Employee L Employee L | ife Payable ife Payable ife Payable ife Payable ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 | GROUP GROUP GROUP GROUP GROUP | INSURANCE INSURANCE INSURANCE INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 | Employee L Employee L Employee L Employee L Employee L | ife Payable ife Payable ife Payable ife Payable ife Payable ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 | GROUP GROUP GROUP GROUP GROUP | INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 155.40 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 401 6-641-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 155.40 33.60 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 401 6-641-110-000 401 6-642-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 155.40 33.60 25.20 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 401 6-641-110-000 401 6-645-110-000 401 6-691-110-000 401 6-692-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 155.40 33.60 25.20 8.40 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 401 6-641-110-000 401 6-642-110-000 401 6-645-110-000 401 6-692-110-000 401 7-721-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 155.40 33.60 25.20 8.40 16.80 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 401 6-641-110-000 401 6-642-110-000 401 6-645-110-000 401 6-692-110-000 401 7-721-110-000 401 7-722-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 155.40 33.60 25.20 8.40 16.80 12.60 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 401 6-641-110-000 401 6-642-110-000 401 6-645-110-000 401 6-691-110-000 401 7-721-110-000 401 7-723-110-000 401 7-723-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 155.40 33.60 25.20 8.40 16.80 12.60 4.20 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-631-110-000 401 6-641-110-000 401 6-642-110-000 401 6-645-110-000 401 6-691-110-000 401 6-692-110-000 401 7-721-110-000 401 7-723-110-000 401 7-731-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 155.40 33.60 25.20 8.40 16.80 12.60 4.20 25.20 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-631-110-000 401 6-641-110-000 401 6-642-110-000 401 6-645-110-000 401 6-692-110-000 401 7-721-110-000 401 7-723-110-000 401 7-732-110-000 401 7-732-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE | | | | 8.40 16.80 8.40 16.80 12.60 29.40 155.40 33.60 25.20 8.40 16.80 12.60 4.20 25.20 12.60 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 401 6-641-110-000 401 6-642-110-000 401 6-645-110-000 401 6-691-110-000 401 7-721-110-000 401 7-722-110-000 401 7-732-110-000 401 7-732-110-000 401 7-732-110-000 401 7-731-110-000 401 7-741-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE | | | | 8.40 16.80 8.40 16.80 29.40 155.40 33.60 25.20 8.40 16.80 12.60 4.20 25.20 12.60 21.00 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 401 6-641-110-000 401 6-645-110-000 401 6-691-110-000 401 6-692-110-000 401 7-721-110-000 401 7-723-110-000 401 7-731-110-000 401 7-731-110-000 401 7-731-110-000 401 7-741-110-000 401 7-751-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE | | | | 8.40 16.80 8.40 12.60 29.40 155.40 33.60 25.20 8.40 16.80 12.60 4.20 25.20 12.60 21.00 39.48 | Employee L | ife Payable | |
| | | 401 6-622-110-000 401 6-624-110-000 401 6-625-110-000 401 6-631-110-000 401 6-632-110-000 401 6-641-110-000 401 6-642-110-000 401 6-645-110-000 401 6-691-110-000 401 7-721-110-000 401 7-722-110-000 401 7-732-110-000 401 7-732-110-000 401 7-732-110-000 401 7-731-110-000 401 7-741-110-000 | GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP GROUP | INSURANCE | | | | 8.40 16.80 8.40 12.60 29.40 155.40 33.60 25.20 8.40 16.80 12.60 4.20 25.20 12.60 21.00 39.48 | Employee L | ife Payable | |

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| | | | | VENDOR | SEQUENC | Έ | | | | |
|---------|--------------|---|---|---------------------------------|---------|-------------------|--|--|---|-------------|
| VENDOR | ITEM NO# | DESCRIPTION | BANK | СНЕСК | STAT | DUE DT DISC DT | | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
| | | 402 6-651-110-000 402 6-652-110-000 402 6-653-110-000 402 6-654-110-000 427 6-638-110-000 432 7-761-110-000 432 7-765-110-000 437 6-659-110-000 452 8-832-110-000 | GROUP INSURANCE | 6 6 6 6 6 6 6 | | | 16.80 84.00 4.20 8.40 4.20 8.40 8.40 | Employee Employee Employee Employee Employee Employee | Life Payable | |
| | | VENDOR TOTALS | REG. | CHECK | | | | 25,368.11 25,368.11 | · · · · · · · · · · · · · · · · · · · | 0.00 |
| 01-4532 | NM RETIREE | HEALTH CARE AUTH | | | | | | | | |
| C RHC | 201409047596 | NM RETIREE HEALTH | CARE PAYA AP | | R | 8/31/201 | 4 | 6,625.780 6,625.780 | • | |

| C RHC201409047596 | NM RETIREE HEALTH | CARE PAYA AP RETIREE H/C PAYABLE RETIREE HEALTH CARE RETIREE HEALTH CARE RETIREE HEALTH CARE | R | 8/31/2014 6, 6 | 525.78CR 525.78CR | 6,625.78 |
|-------------------|-------------------|---|---|----------------|----------------------|--------------------|
| | 401 2-200-020-000 | RETIREE H/C PAYABLE | | 1,590.69CRNM | RETIREE HE | ALTH CARE PAYABLE |
| | 401 6-611-111-000 | RETIREE HEALTH CARE | | 17.56CRNM | RETIREE HE | ALTH CARE PAYABLE |
| | 401 6-612-111-000 | RETIREE HEALTH CARE | | 142.32CRNM | RETIREE HE | ALTH CARE PAYABLE |
| | 401 6-613-111-000 | RETIREE HEALTH CARE | | 44.77CRNM | RETIREE HE | ALTH CARE PAYABLE |
| | | RETIREE HEALTH CARE | | 32.30CRNM | RETIREE HE | EALTH CARE PAYABLE |
| | 401 6-622-111-000 | RETIREE HEALTH CARE | | 73.54CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 6-624-111-000 | RETIREE HEALTH CARE | | | | CALTH CARE PAYABLE |
| | 401 6-625-111-000 | RETIREE HEALTH CARE | | 75.39CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 6-631-111-000 | RETIREE HEALTH CARE | | 142.46CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 6-632-111-000 | RETIREE HEALTH CARE | | 105.85CRNM | RETIREE HE | EALTH CARE PAYABLE |
| | 401 6-641-111-000 | RETIREE HEALTH CARE | | 251.08CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 6-642-111-000 | RETIREE HEALTH CARE | | 906.07CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 6-645-111-000 | RETIREE HEALTH CARE | | 209.73CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 6-691-111-000 | RETIREE HEALTH CARE | | 157.56CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 6-692-111-000 | RETIREE HEALTH CARE | | 47.81CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 7-721-111-000 | RETIREE HEALTH CARE | | 135.78CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 7-722-111-000 | RETIREE HEALTH CARE | | 66.83CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 7-731-111-000 | RETIREE HEALTH CARE | | 153.95CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 7-732-111-000 | RETIREE HEALTH CARE | | 91.74CRNM | RETIREE HE | EALTH CARE PAYABLE |
| | 401 7-741-111-000 | RETIREE HEALTH CARE | | 171.02CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 401 7-751-111-000 | RETIREE HEALTH CARE | | 217.06CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 402 2-200-020-000 | RETIREE H/C PAYABLE | | 391.63CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 402 6-651-111-000 | RETIREE HEALTH CARE | | 101.71CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 402 6-652-111-000 | RETIREE HEALTH CARE | | 125.77CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 402 6-653-111-000 | RETIREE HEALTH CARE | | | | CALTH CARE PAYABLE |
| | 402 6-654-111-000 | RETIREE HEALTH CARE | | 33.25CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 427 2-200-020-000 | RETIREE H/C PAYABLE | | | | CALTH CARE PAYABLE |
| | 427 6-638-111-000 | RETIREE HEALTH CARE | | 60.57CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 432 2-200-020-000 | RETIREE H/C PAYABLE | | 42.39CRNM | RETIREE HE | CALTH CARE PAYABLE |
| | 432 7-761-111-000 | RETIREE HEALTH CARE | | 27.68CRNM | RETIREE HE | CALTH CARE PAYABLE |

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| 432 7-765-111-000 RETIREE HEALTH CARE 57.09CRNM RETIREE HEALTH CARE PA | YABLE |
|---|----------------|
| 437 2-200-020-000 RETIREE H/C PAYABLE 25.85CRNM RETIREE HEALTH CARE PA | YABLE |
| 437 6-659-111-000 RETIREE HEALTH CARE 51.71CRNM RETIREE HEALTH CARE PA | YABLE |
| 452 2-200-020-000 RETIREE H/C PAYABLE 127.74CRNM RETIREE HEALTH CARE PA | YABLE |
| 432 7-765-111-000 RETIREE HEALTH CARE 57.09CRNM RETIREE HEALTH CARE PA' 437 2-200-020-000 RETIREE H/C PAYABLE 25.85CRNM RETIREE HEALTH CARE PA' 437 6-659-111-000 RETIREE HEALTH CARE 51.71CRNM RETIREE HEALTH CARE PA' 452 2-200-020-000 RETIREE H/C PAYABLE 127.74CRNM RETIREE HEALTH CARE PA' 452 8-832-111-000 RETIREE HEALTH CARE 255.46CRNM RETIREE HEALTH CARE PA' | YABLE |
| C RHL201409047596 NM Retiree HealthCare Law E AP R 8/31/2014 2,054.50CR 2,054.50 | |
| G/L ACCOUNT 2,054.50CR | Fnf |
| ### 401 2-200-020-000 RETIREE H/C PAYABLE 684.84CRNM Retiree HealthCare Law #################################### | Fnf |
| 401 7-751-111-000 RETIREE HEALTH CARE 57.40CRNM Retiree HealthCare Law | Enf |
| 401 7-752-111-000 RETIREE HEALTH CARE 1,027.50cNW Retiree HealthCare Law | Enf |
| | |
| RHC201409037593 NM RETIREE HEALTH CARE PAYA AP R 8/31/2014 8,287.15 8,287.15 6,7 | R |
| G/L ACCOUNT 8,287.15 | VARI E |
| 401 2-200-020-000 RETIREE H/C PAYABLE 2,044.54 NM RETIREE HEALTH CARE PA | IABLE VARIE |
| 401 6-611-111-000 RETIREE HEALTH CARE PA | YABLE |
| 401 6-612-111-000 RETIREE HEALTH CARE PA | APDIE |
| 401 6-613-111-000 RETIREE HEALTH CARE PA | VADI E |
| 401 6-621-111-000 RETIREE HEALTH CARE 132.30 NM RETIREE HEALTH CARE PA | VADIE |
| 401 6-622-111-000 RETIREE HEALTH CARE PA | VADIE |
| 401 6-624-111-000 RETIREE HEALTH CARE 138.57 NM RETIREE HEALTH CARE PA | VARIE |
| 401 6-625-III-000 RETIREE HEALTH CARE 73.39 NM RETIREE HEALTH CARE PA | YABLE |
| 401 6-631-111-000 RETIREE HEALTH CARE 192.40 NM RETIREE HEALTH CARE PA | YABLE |
| 401 6-632-111-000 RETIRES HEALTH CARE 336 77 NM RETIRES HEALTH CARE PA | YABLE |
| 401 6-647 111 000 RETIRES HEALTH CARE 1 288 59 NM RETIRES HEALTH CARE PA | YABLE |
| 401 6-642-111-000 RETIRES HEALTH CARE 1, 2016 71 NM RETIRES HEALTH CARE PA | YABLE |
| 401 6-643-111-000 RETIRES HEALTH CARE 401 6-643-111-000 PETIDES HEALTH CARE 401 6-643-111-000 | YABLE |
| 401 6 600 111 -000 RETIRES HEALTH CARE PA | YABLE |
| 401 7-721-111-000 RETIRES HEALTH CARE 161.57 NM RETIRES HEALTH CARE PA | YABLE |
| 401 7-722-111-000 RETIREE HEALTH CARE 97.61 NM RETIREE HEALTH CARE PA | YABLE |
| 401 7-731-111-000 RETIRES HEALTH CARE 153.95 NM RETIRES HEALTH CARE PA | YABLE |
| 401 7-732-111-000 RETIREE HEALTH CARE 140.62 NM RETIREE HEALTH CARE PA | YABLE |
| 401 7-741-111-000 RETIREE HEALTH CARE 171.02 NM RETIREE HEALTH CARE PA | YABLE |
| 401 7-751-111-000 RETIREE HEALTH CARE 217.06 NM RETIREE HEALTH CARE PA | YABLE |
| 402 2-200-020-000 RETIREE H/C PAYABLE 468.39 NM RETIREE HEALTH CARE PA | YABLE |
| 402 6-651-111-000 RETIREE HEALTH CARE 101.71 NM RETIREE HEALTH CARE PA | YABLE |
| 402 6-652-111-000 RETIREE HEALTH CARE 155.50 NM RETIREE HEALTH CARE PA | YABLE |
| 402 6-653-111-000 RETIREE HEALTH CARE 622.55 NM RETIREE HEALTH CARE PA | YABLE |
| 402 6-654-111-000 RETIREE HEALTH CARE 57.06 NM RETIREE HEALTH CARE PA | YABLE |
| 427 2-200-020-000 RETIREE H/C PAYABLE 30.29 NM RETIREE HEALTH CARE PA | YABLE |
| 427 6-638-111-000 RETIREE HEALTH CARE 60.57 NM RETIREE HEALTH CARE PA | YABLE |
| 432 2-200-020-000 RETIREE H/C PAYABLE 42.39 NM RETIREE HEALTH CARE PA | YABLE |
| 432 7-761-111-000 RETIREE HEALTH CARE 27.68 NM RETIREE HEALTH CARE PA | YABLE |
| 432 7-765-111-000 RETIREE HEALTH CARE 57.09 NM RETIREE HEALTH CARE PA | YABLE |
| 435 2-200-020-000 RETIREE H/C PAYABLE 13.94 NM RETIREE HEALTH CARE PA | AARTE |
| 435 6-643-111-000 RETIREE HEALTH CARE 27.89 NM RETIREE HEALTH CARE PA | AIABPE |

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| VENDOR | ITEM NO# | | | | | | DISC DT | | BALANCE | | OUTSTANDING |
|--------|-------------|--|----------|---------|--------------|---|-----------|------|----------------------|----------------|-------------|
| | | 437 2-200-020-000 | RETIREE | H/C PAY | ABLE | | 25 | 5.85 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 437 6-659-111-000 | RETIREE | HEALTH | CARE | | 51 | 1.71 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 452 2-200-020-000 | RETIREE | H/C PAY | ABLE | | 136 | 6.98 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 437 2-200-020-000 437 6-659-111-000 452 2-200-020-000 452 8-832-111-000 | RETIREE | HEALTH | CARE | | 273 | 3.94 | NM RETIREE | HEALTH CARE PA | YABLE |
| I RHC2 | 01409047597 | NM RETIREE HEALTH CA | RE PAYA | AP | | R | 8/31/2014 | | 6,610.99 6,610.99 | 6,610.99C | R |
| | | G/L ACCOUNT | DEWIDEE | מער האג | 7 N D T E | | 1 501 | 1 31 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 2-200-020-000 | VELIVEE. | DENITU | CADE | | 1,331 | 7 56 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-611-111-000 | VELIVEE | DEVIAN | CARE | | 142 | 2 32 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-612-111-000 | VE11VEE | DEVIAN | CARE | | 142 | 4 77 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-613-111-000 | DEALDER | DEALTH | CARE | | 32 | 2.30 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-621-111-000 | DETTREE | HEVILLA | CARE | | 73 | 3 54 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-622-111-000 | DETTOEE | HEALTH | CARE | | 138 | 8.57 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-624-111-000 | VEITVEE | DEVILLE | CARE | | 75 | 5.39 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-623-111-000 | DETINEE | HEALTH | CARE | | 142 | 2.46 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-632-111-000 | DETIRES | HEALTH | CARE | | 105 | 5.85 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-641-111-000 | RETIREE | HEALTH | CARE | | 251 | 1.08 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-642-111-000 | RETIREE | HEALTH | CARE | | 906 | 6.07 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-645-111-000 | RETIREE | HEALTH | CARE | | 209 | 9.73 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-691-111-000 | RETTREE | HEALTH | CARE | | 157 | 7.56 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 6-692-111-000 | RETIREE | HEALTH | CARE | | 47 | 7.81 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 7-721-111-000 | RETIREE | HEALTH | CARE | | 135 | 5.78 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 7-722-111-000 | RETIREE | HEALTH | CARE | | 66 | 6.83 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 7-731-111-000 | RETIREE | HEALTH | CARE | | 153 | 3.95 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 7-732-111-000 | RETIREE | HEALTH | CARE | | 82 | 2.89 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 7-741-111-000 | RETIREE | HEALTH | CARE | | 171 | 1.02 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 401 7-751-111-000 | RETIREE | HEALTH | CARE | | 227 | 7.15 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 402 2-200-020-000 | RETIREE | H/C PAY | ABLE | | 391 | 1.63 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 402 6-651-111-000 | RETIREE | HEALTH | CARE | | 101 | 1.71 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 402 6-652-111-000 | RETIREE | HEALTH | CARE | | 125 | 5.77 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 402 6-653-111-000 | RETIREE | HEALTH | CARE | | 522 | 2.56 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 402 6-654-111-000 | RETIREE | HEALTH | CARE | | 33 | 3.25 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 427 2-200-020-000 | RETIREE | H/C PAY | ABLE | | 30 | 0.29 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 427 6-638-111-000 | RETIREE | HEALTH | CARE | | 60 | 0.57 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 432 2-200-020-000 | RETIREE | H/C PAY | ABLE | | 42 | 2.39 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 432 7-761-111-000 | RETIREE | HEALTH | CARE | | 27 | 7.68 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 432 7-765-111-000 | RETIREE | HEALTH | CARE | | 57 | 7.09 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 437 2-200-020-000 | RETIREE | H/C PAY | YABLE | | 25 | 5.85 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 437 6-659-111-000 | RETIREE | HEALTH | CARE | | 51 | 1.71 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 452 2-200-020-000 | RETIREE | H/C PAY | ABLE | | 122 | 2.19 | NM RETIREE | HEALTH CARE PA | YABLE |
| | | 452 8-832-111-000 | RETIREE | HEALTH | CARE | | 244 | 4.36 | NM RETIREE | HEALTH CARE PA | YABLE |
| I RHL2 | 01409037593 | C/I. ACCOUNT | | | | | | | 2.315.44 | | |
| | | 401 2-200-020-000 | RETIREE | H/C PA | YABLE | | 773 | 1.82 | NM Retiree | HealthCare Law | Enf |
| | | 401 7-751-111-000 | RETIREE | HEALTH | CARE | | 51 | 7.40 | NM Retiree | HealthCare Law | Enf |
| | | 401 2-200-020-000 401 7-751-111-000 401 7-752-111-000 | RETIREE | HEALTH | CARE | | 1,201 | 1.52 | NM Retiree | HealthCare Law | Enf |

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VENDOR SET: 01

| VENDOR | ITEM NO# | DESCRIPTION | BANK | CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------|---------------|--------------------------------------|-------------|---------|----------|-------------------|----------------------|---------------------|-------------|
| | | 401 7-758-111-000 RET | IREE HEALTH | CARE | | | | HealthCare Law En | f |
| I RHL | 201409047597 | NM Retiree HealthCare L | aw E AP | | R | 8/31/2014 | 2,054.50 2,054.50 | 2,054.50CR | |
| | | 401 2-200-020-000 RET | TREE H/C PA | YARLE. | | 684.84 | | HealthCare Law En | Ē |
| | | 401 7-751-111-000 RET | TREE HEALTH | CARE | | 57.40 | NM Retiree | HealthCare Law En: | f |
| | | 401 7-752-111-000 RET | | | | 1,027.56 | NM Retiree | HealthCare Law En | Ē |
| | | 401 7-758-111-000 RET | | | | 284.70 | NM Retiree | HealthCare Law En | f |
| | | VENDOR TOTALS | REG. | CHECK | | | | 10,587.80CR 0.00 | 0.00 |
| | | | | | | | 10,587.80 | 0.00 | |
| 01-802 | NM ASSOC. OF | F ASSESSING OFCR | | | | | | | |
| I CCO | 10644 | REGISTRATION FEE/FALL C | ONF. AP | | R | 9/05/2014 | 200.00 | 200.00CR | |
| | | G/L ACCOUNT | | | | 200 00 | 200.00 | DENOT (ACCECCOR | |
| | | 401 7-731-224-000 EMP | LOYEE TRAIN | ING | | 200.00 | FALL CONFE | RENCE/ASSESSOR | |
| | | VENDOR TOTALS | REG. | CHECK | | | 200.00 | 200.00CR | 0.00 |
| | | VENDOR TOTALS | | | | | 200.00 | 0.00 | |
| 01-3663 | OHIO CHILD S | SUPPORT CENTRAL | | | | | | | |
| I C33 | 3201409037593 | Order #86DR6120 | AP | | R | 8/31/2014 | | 102.00CR | |
| | | G/L ACCOUNT 401 2-200-018-000 CHI | | | ABLE | 102.00 | 102.00 Order #86D | R6120 | |
| | | VENDOR TOTALS | REG. | CHECK | | | 102.00 | 102.00CR | 0.00 |
| | | V_102010 00010000 | | | | | 102.00 | 0.00 | |
| 01 4706 | GERALDINE PA | NDTII 7 | | | | | | | |
| | | | | | | | | 100 1600 | |
| I C52 | 2201409037593 | A.PADILLA/DM-2006-76 | AP | | R | 8/31/2014 | 138.46 138.46 | 138.46CR | |
| | | G/L ACCOUNT 401 2-200-018-000 CHI | LD ENFORCEM | ENT PAY | ABLE | 138.46 | | DM-2006-76 | |
| | | VENDOR TOTALS | REG. | CHECK | | | 138.46 | 138.46CR | 0.00 |
| | | VENDOR TOTALS | 1.20 | | | | 138.46 | 0.00 | |
| 01-3915 | PUBLIC EMPL | OYEES RETIREMENT | | | | | | | |
| | | | חוד | | <i>r</i> | 8/31/2014 | 18.738 3009 | 18.738.30 | |
| C LEC | 0201409047596 | PERA PAYABLE G/L ACCOUNT | AP | | ע | 0/31/2014 | 18.738.30CF | l 20,750.00 | |
| | | 401 2-200-002-000 PEF | RA PAYABLE | | | 7,301.31 | CRPERA PAYAB | BLE | |
| | | | | | | • | | | |

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PACKET: 05778 Regular Payments VENDOR SET: 01

| VENDOR ITEM NO# | DESCRIPTION | BANK | CHECK | | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|-------------------|--|----------------------|-------|---|-------------------|--|---------------------|-------------|
| | 401 7-751-109-000 | | | | 514 | .32CRPERA PAYABLE | | |
| | 401 7-752-109-000 | PERA | | | 8,783 | .18CRPERA PAYABLE | | |
| | 401 7-752-109-000 401 7-758-109-000 | P.E.R.A. | | | 2,139 | .49CRPERA PAYABLE | | |
| C LER201409047596 | PERA PAYABLE G/L ACCOUNT 401 2-200-002-000 | AP | | D | 8/31/2014 | 1,368.47CR 1,368.47CR | 1,368.47 | |
| | 401 2-200-002-000 | PERA PAYABLE | | | 533 | .22CRPERA PAYABLE | | |
| | 401 7-752-109-000 | PERA | | | 423 | .81CRPERA PAYABLE | | |
| | 401 7-758-109-000 | | | | | .44CRPERA PAYABLE | | |
| C PRE201409047596 | PERA PAYABLE G/L ACCOUNT 401 2-200-002-000 | AP | | D | 8/31/2014 | 63,358.62CR 63,358.62CR | 63,358.62 | |
| | 401 2-200-002-000 | PERA PAYABLE | | | 21,651 | .62CRPERA PAYABLE | | |
| | 401 6-611-109-000 | PERA | | | 403 | . UJCKIBKA IAIADBB | | |
| | 401 6-612-109-000 | PERA | | | | .54CRPERA PAYABLE | | |
| | 401 6-613-109-000 | PERA | | | 348 | .05CRPERA PAYABLE .16CRPERA PAYABLE .73CRPERA PAYABLE | | |
| | 401 6-621-109-000 | PERA | | | 251 | .16CRPERA PAYABLE | | |
| | 401 6-622-109-000 | PERA | | | 571 | .73CRPERA PAYABLE | | |
| | | PERA | | | 1,077 | .36CRPERA PAYABLE | | |
| | | PERA | | | 586 | .19CRPERA PAYABLE | | |
| | | PERA | | | 1,107 | .75CRPERA PAYABLE .36CRPERA PAYABLE .19CRPERA PAYABLE .57CRPERA PAYABLE | | |
| | | PERA | | | 823 | .05CRPERA PAYABLE | | |
| | | PERA | | | 1,952 | .05CRPERA PAYABLE .20CRPERA PAYABLE .28CRPERA PAYABLE | | |
| | 401 6-642-109-000 | PERA | | | 7,044 | .28CRPERA PAYABLE | | |
| | 401 6-645-109-000 | PERA | | | 1,630 | .SICRPERA PAYABLE | | |
| | | PERA | | | 1,225 | .UGCRPERA PAYABLE | | |
| | | PERA | | | 3/1 | 20CDDEDA DAVABLE | | |
| | | PERA | | | 713 510 | .28CRPERA PAYABLE .51CRPERA PAYABLE .06CRPERA PAYABLE .70CRPERA PAYABLE .20CRPERA PAYABLE .61CRPERA PAYABLE .01CRPERA PAYABLE .23CRPERA PAYABLE .62CRPERA PAYABLE .62CRPERA PAYABLE | | |
| | | PERA | | | 1 107 | OICREEN PAIABLE | | |
| | | PERA | | | 713 | 23CRPERA PAYABLE | | |
| | | PERA | | | 1 329 | 62CRPERA PAYABLE | | |
| | 401 7-741-109-000 401 7-751-109-000 | PERA PERA | | | 1,687 | .62CRPERA PATABLE .62CRPERA PAYABLE .89CRPERA PAYABLE .52CRPERA PAYABLE | | |
| | | PERA PAYABLE | | | 4.877 | .89CRPERA PAYABLE | | |
| | | PERA | | | 436 | .52CRPERA PAYABLE | | |
| | | PERA | | | 977 | .52CRPERA PAYABLE .88CRPERA PAYABLE | | |
| | 402 6-653-109-000 | PERA | | | 3.883 | .52CRPERA PAYABLE .88CRPERA PAYABLE .97CRPERA PAYABLE .50CRPERA PAYABLE .43CRPERA PAYABLE .98CRPERA PAYABLE .54CRPERA PAYABLE .21CRPERA PAYABLE .86CRPERA PAYABLE .94CRPERA PAYABLE | | |
| | 402 6-654-109-000 | PERA | | | 258 | .50CRPERA PAYABLE | | |
| | 427 2-200-002-000 | PERA PAYABLE | | | 413 | .43CRPERA PAYABLE | | |
| | 427 6-638-109-000 | PERA | | | 470 | .98CRPERA PAYABLE | | |
| | 432 2-200-002-000 | PERA PAYABLE | | | 578 | .54CRPERA PAYABLE | | |
| | 432 7-761-109-000 | P.E.R.A. | | | 215 | .21CRPERA PAYABLE | | |
| | 432 7-765-109-000 | P.E.R.A | | | 443 | .86CRPERA PAYABLE | | |
| | 437 2-200-002-000 | PERA PAYABLE PERA | | | 352 | .94CRPERA PAYABLE | | |
| | 437 6-659-109-000 | PERA | | | 402 | .06CRPERA PAYABLE | | |
| | 452 2-200-002-000 | PERA PAYABLE | | | | .59CRPERA PAYABLE | | |
| | 452 8-832-109-000 | PERA | | | 1,986 | .29CRPERA PAYABLE | | |
| C prc201409047596 | PERA PAYABLE | AP | | D | 8/31/2014 | 1,001.67CR 1,001.67CR | 1,001.67 | |
| | G/L ACCOUNT 402 2-200-002-000 | PERA PAYABLE | | | 468 | .25CRPERA PAYABLE | | |

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VENDOR SET: 01 A/P PAYMENT REGISTER PAGE: 30

| VENDOR ITEM | 1 NO# | | BANK | | DISC DT | | PAYMENT DISCOUNT | OUTSTANDING |
|-------------|--------|--|--------------|------|-----------|--|---------------------|-------------|
| | | 402 6-651-109-000 | | | | 8CRPERA PAYABLE | | |
| | | 402 6-653-109-000 | | | | 4CRPERA PAYABLE | | |
| I LEO201409 | 037593 | PERA PAYABLE G/L ACCOUNT 401 2-200-002-000 401 7-751-109-000 401 7-752-109-000 401 7-758-109-000 | AP | D | 8/31/2014 | 20,597.68 20,597.68 | 20,597.68CR | |
| | | 401 2-200-002-000 | PERA PAYABLE | | 8,025.8 | 1 PERA PAYABLE | | |
| | | 401 7-751-109-000 | PERA | | 514.3 | 2 PERA PAYABLE | | |
| | | 401 7-752-109-000 | PERA | | 9,918.0 | 6 PERA PAYABLE | | |
| | | | | | | | | |
| I LEO201409 | 047597 | PERA PAYABLE G/L ACCOUNT 401 2-200-002-000 401 7-751-109-000 401 7-752-109-000 401 7-758-109-000 | AP | D | 8/31/2014 | 18,738.30 18,738.30 | 18,738.30CR | |
| | | 401 2-200-002-000 | PERA PAYABLE | | 7,301.3 | 1 PERA PAYABLE | | |
| | | 401 7-751-109-000 | PERA | | 514.3 | 2 PERA PAYABLE | | |
| | | 401 7-752-109-000 | PERA | | 8,783.1 | 8 PERA PAYABLE | | |
| | | 401 7-758-109-000 | P.E.R.A. | | 2,139.4 | 9 PERA PAYABLE | | |
| I LER201409 | 037593 | PERA PAYABLE | AP | D | 8/31/2014 | 2,062.84 | 2,062.84CR | |
| | | G/L ACCOUNT | | | | 2,062.84 | | |
| | | G/L ACCOUNT 401 2-200-002-000 401 7-752-109-000 | PERA PAYABLE | | 803.7 | 8 PERA PAYABLE | | |
| | | 401 7-752-109-000 | PERA | | 847.6 | 2 PERA PAYABLE | | |
| | | 401 7-758-109-000 | | | | 4 PERA PAYABLE | | |
| I LER201409 | 047597 | PERA PAYABLE G/L ACCOUNT 401 2-200-002-000 401 7-752-109-000 401 7-758-109-000 | AP | D | 8/31/2014 | 1,368.47 1,368.47 | 1,368.47CR | |
| | | 401 2-200-002-000 | PERA PAYABLE | | 533.2 | 2 PERA PAYABLE | | |
| | | 401 7-752-109-000 | PERA | | 423.8 | l PERA PAYABLE | | |
| | | 401 7-758-109-000 | P.E.R.A. | | 411.4 | 4 PERA PAYABLE | | |
| I PRE201409 | 037593 | G/L ACCOUNT | AP | | | 79.125.69 | 79,125.69CR | |
| | | 401 2-200-002-000 | PERA PAYABLE | | 27,657.90 | D PERA PAYABLE | | |
| | | 401 6-611-109-000 | PERA | | 409.6 | 5 PERA PAYABLE | | |
| | | 401 6-612-109-000 | PEKA | | 1,106.5 | F DEDA DAVABLE | | |
| | | 401 6-613-109-000 | PERA | | 251 1 | C DEDA DAVADIE | | |
| | | 401 6-622-109-000 | PERA | | 972 1 | 4 PERA PAYARLE | | |
| | | 401 6-624-109-000 | PERA | | 1.077 3 | 6 PERA PAYARLE | | |
| | | 401 6-625-109-000 | PERA | | 586.1 | 9 PERA PAYABLE | | |
| | | 401 6-611-109-000 401 6-612-109-000 401 6-613-109-000 401 6-621-109-000 401 6-622-109-000 401 6-624-109-000 401 6-631-109-000 401 6-631-109-000 | PERA | | 1,107.5 | 7 PERA PAYABLE | | |
| | | 401 6-632-109-000 | PERA | | 823.0 | 5 PERA PAYABLE | | |
| | | 401 6-641-109-000 | PERA | | 2,618.49 | PERA PAYABLE PERA PAYABLE PERA PAYABLE | | |
| | | 401 6-642-109-000 | | | 10,018.0 | PERA PAYABLE | | |
| | | 401 6-645-109-000 | | | 3,025.09 | 9 PERA PAYABLE | | |
| | | 401 6-691-109-000 | PERA | | 1,659.5 | 9 PERA PAYABLE | | |
| | | 401 6-692-109-000 | PERA | | 524.4 | 6 PERA PAYABLE | | |
| | | 401 7-721-109-000 | | | 913.7 | 3 PERA PAYABLE | | |
| | | 401 7-722-109-000 | PERA | | 758.9 | 6 PERA PAYABLE | | |

9-05-2014 11:24 AM PACKET: Q5778 Regular Payments VENDOR SET: 01 PAGE: 31 A/P PAYMENT REGISTER

| VENDOR | ITEM NO# | DESCRIPTION | BANK | СНЕСК | STAT | DUE DISC | | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|--------------|--|---|-------|------|-------------|----------|------------------------------|---------------------|-------------|
| | | 401 7-731-109-000 | PERA | | | | 1,197.01 | PERA PAYABLE | | |
| | | 401 7-732-109-000 | PERA | | | | 1,093.27 | PERA PAYABLE | | |
| | | 401 7-741-109-000 | PERA | | | | 1,329.62 | PERA PAYABLE | | |
| | | 401 7-751-109-000 | PERA | | | | 1,687.62 | PERA PAYABLE | | |
| | | 402 2-200-002-000 | PERA PAYABLE | | | | 5,925.73 | PERA PAYABLE | | |
| | | 402 6-651-109-000 | PERA | | | | 436.52 | PERA PAYABLE | | |
| | | 402 6-652-109-000 | PERA | | | | 1,209.08 | PERA PAYABLE | | |
| | | 402 6-653-109-000 | PERA | | | | 4,661.34 | PERA PAYABLE | | |
| | | 402 6-654-109-000 | PERA | | | | 443.61 | PERA PAYABLE | | |
| | | 427 2-200-002-000 | PERA PAYABLE | | | | 413.43 | PERA PAYABLE | | |
| | | 427 6-638-109-000 | PERA | | | | 470.98 | PERA PAYABLE | | |
| | | 432 2-200-002-000 | PERA PAYABLE | | | | 578.54 | PERA PAYABLE | | |
| | | 432 7-761-109-000 | P.E.R.A. | | | | 215.21 | PERA PAYABLE | | |
| | | 432 7-765-109-000 | P.E.R.A | | | | 443.86 | PERA PAYABLE | | |
| | | 435 2-200-002-000 | Pera Payable | | | | 190.34 | PERA PAYABLE | | |
| | | 435 6-643-109-000 | PERA | | | | 216.83 | PERA PAYABLE | | |
| | | 437 2-200-002-000 | PERA PAYABLE | | | | 352.94 | PERA PAYABLE | | |
| | | 437 6-659-109-000 | PERA | | | | 402.06 | PERA PAYABLE | | |
| | | 452 2-200-002-000 | PERA PAYABLE | | | | 1,869.72 | PERA PAYABLE | | |
| | | 452 8-832-109-000 | PERA PERA PERA PERA PERA PERA PERA PERA | | | | 2,129.97 | PERA PAYABLE | | |
| I PRE | 201409047597 | PERA PAYABLE | PERA PAYABLE PERA PAYABLE PERA PAYABLE PERA PAYABLE PERA PAYABLE PERA PERA PERA PERA PERA PERA PERA PERA PERA | | D | 8/31/2 | 2014 | 63,214.81 | 63,214.81CR | |
| | | G/L ACCOUNT | DDD3 D3V3D1D | | | | | 63,214.81 | | |
| | | 401 2-200-002-000 | PERA PAYABLE | | | | 400.06 | PEKA PAIABLE | | |
| | | 401 6-611-109-000 | PERA | | | | 1 106 54 | PERA PAIADLE | | |
| | | 401 6-612-109-000 | PEKA | | | | 240 05 | PERM PAINDLE | | |
| | | 401 6-613-109-000 401 6-621-109-000 | | | | | 251 16 | DEDY DAVABLE | | |
| | | 401 6-622-109-000 | | | | | 571 73 | DEDY DYABLE | | |
| | | 401 6-624-109-000 | | | | | 1 077 36 | DERA DAVARI.E | | |
| | | 401 6-625-109-000 | | | | | 586 19 | DERA DAYARI.E | | |
| | | 401 6-631-109-000 | DERA | | | | 1.107.57 | PERA PAYARLE | | |
| | | 401 6-632-109-000 | PERA | | | | 823.05 | PERA PAYABLE | | |
| | | 401 6-641-109-000 | PERA | | | | 1.952.20 | PERA PAYABLE | | |
| | | 401 6-642-109-000 | PERA | | | | 7.044.28 | PERA PAYABLE | | |
| | | 401 6-645-109-000 | PERA | | | | 1,630.51 | PERA PAYABLE | | |
| | | 401 6-691-109-000 | PERA | | | | 1,225.06 | PERA PAYABLE | | |
| | | 401 6-692-109-000 | PERA | | | | 371.70 | PERA PAYABLE | | |
| | | 401 7-721-109-000 | PERA | | | | 713.20 | PERA PAYABLE | | |
| | | 401 7-722-109-000 | PERA | | | | 519.61 | PERA PAYABLE | | |
| | | 401 7-731-109-000 | PERA | | | | 1,197.01 | PERA PAYABLE | | |
| | | 401 7-732-109-000 | PERA | | | | 644.45 | PERA PAYABLE | | |
| | | 401 7-741-109-000 | PERA | | | | 1,329.62 | PERA PAYABLE | | |
| | | 401 7-751-109-000 | PERA | | | | 1,765.99 | PERA PAYABLE | | |
| | | 402 2-200-002-000 | PERA PAYABLE | | | | 4,877.89 | PERA PAYABLE | | |
| | | 402 6-651-109-000 | PERA | | | | 436.52 | PERA PAYABLE | | |
| | | 402 6-652-109-000 | PERA | | | | 977.88 | PERA PAYABLE PERA PAYABLE | | |
| | | 402 6-653-109-000 | PERA PERA PAYABLE PERA PERA PERA | | | | 3,883.97 | PERA PAYABLE | | |

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PACKET: 05778 Regular Payments
VENDOR SET: 01 PAGE: 32 A/P PAYMENT REGISTER

| VENDOR | ITEM NO# | DESCRIPTION | BANK | CHECK | STAT | DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------|--------------|--|-------------------------|----------|------|-----------|-----------------------------|----------------------|-------------|
| | | 402 6-654-109-000 | PERA | | | | PERA PAYABLE | | |
| | | 427 2-200-002-000 427 6-638-109-000 | | | | 413.43 | PERA PAYABLE | | |
| | | 427 6-638-109-000 | PERA | | | 470.98 | PERA PAYABLE | | |
| | | 432 2-200-002-000 | PERA PAYABLE | | | 578.54 | PERA PAYABLE | | |
| | | | P.E.R.A. | | | 215.21 | PERA PAYABLE | | |
| | | 432 7-765-109-000 | P.E.R.A PERA PAYABLE | | | | PERA PAYABLE | | |
| | | 437 2-200-002-000 | PERA PAYABLE | | | | PERA PAYABLE | | |
| | | 437 6-659-109-000 | PERA | | | | PERA PAYABLE | | |
| | | 452 2-200-002-000 | PERA PAYABLE | | | 1,667.93 | PERA PAYABLE | | |
| | | | PERA | | | 1,900.11 | PERA PAYABLE | | |
| I prc2 | 201409037593 | PERA PAYABLE G/L ACCOUNT | AP | | D | 8/31/2014 | | 1,404.63CR | |
| | | G/L ACCOUNT | | | | 100 27 | 1,404.63 | | |
| | | 401 2-200-002-000 | | | | | PERA PAYABLE | | |
| | | 401 6-645-109-000 | PERA | | | | PERA PAYABLE | | |
| | | 402 2-200-002-000 402 6-651-109-000 | PERA PAYABLE | | | | PERA PAYABLE | | |
| | | | | | | | PERA PAYABLE | | |
| | | | PERA | | | | PERA PAYABLE | | |
| I prc2 | 201409047597 | PERA PAYABLE G/L ACCOUNT | AP | | D | 8/31/2014 | 1,001.67 | 1,001.67CR | |
| | | G/L ACCOUNT | DDD3 D3W3D1D | | | | PERA PAYABLE | | |
| | | 402 2-200-002-000 | PERA PAYABLE | | | | PERA PAYABLE | | |
| | | 402 6-651-109-000 | | | | | PERA PAYABLE | | |
| | | 402 6-653-109-000 | PERA | | | | | | |
| | | VENDOR TOTALS | | | | 1 | 103,047.03 103,047.03 | 103,047.03CR 0.00 | 0.00 |
| 01-4446 | CARRIE RICH | | | | | | | | |
| C C372 | 201409047596 | Thomas Ray/DM-2010 | -331 AP | | R | 8/31/2014 | 250.00CR | 250.00 | |
| | | G/L ACCOUNT 401 2-200-018-000 | CHILD ENFORCEM | NT PAYA | RIJE | 250.00 | 250.00CR CRThomas Ray/DN | 4-2010-331 | |
| | | | | | | | | | |
| I C372 | 201409037593 | Thomas Ray/DM-2010 G/L ACCOUNT | -331 AP | | R | 8/31/2014 | 250.00 250.00 | 250.00CR | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 250.00 | | 1-2010-331 | |
| I C372 | 201409047597 | Thomas Ray/DM-2010 G/L ACCOUNT | -331 AP | | R | 8/31/2014 | 250.00 250.00 | 250.00CR | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 250.00 | | 4-2010-331 | |
| | | VENDOR TOTALS | REG. | CHECK | | | 250.00 | 250.00CR | 0.00 |
| | | | | | | | 250.00 | 0.00 | |

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PACKET: Q5778 Regular Payments
VENDOR SET: 01 A/P PAYMENT REGISTER PAGE: 33

| VENDOR | ITEM NO# | DESCRIPTION | BANK | СНЕСК | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|------------------|--------------|---|----------------|-----------|------|-------------------|----------------------|---------------------|-------------|
| 01-5195 | ROCK STAR, | LLC | | | | | | | |
| C G32 | 201409047596 | Jonathan Stephens G/L ACCOUNT | | | | | 204.28CR | | |
| | | 401 2-200-011-000 | MISCELLANEOUS | PAYABLE | | 204.280 | CRJonathan Step | hens | |
| I G32 | 201409037593 | Jonathan Stephens G/L ACCOUNT | AP | | R | 8/31/2014 | 204.28 204.28 | 204.28CR | |
| | | 401 2-200-011-000 | MISCELLANEOUS | PAYABLE | | 204.28 | Jonathan Step | hens | |
| I G32 | 201409047597 | Jonathan Stephens G/L ACCOUNT 401 2-200-011-000 | AP | | | 8/31/2014 | | | |
| | | 401 2-200-011-000 | MISCELLANEOUS | PAYABLE | | 204.28 | Jonathan Step | hens | |
| | | VENDOR TOTALS | | | | | 204.28 | 204.28CR 0.00 | 0.00 |
| 01-3799 I 131 | | E & APPLIANCE FILTER CLEANING/ROA | D AP | | R | 9/05/2014 | 361.53 | 361.53CR | |
| 1 131 | .013 | G/L ACCOUNT 402 6-653-230-000 | | | | 361.53 | 361.53 | | |
| I 131 | 845 | TIRES/ROAD G/L ACCOUNT | | | | 9/05/2014 | 1 000 57 | | |
| | | 402 6-653-222-000 | TIRES/REPAIRS | | | 1,088.56 | ACCT.#9804099 | 32 | |
| I 131 | 846 | TIRES/ROAD G/L ACCOUNT | | | | | 799.38 | | |
| | | 402 6-653-222-000 | TIRES/REPAIRS | | | 799.38 | ACCT.#9804099 | 32 | |
| | | VENDOR TOTALS | REG | . CHECK | | | 2,249.47 2,249.47 | 2,249.47CR 0.00 | 0.00 |
| 01-5058 | KIRA SHANNO | n | | | | | | | |
| C C59 | 201409047596 | FLORES DM-2012-744 G/L ACCOUNT | AP | | R | 8/31/2014 | 36.98CR 36.98CR | 36.98 | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | MENT PAYA | BLE | 36.980 | CRFLORES DM-201 | 2-744 | |
| I C59 | 201409037593 | FLORES DM-2012-744 G/L ACCOUNT | | | | | 36.98 | | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | MENT PAYA | BLE | 36.98 | FLORES DM-201 | 2-744 | |
| I C59 | 201409047597 | FLORES DM-2012-744 G/L ACCOUNT | | | R | | 36.98 | | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | MENT PAYA | BLE | 36.98 | FLORES DM-201 | 2-744 | |

9-05-2014 11:24 AM PACKET: 05778 Regular Payments VENDÓR SET: 01 PAGE: 34 A/P PAYMENT REGISTER

| VENDOR | ITEM NO# | DESCRIPTION | BANK | CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------|--------------|---|------------|-------|------|-------------------|------------------|---------------------|-------------|
| | | VENDOR TOTALS | REG. | СНЕСК | | | 36.98 36.98 | 36.98CR 0.00 | 0.00 |
| 01-5222 | MICHAEL SHAM | INON | | | | | | | |
| I CC01 | 0671 | REIMBURSEMENT/DSABIL G/L ACCOUNT 402 6-651-102-000 | | | | | 484.56 | | |
| | | VENDOR TOTALS | REG. | CHECK | | | 484.56 484.56 | 484.56CR 0.00 | 0.00 |
| 01-688 | STATE OF NEW | MEXICO | | | | | | | |
| C C032 | 01409047596 | C Childress/Cause# 0 G/L ACCOUNT 401 2-200-018-000 | | | | | 71.08CR | | |
| C C182 | 01409047596 | A.Perez/Cause# 16574 G/L ACCOUNT 401 2-200-018-000 | | | | | 151 85CR | | |
| C C602 | 01409047596 | J STEPHENS/ CASE ID G/L ACCOUNT 401 2-200-018-000 | | | | | 31.75CR | | 3 |
| C C622 | 01409047596 | J.JOHNSON 000088516 G/L ACCOUNT 401 2-200-018-000 | | | | | 329.70CR | | |
| C C632 | 01409047596 | C.LYNN/CASE ID 00024 G/L ACCOUNT 401 2-200-018-000 | | | | | 129.23CR | | |
| I C032 | 01409037593 | C Childress/Cause# 0 G/L ACCOUNT 401 2-200-018-000 | | | | | 71.00 | | |
| I C032 | 01409047597 | C Childress/Cause# 0 G/L ACCOUNT 401 2-200-018-000 | 0011106 AP | | R | 8/31/2014 | 71.08 71.08 | 71.08CR | |
| I C182 | 01409037593 | 401 2-200-018-000 A.Perez/Cause# 16574 G/L ACCOUNT 401 2-200-018-000 | 2 AP | | R | 8/31/2014 | 151.85 | 151.85CR | |

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PACKET: 05778 Regular Payments
VENDOR SET: 01 A/P PAYMENT REGISTER PAGE: 35

| VENDOR ITEM NO# | DESCRIPTION | BANK | CHECK STA | T DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|-------------------|--|-------------|------------|---------------------|----------------------|---------------------|-------------|
| I C18201409047597 | A.Perez/Cause# 165742 G/L ACCOUNT | | | | 151 85 | | |
| | 401 2-200-018-000 CHIL | D ENFORCEME | NT PAYABLE | 151.85 | A. Perez/Cau | se# 165742 | |
| I C50201409037593 | A.PADILLA/CASEID 0000175 G/L ACCOUNT | | | | 85.27 | | |
| | 401 2-200-018-000 CHIL | D ENFORCEME | NT PAYABLE | 85.27 | A.PADILLA/C | ASEID 000017516 | |
| I C55201409037593 | T. ESTRADA/000313284 G/L ACCOUNT | | | | 147 69 | | |
| | 401 2-200-018-000 CHIL | O ENFORCEME | NT PAYABLE | 147.69 | T. ESTRADA/ | 000313284 | |
| I C57201409037593 | C. WILEY /000270611 G/L ACCOUNT | | | | 74.71 | | |
| | 401 2-200-018-000 CHIL | ENFORCEME | NT PAYABLE | 74.71 | C. WILEY /0 | 00270611 | |
| I C60201409037593 | J STEPHENS/ CASE ID 0002: G/L ACCOUNT | | | | 31.75 | | |
| | 401 2-200-018-000 CHIL | ENFORCEME | NT PAYABLE | 31.75 | J STEPHENS/ | CASE ID 00021780 | 3 |
| I C60201409047597 | J STEPHENS/ CASE ID 0002: G/L ACCOUNT | | | | 31.75 | | |
| | 401 2-200-018-000 CHILI | ENFORCEME | NT PAYABLE | 31.75 | J STEPHENS/ | CASE ID 00021780 | 3 |
| I C62201409037593 | J.JOHNSON 000088516 G/L ACCOUNT | | | | 329.70 | | |
| | 401 2-200-018-000 CHILI | ENFORCEME | NT PAYABLE | 329.70 | J.JOHNSON (| 000088516 | |
| I C62201409047597 | J.JOHNSON 000088516 G/L ACCOUNT | | | | 329.70 | | |
| | 401 2-200-018-000 CHIL | ENFORCEME | NT PAYABLE | 329.70 | J.JOHNSON (| 000088516 | |
| I C63201409037593 | C.LYNN/CASE ID 000243415 G/L ACCOUNT | AP | R | 8/31/2014 | 129.23 129.23 | 129.23CR | |
| | 401 2-200-018-000 CHIL | ENFORCEME | NT PAYABLE | 129.23 | C.LYNN/CASE | ID 000243415 | |
| I C63201409047597 | C.LYNN/CASE ID 000243415 G/L ACCOUNT | AP | R | 8/31/2014 | 129.23 129.23 | 129.23CR | |
| | 401 2-200-018-000 CHILI | ENFORCEME | NT PAYABLE | 129.23 | | ID 000243415 | |
| | VENDOR TOTALS | REG. | CHECK | | 1,021.28 1,021.28 | 1,021.28CR 0.00 | 0.00 |

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| VENDOR | ITEM NO# | DESCRIPTION | BANK | CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------|--------------|-----------------------------------|----------------|----------|------|-------------------|------------------|---------------------|-------------|
| 01-4733 | TEXAS CHILD | SUPPORT SDU | | | | | | | |
| C C12 | 201409047596 | AG# 0012436698/Cau G/L ACCOUNT | | | | | 158.31CR | | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 158.31 | CRAG# 00124366 | 98/Cause#CC-22,8 | 91 |
| C C42 | 201409047596 | AG#0009985060/CAUS G/L ACCOUNT | | | | | 126.92CR | | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 126.92 | CRAG#000998506 | 0/CAUSE#2002AG66 | 79 |
| C C43 | 201409047596 | AG#0009305066/CAUS G/L ACCOUNT | | | | | 132 46CR | | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 132.46 | CRAG#000930506 | 6/CAUSE#98CM1057 | |
| I C12 | 201409037593 | AG# 0012436698/Cau G/L ACCOUNT | | | | | 158.31 | | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 158.31 | AG# 00124366 | 98/Cause#CC-22,8 | 91 |
| I C12: | 201409047597 | AG# 0012436698/Cau G/L ACCOUNT | se#CC-22, AP | | R | 8/31/2014 | 158.31 158.31 | 158.31CR | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 158.31 | AG# 00124366 | 98/Cause#CC-22,8 | 91 |
| I C42 | 201409037593 | AG#0009985060/CAUS G/L ACCOUNT | E#2002AG6 AP | | R | 8/31/2014 | 126.92 126.92 | 126.92CR | |
| | | G/L ACCOUNT 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 126.92 | AG#000998506 | 0/CAUSE#2002AG66 | 79 |
| I C42 | 201409047597 | AG#0009985060/CAUS G/L ACCOUNT | | | | | 126.92 | | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 126.92 | AG#000998506 | 0/CAUSE#2002AG66 | 79 |
| I C43 | 201409037593 | AG#0009305066/CAUS G/L ACCOUNT | | | | | 132.46 | | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 132.46 | AG#000930506 | 6/CAUSE#98CM1057 | |
| I C43 | 201409047597 | AG#0009305066/CAUS | | | R | 8/31/2014 | 132.46 132.46 | 132.46CR | |
| | | 401 2-200-018-000 | CHILD ENFORCEM | ENT PAYA | BLE | 132.46 | AG#000930506 | 6/CAUSE#98CM1057 | |
| | | VENDOR TOTALS | REG. | CHECK | | | 417.69 417.69 | 417.69CR 0.00 | 0.00 |
|)1-452 | U.S. POSTAL | SERVICE | | | | | | | |
| I CCO | 10645 | P.O. BOX RENTAL/TR | | | R | 9/05/2014 | 92.00 92.00 | 92.00CR | |
| | | G/L ACCOUNT 401 7-741-251-000 | | | | 92.00 | | L/P.O. BOX 1772 | |

| 9 | -05 | -2014 | 11:24 | AΜ | |
|---|-----|-------|-------|----|--|
| | | | | | |

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PACKET: 05778 Regular Payments VENDOR SET: 01

| VENDOR | ITEM NO# | DESCRIPTION | AB | NK | CHECK | STAT | DUE DISC | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|-------------|--|-------------------|------|-------|------|-------------|--|---------------------|-------------|
| | | VENDOR TOTALS | | REG. | СНЕСК | | | 92.00 92.00 | 92.00CR 0.00 | 0.00 |
| 01-717 | WAKEFIELD C | oll CO. INC. | | | | | | | | |
| I 097 | 198 | BULK FUELS/ROAD G/L ACCOUNT 402 6-653-223-000 | AP VEHICLE FUE | ELS | | R | | 14,151.22 14,151.22 ACCT. #CHACO | 14,151.22CR | |
| | | VENDOR TOTALS | | REG. | СНЕСК | | | 14,151.22 14,151.22 | 14,151.22CR 0.00 | 0.00 |
| 01-416 | SOUTHWESTER | N PUBLIC SERVICE | | | | | | | | |
| I CCO | 10671 | ROAD DEPT G/L ACCOUNT 402 6-653-243-000 | AP | SHTS | 2002 | R | 9/05/2 | 28.61 28.61 ACCT.#54-1485 | | |
| I CCO | 10672 | SHERIFF SUB-STATION, G/L ACCOUNT 401 7-751-341-000 | | | | R | 9/05/2 | 69.66 69.66 ACCT. #54-394 | | |
| | | VENDOR TOTALS | F | ÆG. | CHECK | | | 98.27 98.27 | 98.27CR 0.00 | 0.00 |

A/P PAYMENT REGISTER

PAGE: 38

FUND DISTRIBUTION

| FUND NO# | FUND NAME | AMOUNT |
|----------|---------------------------|--------------|
| 401 | General Fund | 338,621.10CR |
| 402 | Road Fund | 78,837.41CR |
| 408 | East Grand Plains VolFire | 21.43CR |
| 410 | Midway Volunteer Fire Fnd | 486.87CR |
| 411 | Berrendo Volunteer Fire | 108.16CR |
| 412 | Sierra Volunteer Fire Fnd | 111.33CR |
| 414 | CC Fire Dist #8 Vol Fire | 37.91CR |
| 427 | Indigent Hospital Claims | 3,400.44CR |
| 432 | DWI Grant Funds | 4,609.77CR |
| 435 | Correction Grants | 2,063.89CR |
| 437 | Environmental Tax | 3,999.92CR |
| 452 | Flood Control | 17,760.47CR |
| 628 | Property Valuation | 1,800.00CR |
| 631 | Other Grants & Contracts | 184,851.00CR |
| 650 | Detention Construction PJ | 65.38CR |
| | ** TOTALS ** | 636,775.08CR |

---- TYPE OF CHECK TOTALS ----

| | NUMBER | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------------------------|--------|--------------------------|----------------------|-------------|
| HAND CHECKS | | 0.00 | 0.00 | 0.00 |
| DRAFTS | 2 | 108,013.79 108,013.79 | 108,013.79CR 0.00 | 0.00 |
| REG-CHECKS | | 528,761.29 528,761.29 | 528,761.29CR 0.00 | 0.00 |
| EFT | | 0.00 | 0.00 | 0.00 |
| NON-CHECKS | | 0.00 | 0.00 | 0.00 |
| ALL CHECKS | 2 | 636,775.08 636,775.08 | 636,775.08CR 0.00 | 0.00 |
| TOTAL CHECKS TO PRINT: 39 | | | | |

ERRORS: 0 WARNINGS: 0



PAGE: 1 A/P PAYMENT REGISTER

Q-12-2014 11:48 AM
PACKET 05790 Regular Payments
VENDOR SET: 01 Q-12-14

| VENDOR | ITEM NO# | DESCRIPTION | BANK | СНЕСК | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------|------------|---|----------------------|-------|------|--------------------|------------------------------------|---------------------|-------------|
| 01-5087 | HERITAGE M | EMORIAL ALLIANCE | | | | | | | |
| I CCO | 10724 | DOD 08/28/14 G/L ACCOUNT 427 6-639-296-000 | AP INDIGENT BURIA | | | 9/12/2014 | 600.00 | 600.00CR | |
| | | VENDOR TOTALS | REG. | СНЕСК | | | 600.00 600.00 | 600.00CR 0.00 | 0.00 |
| 01-159 | ASA ARCHIT | ects | | | | | | | |
| I 319 | 9 | RENOVATIONS/CCDC G/L ACCOUNT 650 6-685-381-000 | | | | | 32,311.36 32,311.36CF 32,311.36 | | |
| | | VENDOR TOTALS | REG. | | | | | 32,311.36CR 0.00 | 0.00 |
| 01-1566 | ASPEN OF N | EW MEXICO INC | | | | | | | |
| I 09- | -14/ASPEN | SECOND CHANCE/SEPT. G/L ACCOUNT 432 7-761-267-000 | | | | | 2,000.00 | 2,000.00CR | |
| | | VENDOR TOTALS | REG. | CHECK | | | 2,000.00 2,000.00 | 2,000.00CR 0.00 | 0.00 |
| 01-5084 | BRADBURY S | TAMM CONSTRUCTION | | | | | | | |
| I 238 | 37 | RENOVATIONS/CCDC G/L ACCOUNT 650 6-685-381-000 | | | | 1 | , 223, 233.33 | | |
| | | VENDOR TOTALS | | CHECK | | 1 | | 1,223,293.93CR | 0.00 |
| 01-930 | CARR AUTOM | OTIVE | | | | | | | |
| I 579 | 977 | REPAIR STARTER/ROAD G/L ACCOUNT 402 6-653-221-000 | | | | 9/12/2014 195.0 | 193.00 | | |
| I 58 | 024 | REPAIR STARTER/ROAD G/L ACCOUNT 402 6-653-221-000 | AP | | R | 9/12/2014 124.5 | 124.50 | | |

9-12-2014 11:48 AM PACKET. 05790 Regular Payments PAGE: 2 A/P PAYMENT REGISTER

VENDOR SET: 01

| VENDOR | ITEM NO# | DESCRIPTION | BANK | CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|---------|------------|--|------|-------|------|---------------------------|--|---|-------------|
| | | VENDOR TOTALS | REG. | CHECK | | | 319.50 319.50 | 319.50CR 0.00 | 0.00 |
| 01-705 | CATERPILLA | R FINANCIAL SERVI | | | | | | | |
| I 159 | 08149 | LEASE FOR TWO WATER G/L ACCOUNT 402 6-653-251-000 | | | R | 9/12/2014 4,250.28 | 4,250.28 4,250.28 ACCT.#47313 | 4,250.28CR | |
| I 159 | 19971 | LEASE OF 966H LOADER G/L ACCOUNT 402 6-653-251-000 | | | R | | 2,899.86 2,899.86 ACCT.#47313 | 2,899.86CR | |
| | | VENDOR TOTALS | | CHECK | | | 7,150.14 7,150.14 | 7,150.14CR 0.00 | 0.00 |
| 01-4730 | QWEST | | | | | | | | |
| I CCC | 010678 | SIERRA F.D. #3 G/L ACCOUNT 412 8-815-340-000 | | | R | 9/12/2014 54.82 | 54.82 54.82 ACCT.#575-623 | | |
| I CCC | 010679 | SHERIFF DEPT G/L ACCOUNT 401 7-751-340-000 401 7-751-340-000 401 7-751-340-000 401 7-751-340-000 | AP | | R | 644.74 155.04 69.84 | 1,067.88 1,067.88 ACCT.#N-575-62 ACCT.#N-575-62 ACCT.#N-575-62 | 522-0159-876M 7-3201-123B 522-0354-081M | |
| I CC | 010680 | JUVENILE DETENTION G/L ACCOUNT 401 6-645-340-000 | | | R | 9/12/2014 69.84 | 69.84 69.84 ACCT.#N-575-6 | 69.84CR 622-0163-429M | |
| I CC | 010681 | SHERIFF/STATE POLIC G/L ACCOUNT 401 7-751-340-000 | | | R | 9/12/2014 69.49 | 69.49 69.49 ACCT.#N-575-0 | | |
| I CC | 010682 | SIERRA F.D. #1 G/L ACCOUNT 412 8-815-340-000 | АР | | R | 9/12/2014 118.34 | 118.34 118.34 ACCT.#575-62 | | |
| I CC | 010683 | | AP | | R | | 207.99 207.99 ACCT.#N-575-ACCT.#N-575- | | |

PAGE: 3 A/P PAYMENT REGISTER 9-12-2014 11:48 AM 05790 Regular Payments

PACKET: VENDOR SET: 01

| VENDOR | ITEM NO# | DESCRIPTION | BANK | CHECK | STAT | DUE DT DISC DT | GROSS BALANCE | PAYMENT DISCOUNT | OUTSTANDING |
|--------|----------|----------------------------------|------------|-------|------|-------------------|------------------|---------------------|-------------|
| | | 401 6-613-340-000 | TELEPHONE | | | 2.39 | ACCT. #N-575-6 | 23-3001-584M | |
| | | 401 6-625-340-000 | TELEPHONE | | | 2.39 | ACCT.#N-575-6 | 23-3001-584M | |
| | | 401 6-616-340-000 | TELEPHONE | | | | ACCT.#N-575-6 | | |
| | | 401 6-621-340-000 | TELEPHONE | | | | ACCT.#N-575-6 | | |
| | | 401 6-622-340-000 | TELEPHONE | | | 23.91 | ACCT.#N-575-6 | 23-3001-584M | |
| | | 401 6-624-340-000 | TELEPHONE | | | | ACCT.#N-575-6 | | |
| | | 401 6-631-340-000 | TELEPHONE | | | | ACCT.#N-575-6 | | |
| | | 401 6-645-340-000 | TELEPHONE | | | | ACCT.#N-575-6 | | |
| | | 401 6-691-340-000 | TELEPHONE | | | 7.17 | ACCT.#N-575-6 | 23-3001-584M | |
| | | 401 7-721-340-000 | TELEPHONE | | | | ACCT.#N-575-6 | | |
| | | 401 7-731-340-000 | TELEPHONE | | | | ACCT.#N-575-6 | | |
| | | 401 7-741-340-000 | TELEPHONE | | | | ACCT.#N-575-6 | | |
| | | 401 7-751-340-000 | TELEPHONE | | | 47.85 | ACCT.#N-575-6 | 23-3001-584M | |
| | | 401 1-131-340 000 | | | | | 16 72 | 1.6 72CB | |
| I CC | 010684 | ROAD DEPT | AP | | R | 9/12/2014 | 16.73 16.73 | 16.73CR | |
| | | G/L ACCOUNT | | | | 16 73 | ACCT. #N-575-6 | 23-3001-584M | |
| | | 402 6-651-340-000 | TELEPHONE | | | | | | |
| 7 00 | 010685 | CCDC | AP | | R | 9/12/2014 | | 21.51CR | |
| 1 66 | 010003 | G/L ACCOUNT | | | | | 21.51 | | |
| | | 435 6-643-340-000 | TELEPHONE | | | 21.51 | ACCT.#N-575-6 | 23-3001-584M | |
| | | | AP | | R | 9/12/2014 | 16.73 | 16.73CR | |
| I CC | 010686 | IHC DEPT G/L ACCOUNT | Ar | | • • | | 16.73 | | |
| | | 427 6-638-340-000 | TELEPHONE | | | 16.73 | ACCT.#N-575-6 | 23-3001-584M | |
| | | | | | R | 9/12/2014 | 236.36 | 236.36CR | |
| I CC | 010687 | COURT & CCDC | AP | | K | 3,12,2021 | 236.36 | | |
| | | G/L ACCOUNT 650 6-684-340-000 | MEX EDUONE | | | 236.36 | ACCT.#N-575-6 | 24-0006-751M | |
| | | 650 6-684-340-000 | TELEPHONE | | | 200111 | | | |
| | | ROAD DEPT | AP | | R | 9/12/2014 | 54.81 | 54.81CR | |
| 1 00 | :010688 | G/L ACCOUNT | | | | | 54.81 | | |
| | | | TELEPHONE | | | 54.81 | ACCT.#575-627 | 7-0081-230B | |
| | | 402 0-031-340 000 | 1222110112 | | | | | | |
| | .010000 | CCDC VIDEO ARRAIGN | MENT AP | | R | 9/12/2014 | 97.05 | 97.05CR | |
| 1 00 | :010689 | G/L ACCOUNT | | | | | 97.05 | | |
| | | 435 6-643-340-000 | TELEPHONE | | | 97.05 | ACCT.#575-62 | 7-5495-192B | |
| | | 433 0 043 310 000 | | | | | | | |
| | 2010600 | COURTHOUSE | AP | | R | 9/12/2014 | | 59.49CR | |
| 1 00 | 010690 | G/L ACCOUNT | | | | | 59.49 | | |
| | | 401 6-692-340-000 | TELEPHONE | | | 59.49 | ACCT.#575-62 | 3-1269-337B | |
| | | 401 0 032 310 000 | | | | | | | |
| T C(| 010691 | IHC/FAX | AP | | R | 9/12/2014 | 53.33 | 53.33CR | |
| 1 ((| 2010091 | C/I. ACCOUNT | | | | | 53.33 | | |
| | | 427 6-638-340-000 | TELEPHONE | | | 53.33 | ACCT.#575-62 | I-1554-233B | |
| | | | | | R | 9/12/2014 | 53.80 | 53.80CR | |
| I C | 010692 | BERRENDO F.D. #3 | AP | | K | 3/17/7013 | 53.80 | | |
| | | G/L ACCOUNT | | | | 53.80 | ACCT.#575-62 | 7-7979-937B | |
| | | 411 8-814-340-000 | TELEPHONE | | | 33.00 | | | |

A/P PAYMENT REGISTER

PAGE: 9-12-2014 11:48 AM 05790 Regular Payments

VENDOR SET: 01

PACKET:

VENDOR SEQUENCE

BANK CHECK STAT DUE DT GROSS PAYMENT OUTSTANDING VENDOR ITEM NO# DESCRIPTION DISC DT BALANCE DISCOUNT R 9/12/2014 443.04 443.04CR AΡ I CC010693 CCDC 443.04 G/L ACCOUNT 443.04 ACCT.#575-623-3037-065B 650 6-684-340-000 TELEPHONE AP R 9/12/2014 55.38 55.38CR COURTHOUSE/HVAC CONTROL I CC010694 55.38 G/L ACCOUNT 55.38 ACCT.#575-627-2191-059B 401 6-692-340-000 TELEPHONE R 9/12/2014 113.80 113.80CR AP I CC010695 MAINT. SHOP 113.80 G/L ACCOUNT 113.80 ACCT.#575-627-7608-739B 401 6-691-340-000 TELEPHONE 92.46 92.46CR MAINT. DEPT/HVAC LINES AP R 9/12/2014 I CC010696 92.46 G/L ACCOUNT 92.46 ACCT.#575-627-0977-957B 401 6-691-340-000 TELEPHONE R 9/12/2014 139.68 139.68CR MAINT. SHOP/CIRCUIT # AP I CC010697 139.68 G/L ACCOUNT 69.84 ACCT. #N-575-622-0219-677M 401 6-691-340-000 TELEPHONE 69.84 ACCT. #N-575-622-0220-678M 401 6-691-340-000 TELEPHONE R 9/12/2014 133.03 133.03CR EGP F.D. #2 I CC010698 133.03 G/L ACCOUNT 133.03 ACCT.#575-627-7152-074B 408 8-812-340-000 TELEPHONE 681.00 R 9/12/2014 681.00CR AP COMMISSION I CC010713 681.00 G/L ACCOUNT 681.00 ACCT. #N-575-622-0507-708M 401 6-619-340-000 TELEPHONE R 9/12/2014 681.00 681.00CR AP COMMISSION I CC010714 681.00 G/L ACCOUNT 681.00 ACCT. #N-575-622-0506-881M 401 6-619-340-000 TELEPHONE R 9/12/2014 262.96 262.96CR COMMISSION AP T CC010715 262.96 G/L ACCOUNT 262.96 ACCT. #N-575-622-0510-473M 401 6-619-340-000 TELEPHONE 4,800.52CR 0.00 4,800.52 REG. CHECK VENDOR TOTALS 0.00 4,800.52 01-188 CHAVES COUNTY C.A.S.A. DOMESTIC VIOLENCE/SEPT. 201 AP R 9/12/2014 2,000.00 2,000.00CR T 09-14/CASA 2,000.00 G/L ACCOUNT 432 7-761-267-000 CONTRACTUAL SERVICES 2,000.00 DWI DISTRIBUTION FUNDS 2,000.00 2,000.00CR 0.00 REG. CHECK VENDOR TOTALS 2,000.00

PAGE: A/P PAYMENT REGISTER 9-12-2014 11:48 AM

VENDOR SET: 01

PACKET:

05790 Regular Payments

VENDOR SEQUENCE

PAYMENT OUTSTANDING BANK CHECK STAT DUE DT GROSS VENDOR ITEM NO# DESCRIPTION BALANCE DISCOUNT DISC DT 01-4710 JOHN DEERE CAPITAL CORPORAT 2,270.49 R 9/12/2014 2,270,49CR LEASE OF 6 GRADERS/ROAD AP T 1491462 2,270.49 G/L ACCOUNT 2,270.49 CONTRACT #030-0061556-001 402 6-653-251-000 RENTALS 2,270.49 2,270.49CR R 9/12/2014 LEASE OF 6 GRADERS/ROAD AP I 1491463 2,270,49 G/L ACCOUNT 2,270.49 CONTRACT #030-0061556-002 402 6-653-251-000 RENTALS 2,270.49 2,270.49CR 9/12/2014 R LEASE OF 6 GRADERS/ROAD I 1491464 2,270.49 G/L ACCOUNT 2,270.49 CONTRACT #030-0061556-003 RENTALS 402 6-653-251-000 2,270.49CR 9/12/2014 2,270.49 LEASE OF 6 GRADERS/ROAD AP I 1491465 2,270.49 G/L ACCOUNT 2,270.49 CONTRACT #030-0061556-004 402 6-653-251-000 RENTALS 9/12/2014 2,270.49 2,270.49CR LEASE OF 6 GRADERS/ROAD I 1491466 2,270.49 G/L ACCOUNT 2,270.49 CONTRACT #030-0061556-005 402 6-653-251-000 RENTALS R 9/12/2014 2,270.49 2,270.49CR LEASE OF 6 GRADERS/ROAD I 1491467 2,270.49 G/L ACCOUNT 2,270.49 CONTRACT #030-0061556-000 402 6-653-251-000 RENTALS 13,622.94 13,622.94CR 0.00 REG. CHECK VENDOR TOTALS 0.00 13,622.94 DEMAREE'S PUMPING SERVICE 01-459 AP R 9/12/2014 364.23 364.23CR PT RENTALS/ROAD I 4464 364.23 G/L ACCOUNT 364.23 PROFESSIONAL SERVICES 402 6-653-251-000 RENTALS 0.00 364.23 364.23CR REG. CHECK VENDOR TOTALS 364.23 0.00 01-2395 DEXTER CONSOLIDATED SCHOOLS AP R 9/12/2014 1,200.00 1,200.00CR TNT/SEPT. 2014 I 09-14/DEXTER 1,200.00 G/L ACCOUNT 432 7-761-267-000 CONTRACTUAL SERVICES 1,200.00 DWI PREVENTION 0.00 1,200.00CR 1,200.00 REG. CHECK VENDOR TOTALS 1,200.00 0.00