LANDER COUNTY COMMISSIONERS MEETING TOWN BOARD OF BATTLE MOUNTAIN & AUSTIN BOARD OF COUNTY HIGHWAY COMMISSIONERS

AUGUST 22, 2019

LANDER COUNTY COURTHOUSE COMMISSIONERS' CHAMBER 50 STATE ROUTE 305 BATTLE MOUNTAIN, NEVADA

Also Via Teleconference At

AUSTIN COURTHOUSE COMMISSION OFFICE 122 MAIN STREET AUSTIN, NEVADA

All times on this agenda are approximate. Consideration of items may require more or less time than is scheduled. Items on the agenda may be taken out of order; the public body may combine two or more agenda items for consideration; and the public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. Public comment is designated for discussion only. The public has the opportunity to address the commission on any matter not appearing on the agenda; however, no action may be taken on any matter raised until the matter itself has been specifically included on the agenda as an item upon which action may be taken. Additionally, public comment may be heard on any item listed on the agenda. Persons are invited to submit comments in writing and/or attend and make comments on any agenda item at the commission meeting. All public comment may be limited to three (3) minutes per person, at the discretion of the commission.

9:00 A.M

Call to Order

Pledge of Allegiance A Moment of Silence

Lander County Commissioners may break for lunch from 12:00 pm to 1:15 pm. Any agenda item may be taken out of order, may be combined for consideration by the public body, and items may be pulled or removed from the agenda at any time.

Commissioners Reports on meetings, conferences, and seminars attended.

Staff Reports on meetings, conferences and seminars attended.

Public Comment – For non-agendized items only. Persons are invited to submit comments in writing and/or attend and make comments on any non-agenda item at the Board meeting if any, and discussion of those comments at the discretion of the Board. All public comment may be limited to three (3) minutes per person, again at the discretion of the Board. Reasonable restrictions may be placed on public comments based upon time, place and manner, but public comment based upon viewpoint may not be restricted.

CONSENT AGENDA

All matters listed under the consent agenda are considered routine, and may be acted upon by the Board of County Commissioners with one action, without extensive discussion. Any member of the Board or any citizen may request that an item be taken from the consent agenda, discussed and acted upon separately during this meeting. Consent agenda materials are available at the Lander County Clerk's office for viewing and copies are available for a nominal charge.

- (1) Approval of August 22, 2019 Agenda Notice
- (2) Approval of April 1, 2019 Special Meeting Budget Workshop Minutes
- (3) Approval of April 11, 2019 Meeting Minutes
- (4) Approval of April 25, 2019 Meeting Minutes
- (5) Approval of May 9, 2019 Meeting Minutes
- (6) Approval of May 23, 2019 Meeting Minutes
- (7) Approval of June 27, 2019 Meeting Minutes
- (8) Approval of July 11, 2019 Meeting Minutes
- (9) Approval of July 25, 2019 Meeting Minutes
- (10) Approval of August 8, 2019 Meeting Minutes
- (11) Approval of the Payment of Bills

COMMISSIONERS

RECESS THE BOARD OF THE LANDER COUNTY COMMISSIONERS AND CONVENE THE MEETING OF THE LANDER COUNTY LIQUOR BOARD COMPOSED OF THE LANDER COUNTY BOARD OF COMMISSIONERS AND THE LANDER COUNTY SHERIFF

- (1) **SHERIFF:** For possible action, to approve/ disapprove a liquor license for the Silver State Bar & Grill in Austin, NV.
 - *ADJOURN THE MEETING OF THE LANDER COUNTY LIQUOR BOARD AND RECONVENE THE MEETING OF THE LANDER COUNTY BOARD OF COMMISSIONERS*

- (2) CLERK: For possible action, to approve/disapprove the U.S Department of Homeland Security, Cybersecurity and Infrastructure Security Agency's Assessments Rules of Engagement.
- (3) **COUNTY MANAGER:** For possible action, to reappoint one individual to serve on the Lander County Advisory Board to Manage Wildlife. The term expires on June 30, 2022.
 - a) Scott Torgerson
- (4) **COUNTY MANAGER:** Agenda setting procedures/discussion only.
- (5) **COUNTY MANAGER:** Request from John Gist for possible action to approve/disapprove \$ 4,644.00 for the high school band uniforms for the Battle Mountain High School band.
- (6) **COUNTY MANAGER:** For possible action, renewal of lease of Frontier Community Action Agency located at 370 S. Mountain Street, Battle Mountain, NV 89820 for another two years.
- (7) **COUNTY MANAGER:** For possible action, to submit letter of support for the proposed expansion at the Cortez Mine site.
- (8) **COUNTY MANAGER:** For possible action, to ratify the appointment of Chance Ellis as the town of Kingston Fire Company Fire Chief.
- (9) **COUNTY MANAGER:** For possible action, to approve the mapped route for Nevada Collision for Suicide Prevention Annual 5k Walk/Run scheduled for September 14, 2019.
- (10) **CONVENTION AND TOURISM:** For possible action, to read into the record a proclamation in support of the 20th year of the Human powered bike race held annually in Lander County.
- (11) JUB ENGINEER: Update on F.A.A Projects within Lander County/ Informational Only.
- (12) **BUILDING OFFICIAL:** For possible action, use of portable storage units such as sea-tainers and conex boxes.

CORRESPONDENCE

(13) Correspondence/reports/potential upcoming agenda items.

Public Comment – For non-agendized items only. Persons are invited to submit comments in writing and/or attend and make comments on any non-agenda item at the Board meeting if any, and discussion of those comments at the discretion of the Board. All public comment may be limited to three (3) minutes per person, again at the discretion of the Board. Reasonable restrictions may be placed on public comments based upon time, place and manner, but public comment based upon viewpoint may not be restricted.

ADJOURN

NOTE: TIMES ARE APPROXIMATE

This is the tentative schedule for the meeting. The Board reserves the right to take items out of order to accomplish business in the most efficient manner. The Board may combine two or more agenda items for consideration. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Notice to persons with disabilities: Members of the public who are disabled and require special assistance or accommodations at the meeting are requested to notify the County Manager in writing at the Courthouse, 50 State Route 305, Battle Mountain, Nevada 89820, or call (775) 635-2885 at least one day in advance of the meeting.

NOTICE: Any member of the public that would like to request any supporting material from the meeting, please contact the clerk's office, 50 State Route 305, Battle Mountain, Nevada 89820 (775) 635-5738.

AFFIDAVIT OF POSTING

State of Nevada)
) ss
County of Lander)

Keith Westengard, Lander County Manager of said Lander County, Nevada, being duly sworn, says, that on the 16th day of August, 2019, he posted a notice, of which the attached is a copy, at the following places: 1) Battle Mountain Civic Center, 2) Battle Mountain Post Office, 3) Lander County Courthouse, 4) Swackhamer's Plaza Bulletin Board, 5) Kingston Community Hall Bulletin Board, and 6) Austin Courthouse in said Lander County, where proceedings are pending.

Keith Westengard, Lander County Manager

Subscribed and sworn to before me this 16th day of August, 201

Name of Agenda: Lander County Commission

Date of Meeting: August 22, 2019

Page 4 of 4

"Lander County is an Equal Opportunity Provider"

Keith Westengard Lander County Manager



ACKNOWLEDGEMENT OF REVIEW & AUTHORIZATION

DATE

County Manager

8-15-17

LANDER COUNTY COMMISSION MEETING

August 22, 2019

SUBMITTED EXPENDITURES IN THE AMOUNT OF \$745,432.86 From Check #204334 thru #204440 RATIFY

50 State Route 305 < ≯ Battle Mountain, NV 89820 Phone: (775) 635-2573 < ≯ Fax: (775) 635-5332

Check Register
Packet: APPKT00193 - 8/15/19 - AP CHECK RUN Lander County, NV

By Check Number

| Vendor Number | Vendor Name | | Payment | t Date | Payment | t Туре | Discoun | t Amour | nt Paymer | nt Amount | Number |
|----------------------|-------------------|----------------|----------|---------------------|-------------------------------|---------------------|----------|---------|-------------|---|--------|
| Bank Code: AP POOL O | | | | | 607 52 | | | | | | |
| 001392 | 3D CONCRETE | | 08/15/20 | | Regular | | | 0.0 | | 19,320.00 | 204334 |
| Payable # | Payable Type | Payable D | | Payable Description | | | ount Amo | | ayable Amo | ount | |
| Account Num | | Account Name | | Project Accou | 20 | Item Description | | Dist | t Amount | | |
| 117344 | Invoice | 07/30/201 | | CONCRETE BLOCK | S FA-47 | | | 0.00 | 19,320 | 0.00 | |
| 055-000-5401 | .0 | NEW FIXED AS | SETS | | | CONCRETE BLOCKS | 5 | 1 | 19,320.00 | | |
| 209932 | A.M. ENGINEERING | (| 08/15/20 | 019 | Regular | | | 0.0 | 00 | 80,370.00 | 204335 |
| Payable # | Payable Type | Payable D | ate | Payable Description | on | Disc | ount Am | ount F | Payable Amo | | 201333 |
| Account Num | ber | Account Name | | Project Accou | | Item Description | | | t Amount | Juite | |
| 183.000 08 | Invoice | 08/07/201 | 19 | PRJCT: 183.000 - L | CACHERO DO PORTO DO MESO | • | | 0.00 | 42,87 | 0.00 | |
| 055-000-5394 | 16 | WATER PROJEC | | | o / O | PRJCT: 183.000 - L0 | | | 42,870.00 | 0.00 | |
| 251.000 01 | Invoice | 08/01/201 | 19 | PROJECT: 251.000 | - BM SAFE | ROLLTES TO | | 0.00 | 37,50 | 0.00 | |
| 055-000-5328 | | ENGINEERING | | 111032011 251.000 | DIVIDALL | PROJECT: 251.000 | | | 37,500.00 | 0.00 | |
| 333 333 3323 | | ENGINEERING | | | | FROJECT, 231,000 | | • | 57,500.00 | | |
| 000098 | ADVANCED DATA SY | STEMS INC | 08/15/20 | 019 | Regular | | | 0.0 | 00 | 2.896.00 | 204336 |
| Payable # | Payable Type | Payable D | ate | Payable Description | on | Disc | ount Am | ount F | Payable Amo | , | 201330 |
| Account Num | ber | Account Name | | Project Accou | int Key | Item Description | | | t Amount | 24.11 | |
| 1907017 | Invoice | 07/31/201 | 19 | SOFTWARE | | , | | 0.00 | 2,89 | 6.00 | |
| 001-002-5356 | 60 | MAINTENANCE | /CONTRA | 1 | | CLERK | | | 447.00 | 0.00 | |
| 001-003-5392 | .0 | SERVICE AND S | UPPLIES | | | TREASURER | | | 514.00 | | |
| 001-006-5320 | 00 | COMPUTER SER | RVICE | | | ASSESSOR | | | 1,118.00 | | |
| 001-007-5356 | 60 | MAINTENANCE | /CONTRA | | | FISC-OFC | | | 469.00 | | |
| 001-008-5392 | .0 | SERVICE AND S | | | | BLDG/PLAN | | | 60.00 | | |
| 001-035-5320 | 00 | COMPUTER SER | | | | GENERAL | | | 200.00 | | |
| 226-000-5392 | | SERVICE AND S | | | | UTILITY | | | 44.00 | | |
| 236-000-5392 | | SERVICE AND S | | | | UTILITY | | | 44.00 | | |
| 20000000 | | SERVICE AND S | OTT LIES | | 0.00 | OTILITY | | | 44.00 | | |
| 003323 | AMAZON CAPITAL SE | RVICES (| 08/15/20 | 119 | Regular | | | 0.0 | 00 | 2.691.43 | 204227 |
| Payable # | Payable Type | Payable D | 100 | Payable Description | - | Disc | ount Am | | Payable Am | | 204337 |
| Account Num | | Account Name | | Project Accou | | Item Description | Ount Am | | t Amount | Junt | |
| 1FQV-YDXD-MFR | | 08/05/201 | | CLIPBOARDS / PEN | Control of Control of Control | | | 0.00 | | 4.74 | |
| 001-012-5392 | | SERVICE AND S | | | ilidhi / C | CLIPBOARDS / PEN | | 0.00 | 64.71 | 4.71 | |
| 1JQW-J6R9-K6M3 | Invoice | 08/07/201 | 19 | SEAGATE 12TB IN | TERNAI HA | ARD DRIVE | | 0.00 | 2,62 | 6 72 | |
| 001-012-5392 | | SERVICE AND S | | | - LINANE III | SEAGATE 12TB INT | | 0.00 | A10 6 40000 | 0.72 | |
| <u> </u> | | SERVICE AIND S | OII LILD | | | SEMONIE IZIBINI | LKINAL | | 2,626.72 | | |
| 002696 | AT&T | (| 08/15/20 | 019 | Regular | | | 0.0 | 00 | 6,742.79 | 204338 |

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| Payable # | Payable Type | Payable Date | Payable Descriptio | Payment Type | Discount Amount Payment A Discount Amount Payable Amount | |
| Account Nur | | Account Name | Project Accoun | | | 9 |
| _Y 2019 | Invoice | 07/28/2019 | LANDER COUNTY | it key Itelli bescript | 0.00 6,742.79 | N. |
| 001-001-539 | | TELEPHONE/FAX | 2 22.11 00 011 11 | 775 635 1108 | and a common and a | , |
| 001-001-539 | Section 1994 | TELEPHONE/FAX | | 775 964 2447 | 91.31 | |
| 001-003-539 | 930 | TELEPHONE/FAX | | 775 635 5187 | 30.08 | |
| 001-005-539 | 930 | TELEPHONE/FAX | | 775 635 1108 | | |
| 001-006-539 | 930 | TELEPHONE/FAX | | 775 635 9945 | | |
| 001-006-539 | 930 | TELEPHONE/FAX | | 775 635 5054 | | |
| 001-007-539 | 930 | TELEPHONE/FAX | | 775 635 1108 | | |
| 001-008-539 | 930 | TELEPHONE/FAX | | 775 635 1108 | | |
| 001-010-539 | 930 | TELEPHONE/FAX | | 775 964 2478 | | |
| 001-010-539 | 930 | TELEPHONE/FAX | | 775 635 0368 | | |
| 001-012-539 | 930 | TELEPHONE/FAX | | 131 252-8387 | | |
| 001-012-539 | 930 | TELEPHONE/FAX | | 131 252 8416 | | |
| 001-012-539 | 930 | TELEPHONE/FAX | | 775 635 5299 | | |
| 001-012-539 | 930 | TELEPHONE/FAX | | 775 635 5161 | 342.10 | |
| 001-012-539 | 930 | TELEPHONE/FAX | | 775 964 2661 | 152.52 | |
| 001-012-539 | 930 | TELEPHONE/FAX | | 775 635 2602 | 655.68 | |
| 001-012-539 | 931 | EMERGENCY 911 | | 775 911 0310 | 643.28 | |
| 001-012-539 | 931 | EMERGENCY 911 | | 775 911 0311 | 485.28 | |
| 001-014-539 | 930 | TELEPHONE/FAX | | 775 635 3094 | 130.98 | |
| 001-015-539 | 930 | TELEPHONE/FAX | | 775 964 2482 | 19.74 | |
| 001-016-539 | 930 | TELEPHONE/FAX | | 775 964 2870 | 27.68 | |
| 001-017-539 | | TELEPHONE/FAX | | 775 635 5102 | 90.07 | |
| 001-020-539 | | SERVICE AND SUPPLIE | S | 775 635 0394 | 124.92 | |
| 001-021-539 | Control of the Contro | TELEPHONE/FAX | | 775 635 0197 | 104.08 | |
| 001-023-539 | Name of the Park o | TELEPHONE/FAX | | 775 635 0604 | 16.24 | |
| 001-024-539 | | TELEPHONE/FAX | | 775 964 2380 | 55.22 | |
| 001-035-532 | | COMPUTER SERVICE | | 775 635 1199 | | |
| 001-035-532 | | COMPUTER SERVICE | | 131 252 8519 | 248W ALEM | |
| 002-065-539 002-066-539 | A TOWN | TELEPHONE/FAX | | 775 964 1245 | | |
| 002-066-539 | | TELEPHONE/FAX | | 775 635 6153 | | |
| 003-040-539 | | TELEPHONE/FAX | | 775 635 8968 | | |
| 005-000-539 | | TELEPHONE/FAX TELEPHONE/FAX | | 775 635 2386 775 635 5565 | | |
| 009-044-539 | State of the state | TELEPHONE/FAX | | 775 964 2338 | | |
| 009-045-539 | | TELEPHONE/FAX | | 775 635 5311 | 1200 12 | |
| 009-047-539 | S. Accompany | TELEPHONE/FAX | | 775 635 5311 | | |
| 012-065-539 | V 18-4-1 | UTILITIES | | 775 964 1144 | | |
| 012-066-539 | the same of | UTILITIES | | 775 635 8419 | | |
| 020-000-539 | | UTILITIES | | 775 964 1468 | | |
| 035-000-539 | 930 | TELEPHONE/FAX | | 775 964 2120 | | |
| 037-000-539 | 930 | TELEPHONE/FAX | | 775 964 0055 | | |
| 046-057-539 | 930 | TELEPHONE/FAX | | 775 635 1112 | | |
| 052-052-539 | 930 | TELEPHONE/FAX | | 775 635 8488 | | |
| 052-055-539 | 930 | TELEPHONE/FAX | | 775 635 9209 | | |
| 052-055-539 | 930 | TELEPHONE/FAX | | 775 635 8350 | | |
| 052-057-539 | 930 | TELEPHONE/FAX | | 775 635 3336 | | |
| 052-062-539 | 930 | TELEPHONE/FAX | | 775 635 2534 | | |
| 052-062-539 | 930 | TELEPHONE/FAX | | 775 964 2428 | | |
| 226-000-539 | 930 | TELEPHONE/FAX | | 775 635 9144 | | |
| 226-000-539 | 930 | TELEPHONE/FAX | | 775 635 6153 | | |
| 226-000-539 | 930 | TELEPHONE/FAX | | 775 635 2837 | | |
| 226-000-539 | 980 | UTILITIES | | 131 252 8465 | | |
| 236-000-539 | 930 | TELEPHONE/FAX | | 775 635 1121 | | |
| 236-000-539 | | TELEPHONE/FAX | | 775 635 1125 | 13.84 | |
| 236-000-539 | N. Person | TELEPHONE/FAX | | 775 635 6153 | 3 (1/3) 45.83 | |
| 236-000-539 | 930 | TELEPHONE/FAX | | 775 635 1122 | 41.52 | |
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Regular

AUSTIN CHAMBER OF COMMERCE 08/15/2019

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| Vendor Number | Vendor Name | 100 No. | nt Date Payment | Type Discou | nt Amo | ount Payment Amount | Number |
| Payable # | Payable Type | Payable Date | Payable Description | Discount An | nount | Payable Amount | |
| Account Num | | Account Name | Project Account Key | Item Description | D | ist Amount | |
| <u>.9/19</u> | Invoice | 07/29/2019 | QUILL - OFFICE SUPPLIES | | 0.00 | 108.27 | |
| 001-035-5904 | <u>.9</u> | AUSTIN CHAMBER GR | AN | QUILL - OFFICE SUPPLIES | | 108.27 | |
| 8/6/19 | Invoice | 08/06/2019 | AT&T PHONE BILL | | 0.00 | 85.56 | |
| 001-035-5904 | <u>.9</u> | AUSTIN CHAMBER GR | AN | AT&T PHONE BILL | | 85.56 | |
| | | | | | | 30.00 | |
| 210207 | AXON ENTERPRISES, | INC 08/15/2 | 2019 Regular | | (| 0.00 390.00 | 204340 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount An | nount | Payable Amount | 201310 |
| Account Num | ber | Account Name | Project Account Key | Item Description | | ist Amount | |
| SI-1603066 | Invoice | 07/29/2019 | BATTERY PACKS | | 0.00 | 390.00 | |
| 001-012-5394 | <u>.0</u> | TRAVEL AND TRAININ | G | BATTERY PACKS | | 390.00 | |
| | | | | | | | |
| 000360 | B M CLINIC | 08/15/2 | 2019 Regular | | (| 0.00 230.00 | 204341 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount An | nount | Payable Amount | |
| Account Num | ber | Account Name | Project Account Key | Item Description | | Dist Amount | |
| 264123-AOW | Invoice | 04/08/2019 | CHANCE ELLIS | | 0.00 | 115.00 | |
| 001-035-5315 | 0 | COUNTY PHYSICALS | | CHANCE ELLIS | | 115.00 | |
| 264984-AOW | Invoice | 04/18/2019 | JESSICA WALKER | | 0.00 | | |
| 001-035-5315 | | COUNTY PHYSICALS | JESSICA WALKER | JESSICA WALKER | 0.00 | 115.00 | |
| 302 300 3320 | <u> </u> | COUNT THISICALS | | JESSICA WALKER | | 115.00 | |
| 000218 | B M GENERAL HOSPI | TAL 08/15/2 | 2019 Regular | | , | 0.00 4.438.25 | 204242 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount An | | 0.00 4,438.25 Payable Amount | 204342 |
| Account Num | | Account Name | Project Account Key | Item Description | | A TOWN TO SERVICE OF THE SERVICE STATE | |
| 1085C18353 | Invoice | 08/01/2019 | PHYSICALS / DRUG TESTING | item bescription | | Dist Amount | |
| 001-035-5315 | | COUNTY PHYSICALS | THISICALS/ DRUG TESTING | COLDITTE CHID | 0.00 | 470.00 | |
| 001-035-5315 | No. | COUNTY PHYSICALS | | COLPITTS, CHIP | | 30.00 | |
| 001-035-5315 | | COUNTY PHYSICALS | | FORD, HAILEY | | 60.00 | |
| 001-035-5315 | | COUNTY PHYSICALS | | MCCLARY, DECLAN | | 30.00 | |
| 001-035-5315 | A CONTRACTOR OF THE CONTRACTOR | COUNTY PHYSICALS | | SURLA, PEGGY | | 30.00 | |
| 001-035-5315 | | | | BAKKER, SEAN | | 175.00 | |
| 001-035-5315 | - 10 | COUNTY PHYSICALS | | BROOKS, ROBERT | | 30.00 | |
| 001-033-3313 | | | | | | | |
| | Q | COUNTY PHYSICALS | | BROWN, DAVID | | 115.00 | |
| 254871-AOD | Invoice | 11/20/2018 | ZACHARIAS, DEREK | BROWN, DAVID | 0.00 | 115.00 30.00 | |
| 254871-AOD 001-035-5315 | Invoice | | ZACHARIAS, DEREK | ZACHARIAS, DEREK | 0.00 | | |
| | Invoice | 11/20/2018 | | | | 30.00 30.00 | |
| 001-035-5315 | Invoice Invoice | 11/20/2018 COUNTY PHYSICALS | ZACHARIAS, DEREK CRUZ, GABRIELA | ZACHARIAS, DEREK | 0.00 | 30.00 30.00 30.00 | |
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| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 | Invoice O Invoice O Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL | CRUZ, GABRIELA | ZACHARIAS, DEREK | 0.00 | 30.00 30.00 30.00 | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD | Invoice Invoice Invoice Invoice Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 | CRUZ, GABRIELA | ZACHARIAS, DEREK CRUZ, GABRIELA | 0.00 | 30.00 30.00 30.00 30.00 1,741.60 | |
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| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 | Invoice Invoice Invoice Invoice Invoice Invoice Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS | CRUZ, GABRIELA DAVID T CLARKSON | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE | 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 | Invoice O Invoice O Invoice O Invoice O Invoice O Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON | 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE | Invoice Invoice Invoice Invoice Invoice Invoice Invoice Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA | 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 30.00 2,106.65 | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 | Invoice Invoice Invoice Invoice Invoice Invoice Invoice Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE | 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 | Invoice O Invoice O Invoice O Invoice O Invoice O Invoice O Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA | 0.00 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 30.00 2,106.65 2,106.65 | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 | Invoice O Invoice O Invoice O Invoice O Invoice O Invoice O Invoice O Invoice O Invoice O Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Regular | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS | 0.00 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 2,106.65 2,106.65 | 204343 |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # | Invoice O Invoice Payable Type | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Ar | 0.00 0.00 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 Payable Amount | 204343 |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Number | Invoice Invoice Invoice Invoice Invoice Invoice Invoice Invoice Invoice B M POSTMASTER Payable Type Der | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS | 0.00 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 Payable Amount Dist Amount | 204343 |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Are Item Description | 0.00 0.00 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 Payable Amount Oist Amount 459.55 | 204343 |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl JULY 2019 226-000-5367 | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 POSTAGE | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Are Item Description MONTHLY WATER BILLS | 0.00 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 Payable Amount Oist Amount 459.55 229.77 | 204343 |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Are Item Description | 0.00 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 Payable Amount Oist Amount 459.55 | 204343 |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl JULY 2019 226-000-5367 236-000-5367 | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 POSTAGE | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key MONTHLY WATER BILLS | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Are Item Description MONTHLY WATER BILLS | 0.00 0.00 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 Payable Amount Oist Amount 459.55 229.77 229.78 | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl JULY 2019 226-000-5367 236-000-5367 | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 POSTAGE POSTAGE | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key MONTHLY WATER BILLS | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Ar Item Description MONTHLY WATER BILLS MONTHLY WATER BILLS | 0.00 0.00 0.00 0.00 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 Payable Amount Oist Amount 459.55 229.77 229.78 0.00 2,260.00 | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl JULY 2019 226-000-5367 236-000-5367 | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 POSTAGE POSTAGE POSTAGE Rayable Date | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key MONTHLY WATER BILLS | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Ar Item Description MONTHLY WATER BILLS MONTHLY WATER BILLS | 0.00 0.00 0.00 0.00 0.00 mount 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 2,106.65 Payable Amount 0ist Amount 459.55 229.77 229.78 0.00 2,260.00 Payable Amount | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl JULY 2019 226-000-5367 236-000-5367 001275 Payable # Account Numl | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 POSTAGE POSTAGE Republic Services of the services of th | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key MONTHLY WATER BILLS 2019 Regular Payable Description Project Account Key | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Ar Item Description MONTHLY WATER BILLS MONTHLY WATER BILLS | 0.00 0.00 0.00 0.00 0.00 mount 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 2,106.65 2,29.77 229.78 0.00 2,260.00 Payable Amount Dist Amount Dist Amount Dist Amount | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl JULY 2019 226-000-5367 236-000-5367 001275 Payable # Account Numl | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 POSTAGE POSTAGE Republic Services Servic | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key MONTHLY WATER BILLS | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Ar Item Description MONTHLY WATER BILLS MONTHLY WATER BILLS Discount Ar Item Description | 0.00 0.00 0.00 0.00 0.00 mount 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 2,106.65 2,29.77 229.78 0.00 2,260.00 Payable Amount Dist Amount 1,600.00 | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl JULY 2019 226-000-5367 236-000-5367 001275 Payable # Account Numl | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 POSTAGE POSTAGE Republic Services of the services of th | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key MONTHLY WATER BILLS 2019 Regular Payable Description Project Account Key | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Ar Item Description MONTHLY WATER BILLS MONTHLY WATER BILLS | 0.00 0.00 0.00 0.00 0.00 mount 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 2,106.65 2,29.77 229.78 0.00 2,260.00 Payable Amount Dist Amount Dist Amount Dist Amount | |
| 001-035-5315 261867-AOD 001-035-5315 263384-AOE 001-013-5372 264131-AOD 001-035-5315 264895-AOD 001-035-5315 264970-AOE 001-013-5372 000215 Payable # Account Numl JULY 2019 226-000-5367 236-000-5367 001275 Payable # Account Numl | Invoice | 11/20/2018 COUNTY PHYSICALS 03/06/2019 COUNTY PHYSICALS 03/27/2019 PRISONERS MEDICAL 04/08/2019 COUNTY PHYSICALS 04/17/2019 COUNTY PHYSICALS 04/18/2019 PRISONERS MEDICAL 08/15/2 Payable Date Account Name 07/02/2019 POSTAGE POSTAGE Republic Services Servic | CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS 2019 Regular Payable Description Project Account Key MONTHLY WATER BILLS 2019 Regular Payable Description Project Account Key | ZACHARIAS, DEREK CRUZ, GABRIELA DAVID T CLARKSON ELLIS, CHANCE WALKER, JESSICA JOSEPH SHIELDS Discount Ar Item Description MONTHLY WATER BILLS MONTHLY WATER BILLS Discount Ar Item Description | 0.00 0.00 0.00 0.00 0.00 mount 0.00 | 30.00 30.00 30.00 30.00 1,741.60 1,741.60 30.00 30.00 30.00 30.00 2,106.65 2,106.65 2,106.65 2,106.65 2,29.77 229.78 0.00 2,260.00 Payable Amount Dist Amount 1,600.00 | |

| Vendor Number 011-058-5398 052-052-5398 | | Paymer UTILITIES UTILITIES | nt Date Paymer | nt Type Discou LANDFILL & GOLFCOURSE LANDFILL & GOLFCOURSE | nt Amoun | nt Payment Amount 165.00 165.00 | |
|---|---|---|---|---|--|--|--------|
| .120 052-052-5398 | | 08/01/2019 UTILITIES | ADULT SOFTBALL FIELDS | ADULT SOFTBALL FIELDS | 0.00 | 330.00 330.00 | |
| 004018 Payable # Account Numl 64828/5071 036-000-5398 | ber Invoice | Payable Date | 2019 Regular Payable Description Project Account Key WATER SAMPLE TESTING - I | Discount An | ount P Dist 0.00 | Payable Amount t Amount 12.00 | 204345 |
| 001051 Payable # Account Numl MS080619B 046-000-5301 MS080619C 001-005-5392 | Invoice Invoice | Payable Date Account Name 08/06/2019 ADVERTISING/PROMOT | Payable Description Project Account Key WHPSC BANNER / GBC MEE TIO STRATHMORE CAMBRIC LIN | Discount An Item Description DIA SERVICES WHPSC BANNER / GBC ME | 0.00 0.00 | Payable Amount t Amount 290.00 | 204346 |
| 208361 Payable # Account Numl 42082 055-000-5401 42122 055-000-5401 | Invoice Invoice | 08/15/2 Payable Date Account Name 07/30/2019 NEW FIXED ASSETS 08/02/2019 NEW FIXED ASSETS | | Discount An Item Description A-47 72 X 16 GAUGE CULVERT | 0.00 Pist | Payable Amount t Amount 2,356.50 2,546.50 2,546.50 | 204347 |
| 002315 Payable # Account Numl NCS0327534 002-066-5388 INPS2986442 011-058-5388 INPS2987244 002-066-5388 INPS2987245 011-058-5388 INPS2988120 011-058-5388 INPS2991040 002-066-5388 INWO1193377 011-058-5388 | Payable Type ber Credit Memo Invoice Invoice Invoice Invoice Invoice Invoice Invoice Invoice Invoice | | FILTERS NC CUTTING EDGES NC FILTERS NC ELEMENTS NC GAGE NC REPAIR FUEL PRESSURE SEN | Discount Ar Item Description CREDIT ON FREIGHT FILTERS CUTTING EDGES FILTERS ELEMENTS GAGE ISOR REPAIR FUEL PRESSURE SE | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | -3,217.50 | 204348 |
| Payable # Account Numl 8/12/19 001-000-3104 | Payable Type ber Invoice | Payable Date Account Name 08/12/2019 REFUNDS | Payable Description Project Account Key REFUND - CASE JV-1376 | Discount Ar | nount F | Payable Amount st Amount 42.00 42.00 | 204349 |
| 209752 Payable # Account Numl 8/30/19 - 9/1/19 005-000-5394 8/8/19 - 8/11/19 | Invoice 0 | 08/15/2 Payable Date Account Name 08/13/2019 TRAVEL AND TRAINING 08/13/2019 | Payable Description Project Account Key TRAVEL ADVANCE - WINNE | Discount Ar Item Description MUCCA TRI CO TRAVEL ADAVANCE - WIN | mount F Dis 0.00 | 00 207.89 Payable Amount st Amount 158.09 158.09 49.80 | 204350 |

| 8 | | | | | acket. F | KFFK100133-8/13/13 | AP CHECK KU |
|---|---|---|--|--|------------------|--|-------------|
| Vendor Number Vendor Name 005-000-53940 | Paymer TRAVEL AND TRAINING | | | ype Discoun TRAVEL REIMBURSEMENT | t Amoun | t Payment Amount 49.80 | Number |
| | Payable Date Account Name 08/12/2019 GARNISHMENTS | Payable Description Project Account | t Key I | Discount Amo tem Description | | 0 270.50 ayable Amount Amount 270.50 270.50 | 204351 |
| 210152 CUREMD.COM, INC Payable # Payable Type Account Number 500081102 Invoice 003-040-59205 | 08/15/2 Payable Date Account Name 08/06/2019 PROFESSIONAL SERVICE | Payable Description Project Account LICENSE CHARGES | , | | | 0 295.00 ayable Amount Amount 295.00 295.00 | 204352 |
| 000299 DAY ENGINEERING Payable # Payable Type Account Number 2403 Invoice 055-000-53946 2432 Invoice 236-000-54010 2439 Invoice 055-000-53946 | Payable Date Account Name 05/10/2019 WATER PROJECT 08/05/2019 NEW FIXED ASSETS 08/05/2019 WATER PROJECT | Payable Description Project Account BM AIRPORT WATE | t Key I ER PROJECT AT EXISTIN G IGN FA-40 | tem Description FA-17 BM AIRPORT WATER PROJ G WWTP F 72 ACRE WETLAND AT EXIS | Ount P Dist 0.00 | 10 16,356.00 Example Amount 686.00 686.00 15,500.00 170.00 170.00 | 204353 |
| 209906 DEBORAH CARDOZA Payable # Payable Type Account Number 1907240019 Invoice 001-016-51032 07250005 Invoice 001-016-51032 1908030014 Invoice 001-016-51032 8/7/19 Invoice 001-016-53940 R5 TO BM WARR Invoice 001-016-51032 | Payable Date | Payable Description Project Account AUSTIN EMS RUN AUSTIN EMS RUN AUSTIN EMS RUN CPR INSTRUCTOR TE | rt Key I | Discount Am Item Description AUSTIN EMS RUN AUSTIN EMS RUN AUSTIN EMS RUN INNEMUCC CPR INSTRUCTOR TRAININ | | Payable Amount t Amount 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 | 204354 |
| Payable # Payable Type Account Number 4TH QUARTER Invoice 001-013-52012 052-055-52012 | Payable Date Account Name 07/22/2019 UNEMPLOYMENT UNEMPLOYMENT | 2019 Payable Description Project Accoun UNEMPLOYMENT - | n t Key BUSSA, JUS | Item Description | Dis 0.00 | 2,571.90 Payable Amount t Amount 2,571.90 273.90 2,298.00 | 204355 |
| 004604 DESERT DISPOSAL Payable # Payable Type | 08/15/2 Payable Date Account Name 07/31/2019 AUSTIN/KINGSTON OP 07/31/2019 UTILITIES | Payable Description Project Account AUSTIN & KINGSTO | n t Key N TRASH R N UP | Item Description | | Payable Amount t Amount 5,100.00 5,100.00 3,325.00 3,325.00 | 204356 |
| 003769 DESMOND SKEATH | 08/15/2 | 2019 | Regular | | 0.0 | 00 2,442.50 | 204357 |

| | | | | | racket. APPK10019 | | |
|--|-----------------------------|---|---|--|---|---------------------------|--------|
| Vendor Number Payable # Account Numl G 1-15, 2019 001-009-5356 001-009-5356 052-053-5920 052-053-5920 | Invoice 60 60 55 | Paymer Payable Date Account Name 08/15/2019 MAINTENANCE/CONTR MAINTENANCE/CONTR PROFESSIONAL SERVICE PROFESSIONAL SERVICE | A ES | Discount Am Item Description | nt Amount Paymer rount Payable Amo Dist Amount 0.00 2,442 784.50 200.00 1,191.50 266.50 | ount | Number |
| 000803 Payable # Account Numl 1ST QUARTER FY 052-062-5354 | Invoice | RY 08/15/2 Payable Date Account Name 08/06/2019 LIBRARY CONTRACTS | Payable Description | Item Description | 0.00 nount Payable Amo Dist Amount 0.00 25,535 25,535.50 | | 204358 |
| 000806 Payable # Account Numl 231940 001-014-5390 | Invoice | Payable Date Account Name 08/02/2019 FERAL CAT PROGRAM | Payable Description Project Account Key SPAY/NEUTER PROGRAM (4) | Item Description | | | 204359 |
| 004467 Payable # Account Numl 03-1220072 001-001-5392 ACCT #120 - JULY 009-045-5925 009-047-5925 | Invoice Invoice 11 | TOWN 08/15/2 Payable Date Account Name 08/01/2019 SERVICE AND SUPPLIE 08/01/2019 RAW FOOD RAW FOOD | Payable Description Project Account Key APPLE JUICE / FRUIT SALAD / | Item Description | 25.16 | | 204360 |
| ACCT #229 - JULY 001-013-5370 LC COMMISSION 001-001-5392 | Credit Memo | 08/01/2019 PRISONERS MEALS 08/01/2019 SERVICE AND SUPPLIE | INMATE MEALS - SHERIFF'S K CREDIT ON ACCOUNT S | (ITCHEN INMATE MEALS - SHERIFF' CREDIT ON ACCOUNT | 805.33 | .8.83 | |
| 207924 Payable # Account Num WWI038939 001-012-5388 | Invoice | 08/15/2 Payable Date Account Name 08/09/2019 REPAIR & MAINTENAM | Payable Description Project Account Key WINDSHIELD (UNIT 42) | Discount And Item Description WINDSHIELD (UNIT 42) | 0.00 nount Payable Amo Dist Amount 0.00 25 250.00 | | 204361 |
| 207109 Payable # Account Num 2516011907 001-035-5315 | Invoice | Payable Date Account Name 07/31/2019 COUNTY PHYSICALS | Payable Description Project Account Key DRUG TESTING | Discount An Item Description DRUG TESTING | 0.00 nount Payable Am Dist Amount 0.00 59 598.89 | | 204362 |
| 001561 Payable # Account Num 19-952967/7312 002-066-5336 | Invoice | 08/15/2 Payable Date Account Name 07/30/2019 GAS AND OIL | Payable Description Project Account Key 15/40 MOTOR OIL | Discount An Item Description | 0.00 nount Payable Am Dist Amount 0.00 1,42 1,428.57 | 5,488.55 ount 28.57 | 204363 |
| CFS1999691/630 001-017-5336 CFS2000675/120 001-012-5336 001-013-5336 001-014-5336 :FS2004494/631 226-000-5336 | Invoice 50 50 60 60 Invoice | 07/31/2019 GAS AND OIL 07/31/2019 GAS AND OIL GAS AND OIL GAS AND OIL 07/31/2019 GAS AND OIL | BM FIRE DEPT FUEL SHERIFF DEPT FUEL WATER & SEWER FUEL | BM FIRE DEPT FUEL SHERIFF DEPT FUEL SHERIFF DEPT FUEL WATER & SEWER | 881.74 0.00 2,55 2,389.40 34.23 134.95 | 31.74 58.58 | |
| | | 2 // | | ,, | 303.03 | | |

| Ven | dor Number | Vendor Name | Payme | nt Date | Daymont | Type Discou | | P | | |
|-------|---------------|---------------------------|---|-------------------------------------|--------------|--|----------|----------------|--------|--------|
| • • • | 236-000-5336 | | GAS AND OIL | nt Date | | WATER & SEWER FUEL | | Payment Ar | nount | Number |
| - | | | | | | WATER & SEWER FOLL | | 309.83 | | |
| 2 | 3 | FRED SCHROEDER | 08/15/ | 2019 | Regular | | 0.00 | | 86 46 | 204364 |
| | Payable # | Payable Type | Payable Date | Payable Description | | Discount Am | | yable Amount | 00.10 | 204304 |
| | Account Numb | er | Account Name | Project Accour | nt Key | Item Description | | Amount | | |
| | 8/13/19 | Invoice | 08/13/2019 | REIMBURSE 2019/2 | 20 PERSON | PROPERTY | 0.00 | 86.46 | | |
| | 001-000-3102 | | PERSONAL PROPERTY | TA | | REIMBURSE 2019/20 PERS | | 29.62 | | |
| | 001-000-3225 | | ASSESSOR'S COMMISS | 10 | | REIMBURSE 2019/20 PERS | | 5.19 | | |
| | 002-000-3102 | | PERSONAL PROPERTY | TA | | REIMBURSE 2019/20 PERS | | 4.46 | | |
| | 003-000-3102 | | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 1.76 | | |
| | 004-000-3102 | | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 1.53 | | |
| | 004-000-3102 | _ | AD VALOREM AUTO | | | REIMBURSE 2019/20 PERS | | 0.35 | | |
| | 005-000-3102 | | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 0.35 | | |
| | 011-000-31020 | 73 | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 1.99 | | |
| | 012-000-31020 | | PERSONAL PROPERTY PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 1.17 | | |
| | 025-000-3102 | | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 0.93 | | |
| | 031-000-3102 | | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 1.17 | | |
| | 052-000-31020 | | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS REIMBURSE 2019/20 PERS | | 0.70 | | |
| | 060-000-31020 | | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 2.09 | | |
| | 070-000-31020 | | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 11.93 17.52 | | |
| | 090-000-31020 | 0 | PERSONAL PROPERTY | | | REIMBURSE 2019/20 PERS | | 3.97 | | |
| | 300-000-3222 | 3 | ASSESSOR TECH FEES | | | REIMBURSE 2019/20 PERS | | 1.73 | | |
| | | | | | | | | 1.75 | | |
| 210 | 202 | G GRAPHICS | 08/15/ | 2019 | Regular | | 0.00 | | 15.00 | 204365 |
| | Payable # | Payable Type | Payable Date | Payable Description | | Discount An | | yable Amount | | 204303 |
| | Account Numb | er | Account Name | Project Accour | nt Key | Item Description | | Amount | | |
| | 2019 (53) | Invoice | 08/07/2019 | BUSINESS CARDS FO | OR BROOK | S | 0.00 | 15.00 | | |
| | 001-005-53920 | <u>0</u> | SERVICE AND SUPPLIE | :S | | BUSINESS CARDS FOR BRO | | 15.00 | | |
| 1 | | | | | | | | | | |
| | | GEM ST. PAPER & SUI | 94 PM TOURS (1997) | | Regular | | 0.00 | | 29.31 | 204366 |
| | | Payable Type | Payable Date | Payable Description | | | nount Pa | yable Amount | | |
| | Account Numb | | Account Name | Project Accour | nt Key | Item Description | Dist A | Amount | | |
| | 2002956 | Invoice | 07/25/2019 | ROLL TOWELS | | | 0.00 | 29.31 | | |
| | 001-012-53920 | 2 | SERVICE AND SUPPLIE | :S | | ROLL TOWELS | | 29.31 | | |
| 200 | 668 | CEO CDADINGS | 00/15/ | 2010 | | | ANAMAGA | | | |
| 200 | | GEO-GRAPHICS Payable Type | 08/15/ | | Regular | | 0.00 | | | 204367 |
| | Account Numb | | Payable Date Account Name | Payable Description Project Account | | | | yable Amount | | |
| | 190731A | Invoice | 07/31/2019 | MAPPING SERVICES | 3045 ACCOUNT | Item Description | 0.00 | Amount | | |
| | 001-006-53600 | | MAPPING AND PLOTT | | , | MAPPING SERVICES | | 6,416.85 | | |
| | | | | | | WATTING SERVICES | C | 5,416.85 | | |
| 210 | 449 | GREGORY OR CHARLE | NE LEMAY 08/15/2 | 2019 | Regular | | 0.00 | | 63 60 | 204368 |
| | Payable # | Payable Type | Payable Date | Payable Description | | Discount An | | yable Amount | | 204300 |
| | Account Numb | er | Account Name | Project Accour | nt Key | Item Description | | Amount | | |
| | 8/14/19 | Invoice | 08/14/2019 | REFUND OVERPAYN | | | 0.00 | 263.69 | | |
| | 001-000-31049 | <u>5</u> | REFUNDS | | | REFUND OVERPAYMENT F | | 263.69 | | |
| | | | | | | | | | | |
| 209 | 773 | HINTONBURDICK,PLL | 08/15/2 | 2019 | Regular | | 0.00 | 1,: | 250.00 | 204369 |
| | Payable # | Payable Type | Payable Date | Payable Description | | Discount An | nount Pa | yable Amount | | |
| | Account Numb | | Account Name | Project Accour | nt Key | Item Description | Dist A | Amount | | |
| | 209797 | Invoice | 07/31/2019 | AUDIT SERVICES | | | 0.00 | 1,250.00 | | |
| | 001-007-53100 | <u>)</u> | AUDIT AND BUDGET | | | AUDIT SERVICES | 1 | ,250.00 | | |
| | 250 | | | | | | | | | |
| 210 | | HOLLAND AUTO PART | Walter and the Albert of The Art of Section 1 | | Regular | | 0.00 | | | 204370 |
| | Payable # | Payable Type | Payable Date | Payable Description | | | | yable Amount | | |
| | Account Numb | | Account Name | Project Accour | nt Key | Item Description | | Amount | | |
| 1 | | Invoice | 07/31/2019 | TIEDOWN | | | 0.00 | 25.69 | | |
| | 002-066-53920 | 2 | SERVICE AND SUPPLIE | 2 | | TIEDOWN | | 25.69 | | |
| | 15406-9128 | Invoice | 08/02/2019 | SIT LAMP | | | 0.00 | 5.99 | | |
| | | | | | | 0.5 | | | | |

| Check register | | | | | | Packet: AP | PK100193-8/15/19 - | AP CHECK RU |
|---|---|---|---|---|---|---|------------------------|-------------|
| Vendor Number 236-000-5392 | Vendor Name | Payment SERVICE AND SUPPLIE | nt Date S | Payment | Type SIT LAMP | Discount Amount | Payment Amount 5.99 | Number |
| 106-9286 002-066-5388 | Invoice 0 | 08/06/2019 REPAIR & MAINTENAN | RADIATOR STOP L | LEAK | RADIATOR STOP LEA | 0.00 AK | 12.00 12.00 | |
| | Invoice | NC. 08/15/: Payable Date Account Name 07/18/2019 MAINTENANCE/CONTR | Payable Descripti Project Accor ROCK SALT | | Disco Item Description ROCK SALT | 0.00 | | 204371 |
| 208532 Payable # Account Numl B1-345232431 002-065-5398 | Payable Type per Invoice | YSTEMS, LLC 08/15/: Payable Date Account Name 07/20/2019 UTILITIES | 2019 Payable Descripti Project Acco INTERNET | | Disco Item Description INTERNET | 0.00 | | 204372 |
| 209600 Payable # Account Numl 4866 055-000-5394 4900 055-000-5394 4904 055-000-5394 | Invoice 6 Invoice 6 Invoice | 08/15/2 Payable Date Account Name 07/29/2019 WATER PROJECT 07/29/2019 WATER PROJECT 07/29/2019 WATER PROJECT 07/29/2019 | Payable Descript | ion unt Key D INSTALL N TART, INSTAL START FA-4 | Item Description EW BREAKER REMOVE OLD VFD I LED VFD FA- REMOVE SOFT STAF | 0.00 INSTALL 1, 0.00 RT, INST 7, 0.00 | / | 204373 |
| 055-000-5394 '9 ayable # Account Numl 2008818 052-057-5926 | INLAND SUPPLY CO II Payable Type ber Invoice | WATER PROJECT NC 08/15/: Payable Date Account Name 07/18/2019 JANITORIAL | 2019 Payable Descript Project Acco DISINFECTANT SF | unt Key | Disco Disco Item Description | 0.00 Dunt Amount Pay Dist A 0.00 | -0.00 | 204374 |
| 004486 Payable # Account Numl IN0078068 002-066-5388 IN0078100 002-065-5390 | Invoice Invoice | Payable Date Account Name 07/30/2019 REPAIR & MAINTENAI 07/31/2019 ROAD & BRIDGE MAT | Payable Descript Project Acco 6" BLACK PIPE NC BITS 920 CAT | ion | Disco Item Description 6" BLACK PIPE BITS 920 CAT | 0.00 | -, | 204375 |
| 210108 Payable # Account Numl 62 055-000-5394 | Invoice | Payable Date Account Name 08/02/2019 WATER PROJECT | 2019 Payable Descript Project Acco WHITE KNIFE PRO | unt Key | Item Description | 0.00 | , | 204376 |
| 210444 Payable # Account Num 8/7/19 - 8/8/19 009-044-5394 | Invoice | 08/15/: Payable Date Account Name 08/09/2019 TRAVEL AND TRAININ | Payable Descript Project Acco TRAVEL REIMBUR | unt Key | Disco Item Description DOK AT AUSTI TRAVEL REIMBURS | 0.00 | contract over | 204377 |
| 208847 | KEITH WESTENGARD | 08/15/2 | 2019 | Regular | | 0.00 | 350.50 | 204378 |

| Check Register | | | | | Packet: AP | PKT00193-8/15/19 - | AP CHECK RU |
|--|--------------------------------|---|--|---|----------------------------|---|-------------|
| Vendor Number Payable # Account Numl 19/19 001-005-5394 | Invoice | Paymer Payable Date Account Name 08/14/2019 TRAVEL AND TRAINING | Payable Description Project Account Key TRAVEL ADVANCE - RENO MI | Discount Am Item Description | ount Pay Dist A 0.00 | Payment Amount vable Amount amount 350.50 | Number |
| 001096 Payable # Account Numl 130916 001-014-5390 | Payable Type ber Invoice | RY HOSPITAL 08/15/2 Payable Date Account Name 08/12/2019 SPAY PROGRAM | 2019 Regular Payable Description Project Account Key SPAY/NEUTER VOUCHER VCZ | Item Description | Dist A | 75.00 yable Amount Amount 75.00 | 204379 |
| 001615 Payable # Account Numl JULY 2019 035-000-5398 | Payable Type ber Invoice | ATER UTILITY 08/15/2 Payable Date Account Name 08/07/2019 UTILITIES | Payable Description Project Account Key 167,66,129,202,58,30 | Discount Am Item Description 167,66,129,202,58,30 | | 268.25 yable Amount Amount 268.25 268.25 | 204380 |
| 002239 Payable # Account Numl C30321 - 8/1/19 029-000-5399 INV303779/C212 037-000-5392 | Invoice Invoice | 08/15/2 Payable Date Account Name 08/01/2019 MINOR EQUIPMENT/F 07/29/2019 SERVICE AND SUPPLIE | Payable Description Project Account Key SAFETY UR NOZZLES FOR INTERFACE FIR | Item Description SAFETY | Dist A | 1,905.73 yable Amount Amount 903.73 903.73 1,002.00 ,002.00 | 204381 |
| 207583 Payable # Account Numl 3676 - 003-221-0 036-000-5392 | ber Invoice | Payable Date Account Name 08/14/2019 SERVICE AND SUPPLIE | Payable Description Project Account Key SMOKY VALLEY HYDROLOGIC | Item Description | Dist A | 99.22 yable Amount Amount 99.22 99.22 | 204382 |
| 209742 Payable # Account Numl 642096/145500 226-000-5388 642361/145500 | Invoice 60 | LLC 08/15/2 Payable Date Account Name 06/18/2019 REPAIR & MAINTENAM 06/26/2019 | Payable Description Project Account Key PVC/BALL VALVE/ ELBOW/ C | Discount Am Item Description | Dist A 0.00 | yable Amount Amount 37.55 | 204383 |
| 002-066-5392 642788/145500 226-000-5388 | Invoice | SERVICE AND SUPPLIE 07/09/2019 REPAIR & MAINTENAN | S SLEEVE, INSERT | BUCKET & LID SLEEVE, INSERT | 0.00 | 8.18 8.18 0.50 0.50 | |
| 642874/145700 046-057-5392 643034/145500 | <u>.0</u> | 07/11/2019 SERVICE AND SUPPLIE 07/16/2019 | OFFICE SUPPLIES | OFFICE SUPPLIES | 0.00 | 15.99 15.99 9.99 | |
| 002-066-5388 643077/145500 002-066-5388 | Invoice | REPAIR & MAINTENAM 07/17/2019 REPAIR & MAINTENAM | PIPE NIPPLE | TAP PLUG PIPE NIPPLE | 0.00 | 9.99 20.99 20.99 | |
| 643289/145500 052-052-5392 643334/145700 | 0 | 07/23/2019 SERVICE AND SUPPLIE 07/24/2019 | GRAY PAVERS / WOOD SHIMS PIPE FOR INSTALLING RACEV | GRAY PAVERS / WOOD SHI | 0.00 | 60.58 60.58 316.36 | |
| 046-000-5950 643335/145500 052-053-5924 | Invoice | SPECIAL PROJECTS 07/24/2019 BATTLE MTN LIVESTOR | COOLER PAD / COUPLER HOS | PIPE FOR INSTALLING RAC SE GLUE / PU | 0.00 | 316.36 296.57 | |
| 643404/145500 226-000-5388 | Invoice | 07/26/2019 REPAIR & MAINTENAN | CONDUIT, STRAP | COOLER PAD / COUPLER H CONDUIT, STRAP | 0.00 | 296.57 41.67 41.67 | |
| 5 <u>43422/145700</u> 046-000-5950 | 00 | 07/27/2019 SPECIAL PROJECTS | RETURNED ITEMS | RETURNED ITEMS | 0.00 | -3.28 -3.28 | |
| 643482/145500 | Invoice | 07/29/2019 | DRILL BIT SET / MARKER SUF | PLIES | 0.00 | 58.68 | |

| Vendor Number | | | | | | I deket. A | APPKT00193-8/15/19 - | AP CHECK KI |
|--|---|--|--|---|--|--|--|------------------|
| 052-053-5392 | Vendor Name | Payme SERVICE AND SUPPLI | | Payment | Type Discou DRILL BIT SET / MARKER S | | t Payment Amount 58.68 | Number |
| 3512/145500 052-052-5392 | | 07/30/2019 SERVICE AND SUPPLI | | | / BATTERIES WEED EATER / VEGET KILL | 0.00 | 250.55 250.55 | |
| 643529/145500 001-013-5356 | | 07/30/2019 MAINTENANCE/CONT | WALL PLATE RA | | WALL PLATE | 0.00 | 3.96 3.96 | |
| 643553/145500 052-052-5392 | | 07/31/2019 SERVICE AND SUPPLI | NOZZLE/UTILITY K | NIFE / VEG | ET KILLER NOZZLE/UTILITY KNIFE / V | 0.00 | 72.96 72.96 | |
| 643571/145500 226-000-5388 | Invoice | 07/31/2019 REPAIR & MAINTENA | SAW BLADE | | SAW BLADE | 0.00 | 9.99 | |
| 643838/145500 | Invoice | 08/08/2019 | GAS CAN | | | 0.00 | 9.99 | |
| 001-009-5926 | **Void** | JANITORIAL 08/15/ | 2019 | Regular | GAS CAN | 0.00 | 19.99 | 204384 |
| 209664 Payable # | LANDER LAWN CARE Payable Type | | | Regular | Discount Ar | 0.00 | | |
| Account Num | a (53) | Account Name | Project Accou | | Item Description | | Amount | |
| AUG 1-15 2019 | | 08/15/2019 | CONTRACT PAYMI | 970 | item bescription | | | |
| 052-053-5920 | Invoice | PROFESSIONAL SERVI | | EINT | CONTRACT PAYMENT | 0.00 | 7,550.88 7,550.88 | |
| 002814 Payable # | LAW ENFORCEMENT Payable Type | TARGETS 08/15/ Payable Date | 2019 Payable Description | Regular | Discount Ar | 0.00 | 0 338.00 ayable Amount | 204386 |
| Account Num | ber | Account Name | Project Accou | | Item Description | Dist | Amount | |
| 0426253-IN 001-012-5392 | Invoice | 07/23/2019 SERVICE AND SUPPLI | TARGETS ES | | TARGETS | 0.00 | 338.00 338.00 | |
| 209187 | LERETA | 08/15/ | | Regular | | 0.0 | = | 204387 |
| Payable # | Payable Type | Payable Date | Payable Description | | | | ayable Amount | |
| Account Num | | Account Name | Project Accou | | Item Description | | Amount | |
| 14/19 | Invoice | 08/14/2019 | REFUND-OVERPAY | MENT FY 2 | 019-2020 TA | 0.00 | 1,091.32 | |
| 001-000-3104 | <u>.5</u> | REFUNDS | | | REFUND-OVERPAYMENT F | | 1,091.32 | |
| 001-000-3104 8/15/19 001-000-3104 | Invoice | 08/14/2019 REFUNDS | REFUND-OVERPAY | YMENT FY 2 | | 0.00 | 1,091.32 1,445.05 1,445.05 | |
| 8/15/19 001-000-3104 | Invoice 5 | 08/14/2019 REFUNDS | | | 2019-2020 | 0.00 | 1,445.05 1,445.05 | |
| 8/15/19 001-000-3104 209569 | Invoice 5 LONE WOLF COMME | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ | 2019 | Regular | 2019-2020 REFUND-OVERPAYMENT F | 0.00 | 1,445.05 1,445.05 00 1,180.00 | 204388 |
| 8/15/19 001-000-3104 209569 Payable # | Invoice 5 LONE WOLF COMME Payable Type | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date | 2019 Payable Descripti | Regular on | 2019-2020 REFUND-OVERPAYMENT F Discount Ai | 0.00 0.0 mount P | 1,445.05 1,445.05 00 1,180.00 'ayable Amount | 204388 |
| 8/15/19 001-000-3104 209569 Payable # Account Num | Invoice 5 LONE WOLF COMME Payable Type ber | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name | '2019 Payable Descripti Project Accou | Regular on unt Key | 2019-2020 REFUND-OVERPAYMENT F | 0.00 0.0 mount P | 1,445.05 1,445.05 00 1,180.00 'ayable Amount t Amount | 204388 |
| 8/15/19 001-000-3104 209569 Payable # | Invoice 5 LONE WOLF COMME Payable Type ber Invoice | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date | '2019 Payable Descripti Project Accou KIDS CLUB - WASH | Regular on unt Key | 2019-2020 REFUND-OVERPAYMENT F Discount Ai | 0.00 0.00 mount P Dist 0.00 | 1,445.05 1,445.05 00 1,180.00 'ayable Amount | 204388 |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT | 2019 Payable Description Project Account KIDS CLUB - WASH RA | Regular on unt Key H SINK Regular | 2019-2020 REFUND-OVERPAYMENT F Discount Ar Item Description KIDS CLUB - WASH SINK | 0.00 0.00 mount P Dist 0.00 | 1,445.05 1,445.05 00 1,180.00 Payable Amount t Amount 1,180.00 1,180.00 | 204388 |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date | 2019 Payable Description Project Account KIDS CLUB - WASH RA 2019 Payable Description | Regular on unt Key I SINK Regular on | 2019-2020 REFUND-OVERPAYMENT F Discount Ar Item Description KIDS CLUB - WASH SINK Discount Ar | 0.00 mount P Dist 0.00 0.00 0.00 | 1,445.05 1,445.05 00 1,180.00 Payable Amount t Amount 1,180.00 1,180.00 00 130.00 Payable Amount | |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name | 2019 Payable Description Project Accounts KIDS CLUB - WASH RA 2019 Payable Description | Regular on unt Key I SINK Regular on unt Key | 2019-2020 REFUND-OVERPAYMENT F Discount Ar Item Description KIDS CLUB - WASH SINK | 0.00 mount P Dist 0.00 0.00 mount P Dist | 1,445.05 1,445.05 0 1,180.00 Payable Amount 1,180.00 1,180.00 1,30.00 Payable Amount t Amount | |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date | 2019 Payable Description Project Account KIDS CLUB - WASH RA 2019 Payable Description | Regular on unt Key I SINK Regular on unt Key | 2019-2020 REFUND-OVERPAYMENT F Discount Ar Item Description KIDS CLUB - WASH SINK Discount Ar | 0.00 mount P Dist 0.00 0.00 0.00 | 1,445.05 1,445.05 00 1,180.00 Payable Amount t Amount 1,180.00 1,180.00 00 130.00 Payable Amount | |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num 7/2/19 001-020-5346 | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice O MIDWAY MARKET | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name 07/02/2019 INTERPRETERS | Payable Descripting Project Account INTERPRE | Regular on unt Key I SINK Regular on unt Key TER Regular | Discount An Item Description KIDS CLUB - WASH SINK Discount An Item Description COURT INTERPRETER | 0.00 mount P Dist 0.00 0.00 mount P Dist 0.00 | 1,445.05 1,445.05 1,445.05 1,180.00 1,180.00 1,180.00 130.00 2ayable Amount t Amount | |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num 7/2/19 001-020-5346 002500 Payable # | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice MIDWAY MARKET Payable Type | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name 07/02/2019 INTERPRETERS 08/15/ Payable Date | Payable Descripting Project Account INTERPRET Payable Descripting Project Account INTERPRET Payable Descripting Project Account INTERPRET Payable Descripting Payable Paya | Regular on unt Key I SINK Regular on unt Key TER Regular | Discount And Item Description COURT INTERPRETER Discount And Item Description Discount And Item Description COURT INTERPRETER | 0.00 mount P Dist 0.00 0.00 mount P Dist 0.00 0.00 mount P 0.00 | 1,445.05 1,445.05 1,445.05 1,445.05 1,180.00 1,180.00 1,180.00 1,30.00 130.00 130.00 130.00 130.00 734.02 Payable Amount | 204389 |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num 7/2/19 001-020-5346 002500 Payable # Account Num | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice MIDWAY MARKET Payable Type ber | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name 07/02/2019 INTERPRETERS 08/15/ Payable Date Account Name | Payable Descripting Project Account INTERPRET Payable Description Project Account | Regular on unt Key I SINK Regular on unt Key TER Regular on unt Key | Discount An Item Description KIDS CLUB - WASH SINK Discount An Item Description COURT INTERPRETER | 0.00 mount P Dist 0.00 mount P Dist 0.00 mount P Dist 0.00 mount P Dist | 1,445.05 1,445.05 1,445.05 1,445.05 1,180.00 1,180.00 1,180.00 130.00 130.00 130.00 130.00 734.02 Payable Amount t Amount t Amount | 204389 |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num 7/2/19 001-020-5346 002500 Payable # | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice MIDWAY MARKET Payable Type ber Invoice | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name 07/02/2019 INTERPRETERS 08/15/ Payable Date | Payable Descripting Project Account INTERPRET Payable Descripting Project Account INTERPRET Payable Descripting Project Account INTERPRET Payable Descripting Payable Paya | Regular on unt Key I SINK Regular on unt Key TER Regular on unt Key | Discount And Item Description COURT INTERPRETER Discount And Item Description Discount And Item Description COURT INTERPRETER | 0.00 mount P Dist 0.00 0.00 mount P Dist 0.00 0.00 mount P 0.00 | 1,445.05 1,445.05 1,445.05 1,445.05 1,180.00 1,180.00 1,180.00 1,30.00 130.00 130.00 130.00 130.00 734.02 Payable Amount | 204389 |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num 7/2/19 001-020-5346 002500 Payable # Account Num ACCT #1135 - JU | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice MIDWAY MARKET Payable Type ber Invoice | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name 07/02/2019 INTERPRETERS 08/15/ Payable Date Account Name 07/31/2019 | Payable Descripting Project Accounting Project Acco | Regular on unt Key I SINK Regular on unt Key TER Regular on unt Key | Discount And Item Description COURT INTERPRETER Discount And Item Description COURT INTERPRETER Discount And Item Description | 0.00 mount P Dist 0.00 mount P Dist 0.00 mount P Dist 0.00 mount P Dist | 1,445.05 1,445.05 1,445.05 1,445.05 1,180.00 1,180.00 1,180.00 1,180.00 130.00 | 204389 204390 |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num 7/2/19 001-020-5346 002500 Payable # Account Num ACCT #1135 - JU 001-013-5370 | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice MIDWAY MARKET Payable Type ber Invoice | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name 07/02/2019 INTERPRETERS 08/15/ Payable Date Account Name 07/31/2019 PRISONERS MEALS | Payable Descripting Project Accounting Project Acco | Regular on unt Key H SINK Regular on unt Key TER Regular on unt Key Regular | Discount An Item Description COURT INTERPRETER Discount An Item Description COURT INTERPRETER Discount An Item Description CHECK COURT INTERPRETER DISCOUNT AN Item Description SHERIFF KITCHEN | 0.00 mount P Dist 0.00 mount P Dist 0.00 0.00 mount P Dist 0.00 0.00 | 1,445.05 1,445.05 1,445.05 1,445.05 1,180.00 1,180.00 1,180.00 1,180.00 130.00 | 204389 |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num 7/2/19 001-020-5346 002500 Payable # Account Num ACCT #1135 - JU 001-013-5370 | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice MIDWAY MARKET Payable Type ber Invoice MIDWAY MARKET Payable Type | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name 07/02/2019 INTERPRETERS 08/15/ Payable Date Account Name 07/31/2019 PRISONERS MEALS | Payable Description Project Account KIDS CLUB - WASHEA Payable Description Project Account COURT INTERPRED Payable Description Project Account Project Account Project Account Project Accounts Project Accounts Sheriff KITCHEN | Regular on unt Key H SINK Regular on unt Key FER Regular on unt Key Regular | Discount An Item Description COURT INTERPRETER Discount An Item Description COURT INTERPRETER Discount An Item Description CHECK COURT INTERPRETER DISCOUNT AN Item Description SHERIFF KITCHEN | 0.00 mount P Dist 0.00 mount P Dist 0.00 0.00 mount P Dist 0.00 0.00 mount P Oost | 1,445.05 1,445.05 1,445.05 1,445.05 1,180.00 1,180.00 1,180.00 1,180.00 130.00 | 204389 204390 |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num 7/2/19 001-020-5346 002500 Payable # Account Num ACCT #1135 - JU 001-013-5370 002500 Payable # | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice MIDWAY MARKET Payable Type ber Invoice MIDWAY MARKET Payable Type ber Invoice | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name 07/02/2019 INTERPRETERS 08/15/ Payable Date Account Name 07/31/2019 PRISONERS MEALS 08/15/ Payable Date | Payable Description Project Account Froject Ac | Regular on unt Key H SINK Regular on unt Key FER Regular on unt Key Regular on unt Key | Discount An Item Description COURT INTERPRETER Discount An Item Description COURT INTERPRETER Discount An Item Description SHERIFF KITCHEN | 0.00 mount P Dist 0.00 mount P Dist 0.00 0.00 mount P Dist 0.00 0.00 mount P Oost | 1,445.05 1,445.05 1,445.05 1,445.05 1,180.00 1,180.00 1,180.00 1,180.00 130.00 | 204389 204390 |
| 8/15/19 001-000-3104 209569 Payable # Account Num 5004 001-009-5356 210445 Payable # Account Num 7/2/19 001-020-5346 002500 Payable # Account Num ACCT #1135 - JU 001-013-5370 002500 Payable # Account Num | Invoice LONE WOLF COMME Payable Type ber Invoice MARTA CORTEZ Payable Type ber Invoice MIDWAY MARKET Payable Type ber Invoice MIDWAY MARKET Payable Type ber Invoice Invoice Invoice Invoice | 08/14/2019 REFUNDS RCIAL APPLIAN 08/15/ Payable Date Account Name 08/13/2019 MAINTENANCE/CONT 08/15/ Payable Date Account Name 07/02/2019 INTERPRETERS 08/15/ Payable Date Account Name 07/31/2019 PRISONERS MEALS 08/15/ Payable Date Account Name | Payable Description Project Account KIDS CLUB - WASHRA Payable Description Project Account INTERPRET Payable Description Project Account Pro | Regular on unt Key H SINK Regular on unt Key FER Regular on unt Key Regular on unt Key | Discount An Item Description COURT INTERPRETER Discount An Item Description COURT INTERPRETER Discount An Item Description SHERIFF KITCHEN | 0.00 mount P Dist 0.00 mount P Dist 0.00 0.00 mount P Dist 0.00 0.00 mount P Dist 0.00 | 1,445.05 1,445.05 1,445.05 1,445.05 1,180.00 1,180.00 1,180.00 1,180.00 1,30.00 130.0 | 204389 204390 |

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41,974.46 204396

0.00

Vendor Number Vendor Name Payment Date Payment Type Discount Amount Payment Amount Number Payable # Payable Type Payable Date Discount Amount Payable Amount Payable Description **Account Number** Account Name Project Account Key Item Description Dist Amount _Y 2019 08/01/2019 Invoice INMATE MEDICAL 0.00 237.93 001-013-53720 PRISONERS MEDICAL **INMATE MEDICAL** 237.93 209979 NAPA AUTO PARTS 08/15/2019 Regular 0.00 180.66 204393 Payable # Payable Type Payable Description Payable Date Discount Amount Payable Amount Account Number Account Name Project Account Key Item Description Dist Amount 365214/52703 07/25/2019 Invoice ADAPTER / COUPLER / AIR CHUCK / TIRE 0.00 147.61 002-065-53880 ADAPTER / COUPLER / AIR REPAIR & MAINTENANC 147.61 365531/52703 Invoice 07/30/2019 U-BOLT / WIRE 0.00 33.05 002-065-53880 REPAIR & MAINTENANC U-BOLT / WIRE 33.05 003425 NATIONWIDE DRAFTING & OFFICE S 08/15/2019 Regular 0.00 770.74 204394 Payable Type Payable # Payable Date **Payable Description** Discount Amount Payable Amount **Account Number Project Account Key** Account Name Item Description **Dist Amount** 19-67903 Invoice 07/22/2019 PAPER / INK / BINDER / POST ITS / GREEN 0.00 770.74 001-003-53920 SERVICE AND SUPPLIES PAPER / INK / BINDER / PO 770.74 002630 NORCO, INC. 08/15/2019 Regular 0.00 21.08 204395 Payable # Payable Type Payable Date **Payable Description** Discount Amount Payable Amount **Account Number** Account Name Project Account Key Item Description Dist Amount 27062012/U0891 Invoice 07/31/2019 CYLINDER RENTAL 0.00 21.08 002-066-53880 REPAIR & MAINTENANC CYLINDER RENTAL 21.08

Regular

08/15/2019

Number

| Vendor Number | Vendor Name | Payme | nt Date Paym | ent Type Disco | ount Amount Payment Amount |
|------------------------|--|------------------------|-----------------------|--|--|
| Payable # | Payable Type | Payable Date | Payable Description | | mount Payable Amount |
| Account N | lumber | Account Name | Project Account Key | | Dist Amount |
| 1/19 | Invoice | 08/01/2019 | 1000045083004783421 - | and the second s | 0.00 41,855.20 |
| 001-009-5 | 53980 | UTILITIES | | 336474 - 825 N. 2ND ST. | 1-/ |
| 001-009-5 | 53980 | UTILITIES | | 338187 - 315 S. HUMBOL | |
| 001-009-5 | 3980 | UTILITIES | | 367040 - 530 MAIN ST AL | |
| 001-009-5 | 53980 | UTILITIES | | 373329 - 645 MAIN ST AI | |
| 001-009-5 | 3980 | UTILITIES | | 068529 - 50 STATE ROUT | |
| 001-012-5 | 3840 | RADIO COMMUNICATI | 0 | 366108 - AUSTIN SUMMI | |
| 001-013-5 | 3980 | UTILITIES | | 335844 - 2 STATE ROUTE | |
| 001-014-5 | 3980 | UTILITIES | | 335491 - N. 2ND ST. DOG | P 96.37 |
| 001-015-5 | <u> </u> | UTILITIES | | 366606 - 655 MAIN ST. A | U 81.56 |
| 001-016-5 | 3980 | UTILITIES | | 365153 - 490 MAIN ST. A | U 32.64 |
| 001-016-5 | | UTILITIES | | 367007 - 490 MAIN ST AI | JS 69.82 |
| 001-017-5 | Contract Contract | UTILITIES | | 338186 - 25 E. 2ND FIRE | D 638.97 |
| 002-065-5 | | UTILITIES | | 366688 - 195 MAIN ST AI | JS 80.57 |
| 002-065-5 | | UTILITIES | | 362721 - US HWY 50 UN | T 222.72 |
| 002-066-5 | | UTILITIES | | 336336 - 1900 EAST ST. | 32.00 |
| 002-066-5 | | UTILITIES | | 336629 - 586 W. 2ND ST. | R 426.98 |
| 002-066-5 | | UTILITIES | | 485821 - 586 W. 2ND ST | R 38.27 |
| 009-044-5 | | UTILITIES | | 362241 - 510 MAIN ST. A | U 240.77 |
| 009-045-5 | W. A. A Va. | UTILITIES | | 335336 - 365 E. 4TH SEN | 10 323.38 |
| 009-047-5 | and the second | UTILITIES | | 335336 - 365 E. 4TH ST. S | NAME OF THE PARTY |
| 009-048-5 | | UTILITIES | | 335930 - 365 E. 4TH ST. S | |
| 012-065-5 | | UTILITIES | | 361089 - AUSTIN AIRPOF | 1,155 |
| 012-065-5 | | UTILITIES | | 363370 - AUSTIN AIRPOF | 1000 T 10 |
| 012-065-5 | and the second | UTILITIES | | 496388 - 0 STATE ROUTE | 2000 (mm.tem) |
| 012-065-5 012-066-5 | | UTILITIES | | 504740 - 0 SR 227 GATE I | |
| 012-066-5 | T 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | UTILITIES | | 335116 - AIRPORT RD | 121.74 |
| 012-066-5 | Provide the State of the State | UTILITIES UTILITIES | | 334827 - FIRE HOUSE/AII | 92.00 M996, No.201600 |
| 012-066-5 | | UTILITIES | | 335530 - AIRPORT MUSE | |
| 012-066-5 | | UTILITIES | | 336297 - RUNWAY LIGHT | |
| 012-066-5 | | UTILITIES | | 335900 - AIRPORT RD W 334784 - AIRPORT RD PU | |
| 012-066-5 | | UTILITIES | | 481864 - AIRPORT RD OL | We work some |
| 020-000-5 | and the state of t | UTILITIES | | 607841 - 87 MAIN ST AU | occi estatelitati |
| 020-000-5 | | UTILITIES | | 464996 - STREET LIGHTS | |
| 020-000-5 | | UTILITIES | | 369549 - 6TH ST. COURT | |
| 020-000-5 | 3980 | UTILITIES | | 367625 - BATEMAN RD A | |
| 020-000-5 | 3980 | UTILITIES | | 366815 - 50 WATER ST A | STO STOCKSTON |
| 020-000-5 | 3980 | UTILITIES | | 366796 - 330 HILLTOP RE | |
| 020-000-5 | 3980 | UTILITIES | | 361893 - AUSTIN RODEO | |
| 020-000-5 | 3980 | UTILITIES | | 369582 - 67 AUSTIN YOU | |
| 023-000-5 | 3980 | UTILITIES | | 338160 - MT LEWIS | 121.20 |
| 025-000-5 | 3980 | UTILITIES | | 336463 - 350 E. FRONT S | T 102.16 |
| 025-000-5 | 3980 | UTILITIES | | 338176 - N. 2ND ST. SEW | 'E 57.89 |
| 025-000-5 | 3980 | UTILITIES | | 336968 - 366 S. MOUNTA | AI 74.52 |
| 025-000-5 | 3980 | UTILITIES | | 336938 - BATTLE MTN O | U 219.16 |
| 025-000-5 | 3980 | UTILITIES | | 464995 - STREET LIGHTS | B 446.65 |
| 025-000-5 | | UTILITIES | | 336021 - FAIRWAY DR. O | U 79.91 |
| 025-000-5 | | UTILITIES | | 335544 - FRONT ST. TRAI | FI 32.64 |
| 025-000-5 | Carlo | UTILITIES | | 335335 - MULESHOE RD | R 32.00 |
| 025-000-5 | | UTILITIES | | 335032 - HIGHWAY 305 | |
| 025-000-5 | | UTILITIES | | 335031 - S. BROAD ST TR | |
| 025-000-5 | | UTILITIES | | 464729 - BATTLE MTN SI | G 33.29 |
| 025-000-5 | | UTILITIES | | 464984 - STREET LIGHTS | B 2,160.84 |
| 035-000-5 | and the second s | UTILITIES | | 547393 - 1 SUNNY WAY I | |
| 035-000-5 | | UTILITIES | | 362535 - GOLD KNOB RD | |
| 035-000-5 | | STREET LIGHTS | | 464803 - STREET LIGHT E | |
| 036-000-5 | BOULDE ! | UTILITIES | | 362216 - 1 KYLE CT PUM | DAMESTO A |
| 036-000-5 | <u>1980</u> | UTILITIES | | 465865 - 132 BLACK HILI | . K 68.12 |

| Vendor Number | Vendor Name | Payme | nt Date | Payment Type | Discou | nt Amount | Payment Amount | Number |
|--------------------------------|--|-------------------------|-----------------|--|---------------------------------|-----------|----------------|-------------|
| 036-000-539 | 980 | UTILITIES | | | 489 - 7 HILL COURT AU | | 6.23 | Training Ci |
| 046-057-539 | 980 | UTILITIES | | 336 | 342 - 470 S. BROAD ST. | | 1.27 | |
| 052-052-539 | 979 | CLUB HOUSE UTILITIE | S | 334 | 931 - 205 FAIRWAY/CL | | 7.84 | |
| 052-052-539 | 980 | UTILITIES | | 335 | 386 - 205 FAIRWAY DR. | 15 | 1.51 | |
| 052-052-539 | 980 | UTILITIES | | 334 | 563 - 100 FAIRWAY DR. | | 9.61 | |
| 052-052-539 | 980 | UTILITIES | | 334 | 819 - 205 FAIRWAY DR. | | 2.00 | |
| 052-052-539 | 980 | UTILITIES | | 335 | 261 - GOLF COURSE PU | | 3.86 | |
| 052-053-539 | 980 | UTILITIES | | 364 | 780 - UPPER MAIN ST | | 2.64 | |
| 052-053-539 | 980 | UTILITIES | | 335 | 147 - 103 16TH ST. LIFT | 15 | 1.97 | |
| 052-053-539 | 980 | UTILITIES | | 335 | 407 - ELQUIST DR. PAR | 4 | 4.67 | |
| 052-053-539 | 980 | UTILITIES | | 335 | 058 - BRYSON DR. PAR | 3 | 32.72 | |
| 052-053-539 | 980 | UTILITIES | | 334 | 738 - LEMAIRE RD BAL | 13 | 8.83 | |
| 052-053-539 | 980 | UTILITIES | | 334 | 558 - LIONS PARK | 4 | 4.71 | |
| 052-053-539 | 980 | UTILITIES | | 368 | 645 - UPPER MAIN ST | 3 | 37.98 | |
| 052-053-539 | 980 | UTILITIES | | 335 | 613 - 345 E. FRONT ST. | | 7.03 | |
| 052-053-539 | 980 | UTILITIES | | 335 | 770 - 145 W. FRONT ST | : 3 | 32.64 | |
| 052-053-539 | 980 | UTILITIES | | 335 | 886 - BRYSON DR. OUT | | 36.23 | |
| 052-053-539 | 980 | UTILITIES | | 336 | 818 - 600 N. 1ST ST. PA | 2 | 28.40 | |
| 052-053-539 | 980 | UTILITIES | | 337 | 333 - 560 ALTENBURG | 1 | 12.08 | |
| 052-053-539 | 980 | UTILITIES | | 335 | 195 - 2ND ST. LIFT STAT | 20 | 3.41 | |
| 052-053-539 | 980 | UTILITIES | | 544 | 539 - 570 ALTENBURG | 3 | 35.96 | |
| 052-053-59 | 246 | BATTLE MTN LIVESTO | CK | 335 | 570 - N. REESE ST ARE | : | L9.65 | |
| 052-053-593 | 246 | BATTLE MTN LIVESTO | CK | 364 | 795 - RODEO GROUND | 4 | 11.60 | |
| 052-053-592 | 246 | BATTLE MTN LIVESTO | CK | 335 | 535 - N. BATTLE MTN A | | 56.15 | |
| 052-055-539 | 980 | UTILITIES | | 761 | 859 - 540 ALTENBURG | 3,82 | 28.14 | |
| 052-055-539 | 980 | UTILITIES | | 337 | 332 - 560 ALTENBURG | | 11.84 | |
| 052-055-539 | 980 | UTILITIES | | 366 | 728 - AUSTIN SWIMMI | į | 57.55 | |
| 052-057-539 | 980 | UTILITIES | | 337 | 876 - 625 S. BROAD ST. | 1,30 | 01.58 | |
| 052-062-539 | 980 | UTILITIES | | 366 | 570 - 725 MAIN ST AUS | 5 4 | 11.98 | |
| 052-063-539 | 980 | UTILITIES | | 335 | 251 - 196 W. 4TH CEM | 4 | 14.53 | |
| 052-063-539 | 980 | UTILITIES | | 335 | 487 - 385 S. MOUNTAI | 8 | 32.64 | |
| 052-063-539 | 980 | UTILITIES | | 336 | 381 - W. TULE ST. | 1 | 32.80 | |
| 226-000-539 | 980 | UTILITIES | | 334 | 584 - PALMER ST TANK | (! | 55.87 | |
| 226-000-539 | 980 | UTILITIES | | 552 | 609 - 2150 EDGAR RD | 28 | 32.13 | |
| 226-000-539 | 980 | UTILITIES | | 496 | 321 - 550 W. 2ND ST W | / : | 32.00 | |
| 226-000-539 | 980 | UTILITIES | | 485 | 821 - 586 W. 2ND ST. R | | 38.27 | |
| 226-000-539 | 980 | UTILITIES | | 338 | 233 - 650 BROYLES RA | 38 | 33.51 | |
| 226-000-539 | 980 | UTILITIES | | 338 | 219 - 509 ALTENBURG | 9: | 52.68 | |
| 226-000-539 | 980 | UTILITIES | | 338 | 181 - 586 W. 2ND ST. C | 1 | 51.77 | |
| 226-000-539 | | UTILITIES | | 675 | 279 - 545 JAKE RD WEI | | 57.42 | |
| 226-000-539 | | UTILITIES | | 552 | 610 - 2150 EDGAR RD | 2,3 | 58.94 | |
| 226-000-539 | and the second s | UTILITIES | | 336 | 936 - 147 W. 3RD ST. (| | 90.70 | |
| 236-000-539 | | UTILITIES | | 336 | 406 - 1 CARSON RD LIF | | 42.22 | |
| 236-000-539 | TO COLUMN TO THE PARTY OF THE P | UTILITIES | | 496 | 321 - 550 W. 2ND ST W | / | 82.00 | |
| 236-000-539 | and the second s | UTILITIES | | 485 | 821 - 586 W. 2ND ST. R | : | 38.27 | |
| 236-000-539 | A CONTRACTOR OF THE PARTY OF TH | UTILITIES | | 473 | 391 - 610 N. TRESCOTT | Γ 2 | 44.48 | |
| 236-000-539 | | UTILITIES | | | 390 - 917 BURNS ST LII | | 33.51 | |
| 236-000-539 | 980 | UTILITIES | | 455 | 281 - 0 N. 2ND ST SEW | 6,4 | 14.30 | |
| 8/2/19 - 620949 025-000-539 | | 08/02/2019 UTILITIES | 100004508300620 | A CONTRACTOR OF THE PROPERTY O | RT RD U 0045083006209490 - : | 0.00 | 47.90 47.90 | |
| 8/2/19 - 795676 | | 08/02/2019 | 100004508300795 | | | 0.00 | 35.96 | |
| 012-066-539 | | UTILITIES | | 100 | 0045083007956768 - : | T | 35.96 | |
| 8/2/19 - 797828 012-066-539 | | 08/02/2019 UTILITIES | 100004508300797 | | RPORT R 0045083007978283 - : | 0.00 | 35.40 35.40 | |
| 002819 | O.P.I. | 08/15/ | 2019 | Regular | | 0.00 | 738.16 | 204397 |

| Cit | eck negister | | | | | Pack | et: APPKT00193-8/ | 5/19 - | AP CHECK RU |
|-----|--|--|---|---|--|-------------|-------------------------------|---------|-------------|
| Ve | ndor Number Payable # | Vendor Name Payable Type | Payme Payable Date | nt Date Paymen | | | ount Payment Ar | nount | Number |
| 1 | Account Numb | | Account Name | Payable Description Project Account Key | Item Description | | Payable Amount Dist Amount | | |
| (| <u>.255305/570</u> | Invoice | 07/25/2019 | SHERIFF DEPT | item bescription | 0.00 | 269.18 | | |
| | 001-012-5356 | | MAINTENANCE/CONTE | | SHERIFF DEPT | 0.00 | 269.18 | | |
| | AR255306/570 | Invoice | 07/25/2019 | | | 0.00 | | | |
| | 001-013-5356 | | MAINTENANCE/CONTE | SHERIFF DEPT | CHEDIEC DEDT | 0.00 | 15.55 | | |
| | AND THE RESERVE OF THE PARTY OF THE PARTY OF | | | | SHERIFF DEPT | | 15.55 | | |
| | AR255367/560 | Invoice | 07/29/2019 | CLERK | numumos. | 0.00 | 436.76 | | |
| | 001-002-5356 | | MAINTENANCE/CONTF | RA | CLERK | | 436.76 | | |
| | AR255715/LC04 | 111.1.1.1.1.1.1.1 | 08/06/2019 | FINANCE DEPT | | 0.00 | 16.67 | | |
| | 001-007-5356 | <u>O</u> | MAINTENANCE/CONTE | RA | FINANCE DEPT | | 16.67 | | |
| 20. | 7202 | PATSY WAITS | 09/15/ | 2010 | | | 0.00 | 202 200 | |
| 20 | Payable # | Payable Type | 08/15/2 Payable Date | 2019 Regular Payable Description | Diese | A | 0.00 | | 204398 |
| | Account Numb | A 1000 CO # 100 YOU SO TO CO TO BE # 1000 CO | Account Name | Project Account Key | Item Description | | Payable Amount Dist Amount | | |
| | 8/12/19 | Invoice | 08/12/2019 | TRAVEL REIMBURSEMENT CA | | 0.00 | 33.00 | | |
| | 001-001-5394 | | TRAVEL AND TRAININ | | TRAVEL REIMBURSE | | 33.00 | | |
| | | | | | | | 33.00 | | |
| 209 | 9822 | POINT S BATTLE MTN | TIRE & AUTO: 08/15/ | 2019 Regular | | | 0.00 5,3 | 883.73 | 204399 |
| | Payable # | Payable Type | Payable Date | Payable Description | Disco | ount Amount | Payable Amount | | |
| | Account Numb | per | Account Name | Project Account Key | Item Description | | Dist Amount | | |
| | 1051524 | Invoice | 07/29/2019 | UNIT 42 | | 0.00 | 129.95 | | |
| | 001-012-5388 | <u>U</u> | REPAIR & MAINTENAI | VC . | UNIT 42 | | 129.95 | | |
| | 1052555 | Invoice | 07/29/2019 | UNIT 22 | | 0.00 | 182.10 | | |
| | 001-012-5388 | 0 | REPAIR & MAINTENAI | VC . | UNIT 22 | | 182.10 | | |
| | 1052743 | Invoice | 07/29/2019 | UNIT 46 | | 0.00 | 1,232.50 | | |
| | 001-012-5388 | 0 | REPAIR & MAINTENAI | NC . | UNIT 46 | | 1,232.50 | | |
| | 1052744 | Invoice | 07/30/2019 | UNIT 47 | | 0.00 | 1,232.50 | | |
| - | 001-012-5388 | 0 | REPAIR & MAINTENAI | VC . | UNIT 47 | | 1,232.50 | | |
| | <u> 352745</u> | Invoice | 07/30/2019 | UNIT 48 | | 0.00 | 1,232.50 | | |
| | 001-012-5388 | 0 | REPAIR & MAINTENAI | NC | UNIT 48 | | 1,232.50 | | |
| | 1052765 | Invoice | 07/30/2019 | TIRES | | 0.00 | 979.28 | | |
| | 002-065-5388 | Q | REPAIR & MAINTENAI | VC . | TIRES | | 979.28 | | |
| | 1052854 | Invoice | 08/06/2019 | 2017 RAM 1500 PARTS | | 0.00 | 124.00 | | |
| | 001-006-5392 | 0 | SERVICE AND SUPPLIE | | 2017 RAM 1500 PA | | 124.00 | | |
| | 1052855 | Invoice | 08/01/2019 | UNIT 37 | | 0.00 | | | |
| | 001-012-5388 | | REPAIR & MAINTENAI | | UNIT 37 | 0.00 | 111.45 | | |
| | 1052860 | Invoice | 08/01/2019 | UNIT 38 | | 0.00 | | | |
| | 001-012-5388 | | REPAIR & MAINTENAN | | UNIT 38 | 0.00 | 111.45 111.45 | | |
| | 1053027 | Invoice | CONTRACTOR OF THE STATE OF THE | | 0.11.130 | 0.00 | | | |
| | 002-066-5388 | Invoice | 08/05/2019 REPAIR & MAINTENAN | FLAT REPAIR | FLAT REPAIR | 0.00 | 48.00 48.00 | | |
| | 002 000 0000 | | KEITAIN & WANTERA | •• | I LAT INLI AIN | | 46.00 | | |
| 20 | 9735 | PRECISION DOCUME | NT IMAGING 08/15/2 | 2019 Regular | | | 0.00 3. | 795.02 | 204400 |
| | Payable # | Payable Type | Payable Date | Payable Description | Disco | ount Amount | Payable Amount | | |
| | Account Numb | per | Account Name | Project Account Key | Item Description | | Dist Amount | | |
| | 2019308 | Invoice | 05/17/2019 | ANNUAL ON BASE SUPPORT | RENEWAL | 0.00 | 3,795.02 | | |
| | 001-005-5920 | <u>5</u> | PROFESSIONAL SERVICE | CES | ANNUAL ON BASE S | SUPPOR | 3,795.02 | | |
| 00 | 2201 | 0.000 | 00/1-1 | 2010 | | | | | |
| UO: | 3201 Bayahla # | QUILL CORP Payable Type | 08/15/2 Payable Date | | ь. | | | | 204401 |
| | Payable # Account Numb | 0700 0700 | Account Name | Payable Description Project Account Key | Item Description | | Payable Amount Dist Amount | | |
| | 9063675/C18194 | | 07/29/2019 | FOLDERS / TONER / FILES | rem pescription | 0.00 | | | |
| | 001-001-5392 | | SERVICE AND SUPPLIE | | FOLDERS / TONER / | | 77.44 | | |
| | 001-007-5392 | | SERVICE AND SUPPLIE | | FOLDERS / TONER / | | 162.99 | | |
| | | | | | A STATE OF BEEN STATE OF THE ST | | | | |
| (| 83 | QUILL CORP. | 08/15/2 | 2019 Regular | | | 0.00 | 142.42 | 204402 |
| | | | | | | | | | |

| Check Register | | | | | 1 | Packet: API | PKT00193-8/15/19 - | AP CHECK R |
|---|----------------|--|---|--|---|-------------------------|---|------------|
| | voice | Payable Date Account Name | Payable Description Project Account PENS / STAPLES / PC | Key Item Desc ST ITS | Discount Amo ription | Dist Ar Dist Ar | | Number |
| Payable # Pa Account Number | voice | 08/15/2 Payable Date Account Name 07/19/2019 GAS AND OIL | 019 Payable Description Project Account FUEL | | • | Dist Ar 0.00 | able Amount | 204403 |
| Payable # Pa Account Number | voice | Payable Date Account Name | 019 Payable Description Project Account FRONT WHEEL ALIG | t Key Item D esc NMENT (UNIT 40) | 000 • 000 · | Dist A r 0.00 | able Amount | 204404 |
| Payable # Pa Account Number | voice | Payable Date Account Name | Payable Description Project Account FISH FOOD / BULK C | t Key Item D esc HEMICAL | 2 | Dist A 1 | | 204405 |
| Payable # Pa Account Number 68283R Inv 001-005-53920 | voice | Payable Date Account Name 07/25/2019 SERVICE AND SUPPLIES | Payable Description Project Account RENTAL DISPENSER | t Key Item Des - EXEC DIRECTOR | 50 | | | 204406 |
| 001-007-53920 08287R Inv | voice | 07/25/2019 SERVICE AND SUPPLIES 07/25/2019 | RENTAL DISPENSER | RENTAL D - AIRPORT | ISPENSER - FINA | 0.00 | 13.00 13.00 13.00 | |
| 001-002-53920 | voice | O7/26/2019 SERVICE AND SUPPLIES | CLERK - WATER | CLERK - W | /ATER | 0.00 | 7.50 7.50 | |
| 001-012-53920 | voice | 08/02/2019 SERVICE AND SUPPLIES 08/08/2019 SERVICE AND SUPPLIES | EXEC DIRECTOR - W. | SHERIFF D | DEPT - WATER | 0.00 | 22.50 22.50 15.00 | |
| 806353 Inv 001-023-53920 | voice | 08/08/2019 SERVICE AND SUPPLIES | ARGENTA JUSTICE C | OURT - WATER ARGENTA | JUSTICE COURT - | 0.00 | 15.00 15.00 15.00 | |
| 001-003-53920 | voice | 08/08/2019 SERVICE AND SUPPLIES 08/08/2019 SERVICE AND SUPPLIES | RECORDER - WATER | TREASUR | ER - WATER | 0.00 | 7.50 7.50 15.00 | |
| | voice | 08/08/2019 SERVICE AND SUPPLIES | SHERIFF DEPT - WAT | ΓER | | 0.00 | 15.00 15.00 | |
| | voice | 08/15/2 Payable Date Account Name 08/09/2019 MOSQUITO CONTROL | 019 Payable Description Project Accoun BITING FLY WORK - | t Key Item Des JULY 2019 | cription | Dist A 0.00 | 12,218.34 rable Amount mount 12,218.34 218.34 | 204407 |
| 210236 SH | IAWN D SCHACHT | 08/15/2 | 019 | Regular | | 0.00 | 50.00 | 204408 |

| Check Register | | | | | | Packet: A | APPKT00193-8/ | /15/19 - | AP CHECK RI |
|-------------------------------------|--|--|------------------|--------------|--|----------------------|-----------------|----------|-------------|
| Vendor Number | Vendor Name | Paymer | nt Date | Payment | Туре | Discount Amour | nt Payment A | mount | Number |
| Payable # | Payable Type | Payable Date | Payable Descript | ion | | ount Amount P | | | |
| Account Num | ber | Account Name | Project Acco | unt Key | Item Description | Dist | Amount | | |
| | Invoice | 08/07/2019 | AUSTIN EMS RUN | | | 0.00 | 50.00 |) | |
| 001-016-5103 | 12 | VOLUNTEER STIPEND | | | AUSTIN EMS RUN | | 50.00 | | |
| | | | and the second | 000 12 | | | | | |
| 209054 | SHI INTERNATIONAL | 20 rd Phone a Co. 22 May 5 ** 24 27 V 13 Chair | | Regular | 179:302 | 0.0 | | | 204409 |
| Payable # | Payable Type | Payable Date | Payable Descript | | | ount Amount P | | t | |
| Account Num | | Account Name 07/23/2019 | Project Acco | | | | Amount | _ | |
| 001-012-5392 | Invoice | SERVICE AND SUPPLIE | | 3000 DOC0 | HP SCANJET PRO 30 | 0.00 | 371.35 | 0 | |
| 001-012-5552 | <u>.u</u> | SERVICE AND SOFFEIL | .5 | | THE SCANNET PRO SC | J00 D0 | 371.35 | | |
| 209308 | SIERRA HIGHWAY SA | FETY 08/15/2 | 2019 | Regular | | 0.0 | 10 1 | 490.20 | 204410 |
| Payable # | Payable Type | Payable Date | Payable Descript | 2010/00/2015 | Disco | ount Amount P | 1000 No. | | 204410 |
| Account Num | ber | Account Name | Project Acco | | Item Description | | Amount | | |
| 9634 | Invoice | 07/24/2019 | CARSONITE MAR | KERS | | 0.00 | 1,490.20 |) | |
| 002-065-5390 | 00 | ROAD & BRIDGE MAT | ER | | CARSONITE MARKE | RS | 1,490.20 | | |
| | | | | | | | | | |
| 003749 | | NATIONAL 08/15/2 | 2019 | Regular | | 0.0 | 00 3 | ,635.53 | 204411 |
| Payable # | Payable Type | Payable Date | Payable Descript | | | ount Amount P | | t | |
| Account Num | | Account Name | Project Acco | | Item Description | | t Amount | | |
| N43014 | Invoice | 07/31/2019 | REPAIR CYLINDER | Į. | | 0.00 | 3,635.5 | 3 | |
| 002-065-5388 | <u>50</u> | REPAIR & MAINTENAN | IC . | | REPAIR CYLINDER | | 3,635.53 | | |
| 001460 | SONOMA CYCLE LLC | 08/15/2 | 2010 | Regular | | 0.0 | 00 42 | 054.50 | 201112 |
| Payable # | Payable Type | Payable Date | | | Disco | ount Amount F | No. | | 204412 |
| Account Num | m 10 10 10 10 10 10 10 10 10 10 10 10 10 | Account Name | Project Acco | | | | t Amount | L | |
| 4668 | Invoice | 08/05/2019 | SPORTSMAN 450 | 0.50 | | 0.00 | | 0 | |
| 029-000-5399 | <u>)1</u> | MINOR EQUIPMENT/F | | | SPORTSMAN 450 R | | 13,861.50 | | |
| | | | | | | | | | |
| 5 30 | SONOMA CYCLE LLC | 08/15/2 | 2019 | Regular | | 0.0 | 00 16 | ,336.96 | 204413 |
| ayable # | Payable Type | Payable Date | Payable Descript | ion | Disco | ount Amount F | ayable Amoun | it | |
| Account Num | ber | Account Name | Project Acco | | Item Description | | t Amount | | |
| 906254 | Invoice | 08/02/2019 | 2019 POLARIS RA | NGER (CHU | | 0.00 | | 6 | |
| 046-000-5906 | <u>53</u> | CHUKAR TOURNAMEN | Т | | 2019 POLARIS RAN | IGER (C | 16,336.96 | | |
| 000301 | COLITUMEST CAS CO | RP. 08/15/2 | 2010 | Dogular | | 0.4 | 20 = | 004.04 | |
| Payable # | SOUTHWEST GAS CO Payable Type | Payable Date | Payable Descript | Regular | Disco | 0.0 ount Amount F | 10000 | | 204414 |
| Account Num | ., 151. (53.5) | Account Name | Project Acco | | Item Description | | t Amount | it | |
| 7/29/19 | Invoice | 07/29/2019 | | | | 0.00 | 3,994.8 | 1 | |
| 001-009-5398 | | UTILITIES | | | 262-1004690-003 - | | 981.92 | _ | |
| 001-009-5398 | | UTILITIES | | | 262-0034794-021 - | | 55.92 | | |
| 001-009-5398 | 80 | UTILITIES | | | 262-0014152-021 - | - 315 S | 29.38 | | |
| 001-009-5398 | <u>80</u> | UTILITIES | | | 262-0014167-021 - | - 150 W. | 33.95 | | |
| 001-009-5398 | 80 | UTILITIES | | | 262-0020581-022 - | - 825 N | 44.01 | | |
| 001-013-5398 | 80 | UTILITIES | | | 262-1001724-003 - | - 2 SR 30 | 296.66 | | |
| 001-017-5398 | | UTILITIES | | | 262-0034807-022 - | - 184 S B | 34.87 | | |
| 002-066-5398 | | UTILITIES | | | 262-0015013-022 - | - 550 W | 43.11 | | |
| 002-066-5398 | | UTILITIES | | | 262-1002318-002 - | | 29.38 | | |
| 009-045-5398 | | UTILITIES | | | 262-0035458-021 - | | 101.02 | | |
| 025-000-5398 | - 101 | UTILITIES | | | 262-0034564-023 | | 34.87 | | |
| 025-000-5398 | | UTILITIES | | | 262-0014186-022 | | 29.38 | | |
| <u>046-057-5398</u> 052-052-5397 | | UTILITIES CLUB HOUSE UTILITIES | ς | | 262-0035890-048 | | 33.97 | | |
| 052-052-5398 | | UTILITIES | • | | 262-1000008-003 - 262-1000741-002 - | | 210.39 37.72 | | |
| 052-055-5398 | | UTILITIES | | | 262-1000741-002 | | 1,755.50 | | |
| 052-057-5398 | 400 | UTILITIES | | | 262-0013747-021 | | 179.41 | | |
| 226-000-5398 | | UTILITIES | | | 262-1002248-002 | | 14.69 | | |
| 226-000-5398 | | UTILITIES | | | 262-0014378-023 | | 16.98 | | |
| 236-000-5398 | | UTILITIES | | | 262-1002248-002 | | 14.69 | | |
| 236-000-5398 | | UTILITIES | | | 262-0014378-023 | | 16.99 | | |
| | | | | | | | | | |

Packet: APPKT00193-8/15/19 - AP CHECK RUN

| Manada Ni d | | D | D1- | | . — | D' | | , | A CHECK NO |
|--|---|---|----------------|-----------------|--|--------------|---|---------|------------|
| | Vendor Name SPB UTILITY SERVICE | | | AL | t Type | | AND | | |
| | | Payable Date | | Regular | | | 20.00 | | 204415 |
| 'able # | | Account Name | | | | | Payable Amount | | |
| Account Numb | | | INSTALLED 2 | - | Item Description | 0.00 | st Amount | | |
| | Invoice | | | PUMPS & PLUM | | | -, | | |
| 236-000-5388 | <u>U</u> | REPAIR & MAINTEN | ANC | | INSTALLED 2 PUM | PS & PLU | 1,155.00 | | |
| 19-366 | Invoice | 07/26/2019 | CONTROL BO | X FOR LIFT STAT | TION | 0.00 | 1,201.58 | | |
| 236-000-5388 | 0 | REPAIR & MAINTEN | ANC | | CONTROL BOX FOR | R LIFT ST | 1,201.58 | | |
| 19-367 | Invoice | 07/26/2019 | PUMPS / CHE | ECK VALVES | | 0.00 | 1,380.81 | | |
| 236-000-5388 | | REPAIR & MAINTEN | -certaine | | PUMPS / CHECK V | | 1.380.81 | | |
| | | | | | Tomo y chizon | | | | |
| The second secon | Invoice | 08/01/2019 | TECH FEES / I | LAB FEES | | 0.00 | 3,283.05 | | |
| 226-000-5399 | | TECHNOLOGY FEES | | | TECH FEES / LAB F | | 1,641.52 | | |
| 236-000-5399 | 5 | TECHNOLOGY FEES | | | TECH FEES / LAB F | EES | 1,641.53 | | |
| | | | - 10010 | | | - | | | 12/2001 |
| 002934 | ST OF NV DIVISION O | F FORESTRY 08/1 | 5/2019 | Regular | | | | | 204416 |
| | Payable Type | | | | | | Payable Amount | | |
| Account Numb | | Account Name | | | | | ist Amount | | |
| 4194-04-20-0001 | | 07/01/2019 | | R - WILDLAND F | | | | E | |
| 001-017-5307 | 3 | WILDLAND FIRE PR | OTEC | | 1ST QUARTER - W | ILDLAND | 52,011.00 | | |
| | | 10 | 8 | | | | | | |
| 210446 | | | | | | C | 0.00 | 25.00 | 204417 |
| Payable # | Payable Type | | | cription | Disc | count Amount | Payable Amount | | |
| Account Numb | per | Account Name | Project / | Account Key | Item Description | D | ist Amount | | |
| 8/7/19 | Invoice | 08/07/2019 | JACOB KIEHN | NE 19CR00089 | | 0.00 | 25.00 |) | |
| 001-023-5398 | 8 | WITNESS FEES & T | RAVE | | JACOB KIEHNE 19 | CR00089 | 25.00 | | |
| | | | | | | | | | |
| 207606 | STATE OF NEVADA D | 2002-00-00 2014-2000 200 200 200 200 200 200 200 200 20 | | | | | | | 204418 |
| Payable # | Payable Type | Payable Date | Payable Des | cription | Disc | count Amount | Payable Amount | t | |
| Account Numb | ber | Account Name | Project / | Account Key | Item Description | D | ist Amount | | |
| 1018/880216 | Invoice | 08/01/2019 | FINGER PRIN | | | | 120.75 | 5 | |
| 001-035-5315 | 0 | COUNTY PHYSICALS | | | FINGER PRINTS | | 120.75 | | |
| | | | | | | | | | |
| 207606 | STATE OF NEVADA D | PS-RCC 08/1 | 5/2019 | Regular | | (| 0.00 | 442.75 | 204419 |
| Payable # | Payable Type | Payable Date | Payable Des | cription | Dis | count Amount | Payable Amoun | t | |
| Account Numb | ber | Account Name | Project A | Account Key | Item Description | 0 | ist Amount | | |
| 51016/880205 | Invoice | 08/01/2019 | FINGER PRIN | ITS | | 0.00 | 442.75 | 5 | |
| 001-012-5392 | 0 | SERVICE AND SUPP | LIES | | FINGER PRINTS | | 442.75 | | |
| | | | | | | | | | |
| 209673 | STEPHEN L. SMITH | 08/1 | 5/2019 | Regular | |) | 0.00 | 219.90 | 204420 |
| Payable # | Payable Type | | Payable Des | | | count Amount | Payable Amoun | | |
| Account Numl | | Account Name | | Account Key | Item Description | | Dist Amount | | |
| 8/7/19 | Invoice | 08/07/2019 | 1970 | /BURSEMENT R | And the control of the control of the control of | 0.00 | 219.90 | 1 | |
| 036-000-5394 | | TRAVEL AND TRAIN | | | TRAVEL REIMBUR | | 219.90 | | |
| | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 223.50 | | |
| 002336 | SUBURBAN PROPAN | F-1484 09/1 | 5/2019 | Regular | | | 0.00 | 722 NE | 204421 |
| Payable # | Payable Type | Payable Date | Payable Des | | | | Payable Amoun | | 204421 |
| Account Num | (A) | Account Name | Ø 3000 as | Account Key | Item Description | | Dist Amount | | |
| 48375/1484-019 | | 07/30/2019 | MT LEWIS PI | St. | rem pescription | 0.00 | 722.0 | 5 | |
| 023-000-5398 | | | IVII LEVVIS FI | ROPAINE | MT LEWIS PROPA | | | 5 | |
| 023-000-3330 | - | UTILITIES | | | IVII LL VVIO FROPA | NINE | 722.05 | | |
| 002625 | CLIDIIDDAN DDODAN | E 1/10E 00/1 | 5/2019 | Dogular | | | 0.00 | 412.00 | 204422 |
| 003625 | SUBURBAN PROPAN | and the second of | 1.50 | Regular | | | 0.00 | | 204422 |
| Payable # | Payable Type | Payable Date | Payable Des | Section 1 | | | Payable Amoun | T | |
| Account Num | | Account Name | | Account Key | Item Description | | Dist Amount | • | |
| 66147/1485-029 | | 07/30/2019 | AUSTIN SEN | IUR CENTER | | 0.00 | 413.0 | U | |
| 009-044-5398 | <u>so</u> | UTILITIES | | | AUSTIN SENIOR C | CENTER | 413.00 | | |
| | | | | | | | | | |
| 207717 | SUMMIT ENGINEERI | NG CORP. 08/1 | 5/2019 | Regular | | | 0.00 | ,603.91 | 204423 |

| Check Register | | | | | racket. AFFRIC | 0133-0/13/13 - | AP CHECK KU |
|-------------------------|--|-------------------------------|----------------------------|--|----------------|--|-------------|
| Vendor Number | Vendor Name | Paymer | nt Date Payme | ent Type Discor | unt Amount Par | yment Amount | Number |
| Payable # | Payable Type | Payable Date | Payable Description | Discount A | mount Payable | Amount | |
| Account Nur | nber | Account Name | Project Account Key | Item Description | Dist Amou | nt | |
| <u>685</u> | Invoice | 08/06/2019 | PRJCT: 1-29735 TOWN OF | AUSTIN SURVE | 0.00 | 1,180.00 | |
| 029-000-540 | 010 | NEW FIXED ASSETS | | PRJCT: 1-29735 TOWN OF | 1,180.0 | 00 | |
| 45753 | Invoice | 08/06/2019 | PRJCT: 1-30697 BM LEVEE | FΔ-28 | 0.00 | 8,303.91 | |
| 055-000-540 | | BATTLE MTN FLOOD I | | PRJCT: 1-30697 BM LEVEE | | 10 1. V discuss (40.000.1. 0 %) | |
| | | | | | 5 | | |
| 45754 | | 08/06/2019 | PRJCT: 1-30697 BM LEVEE | | | 120.00 | |
| 055-000-540 | 018 | BATTLE MTN FLOOD I | .E | PRJCT: 1-30697 BM LEVEE | 120.0 | 00 | |
| 207225 | CLINI DIDGE CVCTENIC | INC 00/15/ | 0010 Parel | | 0.00 | 2 525 22 | 221121 |
| | Payable Type | , INC 08/15/2 Payable Date | | Discount A | 0.00 | | 204424 |
| Account Nur | 19 19 NO | Account Name | | Item Description | Dist Amou | | |
| CONF16 | Invoice | 09/02/2010 | ANNIHAL DIMELICEDS CON | IFERENCE,TRAIN | 0.00 | | |
| 001-012-539 | | TRAVEL AND TRAININ | | ANNUAL RIMS USERS COI | | 7.1. O . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| 001-013-539 | 2.34.2 | TRAVEL AND TRAININ | | ANNUAL RIMS USERS COI | | | |
| 001-013-539 | Control of the Contro | TRAVEL AND TRAININ | | ANNUAL RIMS USERS COI | | | |
| 001-013-33 | 940 | TRAVEL AND TRAININ | o . | ANNOAL KINIS OSEKS COI | 015. | 00 | |
| 001188 | SUPER 8 MOTEL | 08/15/ | 2019 Regul | ar | 0.00 | 515 70 | 204425 |
| | | | Payable Description | | mount Payable | | 204423 |
| Account Nu | | Account Name | | Item Description | Dist Amou | | |
| 8/9/19 - 038-57 | | | 7/3/19 - 8/6/19 (KEMP/G | | 0.00 | | |
| 001-005-592 | - Characteristics (Characteristics) | PROFESSIONAL SERVICE | | 7/3/19 - 8/6/19 (KEMP/G | | | |
| 001 005 55. | | THO ESSIONAL SERVICE | | 7/3/13 0/0/13 (KENT/O | 313. | 70 | |
| 209948 | SWAG WEB AND GRA | APHICS 08/15/2 | 2019 Regul | ar | 0.00 | 599.88 | 204426 |
| | | Payable Date | | | mount Payable | | 2020 |
| | mber | | | Item Description | | | |
| SB-84593 | | 08/06/2019 | | ALK GLASSES AU | | | |
| 045-000-530 | 020 | ADVERTISING | | 2019 CHAMBER WINE WA | | 88 | |
| | | | | | | | |
| (.1 | THE SIDWELL COMP. | ANY 08/15/ | 2019 Regul | ar | 0.00 | 4,915.00 | 204427 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount A | mount Payable | Amount | |
| Account Nu | | Account Name | | Item Description | Dist Amou | ınt | |
| CT00001129 | Invoice | 07/31/2019 | GIS MAINTENANCE | | 0.00 | 4,915.00 | |
| 300-068-53 | 920 | SERVICE AND SUPPLIE | S . | GIS MAINTENANCE | 4,915 | .00 | |
| | | | | | | | |
| | TORI WOOD | | 2019 Regul | | | | 204428 |
| Payable # | | Payable Date | Payable Description | Discount A | mount Payable | Amount | |
| Account Nu | mber | Account Name | Project Account Key | Item Description | Dist Amou | unt | |
| 8/7/19 | Invoice | | J. KIEHNE WITNESS | | 0.00 | 25.00 | |
| 001-023-53 | 988 | WITNESS FEES & TRA | VE | J. KIEHNE WITNESS | 25 | .00 | |
| | | | 2040 | | | | |
| 210343 | | TON COMPANY 08/15/ | | | 0.00 | 313,424.34 | 204429 |
| Payable # | Payable Type | Payable Date | Payable Description | | Amount Payable | | |
| Account Nu | | Account Name | Project Account Key | Parties - Commence - C | Dist Amo | | |
| 1811069005 | Invoice | 07/31/2019 | LC IMPROVEMENT PROJE | | | 13,424.34 | |
| 029-000-54 | <u> </u> | NEW FIXED ASSETS | | LC IMPROVEMENT PROJE | EC 313,424 | .34 | |
| 002005 | VERIZON WIRELESS | 08/15/ | 2019 Regu | lar. | 0.00 | 00.20 | 204420 |
| 002995 | | Payable Date | Payable Description | | Amount Payable | | 204430 |
| Payable # Account Nu | Payable Type | Account Name | Project Account Key | | Dist Amo | | |
| 9834852459 | Invoice | 07/25/2019 | 570387404-00001 - 775-3 | | 0.00 | 90.20 | |
| 046-057-53 | | TELEPHONE/FAX | 370387404-00001-773 | 570387404-00001 - 775- | | .20 | |
| 040-037-33 | 550 | ILLLI HONL/IAA | | 370367404-00001 - 773- | -5 90 | .20 | |
| 004316 | VIPER GLASS LLC | 08/15/ | 2019 Regu | lar | 0.00 | 522 50 | 204431 |
| Payable # | Payable Type | Payable Date | Payable Description | | Amount Payabl | | 204431 |
| Account Nu | | Account Name | Project Account Key | | Dist Amo | | |
| 11100 | Invoice | 03/20/2019 | REMOVE WINDOW & CO | | 0.00 | 120.00 | |
| 002-066-53 | | REPAIR & MAINTENA | | REMOVE WINDOW & CO | | | |
| | | | | | | | |
| 11158A | Invoice | 06/13/2019 | LABOR ON WINDOW | | 0.00 | 402.50 | |
| | | | | | | | |

| Ver | 002-066-5388 | Vendor Name | Payme REPAIR & MAINTENA | nt Date NC | Payment | Type Disco | ount Amo | ount Payment 402.50 | Amount | Number |
|-----|------------------------------|--|--|---------------------|--|------------------------------------|----------|------------------------|----------|--------|
| ol | , | VOGLE LINEN-LINIEO | RM RENT 08/15/ | 2019 | Regular | | | 0.00 | 000.76 | 204422 |
| | Payable # | Payable Type | Payable Date | Payable Description | 1000 | Discount A | | Payable Amou | | 204432 |
| | Account Numb | No. of the second of the second | Account Name | Project Accou | | Item Description | | ist Amount | | |
| | 2951536 | Invoice | 07/04/2019 | AUSTIN UNIFORM | ADDRESS OF THE PARTY OF THE PAR | - | 0.00 | 92.4 | 49 | |
| | 029-000-5399 | 1 | MINOR EQUIPMENT/F | UR | | AUSTIN UNIFORM RENTA | AL | 92.49 | | |
| | 2951537 | Invoice | 07/04/2019 | BM UNIFORM REN | ITAI | | 0.00 | 154. | 70 | |
| | 029-000-5399 | 1 | MINOR EQUIPMENT/F | | | BM UNIFORM RENTAL | 0.00 | 154.70 | 70 | |
| | 2952899 | Invoice | 07/11/2019 | AUSTIN UNIFORM | DENITAL | | 0.00 | | 40 | |
| | 029-000-5399 | | MINOR EQUIPMENT/F | | KLIVIAL | AUSTIN UNIFORM RENTA | | 92.49 | 49 | |
| | 2952900 | Invoice | 07/11/2019 | | ITA I | 71037111 OINI OINI NEIVI | | | | |
| | 029-000-5399 | | MINOR EQUIPMENT/F | BM UNIFORM REN | IIAL | DALLINICODA DENTAL | 0.00 | 154. | 70 | |
| | | | | | | BM UNIFORM RENTAL | | 154.70 | | |
| | 2954208 029-000-5399 | Invoice | 07/18/2019 | AUSTIN UNIFORM | RENTAL | | 0.00 | 92. | 49 | |
| | | 1 | MINOR EQUIPMENT/F | | | AUSTIN UNIFORM RENTA | AL | 92.49 | | |
| | 2954209 | Invoice | 07/18/2019 | BM UNIFORM REN | ITAL | | 0.00 | 154. | 70 | |
| | 029-000-5399 | 1 | MINOR EQUIPMENT/F | UR | | BM UNIFORM RENTAL | | 154.70 | | |
| | <u>2955601</u> | Invoice | 07/25/2019 | AUSTIN UNIFORM | RENTAL | | 0.00 | 92. | 49 | |
| | 029-000-5399 | 1 | MINOR EQUIPMENT/F | UR | | AUSTIN UNIFORM RENTA | AL | 92.49 | | |
| | 2955602 | Invoice | 07/25/2019 | BM UNIFORM REN | ITAL | | 0.00 | 154. | 70 | |
| | 029-000-5399 | 1 | MINOR EQUIPMENT/F | ·UR | | BM UNIFORM RENTAL | | 154.70 | | |
| | | | | | | | | | | |
| 210 | 450 | WELLS FARGO BANK | | | Regular | | | 0.00 | | 204433 |
| | Payable # | Payable Type | Payable Date | Payable Description | | | | Payable Amou | nt | |
| | Account Numb | | Account Name | Project Accou | | Item Description | | Dist Amount | | |
| | 8/13/19 002-065-5390 | Invoice | 08/13/2019 ROAD & BRIDGE MAT | LANDER COUNTY E | EPA TRUST | | 0.00 | 850. | 00 | |
| 7 | 002-003-3330 | <u>u</u> | NOAD & BRIDGE WIA | EK | | LANDER COUNTY EPA TR | (U | 850.00 | | |
| (| .8 | WELLS FARGO PAYM | ENT CENTER 08/15/ | 2019 | Regular | | (| 0.00 | 8,360.98 | 204424 |
| | | Payable Type | Payable Date | Payable Description | 100000 | Discount A | | Payable Amou | | 204434 |
| | Account Numb | per | Account Name | Project Accou | | Item Description | | Dist Amount | | |
| | 8/2/19 | Invoice | 08/02/2019 | JULY 2019 STATEM | /IENT - 843 | 3 | 0.00 | 8,360. | 98 | |
| | 001-035-5311 | | COUNTY CREDIT CAR | DS | | PAULA TOMERA | | 1,231.35 | | |
| | 001-035-5311 | | COUNTY CREDIT CAR | | | PATSY WAITS | | 1,034.65 | | |
| | 001-035-5311 | A STATE OF THE STA | COUNTY CREDIT CAR | | | LESLEY BUNCH | | 255.74 | | |
| | 001-035-5311 001-035-5311 | and the second second | COUNTY CREDIT CAR | | | KYLA BRIGHT | | 13.18 | | |
| | 001-035-5311 | | COUNTY CREDIT CAR | | | JUDIE ALLAN | | 105.45 | | |
| | 001-035-5311 | | COUNTY CREDIT CAR | | | SADIE SULLIVAN KEITH WESTENGARD | | 21.27 | | |
| | 001-035-5311 | | COUNTY CREDIT CAR | | | KIM SCHACHT | | 1,275.29 490.20 | | |
| | 001-035-5311 | | COUNTY CREDIT CAR | | | BILLY GANDOLFO | | 62.30 | | |
| | 001-035-5311 | <u>1</u> | COUNTY CREDIT CAR | | | ELIZABETH BARELA | | 238.35 | | |
| | 001-035-5311 | 1 | COUNTY CREDIT CAR | OS | | JUSDIVIA JOHNSON | | 476.47 | | |
| | 001-035-5311 | <u>1</u> | COUNTY CREDIT CAR | OS | | SHANNON BERUMEN | | 540.22 | | |
| | 001-035-5311 | The second secon | COUNTY CREDIT CAR | | | BRANDY BENGOA | | 2,402.33 | | |
| | 001-035-5311 | 1 | COUNTY CREDIT CARI | OS | | ANNA PENOLA | | 214.18 | | |
| 200 | | WESTERN DIS DOS IN | ###################################### | 2010 | <u> </u> | | | | | |
| 209 | 628 Pavable # | | /INNEMUCCA, 08/15/ | | Regular | 2 | | 0.00 | | 204435 |
| | Payable # Account Numb | Payable Type | Payable Date Account Name | Project Accou | | | | Payable Amou | int | |
| | 014211/3 | Invoice | 07/30/2019 | Project Accou | | Item Description | 0.00 | Dist Amount | 40 | |
| | 052-052-5388 | | REPAIR & MAINTENA | | | SUMP PUMP / CHAINS | 0.00 | 157. 157.49 | 43 | |
| | 014212/3 | | | | DELC | , Gira / Girang | 0.00 | | | |
| | 052-052-53920 | Invoice | 07/30/2019 SERVICE AND SUPPLIE | 55 GAL BLUE BARF | /ELS | 55 GAL BLUE BARRELS | 0.00 | 37. | 90 | |
| | 332 332 | =, | JENVIOL AND JOITER | <u> </u> | | 33 GAL BLUE DANKELS | | 37.90 | | |
| (| 73 | WESTERN NEVADA SU | UPPLY CO. 08/15/ | 2019 | Regular | | Ĵ | 0.00 | 506.78 | 204436 |

| | | | out to the commence of | e attaches and a second control of | | | | , | CHECK IX |
|-----------------|------------------|--|--|------------------------------------|--------------------|------------|----------------|--------|----------|
| Vendor Number | | | ent Date | | | | unt Payment Ar | | Number |
| Payable # | Payable Type | Payable Date | | | | unt Amount | Payable Amount | | |
| Account Num | iber | Account Name | | | Item Description | D | ist Amount | | |
| | Invoice | 08/07/2019 | WATER VALVE/P | PIPE STIFFNE | R | 0.00 | 355.80 | | |
| 226-000-538 | 80 | REPAIR & MAINTENA | ANC | | WATER VALVE/PIPE | STIFFN | 355.80 | | |
| 87976868 | Invoice | 08/08/2019 | WATER METER | | | 0.00 | 465.66 | | |
| 226-000-538 | 80 | REPAIR & MAINTENA | | | WATER METER | 0.00 | 465.66 | | |
| CM87945952 | Cuadit Mana | 07/31/2019 | | | | 0.00 | 35-53-5 | | |
| 002-066-538 | Credit Memo | AND THE PARTY AND ADDRESS OF THE PARTY OF TH | BALL VALVES | | DALL 14411455 | 0.00 | -314.68 | | |
| 002-000-558 | <u>80</u> | REPAIR & MAINTENA | ANC | | BALL VALVES | | -314.68 | | |
| 208877 | WESTERN NV KENW | ORTH, LLC 08/15 | /2019 | Regular | | (| 0.00 | 235 64 | 204437 |
| Payable # | | Payable Date | | | Disco | unt Amount | Payable Amount | | 201137 |
| Account Num | | Account Name | | | Item Description | | ist Amount | | |
| KN40847 | Invoice | 07/30/2019 | HIPLIATOR • CONTROL OF THE STATE OF THE STAT | | IRCUIT | | 235.64 | | |
| 002-065-538 | 80 | REPAIR & MAINTENA | | | STARTER RELAY / BR | | | | |
| | | | | | | | 255.67 | | |
| 210387 | WINNEMUCCA PUBL | ISHING CO. 08/15 | /2019 | Regular | | (| 0.00 | 35.00 | 204438 |
| Payable # | Payable Type | Payable Date | Payable Descrip | tion | Disco | unt Amount | Payable Amount | | |
| Account Num | ber | Account Name | Project Acco | ount Key | | | ist Amount | | |
| 8/7/19 - RENEWA | Invoice | 08/15/2019 | SUBSCRIBER ID: | 000012 1 YE | AR RENEWAL | 0.00 | 35.00 | | |
| 035-000-539 | 20 | SERVICE AND SUPPL | IES | | SUBSCRIBER ID: 000 | 0012 1 | 35.00 | | |
| | | | | | | | | | |
| 001343 | WINNEMUCCA PUBL | ISHING CO., INC 08/15 | /2019 | Regular | | (| 0.00 | 229.90 | 204439 |
| Payable # | Payable Type | Payable Date | Payable Descrip | tion | Disco | unt Amount | Payable Amount | | |
| Account Num | ber | Account Name | Project Acco | ount Key | Item Description | D | ist Amount | | |
| 3302/LCEXEC | Invoice | 08/07/2019 | ADVISORY BOAR | RD VACANCY | | 0.00 | 212.00 | | |
| 001-005-530 | 20 | ADVERTISING | | | ADVISORY BOARD V | 'ACANC | 212.00 | | |
| LCEXEC -7/31/19 | Invoice | 07/31/2019 | BURN BAN NOTI | ICE | | 0.00 | 17.90 | | |
| 001-005-530 | | ADVERTISING | | | BURN BAN NOTICE | | 17.90 | | |
| (| | | | | | | 17.50 | | |
| 7د | XEROX CORPORATIO | N 08/15 | /2019 | Regular | | (| 0.00 | 16.00 | 204440 |
| Payable # | Payable Type | Payable Date | Payable Descrip | tion | Disco | unt Amount | Payable Amount | | |
| Account Num | nber | Account Name | Project Acco | ount Key | Item Description | | ist Amount | | |
| 097698059 | Invoice | 08/01/2019 | MAINTENANCE | PLAN AUGUS | ST | 0.00 | 16.00 | | |
| 046-057-539 | 30 | TELEPHONE/FAX | | | MAINTENANCE PLA | N AUG | 16.00 | | |

Bank Code AP POOL OPERATING Summary

| Payment Type | Payable Count | Payment Count | Discount | Payment |
|--|------------------|------------------|----------|------------|
| The second secon | 100.000 | | Discount | |
| Regular Checks | 206 | 106 | 0.00 | 745,432.86 |
| Manual Checks | 0 | 0 | 0.00 | 0.00 |
| Voided Checks | 0 | 1 | 0.00 | 0.00 |
| Bank Drafts | 0 | 0 | 0.00 | 0.00 |
| EFT's | 0 | 0 | 0.00 | 0.00 |
| | 206 | 107 | 0.00 | 745,432.86 |

Fund Summary

Fund 999 Name

POOLED CASH FUND

Period 8/2019

Amount 745,432.86

745,432.86

Cindy Benson Lander County Fiscal Officer



ACKNOWLEDGEMENT OF REVIEW & AUTHORIZATION

DATE

Fiscal Officer

61-80-36

LANDER COUNTY COMMISSION MEETING

August 22, 2019

SUBMITTED EXPENDITURES IN THE AMOUNT OF \$191,165.04 From Check #204238 thru #204321 RATIFY

50 State Route 305 < >> Battle Mountain, NV 89820 Phone: (775) 635-2573 < >> Fax: (775) 635-9256

Check Register
Packet: APPKT00192 - 8/9/19 - AP CHECK RUN

By Check Number

| Vendor Numbe | | | nt Date | Payment | Туре | Discount Amo | ount Payment Am | ount | Number |
|--|--|--|--|---|--|--|--|-------|--------|
| | POOL OPERATING-AP PO | | | | | | | | |
| 000098 | ADVANCED DATA | | | Regular | _10 | | | 00.00 | 204238 |
| Payable # | | Payable Date | Payable Descri | | | | Payable Amount | | |
| 1905018 | nt Number | Account Name | Saltone stribute one | | | | Dist Amount | | |
| the state of the s | Invoice | 05/31/2019 | DISTRICT COUR | | DISTRICT COLLET | 0.00 | 300.00 | | |
| | 20-53560 | MAINTENANCE/CONTI | KA. | | DISTRICT COURT | | 300.00 | | |
| 1906018 | Invoice | 06/30/2019 | DISTRICT COUR | T | | 0.00 | 300.00 | | |
| 001-0 | 20-53560 | MAINTENANCE/CONTI | RA | | DISTRICT COURT | | 300.00 | | |
| 208794 | ADVANCED INC | 00/00/ | 3040 | | | | | | |
| Payable # | ADVANCED INC. Payable Type | 08/09/ Payable Date | | Regular | ρ: | | 0.000040000 | 28.35 | 204239 |
| 6 | nt Number | Account Name | Payable Descri | 187 | | | Payable Amount | | |
| 8/5/19 | Invoice | 08/05/2019 | 18 SC 00023 - J | count Key | Item Description | | Dist Amount | | |
| Samuel Control of the | 00-39033 | GARNISHMENTS | 18 30 00023 - 1 | UAN LAPEIKE | 19 50 00022 1114 11 | 0.00 | 53.33 | | |
| CHARLES IN CO. | | | | | 18 SC 00023 - JUAN | | 53.33 | | |
| 8/6/19 | Invoice | 08/06/2019 | 19SC00076H - I | DAMON REED | | 0.00 | 275.02 | | |
| 001-0 | 00-39033 | GARNISHMENTS | | | 19SC00076H - DAM | 10N RE | 275.02 | | |
| 209529 | ALL SEASONS MO | DDITE LOCK SERVICE 09/00/ | 2010 | Dogular | | | 0.00 | | |
| Payable # | | OBILE LOCK SERVICE 08/09/ Payable Date | Payable Descri | Regular | Diago | | | 32.75 | 204240 |
| 17 | nt Number | Account Name | | count Key | Item Description | | Payable Amount | | |
| 8122 | Invoice | 08/01/2019 | DUPLICATE KEY | | | | Dist Amount | | |
| - | 09-53560 | MAINTENANCE/CONTI | | J/ LOCK CHAIN | DUPLICATE KEYS/LO | | 257.75 257.75 | | |
| Service Service | vs rest found on the | | | 1 D O D / O T D 11 O | | | | | |
| 8123 | Invoice <u>57-53880</u> | 08/07/2019 REPAIR & MAINTENA | CIVIC CENTER L | ABOR/SERVIC | | 0.00 | 225.00 | | |
| 032-0 | 37-33880 | REPAIR & MAINTENA | VC . | | CIVIC CENTER LABO | DR/SER | 225.00 | | |
| 209515 | AMENS LAW LTD | 08/09/ | 2010 | D I. | | | 0.00 | | 204244 |
| | | | | Regular | | | | | |
| | | The state of the s | | Regular ption | Disco | | | 10.00 | 204241 |
| Payable # | | Payable Date Account Name | Payable Descri | ption | | ount Amount | Payable Amount | 10.00 | 204241 |
| Payable # | Payable Type | Payable Date | Payable Descri Project Ac | ption count Key | Item Description | ount Amount I | Payable Amount Dist Amount | 10.00 | 204241 |
| Payable # Accou | Payable Type nt Number | Payable Date Account Name | Payable Descri Project Acc COURT APPOIN | ption count Key | Item Description | ount Amount I 0.00 | Payable Amount | 10.00 | 204241 |
| Payable # | Payable Type nt Number Invoice 20-53220 | Payable Date Account Name 06/04/2019 COURT APPOINTED C | Payable Descri Project Ac COURT APPOIN DU | ption count Key ITED ATTORNE | Item Description EY JV 1365 COURT APPOINTED | ount Amount 0.00 ATTOR | Payable Amount Dist Amount 550.00 | 10.00 | 204241 |
| Payable # | Payable Type nt Number Invoice | Payable Date Account Name 06/04/2019 COURT APPOINTED C 07/03/2019 | Payable Descri Project Ac COURT APPOIN DU COURT APPOIN | ption count Key ITED ATTORNE | Item Description EY JV 1365 COURT APPOINTED EY JV 1365 | 0.00 O ATTOR | Payable Amount Dist Amount 550.00 550.00 | 10.00 | 204241 |
| Payable # | Payable Type nt Number Invoice 20-53220 Invoice 20-53220 | Payable Date Account Name 06/04/2019 COURT APPOINTED C 07/03/2019 COURT APPOINTED C | Payable Descri Project Act COURT APPOIN DU COURT APPOIN DU | ption count Key ITED ATTORNE | Item Description EY JV 1365 COURT APPOINTED EY JV 1365 COURT APPOINTED | O.00 O.00 O.00 O.00 O.00 O.00 | Payable Amount Dist Amount 550.00 550.00 610.00 | 10.00 | 204241 |
| Payable # | Payable Type nt Number Invoice 20-53220 Invoice 20-53220 Invoice | Payable Date Account Name 06/04/2019 COURT APPOINTED C 07/03/2019 COURT APPOINTED C 07/11/2019 | Payable Descri Project Act COURT APPOIN DU COURT APPOIN DU COURT APPOIN COURT APPOIN | ption count Key ITED ATTORNE | Item Description EY JV 1365 COURT APPOINTED EY JV 1365 COURT APPOINTED EY CR-11115 | O.00 ATTOR 0.00 ATTOR 0.00 0.00 0.00 | Payable Amount Dist Amount 550.00 550.00 610.00 680.00 | 10.00 | 204241 |
| Payable # | Payable Type nt Number Invoice 20-53220 Invoice 20-53220 | Payable Date Account Name 06/04/2019 COURT APPOINTED C 07/03/2019 COURT APPOINTED C | Payable Descri Project Act COURT APPOIN DU COURT APPOIN DU COURT APPOIN COURT APPOIN | ption count Key ITED ATTORNE | Item Description EY JV 1365 COURT APPOINTED EY JV 1365 COURT APPOINTED | O.00 ATTOR 0.00 ATTOR 0.00 0.00 0.00 | Payable Amount Dist Amount 550.00 550.00 610.00 | 10.00 | 204241 |
| Payable # | Payable Type nt Number Invoice 20-53220 Invoice 20-53220 Invoice 20-53220 | Payable Date Account Name 06/04/2019 COURT APPOINTED C 07/03/2019 COURT APPOINTED C 07/11/2019 COURT APPOINTED C | Payable Descri Project Acc COURT APPOIN DU COURT APPOIN DU COURT APPOIN | ption count Key ITED ATTORNE ITED ATTORNE | Item Description EY JV 1365 COURT APPOINTED EY JV 1365 COURT APPOINTED EY CR-11115 | O.00 O.00 O.00 O.00 O.00 O.00 O.00 O.00 | Payable Amount Dist Amount 550.00 550.00 610.00 680.00 | | |
| Payable # | Payable Type nt Number Invoice 20-53220 Invoice 20-53220 Invoice 20-53220 AMPED-OUT-ELE | Payable Date Account Name 06/04/2019 COURT APPOINTED C 07/03/2019 COURT APPOINTED C 07/11/2019 COURT APPOINTED C | Payable Descri Project Acc COURT APPOIN DU COURT APPOIN DU COURT APPOIN DU COURT APPOIN | ption count Key ITED ATTORNE ITED ATTORNE ITED ATTORNE ITED ATTORNE | Item Description EY JV 1365 COURT APPOINTED EY JV 1365 COURT APPOINTED EY CR-11115 COURT APPOINTED | O.00 O.ATTOR O.00 O.ATTOR O.00 O.ATTOR O.00 O.ATTOR | Payable Amount Dist Amount 550.00 550.00 610.00 680.00 680.00 0.00 4,16 | | 204242 |
| Payable # | Payable Type nt Number Invoice 20-53220 Invoice 20-53220 Invoice 20-53220 AMPED-OUT-ELE Payable Type | Payable Date Account Name 06/04/2019 COURT APPOINTED C 07/03/2019 COURT APPOINTED C 07/11/2019 COURT APPOINTED C | Payable Descri Project Acc COURT APPOIN DU COURT APPOIN DU COURT APPOIN DU 2019 Payable Descri | ption count Key ITED ATTORNE ITED ATTORNE ITED ATTORNE Regular ption | Item Description EY JV 1365 COURT APPOINTED EY JV 1365 COURT APPOINTED EY CR-11115 COURT APPOINTED | Ount Amount 0.00 0 ATTOR 0.00 0 ATTOR 0.00 0 ATTOR | Payable Amount Dist Amount 550.00 550.00 610.00 680.00 680.00 0.00 4,10 Payable Amount | | |
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| Payable # | Payable Type nt Number | Payable Date Account Name 06/04/2019 COURT APPOINTED C 07/03/2019 COURT APPOINTED C 07/11/2019 COURT APPOINTED C CCTRICAL, LLC Payable Date Account Name | Payable Descri Project Acc COURT APPOIN DU COURT APPOIN DU COURT APPOIN DU 2019 Payable Descri Project Acc REC CENTER - S | ption count Key ITED ATTORNE ITED ATTORNE ITED ATTORNE Regular ption count Key | Item Description EY JV 1365 COURT APPOINTED EY JV 1365 COURT APPOINTED EY CR-11115 COURT APPOINTED Disco | O ATTOR | Payable Amount Dist Amount 550.00 550.00 610.00 680.00 680.00 0.00 4,10 Payable Amount | | |
| Payable # | Payable Type nt Number Invoice 20-53220 Invoice 20-53220 Invoice 20-53220 AMPED-OUT-ELE Payable Type nt Number Invoice 09-53560 | Payable Date Account Name 06/04/2019 COURT APPOINTED C 07/03/2019 COURT APPOINTED C 07/11/2019 COURT APPOINTED C CTRICAL, LLC Payable Date Account Name 07/30/2019 MAINTENANCE/CONTI | Payable Descri Project Acc COURT APPOIN DU COURT APPOIN DU COURT APPOIN DU 2019 Payable Descri Project Acc REC CENTER - SRA | ption count Key ITED ATTORNE ITED ATTORNE REgular ption count Key MALL BOILER | Item Description EY JV 1365 COURT APPOINTED EY JV 1365 COURT APPOINTED EY CR-11115 COURT APPOINTED Disco | O ATTOR | Payable Amount Dist Amount 550.00 550.00 610.00 680.00 680.00 0.00 4,10 Payable Amount Dist Amount 255.00 | | |
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| 20921: Pa JU 001833: Pa FY | Account Numb 001-005-59373 2 ayable # Account Numb ULY 2019 060-000-59045 5 ayable # Account Numb (19/20 GRANT 046-000-59500 | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice B M B HIGH SCHOOL RO B B B HIGH SCHOOL RO B B B B B B B B B B B B B B B B B B B | Account Name 07/30/20 SAFETY EXPEN TAL Payable E Account Name 08/05/20 TRANSFER OF DDEO CLB Payable E Account Name 08/01/20 SPECIAL PROJE | 19 08/09/20 Date 19 REVENUI 08/09/20 Date 19 ECTS | Payable Description Project Account CALIBRATIONS OF D19 Payable Description Project Account REVENUE COLLECT E D19 Payable Description Project Account HS RODEO SADDLE | Regular On Regular On Regular FED Regular On Int Key EREIMBUR Regular | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI | O.0 F MRX M COUNT AMOUNT CTED CCOUNT AMOUNT CCOUNT AMOUNT O.0 CLE REIMB | O.00 O.00 Dist Ai O O.00 | able Amor mount 9,050 050.69 able Amor mount 3,860 | 9,050.69 unt .69 3,860.00 unt | 204249 |
| 20921: Pa JU 001833: Pa FY | Account Numb 001-005-59373 2 ayable # Account Numb ULY 2019 060-000-59045 ayable # Account Numb (19/20 GRANT 046-000-59500 9 ayable # | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type | Account Name 07/30/20 SAFETY EXPEN TAL Payable E Account Name 08/05/20 TRANSFER OF DDEO CLB Payable E Account Name 08/01/20 SPECIAL PROJE | 19 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 | Payable Description Project Account CALIBRATIONS OF D19 Payable Description REVENUE COLLECT E D19 Payable Description Project Account Project Account Brodeo Saddle | Regular Regular Regular Regular Regular Regular Regular Ret Key Regular Regular Regular | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI | 0.0 F MRX M Count Amour 0.0 CTED CCOUNT Amour 0.0 | O.00 O.00 Dist Ai O O.00 | able Amor mount 9,050 050.69 able Amor mount 3,860 | 9,050.69 unt .69 3,860.00 unt | 204249 |
| 209212 Pa JU 001833 Pa FY | Account Numb 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 5 5 5 6 6 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice B OARD OF REGENTS Payable Type er | Account Name 07/30/20 SAFETY EXPEN TAL Payable E Account Name 08/05/20 TRANSFER OF DDEO CLB Payable E Account Name 08/01/20 SPECIAL PROJE | 19 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 | Payable Description Project Account CALIBRATIONS OF D19 Payable Description Project Account REVENUE COLLECT E D19 Payable Description Project Account HS RODEO SADDLE | Regular Regular Regular Regular Regular Regular Regular Ret Key Regular Regular Regular | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI | 0.0 F MRX M COUNT AMOUR COUNT AMOUR 0.0 CTED 0.0 CTED | O.00 0.00 1t Pay Dist Ai 0 0.00 1t Pay Dist Ai 0 3,i 0.00 1t Pay Dist Ai 10 3,i 10 10 11 11 12 13 14 15 16 16 17 18 18 18 18 18 18 18 18 18 | able Amor mount 9,050 050.69 able Amor mount 3,860 | 9,050.69 unt .69 3,860.00 unt | 204249 |
| 209212 Pa JU 001833 Pa FY | Account Numb 001-005-59373 2 ayable # Account Numb ULY 2019 060-000-59045 ayable # Account Numb (19/20 GRANT 046-000-59500 9 ayable # | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice B OARD OF REGENTS Payable Type er | Account Name 07/30/20 SAFETY EXPEN TAL Payable E Account Name 08/05/20 TRANSFER OF DDEO CLB Payable E Account Name 08/01/20 SPECIAL PROJE | 19 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 Date | Payable Description Project Account CALIBRATIONS OF D19 Payable Description REVENUE COLLECT E D19 Payable Description Project Account Project Account Brodeo Saddle | Regular on Regular on Regular on Regular on Regular on REEMBUR Regular on | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description REMENT HS RODEO SADDI Dis Item Description | O.0 F MRX M COUNT AMOUR COUNT AMOUR O.0 LE REIMB | O.00 0.00 1t Pay Dist Ai 0 0.00 1t Pay Dist Ai 0 3,i 0.00 1t Pay Dist Ai 10 3,i 10 10 11 11 12 13 14 15 16 16 17 18 18 18 18 18 18 18 18 18 | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 | 9,050.69 unt .69 3,860.00 unt .00 | 204249 |
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| 209212 Pa JU 001833 Pa FY | Account Numb 001-005-59373 2 ayable # Account Numb JLY 2019 060-000-59045 5 ayable # Account Numb (19/20 GRANT 046-000-59500 9 ayable # Account Numb 001000000000000000000000000000000000 | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice | Account Name 07/30/20 SAFETY EXPEN TAL Payable E Account Name 08/05/20 TRANSFER OF DDEO CLB Payable E Account Name 08/01/20 SPECIAL PROJE Payable E Account Name 07/09/20 | 19 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 Date | Payable Description Project Account CALIBRATIONS OF D19 Payable Description REVENUE COLLECTE D19 Payable Description Project Account HS RODEO SADDLE D19 Payable Description Project Account APRIL 1 2019 - JUN | Regular on Regular on Regular on Regular on Regular on REEMBUR Regular on | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI Item Description Item Description SI HEM DESCRIPTION ITEM DESCRIPTI | O.0 F MRX M Count Amour CTED CCOUNT Amour O.0 LE REIMB | O.OO 1. Pay Dist Ai O.OO | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 | 9,050.69 unt .69 3,860.00 unt .00 | 204249 |
| 209212 Pa JU 001833 Pa FY | Account Numb 2 001-005-59373 2 2 2 2 2 3 3 3 3 3 4 4 3 5 3 3 3 5 3 3 3 5 3 3 3 5 3 4 4 5 5 3 4 5 5 3 4 5 5 3 4 5 5 4 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice | Account Name 07/30/20 SAFETY EXPEN TAL Payable D Account Name 08/05/20 TRANSFER OF DDEO CLB Payable D Account Name 08/01/20 SPECIAL PROJE Payable D Account Name 07/09/20 UNR-PROGRAM | 19 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 Date 19 M ASSIST/ | Payable Description Project Account CALIBRATIONS OF D19 Payable Description REVENUE COLLECT E D19 Payable Description Project Account HS RODEO SADDLE D19 Payable Description Project Account A A | Regular on | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI Item Description Item Description SI HEM DESCRIPTION ITEM DESCRIPTI | O.0 F MRX M Count Amour CTED CCOUNT Amour O.0 LE REIMB | O.OO 1. Pay Oist Ai O O O 4, | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 | 9,050.69 unt .69 3,860.00 unt .00 4,383.29 unt | 204249 204250 204251 |
| 209212 Pa JU 001833 Pa 5Y 009169 Pa | Account Numb 2 001-005-59373 2 2 2 3 4 Account Numb 3 12/ 2019 060-000-59045 5 3 4 Account Numb (19/20 GRANT 046-000-59500 9 3 4 Account Numb 20INV100035W 005-000-53866 | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice | Account Name 07/30/20 SAFETY EXPEN TAL Payable E Account Name 08/05/20 TRANSFER OF DDEO CLB Payable E Account Name 08/01/20 SPECIAL PROJE Payable E Account Name 07/09/20 UNR-PROGRAM | 19 SES 08/09/20 Date 19 REVENUI 08/09/20 Date 19 ECTS 08/09/20 Date | Payable Description Project Account CALIBRATIONS OF D19 Payable Description Project Account E D19 Payable Description Project Account HS RODEO SADDLE D19 Payable Description Project Account APRIL 1 2019 - JUNE AD19 | Regular on Regular Regular Regular Regular | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI Item Description 4-H WAGES APRIL 1 2019 - JU | O.0 F MRX M Count Amour O.0 CTED COUNT Amour O.0 LE REIMB COUNT Amour O.0 INE 30 20 | O.00 1t Paylor Dist Ar O O.00 1t O.00 1t O.00 | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 | 9,050.69 unt .69 3,860.00 unt .00 4,383.29 unt | 204249 |
| 209212 Pa JU 001833 Pa 5Y 009169 Pa | Account Numb 2 001-005-59373 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice BOARD OF REGENTS Payable Type | Account Name 07/30/20 SAFETY EXPEN TAL Payable D Account Name 08/05/20 TRANSFER OF DDEO CLB Payable D Account Name 08/01/20 SPECIAL PROJE Payable D Account Name 07/09/20 UNR-PROGRAM | 19 SES 08/09/20 Date 19 REVENUI 08/09/20 Date 19 ECTS 08/09/20 Date | Payable Description Project Account CALIBRATIONS OF D19 Payable Description Project Account E D19 Payable Description Project Account HS RODEO SADDLE D19 Payable Description Project Account APRIL 1 2019 - JUNE D19 Payable Description APRIL 1 2019 - JUNE D19 Payable Description APRIL 1 2019 - JUNE D19 Payable Description | Regular on | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI The Description 4-H WAGES APRIL 1 2019 - JU Dis Item Description JU Dis Item Description | O.0 F MRX M Count Amour O.0 CTED COUNT Amour O.0 LE REIMB COUNT Amour O.0 INE 30 20 | O.00 1t Paylor O.00 | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 | 9,050.69 unt .69 3,860.00 unt .00 4,383.29 unt | 204249 204250 204251 |
| 209212 Pa JU 001833 Pa FY 009163 Pa | Account Numb 2 001-005-59373 2 ayable # Account Numb 11/2 2019 060-000-59045 5 ayable # Account Numb (19/20 GRANT 046-000-59500 9 ayable # Account Numb 20INV100035W 005-000-53866 1 ayable # Account Numb | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice | Account Name 07/30/20 SAFETY EXPEN TAL Payable D Account Name 08/05/20 TRANSFER OF DDEO CLB Payable D Account Name 08/01/20 SPECIAL PROJE Payable D Account Name 07/09/20 UNR-PROGRAM Payable D Account Name | 19 SES 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 Date 19 08/09/20 Date | Payable Description Project Account CALIBRATIONS OF D19 Payable Description Project Account E D19 Payable Description Project Account HS RODEO SADDLE D19 Payable Description Project Account APRIL 1 2019 - JUNE D19 Payable Description Project Account APRIL 1 2019 - JUNE D19 Payable Description APRIL 1 2019 - JUNE D19 | Regular on | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI Item Description 4-H WAGES APRIL 1 2019 - JU | O.0 F MRX M COUNT AMOUR COUNT AMOUR COUNT AMOUR COUNT AMOUR O.0 INE 30 20 | 0.00 nt Paylor Dist Ario | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 able Amor mount 4,383 383.29 | 9,050.69 unt .69 3,860.00 unt .00 4,383.29 unt .29 35.00 unt | 204249 204250 204251 |
| 209212 Pa JU 001833 Pa FY 009163 Pa | Account Numb 2 2 2 3 3 3 3 3 3 3 4 4 5 5 3 4 5 5 3 4 5 5 3 4 5 5 4 5 4 | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice | Account Name 07/30/20 SAFETY EXPEN TAL Payable D Account Name 08/05/20 TRANSFER OF DDEO CLB Payable D Account Name 08/01/20 SPECIAL PROJE Payable D Account Name 07/09/20 UNR-PROGRAM Payable D Account Name | 19 SES 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 Date 19 08/09/20 Date | Payable Description Project Account CALIBRATIONS OF D19 Payable Description Project Account E D19 Payable Description Project Account HS RODEO SADDLE D19 Payable Description Project Account APRIL 1 2019 - JUNE D19 Payable Description APRIL 1 2019 - JUNE D19 Payable Description APRIL 1 2019 - JUNE D19 Payable Description | Regular on | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI The Description 4-H WAGES APRIL 1 2019 - JU Dis Item Description | O.0 F MRX M Count Amour O.0 CTED COUNT Amour O.0 LE REIMB COUNT Amour O.0 INE 30 20 | 0.00 nt Paylor Dist Ario | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 able Amor mount 4,383 383.29 | 9,050.69 unt .69 3,860.00 unt .00 4,383.29 unt | 204249 204250 204251 |
| 209212 Pa JU 001833 Pa FY 009163 Pa | Account Numb 2 001-005-59373 2 ayable # Account Numb 11/2 2019 060-000-59045 5 ayable # Account Numb (19/20 GRANT 046-000-59500 9 ayable # Account Numb 20INV100035W 005-000-53866 1 ayable # Account Numb | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice | Account Name 07/30/20 SAFETY EXPEN TAL Payable D Account Name 08/05/20 TRANSFER OF DDEO CLB Payable D Account Name 08/01/20 SPECIAL PROJE Payable D Account Name 07/09/20 UNR-PROGRAM Payable D Account Name | 19 SES 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 Date 19 08/09/20 Date | Payable Description Project Account CALIBRATIONS OF D19 Payable Description Project Account E D19 Payable Description Project Account HS RODEO SADDLE D19 Payable Description Project Account APRIL 1 2019 - JUNE D19 Payable Description Project Account APRIL 1 2019 - JUNE D19 Payable Description APRIL 1 2019 - JUNE D19 | Regular on | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI The Description 4-H WAGES APRIL 1 2019 - JU Dis Item Description JU Dis Item Description | O.0 F MRX M COUNT AMOUR COUNT AMOUR COUNT AMOUR COUNT AMOUR O.0 INE 30 20 | 0.00 nt Paylor Dist Ario | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 able Amor mount 4,383 383.29 | 9,050.69 unt .69 3,860.00 unt .00 4,383.29 unt .29 35.00 unt | 204249 204250 204251 |
| 209212 Pa JU 001833 Pa EY 009169 Pa 12 | Account Numb 001-005-59373 2 ayable # Account Numb 060-000-59043 5 ayable # Account Numb (19/20 GRANT 046-000-59500 9 ayable # Account Numb 20INV100035W 005-000-53866 1 ayable # Account Numb \$110118A 046-000-59500 | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice | Account Name 07/30/20 SAFETY EXPEN TAL Payable E Account Name 08/05/20 TRANSFER OF DDEO CLB Payable E Account Name 08/01/20 SPECIAL PROJE Payable E Account Name 07/09/20 UNR-PROGRAM Payable E Account Name 11/01/20 SPECIAL PROJE | 19 SES 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 Date 19 M ASSIST/ 08/09/20 Date 18 CCTS | Payable Description Project Account CALIBRATIONS OF D19 Payable Description Project Account E D19 Payable Description Project Account HS RODEO SADDLE D19 Payable Description Project Account Account Account April 1 2019 - JUNE Account Project Account BANNER | Regular on | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI The Description 4-H WAGES APRIL 1 2019 - JU Dis Item Description | O.0 F MRX M COUNT AMOUR COUNT AMOUR COUNT AMOUR COUNT AMOUR O.0 INE 30 20 | O.00 O.00 The Payson of | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 able Amor mount 4,383 383.29 | 9,050.69 unt .69 3,860.00 unt .00 4,383.29 unt .29 35.00 unt | 204249 204250 204251 |
| 209212 Pa JU 001833 Pa FY 009163 Pa | Account Numb 001-005-59373 2 ayable # Account Numb 060-000-59043 5 ayable # Account Numb (19/20 GRANT 046-000-59500 9 ayable # Account Numb 20INV100035W 005-000-53866 1 ayable # Account Numb \$110118A 046-000-59500 | B M GENERAL HOSPIT Payable Type er Invoice B M HIGH SCHOOL RO Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice BOARD OF REGENTS Payable Type er Invoice | Account Name 07/30/20 SAFETY EXPEN TAL Payable E Account Name 08/05/20 TRANSFER OF DDEO CLB Payable E Account Name 08/01/20 SPECIAL PROJE Payable E Account Name 07/09/20 UNR-PROGRAM Payable E Account Name 11/01/20 SPECIAL PROJE | 19 SES 08/09/20 Date 19 REVENUI 08/09/20 Date 19 CCTS 08/09/20 Date 19 08/09/20 Date | Payable Description Project Account CALIBRATIONS OF D19 Payable Description Project Account E D19 Payable Description Project Account HS RODEO SADDLE D19 Payable Description Project Account Account Account April 1 2019 - JUNE Account Project Account BANNER | Regular on | Dis Item Description HINES CALIBRATIONS OF Dis Item Description REVENUE COLLECT Dis Item Description SEMENT HS RODEO SADDI The Description 4-H WAGES APRIL 1 2019 - JU Dis Item Description | O.0 F MRX M COUNT AMOUR COUNT AMOUR COUNT AMOUR COUNT AMOUR O.0 INE 30 20 | 0.00 nt Paylor Dist Ario | able Amor mount 9,050 050.69 able Amor mount 3,860 860.00 able Amor mount 4,383 383.29 | 9,050.69 unt .69 3,860.00 unt .00 4,383.29 unt .29 35.00 unt | 204249 204250 204251 |

| Vendor Number | Vendor Name | P | ayment Date | Paymen | t Type Disco | unt Am | ount Payment | Amount | Number |
|--------------------------|--------------------|----------------------------|--------------|------------------|---|-------------|--------------|----------|--------|
| Payable # | Payable Type | Payable Da | te Payable I | Description | | | Payable Amou | | |
| Account Num | ber | Account Name | Proje | ect Account Key | Item Description | | Dist Amount | | |
| 19 JULY | Invoice | 07/24/2019 | 2515 - ST. | ATEMENT JUNE CH | ARGE | 0.00 | 37.0 | 00 | |
| 001-013-539 | 40 | TRAVEL AND TR | AINING | | 6/24/19 - SERVSAFE | | 37.00 | | |
| JULY 2019 | Invoice | 07/24/2019 | 2515 - ST. | ATEMENT | | 0.00 | 2,692.7 | 78 | |
| 001-012-5364 | <u>41</u> | SEARCH AND RE | SCUE | | 7/10/19 - GPS STORE | | 1,259.80 | | |
| 001-012-539 | 20 | SERVICE AND SU | JPPLIES | | 7/2/19 - ONYX | | 56.19 | | |
| 001-012-539 | 20 | SERVICE AND SU | JPPLIES | | 7/12/19 - LEA TECHNOLO | G | 100.00 | | |
| 001-012-539 | 20 | SERVICE AND SU | JPPLIES | | 7/19/19 - AMAZON | | 45.99 | | |
| 001-012-539 | 20 | SERVICE AND SU | JPPLIES | | 7/17/19 - BATTERY WHSE | | 128.75 | | |
| 001-012-539 | 20 | SERVICE AND SU | JPPLIES | | 7/20/19 - WALMART | | 32.62 | | |
| 001-012-539 | 20 | SERVICE AND SU | JPPLIES | | 7/20/19 - COSTCO | | 73.98 | | |
| 001-012-539 | 20 | SERVICE AND SU | JPPLIES | | 7/22/19 - AMAZON | | 308.94 | | |
| 001-012-539 | 40 | TRAVEL AND TR | AINING | | 7/15/19 - PAYPAL | | 275.00 | | |
| 001-014-539 | 20 | SERVICE AND SU | JPPLIES | | 7/22/19 | | 308.53 | | |
| 029-000-539 | <u>91</u> | MINOR EQUIPM | ENT/FUR | | 7/19/19 - AMAZON | | 102.98 | | |
| 210175 | 0 | | 2 /22 /22 /2 | | | | 8677 12247 | | |
| VII.5 1.2155 (85) | CLARENCE MICHAEL | | 8/09/2019 | Regular | | | 0.00 | | 204254 |
| Payable # Account Num | Payable Type | Payable Da | | Description | | | Payable Amou | nt | |
| 7/28/19 | Invoice | Account Name 07/28/2019 | | ect Account Key | Item Description | | Dist Amount | | |
| 046-000-5950 | | SPECIAL PROJECT | | PSC POSTER DESIG | | 0.00 | | 00 | |
| 040 000 3330 | <u>50</u> | SPECIAL PROJEC | 13 | | 2019 WHPSC POSTER DES | 01 | 300.00 | | |
| 005617 | CREDIT BUREAU OF I | ELKO CO. 0 | 8/09/2019 | Regular | | | 0.00 | 229.60 | 204255 |
| Payable # | Payable Type | Payable Da | te Payable I | Description | Discount A | mount | Payable Amou | | 201233 |
| Account Num | ber | Account Name | Proje | ect Account Key | Item Description | | Dist Amount | | |
| 8/2/19 | Invoice | 08/02/2019 | 18CV000 | 75 - WOOD, TRACI | Section which are become an extensive state of the section of the | 0.00 | 229. | 60 | |
| 001-000-390 | 33 | GARNISHMENTS | | | 18CV00075 - WOOD, TRA | C | 229.60 | | |
| | | | | | | | | | |
| 5 '57 | ETCHEVERRYS FOOD | | 8/09/2019 | Regular | | | | 1,421.99 | 204256 |
| ayable # | Payable Type | Payable Da | te Payable I | Description | Discount A | mount | Payable Amou | ınt | |
| Account Num | | Account Name | | ect Account Key | Item Description | | Dist Amount | | |
| 01-1276696 | Invoice | 06/04/2019 | MAGIC EI | RASERS | | 0.00 | | 33 | |
| 052-055-592 | 60 | JANITORIAL | | | MAGIC ERASERS | | 17.33 | | |
| 02-727667 | Invoice | 07/01/2019 | FIRE DEP | T - GATORADE & W | /ATER | 0.00 | 1,388. | 58 | |
| 001-017-539 | 20 | SERVICE AND SU | JPPLIES | | FIRE DEPT - GATORADE & | | 1,388.58 | | |
| 03-1157408 | Invoice | 04/25/2019 | SODA | | | 0.00 | 16. | 08 | |
| 001-009-592 | 60 | JANITORIAL | | | SODA | (17)(17)(7) | 16.08 | 00 | |
| | | | | | | | | | |
| 001006 | FARMER BROTHERS | 0 | 8/09/2019 | Regular | | | 0.00 | 429.72 | 204257 |
| Payable # | Payable Type | Payable Da | te Payable I | Description | Discount A | mount | Payable Amou | ınt | |
| Account Num | ıber | Account Name | Proje | ect Account Key | Item Description | | Dist Amount | | |
| 69302184 | Invoice | 07/31/2019 | COFFEE/C | GRAVY/SOUP/TEA | | 0.00 | 413. | 14 | |
| 009-045-592 | 51 | RAW FOOD | | | COFFEE/GRAVY/SOUP/TE | Α | 247.88 | | |
| 009-047-592 | <u>51</u> | RAW FOOD | | | COFFEE/GRAVY/SOUP/TE | Α | 165.26 | | |
| 69302185 | Invoice | 07/31/2019 | FILTERS | | | 0.00 | 16. | 58 | |
| 009-045-592 | | RAW FOOD | | | FILTERS | | 9.94 | | |
| 009-047-592 | <u>51</u> | RAW FOOD | | | FILTERS | | 6.64 | | |
| | | | | | | | | | |
| 001561 | FLYERS ENERGY LLC | 0 | 8/09/2019 | Regular | | | 0.00 | 5,297.18 | 204258 |
| | | | | | | | | , | |

| Vendor Number Payable # Account Num 32000451/120 001-001-5336 001-016-5336 002-066-5336 005-000-5336 011-058-5336 025-000-5336 | Invoice 50 50 50 50 50 50 50 50 50 50 50 50 | Payable Date Account Name 07/30/2019 GAS AND OIL | Payable Description Project Account LANDER COUNTY FU | t Key Ite IEL LC BU AU RO CO SEI LAI | Discount Amo em Description | ount Payable Dist Amou | nt 5,297.18 10 39 59 37 33 58 32 | Number |
|---|---|--|---|---|--|---|--|--------|
| 004463 Payable # Account Num 2003100 001-009-5926 2003108 001-009-5926 2003151 001-009-5926 2003209 001-009-5926 2003210 001-009-5926 | Invoice 50 Invoice 50 Invoice 50 Credit Memo 60 Credit Memo | PPLY CO 08/09/2 Payable Date Account Name 08/01/2019 JANITORIAL 08/01/2019 JANITORIAL 07/31/2019 JANITORIAL 08/02/2019 JANITORIAL 08/02/2019 JANITORIAL 08/02/2019 JANITORIAL | Payable Description Project Account CUPS / CLEANER / G TRASH BAGS/GLOVE HOSE ASSEMBLY TOWELS TRASH BAGS | t Key Ite LOVES / TOW CU SS/TOWELS TR HC | em Description NELS / BA JPS / CLEANER / GLOVES RASH BAGS/GLOVES/TO DSE ASSEMBLY | 0.00 ount Payable Dist Amou 0.00 294.3 0.00 225.3 0.00 48.3 0.00 -65. | Amount nt 294.29 29 225.25 25 48.98 98 -65.70 70 -26.87 | 204259 |
| 209926 Payable # Account Num 8/5/19 001-000-3903 | Invoice | 08/09/3 Payable Date Account Name 08/05/2019 GARNISHMENTS | 2019 Payable Description Project Accoun 17-CV-000076H - M. | t Key It e ARY J. JACKS | em Description | 0.00 ount Payable Dist Amou 0.00 49. | Amount nt 49.50 | 204260 |
| 000283 Payable # Account Num 2336 052-057-5399 | Invoice | 08/09/2 Payable Date Account Name 08/01/2019 MINOR EQUIPMENT/F | Payable Description Project Account 3 PC SET | t Key Ite | Discount Am em Description PC SET | 0.00 ount Payable Dist Amou 0.00 | Amount int 299.00 | 204261 |
| 209580 Payable # Account Num 7283 001-009-5356 | Invoice | ATION, INC 08/09/2 Payable Date Account Name 08/06/2019 MAINTENANCE/CONTE | Payable Description Project Account SENIOR CENTER COI | t Key It e NDENSING U | em Description | | int 2,557.74 | 204262 |
| 210250 Payable # Account Num 15406-7781 001-017-5392 | Invoice | TS 08/09/: Payable Date Account Name 07/03/2019 SERVICE AND SUPPLIE | Payable Description Project Account STARTING FLUID | t Key Ite | Discount Am em Description FARTING FLUID | 0.00 nount Payable Dist Amou 0.00 | Amount | 204263 |
| 001619 Payable # Account Num 2008972 052-057-5392 | Invoice | NC 08/09/: Payable Date Account Name 07/25/2019 SERVICE AND SUPPLIE | Payable Description Project Account INCHO BRILLIANCE / | t Key Ite LOTION SOA | em Description | 0.00 nount Payable Dist Amou 0.00 159. | Amount int 159,44 | 204264 |
| 50 | IT'S MY COMMUNITY | STORE 08/09/2 | 2019 | Regular | | 0.00 | 154.30 | 204265 |

| Vendor Number Vendor Name Payable # Payable Type Account Number '87 Invoice 001-020-53920 | Payable Date Account Name 07/17/2019 | | Discount Amo | | |
|---|--|--|---|--|----------|
| 210438 JOSEPH RAMOS Payable # Payable Type Account Number 8/5/19 Invoice 001-000-31045 | Payable Date Account Name | Project Account Key | Discount Amo Item Description 2019/2020 TA (REFUND OVERPAYMENT F | Dist Amount 0.00 57.03 | 204266 |
| 209827 JUDIE A. ALLAN Payable # Payable Type Account Number 7/25-26/19 Invoice 001-001-53940 8/2/19 Invoice 001-001-53930 | TRAVEL AND TRAININ 08/05/2019 TELEPHONE/FAX | Payable Description Project Account Key TRAVEL REIMBURSEMENT-N G DEC 2018 - JUNE 2019 PHON | Discount Amo Item Description IACO-CARSON TRAVEL REIMBURSEMENT- NE REIMBURS DEC 2018 - JUNE 2019 PH | Dist Amount 0.00 336.00 336.00 0.00 349.50 349.50 | 204267 |
| | Payable Date | Payable Description Project Account Key RECORDING SYSTEM / PRES | Item Description | Dist Amount Dist Amount 0.00 1,602.00 | 204268 |
| 208847 KEITH WESTENGAR Payable # Payable Type Account Number 8/12/19 Invoice 001-005-53940 | | Payable Description Project Account Key ADVANCE - CARSON CITY - N | Discount Amo | ount Payable Amount Dist Amount 0.00 360.50 | 204269 |
| Ouod07 KYLE B. SWANSON Payable # Payable Type Account Number 2642 Invoice 001-020-53220 4981 Invoice 001-020-53220 | Payable Date Account Name 09/06/2018 COURT APPOINTED COURT | CV 10593 CLAIM FOR COMF OU CV 10593 (OVERHOLSER) | Discount Amo Item Description PENSATION CV 10593 CLAIM FOR COM | 0.00 Payable Amount 0.00 120.00 120.00 0.00 370.00 | 204270 |
| 002224 L C GENERAL IMPROPOSATION Payable # Payable Type Account Number JULY 2019 Invoice 040-000-59986 | DVEMENT 08/09/ Payable Date Account Name 08/05/2019 T.V. ASSESSMENT FEE | Payable Description Project Account Key REVENUE COLLECTED | Discount Amo | 0.00 3,032.09 ount Payable Amount Dist Amount 0.00 3,032.05 3,032.05 | 5 204271 |
| 002224 L C GENERAL IMPROPOSATION Payable # Payable Type Account Number JUNE 2019 REVIS Invoice 040-000-59986 | Payable Date Account Name 08/05/2019 T.V. ASSESSMENT FEE | Payable Description Project Account Key REVENUE COLLECTED | Discount Amo | 0.00 222.68 ount Payable Amount Dist Amount 0.00 222.68 222.68 | 3 204272 |
| 002204 L C SCHOOL DISTRI Payable # Payable Type Account Number JULY 2019 Invoice 070-000-59045 | Payable Date Account Name 08/05/2019 TRANSFER OF REVENI | Payable Description Project Account Key REVENUE COLLECTED | Discount Amo | ount Payable Amount Dist Amount 0.00 13,286.36 | 5 204273 |
| CCC236 L C SEWER & WATE | | | | 13,286.36 0.00 2,201.10 | 5 204274 |

| Vendor Number | Vendor Name | Payme | nt Date Paymen | | | unt Payment Amount | Number |
|------------------------------|--|---------------------|--|---------------------------|---------|--------------------|--------|
| Payable # | Payable Type | Payable Date | Payable Description | Discount Am | ount | Payable Amount | |
| Account Num | ber | Account Name | Project Account Key | Item Description | Di | st Amount | |
| _/19 - 7/30/19 | | 08/01/2019 | AUSTIN WATER & SEWER | | 0.00 | 2,201.16 | |
| 001-009-5398 | | UTILITIES | | ACCT #183 - COURT HOUS | | 83.05 | |
| 001-013-5398 | | UTILITIES | | ACCT #182 - JAIL | | 83.05 | |
| 001-015-5398 | | UTILITIES | | ACCT #184 - FIRE HALL | | 83.05 | |
| 001-016-5398 | | UTILITIES | | ACCT #174 - AMBULANCE | | 83.05 | |
| 002-065-5398 | | UTILITIES | | ACCT #167 - ROAD & BRID | | 16.71 | |
| 009-044-5398 | | UTILITIES | | ACCT #175 - SENIOR CENT | | 83.05 | |
| 020-000-5398 | and the second s | UTILITIES | | ACCT #8 - GRIDLEY STORE | | 16.71 | |
| 020-000-5398 | | UTILITIES | | ACCT #30 - GALLAGHER | | 16.71 | |
| 020-000-5398 | | UTILITIES | | ACCT #148 - COMMUNITY | | 83.05 | |
| 020-000-5398 | | UTILITIES | | ACCT #297 - VISITOR CENT | | 92.39 | |
| 020-000-5398 | | UTILITIES | | ACCT #204 - YOUTH CENTE | | 16.71 | |
| 020-000-5398 | 27.0 | UTILITIES | | ACCT #215 - ROPING AREN | | 37.94 | |
| 020-000-5398 | | UTILITIES | | ACCT #218 - KELLY BUILDI | | 44.44 | |
| 020-000-5398 | | UTILITIES | | ACCT #220 - R&B (KELLY BL | | 16.71 | |
| 020-000-5398 | | UTILITIES | | ACCT #277 - RODEO GROU | | 16.71 | |
| 052-053-5398 | en litter | UTILITIES | | ACCT #291 - LOWER PARKS | | 315.87 | |
| 052-053-5398 | | UTILITIES | | ACCT #315 - RODEO BATH | | 83.05 | |
| 052-055-5398 | to the same of the | UTILITIES | | ACCT #159 - POOL/PARK | | 632.05 | |
| 052-062-5398 | dest. | UTILITIES | | ACCT #197 - LIBRARY | | 171.22 | |
| 052-063-5398 052-063-5398 | NAME OF TAXABLE PARTY. | UTILITIES | | ACCT #289 - CEMETARY H | | 122.79 | |
| 032-003-3390 | 50 | UTILITIES | | ACCT #229 - CEMETARY H | | 102.85 | |
| 207877 | L C SEWER & WATER | DIST# 2 08/09/ | 2019 Regular | | C | 0.00 20.81 | 204275 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount Am | ount | Payable Amount | |
| Account Num | ber | Account Name | Project Account Key | Item Description | D | ist Amount | |
| JULY 2019 | Invoice | 08/05/2019 | REVENUE COLLECTED | | 0.00 | 20.81 | |
| 050-000-5904 | <u>45</u> | TRANSFER OF REVENU | JE | REVENUE COLLECTED | | 20.81 | |
| | NATION CONTRACTOR OF ALC CONTRACTOR | 100-100 a 7/10 a | 200 April 200 Ap | | | | |
| 00∠239 | L.N. CURTIS & SONS | 08/09/ | And Andrew Control of the Control of | | | | 204276 |
| Payable # | Payable Type | Payable Date | Payable Description | | | Payable Amount | |
| Account Num | | Account Name | Project Account Key | Item Description | | ist Amount | |
| INV304877 | Invoice | 07/31/2019 | ADAPTERS / SHOVELS / HAI | | 0.00 | 563.70 | |
| 029-000-5399 | 91 | MINOR EQUIPMENT/F | UR | ADAPTER / SHOVELS / HA | | 563.70 | |
| 209742 | LANDER HARDWARE | LLC 08/09/ | 2019 Regular | | (| 0.00 488.11 | 204277 |
| Payable # | Payable Type | Payable Date | Payable Description | | | Payable Amount | 20.277 |
| Account Num | ber | Account Name | Project Account Key | Item Description | | ist Amount | |
| 642527/19000 | Invoice | 07/01/2019 | COMPRSN SUPPLIES | • | 0.00 | 13.20 | |
| 001-017-5392 | 20 | SERVICE AND SUPPLIE | ES | COMPRSN SUPPLIES | | 13.20 | |
| 642528/19000 | Invoice | 07/01/2019 | ELBOW/CONCTR/REDUCR | | 0.00 | 22.06 | |
| 001-017-539 | | SERVICE AND SUPPLIE | 1970 C. D. (1970 C. | ELBOW/CONCTR/REDUCR | 0.00 | 23.96 23.96 | |
| 50000000M - 500000000 | | | | • | | 23.90 | |
| 642660/19000 | Invoice | 07/05/2019 | ELBOW/BUSHING/CAP/NIP | | 0.00 | 32.86 | |
| 001-017-539 | 20 | SERVICE AND SUPPLII | ES . | ELBOW/BUSHING/CAP/NIF |) | 32.86 | |
| 642696/19000 | Invoice | 07/06/2019 | BALL VALVE | | 0.00 | 19.99 | |
| 001-017-539 | 20 | SERVICE AND SUPPLIE | ES . | BALL VALVE | | 19.99 | |
| 642963/19000 | Invoice | 07/14/2019 | TAPE RULE | | 0.00 | 9.59 | |
| 001-017-539 | | SERVICE AND SUPPLII | | TAPE GLUE | 0.00 | 9.59 | |
| | | | | 1711 2 0202 | 1201212 | | |
| 643086/145600 | Invoice | 07/17/2019 | PRESSURE HOSE | | 0.00 | 42.99 | |
| 052-055-539 | 20 | SERVICE AND SUPPLII | :5 | PRESSURE HOSE | | 42.99 | |
| 643173/145600 | Invoice | 07/19/2019 | CREVICE TOOL/WET-DRY VA | AC/DUSTPAN/B | 0.00 | 71.96 | |
| 052-055-539 | 20 | SERVICE AND SUPPLIE | ES | CREVICE TOOL/WET-DRY V | | 71.96 | |
| 643174/145600 | Invoice | 07/19/2019 | ZONE MARK | | 0.00 | 24.99 | |
| 052-055-539 | | SERVICE AND SUPPLIE | | ZONE MARK | | 24.99 | |
| 543177/145600 | | 07/19/2019 | | | 0.00 | | |
| 052-055-539 | Invoice | SERVICE AND SUPPLII | PADLOCK / SHOWER HOSE | | 0.00 | 38.97 | |
| 022-033-333 | 20 | SERVICE AND SUPPLI | -5 | PADLOCK / SHOWER HOSE | • | 38.97 | |

| Vo | | | | | | racke | t: APPKT00192-8/9/19 | AP CHECK K |
|-----|--|---|---|--|--|--|--|------------------|
| vei | ndor Number 643178/145600 052-055-5392 | | Paymer 07/19/2019 SERVICE AND SUPPLIE | EXTENSION CORD | ment Type EXTENSION COR | 0.00 | Payment Amount 25.99 | Number |
| | 3183/145600 | | 07/20/2019 | ROLLERS / PAINT TRAY | EXTENSION COR | 0.00 | 25.99 11.17 | |
| | 052-055-5392 | | SERVICE AND SUPPLIE | Service Control of the Control of th | ROLLERS / PAINT | | 11.17 | |
| | 643270/145600 052-057-5392 | | 07/23/2019 SERVICE AND SUPPLIE | NAILS / ROLLER / STRAF S | NAILS / ROLLER , | 0.00 / STRAP | 17.69 17.69 | |
| | 643291/145600 052-057-5392 | | 07/23/2019 SERVICE AND SUPPLIE | SPRAY PAINT S | SPRAY PAINT | 0.00 | 13.77 13.77 | |
| | 643298/145600 052-057-5392 | | 07/23/2019 SERVICE AND SUPPLIE | CUP CSTR S | CUP CSTR | 0.00 | 3.59 3.59 | |
| | 64336/145600 052-055-5392 | Invoice 0 | 07/25/2019 SERVICE AND SUPPLIE | SUPER SHOCK S | SUPER SHOCK | 0.00 | 35.94 35.94 | |
| | 643524/145600 052-055-5392 | | 07/30/2019 SERVICE AND SUPPLIE | BOLT EYE S | BOLT EYE | 0.00 | 63.96 63.96 | |
| | 643526/145600 052-055-5392 | | 07/30/2019 SERVICE AND SUPPLIE | HACK BLADE S | HACK BLADE | 0.00 | 4.59 4.59 | |
| | 643604/145500 001-009-5926 | | 08/01/2019 JANITORIAL | BUILDING SUPPLIES | BUILDING SUPPI | 0.00 LIES | 2.75 2.75 | |
| | 643722/145500 001-009-5926 | | 08/06/2019 JANITORIAL | GLOVES / BALLCOCK | GLOVES / BALLO | 0.00 | 16.97 16.97 | |
| | 643735/145500 001-009-5926 | | 08/06/2019 JANITORIAL | SPIDER & SCORPION KII | LER SPIDER & SCORF | 0.00 PION KILLE | 13.18 13.18 | |
| | | **Void** | 08/00/ | 2010 | lea | | | |
| 21 | 0439 | LEWIS OR BRIDGET V | 08/09/2 VILLIAMS 08/09/2 | 10 Page 10 Pag | ular ular | | | 204278 204279 |
| | Payable # | Payable Type | Payable Date | Payable Description | | iscount Amount | | |
| (| Account Numb | per | Account Name | Project Account Ke | y Item Description | | ist Amount | |
| - | 6/19 | Invoice | 08/06/2019 | | | | | |
| | <u>′6/19</u> <u>001-000-3104</u> | Invoice <u>5</u> | 08/06/2019 REFUNDS | REFUND OVERPAYMEN | | 0.00 | 10.00 | |
| 209 | <u>001-000-3104</u> 9569 | 5 LONE WOLF COMME | REFUNDS RCIAL APPLIAN 08/09/2 | REFUND OVERPAYMEN 2019 Reg | T FY 19/20 TAXES REFUND OVERPA | 0.00 AYMENT F | 10.00 10.00 515.00 | 204280 |
| 209 | 001-000-3104 9569 Payable # | 5 LONE WOLF COMME Payable Type | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date | REFUND OVERPAYMEN 2019 Reg Payable Description | T FY 19/20 TAXES REFUND OVERPA | 0.00 AYMENT F 0 iscount Amount | 10.00 10.00 515.00 Payable Amount | 204280 |
| 20: | <u>001-000-3104</u> 9569 | 5 LONE WOLF COMME Payable Type per | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke | T FY 19/20 TAXES REFUND OVERPORT RUIT RUIT RUIT D Item Descriptio | 0.00 AYMENT F 0 iscount Amount n Di | 10.00 10.00 515.00 Payable Amount ist Amount | 204280 |
| 20: | 001-000-3104 9569 Payable # Account Numl | LONE WOLF COMME Payable Type per Invoice | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO | T FY 19/20 TAXES REFUND OVERPORT RUIT RUIT RUIT D Item Descriptio | 0.00 AYMENT F 0 iscount Amount n 0.00 | 10.00 10.00 515.00 Payable Amount | 204280 |
| | 001-000-3104 9569 Payable # Account Numl 4892 052-053-5924 | LONE WOLF COMME Payable Type per Invoice 6 MAX W. BUNCH | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg | T FY 19/20 TAXES REFUND OVERPORT FULL REFUND OVERPORT REFUND PARTMENT SINK RODEO GROUNI FULL RUIT R | 0.00 AYMENT F 0 discount Amount n Di 0.00 DS 3 COMP | 10.00 10.00 515.00 Payable Amount ist Amount 515.00 515.00 | 204280 |
| | 001-000-3104 9569 Payable # Account Numl 4892 052-053-5924 0256 Payable # | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description | T FY 19/20 TAXES REFUND OVERPORT RUIT D RY Item Descriptio MPARTMENT SINK RODEO GROUNI RUIT RUIT RUIT RUIT D | 0.00 AYMENT F 0 discount Amount n Di 0.00 DS 3 COMP | 10.00 10.00 515.00 Payable Amount ist Amount 515.00 515.00 0.00 200.00 Payable Amount | |
| | 001-000-3104 9569 Payable # Account Numl 4892 052-053-5924 | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg | T FY 19/20 TAXES REFUND OVERPORT RUIT D IN Item Descriptio MPARTMENT SINK RODEO GROUNI RUIT RUIT RUIT RUIT D Item Descriptio | 0.00 AYMENT F 0 discount Amount n Di 0.00 DS 3 COMP | 10.00 10.00 515.00 Payable Amount ist Amount 515.00 0.00 200.00 Payable Amount ist Amount | |
| | 001-000-3104 9569 Payable # Account Numl 4892 052-053-5924 0256 Payable # Account Numl | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type per Invoice | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date Account Name | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description Project Account Ke COURT / CONFLICT J. H | T FY 19/20 TAXES REFUND OVERPORT RUIT D IN Item Descriptio MPARTMENT SINK RODEO GROUNI RUIT RUIT RUIT RUIT D Item Descriptio | 0.00 AYMENT F 0 discount Amount on 0.00 DS 3 COMP 0 discount Amount on Di 0.00 | 10.00 10.00 515.00 Payable Amount ist Amount 515.00 515.00 0.00 200.00 Payable Amount | |
| 000 | 001-000-3104 9569 Payable # | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type per Invoice | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date Account Name 08/06/2019 | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description Project Account Ke COURT / CONFLICT J. H | T FY 19/20 TAXES REFUND OVERPORT RUIT D IN Item Descriptio MPARTMENT SINK RODEO GROUNI RUIT Py Item Descriptio ACKING | 0.00 AYMENT F 0 discount Amount in 0.00 DS 3 COMP 0 discount Amount in Di 0.00 CICT J. HACK | 10.00 10.00 515.00 Payable Amount 515.00 515.00 0.00 Payable Amount 200.00 200.00 200.00 | |
| 000 | 001-000-3104 Payable # | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type per Invoice MIDWAY MARKET Payable Type | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date Account Name 08/06/2019 TRAVEL AND TRAININ 08/09/2 Payable Date | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description Project Account Ke COURT / CONFLICT J. H G | T FY 19/20 TAXES REFUND OVERPORT RUIT PY Item Description MPARTMENT SINK RODEO GROUNI RUIT PY Item Description ACKING COURT / CONFL | 0.00 AYMENT F 0 iscount Amount in 0.00 DS 3 COMP 0iscount Amount in 0.00 LICT J. HACK | 10.00 10.00 515.00 Payable Amount 515.00 515.00 0.00 Payable Amount ist Amount 200.00 200.00 0.00 29.97 Payable Amount | 204281 |
| 000 | 001-000-3104 Payable # | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type per Invoice MIDWAY MARKET Payable Type | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date Account Name 08/06/2019 TRAVEL AND TRAININ 08/09/2 Payable Date Account Name | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description Project Account Ke COURT / CONFLICT J. H G 2019 Reg Payable Description Project Account Ke | T FY 19/20 TAXES REFUND OVERPORT TO SET TO | 0.00 AYMENT F 0 iscount Amount in 0.00 DS 3 COMP 0iscount Amount in 0.00 LICT J. HACK 0iscount Amount in 0.00 | 10.00 10.00 515.00 Payable Amount ist Amount 515.00 0.00 200.00 Payable Amount ist Amount 200.00 200.00 0.00 29.97 Payable Amount ist Amount | 204281 |
| 000 | 001-000-3104 Payable # | LONE WOLF COMME Payable Type Der Invoice MAX W. BUNCH Payable Type Der Invoice MIDWAY MARKET Payable Type Der Invoice | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date Account Name 08/06/2019 TRAVEL AND TRAININ 08/09/2 Payable Date | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description Project Account Ke COURT / CONFLICT J. H G 2019 Reg Payable Description Project Account Ke COFFEE MATE / COFFEE | T FY 19/20 TAXES REFUND OVERPORT TO SET TO | 0.00 AYMENT F 0 iscount Amount in 0.00 DS 3 COMP 0iscount Amount in 0.00 LICT J. HACK 0iscount Amount in 0.00 0.00 0.00 0.00 | 10.00 10.00 515.00 Payable Amount 515.00 515.00 0.00 Payable Amount ist Amount 200.00 200.00 0.00 29.97 Payable Amount | 204281 |
| 000 | 001-000-3104 9569 Payable # | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type per Invoice MIDWAY MARKET Payable Type per Invoice MIDWAY MARKET Payable Type per Invoice MIDWAY MARKET | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date Account Name 08/06/2019 TRAVEL AND TRAININ 08/09/2 Payable Date Account Name 08/02/2019 SERVICE AND SUPPLIE | REFUND OVERPAYMENT 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description Project Account Ke COURT / CONFLICT J. H G 2019 Reg Payable Description Project Account Ke COFFEE MATE / COFFEE SS 2019 Reg | T FY 19/20 TAXES REFUND OVERPORT THE STATE OF THE STATE | 0.00 AYMENT F 0 iscount Amount in 0.00 DS 3 COMP 0.00 DS 3 COMP 0.00 LICT J. HACK 0iscount Amount in Di 0.00 CCOFFEE | 10.00 10.00 10.00 515.00 Payable Amount 515.00 515.00 0.00 200.00 Payable Amount ist Amount 200.00 200.00 0.00 29.97 Payable Amount ist Amount 29.97 29.97 | 204281 |
| 000 | 001-000-3104 9569 Payable # | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type per Invoice MIDWAY MARKET Payable Type per Invoice MIDWAY MARKET Payable Type per Invoice MIDWAY MARKET Payable Type | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date Account Name 08/06/2019 TRAVEL AND TRAININ 08/09/2 Payable Date Account Name 08/02/2019 SERVICE AND SUPPLIE | REFUND OVERPAYMENT 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description Project Account Ke COURT / CONFLICT J. H G 2019 Reg Payable Description Project Account Ke COFFEE MATE / COFFEE SS 2019 Reg Payable Description | T FY 19/20 TAXES REFUND OVERPORT FULL TO THE TENT OF | 0.00 AYMENT F 0 isscount Amount 0.00 DS 3 COMP 0.00 DS 3 COMP 0.00 CICT J. HACK 0 0.00 CCOFFEE | 10.00 10.00 10.00 515.00 Payable Amount ist Amount 515.00 0.00 200.00 Payable Amount ist Amount 200.00 200.00 0.00 29.97 Payable Amount ist Amount 29.97 29.97 0.00 7.96 Payable Amount | 204281 |
| 000 | 001-000-3104 9569 Payable # | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type per Invoice MIDWAY MARKET Payable Type per Invoice MIDWAY MARKET Payable Type per Invoice MIDWAY MARKET Payable Type per Invoice | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date Account Name 08/06/2019 TRAVEL AND TRAININ 08/09/2 Payable Date Account Name 08/02/2019 SERVICE AND SUPPLIE 08/09/2 Payable Date Account Name | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description Project Account Ke COURT / CONFLICT J. H G 2019 Reg Payable Description Project Account Ke COFFEE MATE / COFFEE SS 2019 Reg Payable Description Project Account Ke | T FY 19/20 TAXES REFUND OVERPORT FULL TO THE TENT OF | 0.00 AYMENT F 0 isscount Amount 0.00 DS 3 COMP 0.00 DS 3 COMP 0.00 CICT J. HACK 0 0.00 COFFEE 0 0.00 COFFEE | 10.00 10.00 10.00 515.00 Payable Amount ist Amount 515.00 0.00 200.00 Payable Amount ist Amount 200.00 200.00 0.00 29.97 Payable Amount ist Amount 29.97 29.97 0.00 7.96 Payable Amount ist Amount | 204281 |
| 000 | 001-000-3104 Payable # Account Numl 4892 052-053-5924 D256 Payable # Account Numl 7/23/19 001-023-5394 2500 Payable # Account Numl 01-2074872 052-055-5392 2500 Payable # Account Numl 01-2074871 | LONE WOLF COMME Payable Type per Invoice MAX W. BUNCH Payable Type per Invoice MIDWAY MARKET Payable Type per Invoice MIDWAY MARKET Payable Type per Invoice Invoice Invoice Invoice Invoice Invoice Invoice | REFUNDS RCIAL APPLIAN 08/09/2 Payable Date Account Name 08/06/2019 BATTLE MTN LIVESTOR 08/09/2 Payable Date Account Name 08/06/2019 TRAVEL AND TRAININ 08/09/2 Payable Date Account Name 08/02/2019 SERVICE AND SUPPLIE | REFUND OVERPAYMEN 2019 Reg Payable Description Project Account Ke RODEO GROUNDS 3 CO CK 2019 Reg Payable Description Project Account Ke COURT / CONFLICT J. H G 2019 Reg Payable Description Project Account Ke COFFEE MATE / COFFEE SS 2019 Reg Payable Description Project Account Ke SPRING WATER | T FY 19/20 TAXES REFUND OVERPORT FULL TO THE TENT OF | 0.00 AYMENT F 0 isscount Amount 0.00 DS 3 COMP 0iscount Amount 0 0.00 ICT J. HACK 0iscount Amount 0 0.00 COFFEE 0iscount Amount 0 0.00 COFFEE | 10.00 10.00 10.00 515.00 Payable Amount ist Amount 515.00 0.00 200.00 Payable Amount ist Amount 200.00 200.00 0.00 29.97 Payable Amount ist Amount 29.97 29.97 0.00 7.96 Payable Amount | 204281 |

| Vendor Number Payable # | Vendor Name Payable Type | Payme Payable Date | nt Date Payme Payable Description | | ount Amount Paymer | nt Amount | |
|--|-------------------------------------|---|--|-------------------------------------|---|------------------------|--------|
| Account Num -2065811 052-057-5392 | Invoice | Account Name 07/25/2019 SERVICE AND SUPPLIE | Project Account Key 2 DOZEN DOUGHNUTS | Item Description 2 DOZEN DOUGHNUTS | Dist Amount 0.00 23 23.58 | 3.58 | |
| 002500 Payable # Account Num ACCT #1053 - JU 009-045-5925 009-047-5925 | Invoice | 08/09/2 Payable Date Account Name 08/01/2019 RAW FOOD RAW FOOD | 2019 Regular Payable Description Project Account Key SENIOR CENTER | | 0.00 Amount Payable Amo Dist Amount 0.00 43: 259.01 172.68 | 431.69 punt 1.69 | 204285 |
| 002500 Payable # Account Num ACCT #1053 - JUL 009-045-5925 | Invoice | 08/09/2 Payable Date Account Name 08/01/2019 RAW FOOD RAW FOOD | 2019 Regular Payable Description Project Account Key BM SENIOR CENTER - FOOL | Discount A Item Description | 0 321.36 | 535.61 punt 5.61 | 204286 |
| 209979 Payable # Account Num 363486/52388 001-017-5392 363512/52388 001-017-5392 | Invoice Invoice | 08/09/2 Payable Date Account Name 07/01/2019 SERVICE AND SUPPLIE 07/01/2019 SERVICE AND SUPPLIE | Payable Description Project Account Key TESTER CIRCUIT SS AIR HOSE | | 5.69 | | 204287 |
| 210222 Payable # Account Num 358321 001-009-5356 | Payable Type ber Invoice | R INSPECTION S 08/09/: Payable Date Account Name 07/29/2019 MAINTENANCE/CONTE | Payable Description Project Account Key ANNUAL TESTING | | 0.00 Amount Payable Amo Dist Amount 0.00 76 767.58 | | 204288 |
| 003610 Payable # Account Num JULY 2019 024-000-5995 090-000-5904 | Invoice 5 <u>0</u> 5 <u>5</u> | TROLLER 08/09/1 Payable Date Account Name 08/05/2019 MISCELLANEOUS TRANSFER OF REVENU | Payable Description Project Account Key REVENUE COLLECTED | | 0.00 Amount Payable Amo Dist Amount 0.00 65,35 160.00 50,126.79 15,072.00 | | 204289 |
| 008310 Payable # Account Num JULY 2019 090-000-5904 | Invoice | E 08/09/2 Payable Date Account Name 08/05/2019 TRANSFER OF REVENU | Payable Description Project Account Key REVENUE COLLECTED | | 0.00 Amount Payable Amo Dist Amount 0.00 7 | | 204290 |
| 002708 Payable # Account Num 20-02 003-040-5382 | Payable Type ber Invoice | LIC & BEHAVIO 08/09/: Payable Date Account Name 08/01/2019 PUBLIC HEALTH NURS | Payable Description Project Account Key AUGUST 2019 - PUBLIC HEA | Discount / Item Description | | | 204291 |
| 002819 Payable # Account Num AR254815/LC11 001-020-5392 AR255174/BM09 | Invoice | 08/09/2 Payable Date Account Name 07/12/2019 SERVICE AND SUPPLIE 07/22/2019 | Payable Description Project Account Key DISTRICT COURT | | 2.27 | | 204292 |
| 052-055-5392 | 0 | SERVICE AND SUPPLIE | | REC CENTER | 92.61 | | |

Packet: APPKT00192-8/9/19 - AP CHECK RUN

| Vendor Number <u>AR255244/EJ02</u> <u>001-020-5392</u> | | Paymer 07/23/2019 SERVICE AND SUPPLIE | nt Date ELEVENTH JUDICIA S | L DISTRICT | Type Disco COURT ELEVENTH JUDICIAL DIST | ount Amo | ount Payment 94.4 94.48 | Amount | |
|--|--|---|---|-----------------------|--|---------------------|--|----------------|--------|
| .255550/LC13 001-001-5326 | | 08/01/2019 DUES AND SUBSCRIPT | | | SSIONER COUNTY MANAGER - COI | | 316.30 | 30 | |
| 209780 Payable # Account Numl 789 046-000-5301 | Invoice | 08/09/2 Payable Date Account Name 06/14/2019 ADVERTISING/PROMOT | Payable Description Project Account WHPSC 20TH ANN. | nt Key . PIN & LOC | Discount A Item Description GO DESIGN WHPSC 20TH ANN. PIN 8 | mount E 0.00 | 0.00 Payable Amou Dist Amount 600.0 600.00 | nt | 204293 |
| 002906 Payable # Account Numl | PERFORMANCE COM Payable Type per | PUTING 08/09/2 Payable Date Account Name | 2019 Payable Descriptio Project Accoun | | Discount A | mount | 0.00 Payable Amou Dist Amount | 1,404.99 nt | 204294 |
| 1156712 001-035-5320 1156714 | Invoice Invoice | 07/30/2019 COMPUTER SERVICE 07/30/2019 | ASSESSOR ASSESSOR | | ASSESSOR | 0.00 | 862.50 | | |
| 001-035-5320 1156771 | <u>O</u> Invoice | COMPUTER SERVICE 08/02/2019 | ACER MONITOR | | ASSESSOR | 0.00 | 412.50 412.50 129.9 | | |
| <u>286-000-5936</u> 207183 | O PITNEY BOWES | JV ADMIN ASSESSMEN 08/09/2 | | Regular | ACER MONITOR | | 129.99 | 99.00 | 204295 |
| Payable # Account Numl 1013579410 | | Payable Date Account Name | Payable Descriptio Project Accoun | on | Discount A Item Description | lmount [| Payable Amou Dist Amount | nt | 204293 |
| 001-001-5367 001-002-5330 001-002-5367 | 0 | 07/24/2019 POSTAGE ELECTION EXPENSE POSTAGE | 0017483183 | | COMMISSIONERS ELECTIONS CLERK | 0.00 | 99.0 6.19 6.18 6.18 | 00 | |
| 001-005-5367 001-006-5367 001-007-5367 | <u>6</u> <u>6</u> | POSTAGE POSTAGE | | | LC MANAGER ASSESSOR FINANCE | | 6.19 6.19 6.19 | | |
| 001-008-5367 001-009-5392 001-010-5367 001-020-5367 | <u>0</u> <u>6</u> | POSTAGE SERVICE AND SUPPLIE. POSTAGE POSTAGE | S | | PLANNING BUILDING RECORDER | | 6.19 6.19 6.19 | | |
| 002-066-5392 003-040-5392 011-058-5392 | <u>0</u> | SERVICE AND SUPPLIE SERVICE AND SUPPLIE SERVICE AND SUPPLIE | S | | DISTRICT COURT ROAD & BRIDGE COMMUNITY HEALTH LANDFILL | | 6.18 6.19 6.19 | | |
| 226-000-5367 236-000-5367 284-000-5392 | 6 | POSTAGE POSTAGE SERVICE AND SUPPLIE | | | WATER SEWER DRUG COURT | | 6.19 6.19 6.19 6.18 | | |
| 209822 Payable # Account Numb | Payable Type | TIRE & AUTO: 08/09/2 Payable Date Account Name | Payable Descriptio | | | Amount | Payable Amou | | 204296 |
| 1048428 001-017-5388 | Invoice | 07/16/2019 REPAIR & MAINTENAN | | nt key | Item Description THROTTLE PEDAL | 0.00 | Dist Amount 1,782. 1,782.78 | 78 | |
| 1051386 001-017-5388 1052759 | Invoice Invoice | 07/29/2019 REPAIR & MAINTENAN 07/30/2019 | PUMPER #2 IC OIL CHANGE 2007 (| CHEV | PUMPER #2 | 0.00 | 5,692. 5,692.06 62. | | |
| <u>001-005-5937</u> 209180 | | SAFETY EXPENSES STOCKTON, IN 08/09/2 | | | OIL CHANGE 2007 CHEV | | 62.40 | | 22.42 |
| Payable # | Payable Type per Invoice | Payable Date Account Name 07/17/2019 PRINTING | Payable Descriptio Project Account 2019/2020 PROPER | nt Key RTY TAX BII | Item Description | Amount I 0.00 | Payable Amou Dist Amount 1,257. | nt | 204297 |
| 207857 | | RETIREMENT SY 08/09/2 | 019 | Regular | 2013) 2020 FNOPERTY TA | | 1,257.15 0.00 | 2,030.00 | 204298 |

| Check Register | | | | | Packet: Al | PPKT00192-8/9/19 - / | AP CHECK RU |
|--|---|--|--|---|--------------|---|-------------|
| Vendor Number Payable # Account Numb | Invoice | Payable Date Account Name 08/06/2019 | nt Date Paymen Payable Description Project Account Key #938 - PERS CONTRIBUTION: | Discount An Item Description | mount Paya | Payment Amount rable Amount mount 2,030.00 | Number |
| <u>001-015-5204</u> 002357 | | RETIREMENT-PERS RETIREMENT SY 08/09/ | 2019 Regular | #938 - PERS CONTRIBUTIO | 0.00 | 030.00 | 204200 |
| Payable # | Payable Type per Invoice | Payable Date Account Name 08/06/2019 RETIREMENT-PERS | Payable Description Project Account Key #935 - PERS CONTRIBUTION | Item Description | Dist Air | 6,380.00 rable Amount mount 6,380.00 380.00 | 204299 |
| 210328 | QUILL CORP | 08/09/ | 2019 Regular | | 0.00 | 430.01 | 204300 |
| Payable # Account Numb 8158267/C22121 005-000-5392 | Invoice | Payable Date Account Name 06/18/2019 SERVICE AND SUPPLIE | Payable Description Project Account Key OREO COOKIES | Discount Ar Item Description OREO COOKIES | mount Pay | vable Amount mount 73.98 | 204300 |
| 8196184/C22121 005-000-5392 | | 06/19/2019 SERVICE AND SUPPLIE | CHIPS AHOY COOKIES | CHIPS AHOY COOKIES | 0.00 | 83.98 83.98 | |
| 8196564/C22121 005-000-5392 | NAME OF THE PARTY | 06/19/2019 SERVICE AND SUPPLII | MECHANICAL PENCILS ES | MECHANICAL PENCILS | 0.00 | 14.99 14.99 | |
| 8200376/C22121 005-000-5392 | | 06/20/2019 SERVICE AND SUPPLII | JOURNALS ES | JOURNALS | 0.00 | 30.99 30.99 | |
| 8230465/C22121 005-000-5392 | 0 | 06/20/2019 SERVICE AND SUPPLII | LEGAL PADS ES | LEGAL PADS | 0.00 | 17.58 17.58 | |
| 8230470/C22121 005-000-5392 | 0 | 06/20/2019 SERVICE AND SUPPLII | | PENS | 0.00 | 94.66 94.66 | |
| 8231031/C22121 005-000-5392 | 0 | 06/20/2019 SERVICE AND SUPPLII | | BATTERIES / BINDER CLIPS | | 72.85 72.85 | |
| 233525/C22121 005-000-5392 8234053/C22121 | 0 | 06/21/2019 SERVICE AND SUPPLII 06/21/2019 | JOURNALS ES MARKERS | JOURNALS | 0.00 | 28.99 28.99 | |
| 005-000-5392 | | SERVICE AND SUPPLII | | MARKERS | 0.00 | 11.99 11.99 | |
| 210304 | QUILL CORP. | 08/09/ | 2019 Regular | | 0.00 | 94.98 | 204301 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount A | mount Pay | yable Amount | |
| Account Numb | | Account Name | Project Account Key | Item Description | Dist A | Amount | |
| 8811723/C82422 052-055-5392 | 0 | 07/18/2019 SERVICE AND SUPPLII | | ELECTRONIC DIGITAL SAF | 0.00 E | 63.99 63.99 | |
| 8838727/C82422 052-055-5392 | | 07/18/2019 SERVICE AND SUPPLII | DISINFECTANT WIPES ES | DISINFECTANT WIPES | 0.00 | 30.99 30.99 | |
| 210043 | RHP MECHANICAL SY | STEMS 08/09/ | 2019 Regular | | 0.00 | 6,654.08 | 204302 |
| Payable # | Payable Type | Payable Date | Payable Description | | | yable Amount | 201302 |
| Account Numb | ber | Account Name | Project Account Key | Item Description | | Amount | |
| 546321 | Invoice | 07/24/2019 | RESET LIMIT CONTROL | | 0.00 | 725.78 | |
| 001-009-5356 | 0 | MAINTENANCE/CONTI | RA | RESET LIMIT CONTROL | | 725.78 | |
| 546323 001-009-5356 | | 07/24/2019 MAINTENANCE/CONTI | | DUMP VALVE FOR ICE MA | | 840.00 840.00 | |
| M436704-1 052-055-5392 | | 07/19/2019 SERVICE AND SUPPLII | | CENTER OUTDOOR BATHROOM RE | 0.00 E 3, | 3,316.68 ,316.68 | |
| <u>M436706-1</u> <u>001-009-5356</u> | Invoice 0 | 07/24/2019 MAINTENANCE/CONTI | AUTOMATIC SINK VALVES RA | AUTOMATIC SINK VALVES | 0.00 S 1, | 1,771.62 .,771.62 | |
| 207450 | RUBY MOUNTAIN W | ATER CO 08/09/ | 2019 Regular | | 0.00 | 15.00 | 204303 |

| | | | | | Packet: APPK1001 | | Citech ite |
|---|--|--|--|--|--|--|------------------|
| Vendor Number | Vendor Name | 14 (Photo Charles Value) 14 (Photo Charles Value) | E 1 F 400 | Type Discou | int Amount Payme | nt Amount | Number |
| Payable # | Payable Type | SAN SANCTEN CALIFORNIA CARROLL SANCTON CONTRACTOR CONTR | Payable Description | | nount Payable Amo | ount | |
| Account Num | ber | Account Name | Project Account Key | Item Description | Dist Amount | | |
| <u>1754</u> | Invoice | 07/26/2019 | WATER - HEALTH NURSE | | 0.00 | 7.50 | |
| 003-040-5392 | 20 | SERVICE AND SUPPLIE | S | WATER - HEALTH NURSE | 7.50 | | |
| 805626 | Invoice | 08/02/2019 | WATER - CIVIC CENTER | | 0.00 | 7.50 | |
| 052-057-5392 | 20 | SERVICE AND SUPPLIE | S | WATER - CIVIC CENTER | 7.50 | | |
| | | | | | | | |
| 009208 | SADIE SULLIVAN | 08/09/2 | 2019 Regular | | 0.00 | 404.20 | 204304 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount An | nount Payable Amo | | |
| Account Num | ber | Account Name | Project Account Key | Item Description | Dist Amount | | |
| 7/29/19 - 8/2/19 | Invoice | 08/06/2019 | ELECTION TRAINING - RENO | | 0.00 40 | 04.20 | |
| 001-002-5394 | 10 | TRAVEL AND TRAININ | G | ELECTION TRAINING - REN | 404.20 | | |
| | | | | | | | |
| 210441 | SANTA ROSA COLLISI | ON AND CUSTC 08/09/2 | 2019 Regular | | 0.00 | 2,258.05 | 204305 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount Ar | mount Payable Am | ount | |
| Account Num | ber | Account Name | Project Account Key | Item Description | Dist Amount | | |
| 2019-4 | Invoice | 08/06/2019 | COLLISION REPAIR - 2015 TO | YOTA COROLL | 0.00 2,25 | 8.05 | |
| 001-005-5920 | 05 | PROFESSIONAL SERVICE | CES | COLLISION REPAIR - 2015 | T 2,258.05 | | |
| | | | | | | | |
| 002015 | | R ADVERTISING 08/09/2 | 2019 Regular | | 0.00 | 2,000.00 | 204306 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount Ar | mount Payable Am | ount | |
| Account Num | ber | Account Name | Project Account Key | Item Description | Dist Amount | | |
| 45078 | Invoice | 08/01/2019 | AUGUST 2019 ADVERTISING | | 0.00 2,00 | 00.00 | |
| 046-000-5906 | 57 | NCOT - BILLBOARDS | | AUGUST 2019 ADVERTISIN | N 2,000.00 | | |
| | | | | | | | |
| 209703 | | R CORP 08/09/ | | | 0.00 | 4,367.52 | 204307 |
| Payable # | Payable Type | Payable Date | Payable Description | | mount Payable Am | ount | |
| Account Num | | Account Name | Project Account Key | No. 2012 - Control of the Control of | Dist Amount | | |
| 8105116157 | Invoice | 08/01/2019 | 8/1/19 - 7/31/2020 - ELEVAT | | | 57.52 | |
| 001-009-5356 | 50 | MAINTENANCE/CONTE | RA | 8/1/19 - 7/31/2020 - ELEV | 4,367.52 | | |
| | | | | | | | |
| | | | | | | | |
| 003510 | ST OF NEVADA | 08/09/ | and one has the second | | 0.00 | 5,133.36 | 204308 |
| Payable # | Payable Type | Payable Date | Payable Description | Discount Ar | mount Payable Am | | 204308 |
| Payable # Account Num | Payable Type ber | Payable Date Account Name | Payable Description Project Account Key | | mount Payable Am Dist Amount | ount | 204308 |
| Payable # Account Num 8/2/19 | Payable Type ber Invoice | Payable Date Account Name 08/02/2019 | Payable Description Project Account Key ACCT #743 - LC RETIREES | Discount Ar Item Description | mount Payable Am Dist Amount 0.00 5,13 | | 204308 |
| Payable # Account Num | Payable Type ber Invoice | Payable Date Account Name | Payable Description Project Account Key ACCT #743 - LC RETIREES | Discount Ar | mount Payable Am Dist Amount 0.00 5,13 | ount | 204308 |
| Payable # Account Num 8/2/19 059-000-5345 | Payable Type ber Invoice 61 | Payable Date Account Name 08/02/2019 GROUP INSURANCE - | Payable Description Project Account Key ACCT #743 - LC RETIREES LC | Discount And Item Description ACCT #743 - PERS CONTRI | mount Payable Am Dist Amount 0.00 5,13 | 33.36 | |
| Payable # | Payable Type ber Invoice 51 ST OF NEVADA DEPT | Payable Date Account Name 08/02/2019 GROUP INSURANCE - | Payable Description Project Account Key ACCT #743 - LC RETIREES LC Regular | Discount An Item Description ACCT #743 - PERS CONTRI | mount Payable Am Dist Amount 0.00 5,13 5,133.36 0.00 | 33.36 1,071.13 | |
| Payable # | Payable Type ber Invoice 61 ST OF NEVADA DEPT Payable Type | Payable Date Account Name 08/02/2019 GROUP INSURANCE - OF TAXATION 08/09/ Payable Date | Payable Description Project Account Key ACCT #743 - LC RETIREES LC 2019 Regular Payable Description | Discount And Item Description ACCT #743 - PERS CONTRI | mount Payable Am Dist Amount 0.00 5,13 5,133.36 0.00 mount Payable Am | 33.36 1,071.13 | |
| Payable # | Payable Type ber Invoice 51 ST OF NEVADA DEPT Payable Type ber | Payable Date Account Name 08/02/2019 GROUP INSURANCE - OF TAXATION 08/09/ Payable Date Account Name | Payable Description Project Account Key ACCT #743 - LC RETIREES LC 2019 Regular Payable Description Project Account Key | Discount And Item Description ACCT #743 - PERS CONTRI | mount Payable Am Dist Amount 0.00 5,13 5,133.36 0.00 mount Payable Am Dist Amount | 1,071.13 | |
| Payable # | Payable Type ber Invoice 51 ST OF NEVADA DEPT Payable Type ber Invoice | Payable Date Account Name 08/02/2019 GROUP INSURANCE - OF TAXATION 08/09/ Payable Date Account Name 08/05/2019 | Payable Description Project Account Key ACCT #743 - LC RETIREES LC 2019 Regular Payable Description | Discount And Item Description ACCT #743 - PERS CONTRIBUTE Discount And Item Description | 0.00 mount Payable Am Dist Amount 0.00 5,13 5,133.36 0.00 mount Payable Am Dist Amount 0.00 1,00 | 33.36 1,071.13 | |
| Payable # | Payable Type ber Invoice 51 ST OF NEVADA DEPT Payable Type ber Invoice | Payable Date Account Name 08/02/2019 GROUP INSURANCE - OF TAXATION 08/09/ Payable Date Account Name | Payable Description Project Account Key ACCT #743 - LC RETIREES LC 2019 Regular Payable Description Project Account Key | Discount And Item Description ACCT #743 - PERS CONTRI | mount Payable Am Dist Amount 0.00 5,13 5,133.36 0.00 mount Payable Am Dist Amount | 1,071.13 | |
| Payable # | Payable Type ber Invoice 51 ST OF NEVADA DEPT Payable Type ber Invoice 75 | Payable Date Account Name 08/02/2019 GROUP INSURANCE - OF TAXATION 08/09/ Payable Date Account Name 08/05/2019 MOTEL ROOM TAX | Payable Description Project Account Key ACCT #743 - LC RETIREES LC 2019 Regular Payable Description Project Account Key ROOM TAX REVENUE | Discount An Item Description ACCT #743 - PERS CONTRI Discount An Item Description ROOM TAX REVENUE | 0.00 5,13 0.00 5,13 0.00 5,00 mount Payable Am Dist Amount 0.00 1,00 1,071.13 | 1,071.13 nount | 204309 |
| Payable # | Payable Type ber Invoice 51 ST OF NEVADA DEPT Payable Type ber Invoice 75 STATEFIRE DC SPECIA | Payable Date Account Name 08/02/2019 GROUP INSURANCE - OF TAXATION 08/09/ Payable Date Account Name 08/05/2019 MOTEL ROOM TAX ALTIES 08/09/ | Payable Description Project Account Key ACCT #743 - LC RETIREES LC 2019 Regular Payable Description Project Account Key ROOM TAX REVENUE 2019 Regular | Discount An Item Description ACCT #743 - PERS CONTRI Discount An Item Description ROOM TAX REVENUE | mount Payable Am Dist Amount 0.00 5,13 1 5,133.36 0.00 mount Payable Am Dist Amount 0.00 1,07 1,071.13 | 1,071.13 ago.00 | |
| Payable # | Payable Type ber Invoice 51 ST OF NEVADA DEPT Payable Type ber Invoice 75 STATEFIRE DC SPECIA Payable Type | Payable Date Account Name 08/02/2019 GROUP INSURANCE - OF TAXATION 08/09/ Payable Date Account Name 08/05/2019 MOTEL ROOM TAX ALTIES 08/09/ Payable Date | Payable Description Project Account Key ACCT #743 - LC RETIREES LC 2019 Regular Payable Description Project Account Key ROOM TAX REVENUE 2019 Regular Payable Description | Discount An Item Description ACCT #743 - PERS CONTRI Discount An Item Description ROOM TAX REVENUE Discount An Item Disco | mount Payable Am Dist Amount 0.00 5,13 1 5,133.36 0.00 mount Payable Am Dist Amount 0.00 1,07 1,071.13 0.00 mount Payable Am | 1,071.13 ago.00 | 204309 |
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0.00

3,942.94 204318

Payment Type Discount Amount Payment Amount Number Vendor Number Vendor Name Payment Date 001-005-59205 PROFESSIONAL SERVICES BM LEVEE PROJECT / CORP 2,782.00 SUBURBAN PROPANE-1485 08/09/2019 0.00 Regular 182.09 204312 Payable Date Payable Description Payable # Payable Type Discount Amount Payable Amount Account Number Account Name Project Account Key Item Description Dist Amount 66104/1485-090 Invoice 07/10/2019 LANDER CO - TOWN HALL 0.00 182.09 020-000-53980 UTILITIES LANDER CO - TOWN HALL 182.09 004994 08/09/2019 SYSCO LAS VEGAS, INC. Regular 0.00 300.71 204313 Payable # Payable Type Discount Amount Payable Amount Payable Date Payable Description Account Number Account Name Project Account Key Item Description Dist Amount RAW FOOD 117943566 Invoice 06/06/2019 0.00 300.71 009-044-59251 RAW FOOD **RAW FOOD** 300.71 Regular 210378 THE CENTER FOR CHANGE, LLC 08/09/2019 0.00 173.63 204314 378 THE CENTER FOR CHANGE
Payable # Payable Type Discount Amount Payable Amount Payable Date Payable Description Account Name Account Number Project Account Key Item Description Dist Amount Invoice 06/19/2019 COMPREHENSIVE ASSESSMENT 0.00 173.63 001-020-53570 MENTAL HEALTH CONTR COMPREHENSIVE ASSESS 173.63 08/09/2019 Regular 208034 TINA MARIE BISIAUX 180.00 204315 0.00 Payable Date Payable Description Payable # Payable Type Discount Amount Payable Amount Account Number Account Name **Project Account Key** Item Description Dist Amount 7/18/19 - 7/27/1 Invoice 07/29/2019 DRUG COURT TESTING 0.00 180.00 284-000-53920 SERVICE AND SUPPLIES DRUG COURT TESTING 180.00 TYLER TECHNOLOGIES, INC. 08/09/2019 Regular 209799 0.00 312.50 204316 Payable Date Payable Description Discount Amount Payable Amount Pavable # Payable Type Account Number Project Account Key Item Description Dist Amount Account Name 025-257320 Invoice 04/17/2019 ACCOUNTS RECEIVABLE - FA-50 0.00 312.50 029-000-53033 COMPUTER PROGRAMS ACCOUNTS RECEIVABLE -312.50 210121 US POSTAGE METER CENTER 08/09/2019 Regular 0.00 328.50 204317 Payable # Payable Type Payable Date Payable Description Discount Amount Payable Amount Project Account Key Account Number Account Name Item Description Dist Amount U87723 Invoice 07/01/2019 POSTAGE SUPPLIES 328.50 001-003-53676 POSTAGE POSTAGE SUPPLIES 328.50

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| | 34602893 | Invoice | 07/22/2019 | 271685519-00001 | | | 0.00 | 3,942.94 | | |
| | 001-001-5393 | 0 | TELEPHONE/FAX | | 45 | 55-6953/COMMIS | SSIONER | 50.56 | | |
| | 001-001-5393 | 0 | TELEPHONE/FAX | | 45 | 55-2018/COMM J | UDIE IP | 40.01 | | |
| | 001-001-5393 | 0 | TELEPHONE/FAX | | 45 | 55-2059/COMM \ | WAITS | 50.56 | | |
| | 001-005-5393 | 0 | TELEPHONE/FAX | | 45 | 55-7045/ASSISTA | NT SAFE | 859.12 | | |
| | 001-005-5393 | 0 | TELEPHONE/FAX | | 45 | 55-7018/HR ASSIS | STANT/I | 40.01 | | |
| | 001-005-5393 | 0 | TELEPHONE/FAX | | | 55-5301/COUNTY | | 40.01 | | |
| | 001-005-5393 | 0 | TELEPHONE/FAX | | 45 | 55-7653/COUNTY | MANA | 63.75 | | |
| | 001-006-5393 | 0 | TELEPHONE/FAX | | | 55-7452/ASSESSC | | 50.56 | | |
| | 001-006-5393 | Q | TELEPHONE/FAX | | | 55-2563/ASSESSC | | 40.01 | | |
| | 001-008-5393 | 0 | TELEPHONE/FAX | | | 55-7753/BUILDIN | | 50.56 | | |
| | 001-012-5393 | 0 | TELEPHONE/FAX | | | 55-6871/LCSO PR | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 50.56 | | |
| | 001-012-5393 | 0 | TELEPHONE/FAX | | | 55-6006/LCSO NE | | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-6000/LCSO NE | | 40.01 | | |
| | 001-012-5393 | 0 | TELEPHONE/FAX | | | 55-5962/LCSO PH | | 50.56 | | |
| | 001-012-5393 | 0 | TELEPHONE/FAX | | | 55-5128/LCSO | | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-6942/LCSO NE | :\W #1 | 40.01 | | |
| | 001-012-5393 | 0 | TELEPHONE/FAX | | | 55-6950/LCSO NE | | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-2801/LCSO QI | | 50.56 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 74-2354/LCSO | JICK . | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 74-0808/LCSO UI | IGFR | 50.56 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 74-0445/LCSO LC | | 50.70 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-7184/LCSO CE | | 50.56 | | |
| | 001-012-5393 | 77 | TELEPHONE/FAX | | | 55-5698/LCSO CA | | 50.56 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-6973/LCSO NE | | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-6966/LCSO NE | | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-6978/LCSO NE | | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-6990/LCSO NE | | 40.01 | | |
| 1 | 001-012-5393 | | TELEPHONE/FAX | | | 55-7021/LCSO NE | | 40.01 | | |
| 1 | 001-012-5393 | | TELEPHONE/FAX | | | 55-7021/LCSO NI | | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-7027/LCSO NI | | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | | 55-7030/LCSO NI | | 40.01 | | |
| | 001-012-5393 | | TELEPHONE/FAX | | 50.00 | 55-7031/LCSO NI | | 40.01 | | |
| | 001-014-5393 | 16.00 | TELEPHONE/FAX | | | 55-2802/LCSO ED | | 50.56 | | |
| | 001-016-5393 | | TELEPHONE/FAX | | | 55-5706/AUSTIN | | 40.01 | | |
| | 001-016-5393 | | TELEPHONE/FAX | | | 55-5567/AUSTIN | | 50.56 | | |
| | 001-021-5393 | | TELEPHONE/FAX | | | 55-7412/DA OFF | | 40.01 | | |
| | 001-021-5393 | | TELEPHONE/FAX | | | 55-7406/DA OFF | | 50.56 | | |
| | 001-021-5393 | | TELEPHONE/FAX | | | 55-7404/DA OFF | | 50.56 | | |
| | 001-021-5393 | | TELEPHONE/FAX | | | 55-7438/DA OFF | | 40.01 | | |
| | 001-021-5393 | | TELEPHONE/FAX | | | 55-7420/DA OFF | | 40.01 | | |
| | 005-000-5393 | | TELEPHONE/FAX | | | 74-0784/AG EXT | | 30.98 | | |
| | 037-000-5393 | | TELEPHONE/FAX | | | 55-7028/KINGST | | | | |
| | 052-052-5393 | | TELEPHONE/FAX | | | 55-2008/GOLF C | | 50.56 | | |
| | 052-055-5393 | | TELEPHONE/FAX | | | | | 40.01 | | |
| | 085-042-5936 | | ARGENTA JP-PRIOR | | | 55-6679/REC CEN | | 50.56 | | |
| | 226-000-5393 | The second secon | TELEPHONE/FAX | | | 55-5554/DENISE | | 50.56 | | |
| | 236-000-5393 | | TELEPHONE/FAX | | | 55-5317/WATER | | 16.55 | | |
| | 300-067-5392 | | SERVICE AND SUPPLIE | c | | 55-5317/WATER | | 16.56 | | |
| | 300-067-5392 | | | | | 55-2000/LESLEY | | 40.01 | | |
| | 300-007-3392 | <u> </u> | SERVICE AND SUPPLIE | 3 | / | '61-0050/LESLEY | BUNCH : | 1,045.51 | | |
| | 200874 | WASHOE COUNTY OF | TEDIEE'S OFFICE OF 100 /00 /00 | 0010 | aular | | 0.00 | 1 | 20 - | 0.42.5 |
| , | 000874 | | HERIFF'S OFFICE 08/09/2 | | egular | ь. | 0.00 | | JO 2 | .04319 |
| | Payable # | Payable Type | Payable Date | Payable Description | /a | | ount Amount Pa | 48 - San | | |
| | Account Numl | | Account Name | Project Account K | key II | tem Description | | Amount | | |
| | JULY 2019 | Invoice | 08/05/2019 | REVENUE COLLECTED | _ | SELVENUE COLLECT | 0.00 | 1,394.00 | | |
| | 088-000-5306 | <u>U</u> | GENETIC MARKER TES | II. | R | REVENUE COLLEC | ובט | 1,394.00 | | |
| | 26 | WELLS EADOO DEAL | ECTATE TAV CEL DO IOO IO | 0010 n- | aula- | | | · | 40 - | |
| | +36 | WELLS FARGU KEAL | ESTATE TAX SEF 08/09/2 | rora Ke | egular | | 0.00 | 556.4 | 13 2 | 204320 |
| | | | | | | | | | | |

| Check | Regis | ter |
|-------|-------|-----|
|-------|-------|-----|

005-000-53920

Packet: APPKT00192-8/9/19 - AP CHECK RUN

130.62

| Vendor Number | Vendor Name | Paymer | it Date | Payment | Туре | Discount Amount | Payment Amount | Number |
|---------------|-------------------|---------------------|---------------------|-----------|------------------|-----------------|----------------|--------|
| Payable # | Payable Type | Payable Date | Payable Description | on | Disc | count Amount Pa | yable Amount | |
| Account Num | ber | Account Name | Project Accou | nt Key | Item Description | Dist | Amount | |
| <u>19/ن</u> | Invoice | 08/05/2019 | FY 2019/2020 TAX | ES PARCEL | #002-105-03 | 0.00 | 556.43 | |
| 001-000-3104 | 15 | REFUNDS | | | FY 2019/2020 TAX | (ES PARC | 556.43 | |
| 005387 | XEROX CORPORATION | N 08/09/2 | 019 | Regular | | 0.00 | 278.83 | 204321 |
| Payable # | Payable Type | Payable Date | Payable Description | on | Dis | count Amount Pa | yable Amount | |
| Account Num | ber | Account Name | Project Accou | int Key | Item Description | Dist | Amount | |
| 097112350 | Invoice | 06/01/2019 | MAY 2019 | | | 0.00 | 148.21 | |
| 005-000-5392 | 20 | SERVICE AND SUPPLIE | S | | MAY 2019 | | 148.21 | |
| 097385653 | Invoice | 07/01/2019 | JUNE 2019 | | | 0.00 | 130.62 | |

Bank Code AP POOL OPERATING Summary

JUNE 2019

SERVICE AND SUPPLIES

| | Payable | Payment | | |
|----------------|---------|---------|----------|------------|
| Payment Type | Count | Count | Discount | Payment |
| Regular Checks | 146 | 83 | 0.00 | 191,165.04 |
| Manual Checks | 0 | 0 | 0.00 | 0.00 |
| Voided Checks | 0 | 1 | 0.00 | 0.00 |
| Bank Drafts | 0 | 0 | 0.00 | 0.00 |
| EFT's | 0 | 0 | 0.00 | 0.00 |
| | 146 | 84 | 0.00 | 191 165 04 |

Fund Summary

Fund 999 Name

POOLED CASH FUND

Period

8/2019

Amount 191,165.04

191,165.04

| Agenua ItemI |
|--|
| THE REQUESTED ACTION OF THE LANDER COUNTY COMMISSION IS: |
| SHERIFF: For possible action, to approve/ disapprove a Liquor License for the Silver State Bar & Grill in Austin, NV. |
| Public Comment: |
| Background: |
| Recommended action: |

TADA

AGENDA REQUEST FORM

COMMISSIONER MEETING DATE: 08/22/2019

| NAME: Ron Unger | REPRESENTING | : Lander County | Sheriff's O | office |
|--|---|--|-------------|--------|
| ADDRESS: 2 State Route 305, Battle Mou | ıntain, Nevada 89820 | | | |
| PHONE (H): 775-635-1100 (| W): <u>775-635-1100</u> | (FAX); <u>77</u> : | 5-635-257 | 7 |
| WHICH NUMBER SHOULD WE CALL I | | | | |
| WHO WILL BE ATTENDING THE MEE | TING: Ron Unger or Ro | bert Quick | | |
| JOB TITLE: Sheriff/Undersheriff | · | | | |
| SPECIFIC REQUEST TO BE PLACED OF Approval for Liquor License for Silver State | N THE AGENDA: Bar & Grill in Austin, N | V | | |
| WHAT ACTION WOULD YOU LIKE TH Approval | | O RESOLVE TH | IIS ISSUE | ? |
| ARE THERE ANY COSTS ASSOCIATED AMOUNT: | WITH YOUR REQUE | ST: | YES | ⊠ио |
| HAS THIS ISSUE BEEN DISCUSSED AT WHEN? | A PRIOR COMMISSIO | ON MEETING? | YES | Мио |
| WILL YOU BE PRESENTING WRITTEN | INFORMATION AT T | HE MEETING? | YES | ОМ |
| HAVE YOU DISCUSSED THIS ISSUE W | TH THE AFFECTED I | DEPT HEAD?: | YES | ⊠NO . |
| FOR REVIEW BY: | | | | |
| AIRPORT DIST. ATT AMBULANCE EXE. DIR. ARGENTA J.P. FIRE ASSESSOR GOLF AUSTIN J.P. PUBLIC W CLERK RECORDE | ORKS | SENIOR CTR. SHERIFF SOCIAL SVC. TREASURER W & S OTHER | | |
| THE EXECUTIVE DIRECTOR RESERVED TABLING ALL AGENDA REQUESTS F | VES THE RIGHT TO OR INSUFFICIENT | REJECT OR RI INFORMATIO | ECOMMI | END |
| ALL INFORMATION STATED IS CORRE | CT AND TRUE TO M | Y KNOWLEDGI | 3 | |
| Signature Field X. Surflu 1003 | | DATE: _08/0 | 1/2019 | |

BOARD MEETS THE 2ND AND 4TH .THURSDAY OF EACH MONTH COMMISSION FAX (775) 635-5332

Lander County Sheriff's Office Liquor / Gaming License Application

THIS LICENSE IS NOT TRANSFERABLE

| 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ON CHENT | 7 | | | T-4 | | 7-22-2019 |
|--|--|--|--|--|---|---------------------------------------|--|
| PLEASE PRINT | JRTYPE |] | | | | | |
| Name: Marel | ha II | Phillip |) | Middle | Social Secu | rity #: <u>56</u> 2 | 1-78-8773 |
| Nickname/Maiden/Oth | ier: | 1 44 | | | Height: | //// Weig | |
| Street Address: | 115 Wat | er St. | Austin | NV 9431 | \mathcal{O} Hair: \underline{k} | IRM Eyes: | BLUE |
| Mailing Address: | PO BOX 113 | 3 Box | Augtu | NV 8931 | 0 Gender: 👖 | | Both the Harris Market Common Common of the |
| Home Telephone #: | - | | | | Date of Birtl | | 1-1953 |
| Operator License/ID C | Card #: <u></u> <u> </u> | 08070H1 | State | :: <u>CA</u> | Place of Birt | h: <u>Batt</u> | R Mtn, NV |
| Marks/Scars/Tattoos: | *************************************** | ************************************** | <u></u> | J | | | river to gradultura accessor of the street |
| List All Places of Emp | oloyment (Last t | hree (3) years) | | والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج | | u. belitus viden un erf. — viden un g | , , |
| NAME | | ATION | POSIT. | | FROM-TO | Present | ason for Leaving |
| Marshall Broth | -17 410 | iermore, Cl | t pr | esident | 1979-1 | reserg | and the second second part is displaced by the property with the second |
| Enterprises 11 | rc, | . April 1980 and the Community of the Co | ······································ | | | | and the second and th |
| | <u> </u> | ************************************** | | | <u></u> | | |
| ** | rrested? N | | OYMENT HISTOR | y – USE ADDITIONAL | SHEETS | , | |
| Have you ever been as List all arrests. For th | W-10-10-11-11-11-11-11-11-11-11-11-11-11- | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | – arrests and c | onvictions mus | at be included. | | |
| DATE CHARGE | o purposo or in | is oppromising | ARRESTING | | CITY/STATE | | DISPOSITION |
| | ellegengendergenskamp sammen som ende nom extern gåren s | | | | <u> </u> | | |
| | | | | , | | , | |
| gyve rskelana (ch) as pyr is be i to the t gyp rot | epanajan periode programa programa kan menjembah seban s | and the second second second | | and the second s | <u> </u> | | |
| The state of the s | | | | | | | · · · · · · · · · · · · · · · · · · · |
| A 77. 14. A Class | - C************************************ | | | E ADDITIONAL SHEE | ry are you a citiz | en of? | |
| Are you a United Stat | e Cmzen? | Yes 🗌 | No If n Alien Reg | • | y are you a one | AJI 03: | |
| | | | Passport # | | | | |
| Name of Business: | Marshall | Brothers | Nevada | DBA SIL | ver state | | |
| | 71 473 | Mary Atres | ef | Aue | stin | NV | <i>4310</i> |
| Street Address: | | May On Ca | | | 0/4 | | |
| Street Address: Mailing Address: | PO Box | Number & Street | | Aug | HN City | NV State | 89310 |
| | | Number & Street | | Aug ficate#: | City H1 <u>N</u> City DY 101919C | NV Stote | 89310 Zip |
| Mailing Address: | 9369 | Number & Street Nevada R | i .e-Sale Certi | | HN City | NV Stote | 89310 Zip |

| NAME | ADDRESS | TYPE OF INTEREST |
|------------------|--|---|
| Philli appl | arshall | Stockholder |
| Phillip h | Numball Ir. | Stock holder |
| Morian | Marshall | Stockholder |
| | ADDITION—USE ADDITIONAL SHEETS VBR been denied a license in Lander County? VD | |
| | The state of the s | il Turpitude? NO |
| - | n named in this application been convicted of a Felony Crime involving Mora | Turpitude? 100 |
| h yes, ex | plain: | VT-259 11/4 |
| Notice: If the a | pplicant is a Corporation, on an attached document, please provide information for all Corporate erial Employees, and any other persons having interest in the business to be licensed. I a foreign Corporation, is the Corporation authorized by the Nevada Secrebusiness in the State of Nevada? | |
| TYPE OF LICE | NSE: Gaming Liquor | |
| TIPEOTLICE | Check if Renewal Check if Renewal | 1 1 |
| | | Date(s): |
| | 1 ' " ' | Dates(s): |
| | "21" Tables | |
| | How Many? | |
| İ | On & Off Site Sale | 1 |
| | 7 | |
| Definitions: | happy and the second se | Photograph of the state of the |
| | On Site Sale: Alcohol sold and consumed on the premises | |
| 1 | Off Site Sale: Alcohol sold and NOT consumed on the premises. | |
| | On & Off Site Sale: Alcohol sold that MAY be consumed on the premis | ses. |
| | | |
| Fee Structure: | | · |
| | Gaming: Slot Machines - \$31.00 per slot machine - per Quarter | |
| ļ | "21" Tables - \$151.00 per table - per Quarter | |
| - | Liquor: Temporary (Non-Profit) - NO CHARGE | |
| | Temporary - \$10.00 | ļ |
| | On Site Sale - \$40.00 per Quarter Off Site - \$30.00 per Quarter | |
| | On & Off Site Sales - \$50.00 – per Quarter | |
| 1 | On the Off One Bates - \$50.00 - per Quarter | |
| PLEAS | E NOTE THAT NEW APPLICANTS REQUIRE FINGERPRINT CARDS A | AND A PHOTOGRAPH. |
| | · | |
| | d applicant certifies that the foregoing information is true and correct to the | |
| | dersigned states that certification is made with the full knowledge that any a terrapt to mislead may be considered sufficient cause for denial or revoca | |
| | | |
| X John | K. Lenaul | MOD #307 |
| | Applicant Signature Essu OFFICE USE ONLY | ing Employed ZID# |
| Date scheduled | for Commission: | |
| Approved: [| | |
| Denied: | | |
| REVISED 2007032 | 3 | |

Agenda Item __2_

THE REQUESTED ACTION OF THE LANDER COUNTY COMMISSION IS:

CLERK: For possible action, to approve/ disapprove the U.S Department of Homeland Security, Cybersecurity and Infrastructure Security Agency's Assessments Rules of Engagement.

Public Comment:

Background: Cybersecurity assessments, rules of engagement between the cybersecurity and infrastructure security agency.

Recommended action:

Lander County Commission Agenda Request Form



_MMISSIONER MEETING DATE

| NAME: _SADIE SULLIVAN | REPRESENTING: | | - |
|---|--|-----------|------------|
| ADDRESS: _50 STATE ROUTE 305 BATTLE MOUNTAIN, NV 898 | 220 | | |
| PH: _775-635-5738 PH: | | | -1 |
| WHICH NUMBER SHOULD WE CALL DURING NORMAL BUSIN | | | |
| WHO WILL BE ATTENDING THE MEETING: | | | |
| JOB TITLE:L.C. CLERK | | | |
| SPECIFIC REQUEST TO BE PLACED ON THE AGENDA: U.S. DI CYBERSECURITY AND INFRASTRUCTION SECURITY AGENCY | | CURITY, | |
| BACKGROUND INFORMATION: CYBERSECURITY ASSESSMENT CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENC | | BETWEEN ' | THE |
| WHAT ACTION WOULD YOU LIKE THE BOARD TO TAKE TO R THE CYBERSECURITY ASSESSMENTS RULES OF ENGAGEME | | MOTION TO | O ACCEPT |
| ARE THERE ANY COSTS ASSOCIATED WITH YOUR REQUEST AMOUNT \$ | Γ? | YES | NO _X_ |
| HAS THIS ISSUE BEEN DISCUSSED AT A PRIOR COMMISSION | N MEETING? | YES | NO _X |
| WHEN? HAS THIS ISSUE BEEN REVIEWED AND APPROVED BY AFFI | ECTED DEPT HEADS? | YES | NO |
| ALL BACKUP MATERIAL MUST BE PROVIDED WITH AGEND MEEING: | A REQUEST, NOT AT THE | | |
| IS ALL THE BACK UP MATERIAL ATTACHED TO THIS AGEN | DA REQUEST? | YES X | NO |
| IF THE ITEM IS A CONTRACT AND/OR AGREEMENT, OR RECOMMUST BE REVIEWED BY THE DISTRIC ATTORNEY'S OFFICE OR IT WILL NOT GO ON THE AGENDA. E-MAILED TO DA'S OFFICE PROVIDED THE RECOMMENTATION OF THE RESERVED TO | PRIOR TO AGENDA SETTING FFICE 8/6/19 | YES | NO |
| THE COMMISSIONERS RESERVE THE RIGHT TO REJECT OR INSUFFICIENT INFORMATION. I ALL INFORMATION STATED IS CORRECT AND TRUE TO MY F | TIME SENSITIVE DEADLINE | | QUESTS FOR |
| GNATURE Scidir Sullivar The Lander County Board of Commissioners me | DATE S 10 19 ets the 2 nd and 4 th Thursday of eac | h month | |

Contact Information

NCCIC Service Desk

National Cybersecurity & Communications Integration Center (NCCIC)

Cybersecurity and Infrastructure Security Agency (CISA)

Phone: 888-282-0870

Email: NCCICCUSTOMERSERVICE@HQ.DHS.GOV

Abdul R. Mohammed

Business Process Analyst

(Elections division)

Office of the Secretary of State, Barbara K. Cegavske

Nevada State Capitol Building

101 North Carson Street

Carson City, Nevada 89701

P|775-684-7154

amohammed@sos.nv.gov





CYBERSECURITY ASSESSMENTS

RULES OF ENGAGEMENT

Between the

CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENCY

And

April 02, 2019

Version - SLTT 4.00

Prepared By:

U.S. Department of Homeland Security

Cybersecurity and Infrastructure Security Agency

THE ATTACHED MATERIALS MAY CONTAIN DEPARTMENT OF HOMELAND SECURITY INFORMATION THAT IS "FOR OFFICIAL USE ONLY", OR OTHER TYPES OF SENSITIVE BUT UNCLASSIFIED INFORMATION REQUIRING PROTECTION AGAINST UNAUTHORIZED DISCLOSURE, INCLUDING CONFIDENTIAL AND LEGALLY PRIVELEGED INFORMATION UNDER FEDERAL AND STATE LAW. THE ATTACHED MATERIALS MUST BE HANDLED AND SAFEGUARDED IN ACCORDANCE WITH APPROPRIATE PROTECTIONS FOR SUCH INFORMATION.



| Dated: | | | | |
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Table of Contents

| 1 | Introduction | 4 |
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| 2 | Procedures and Authorizations Prior to Service | 4 |
| | Site Preparation | |
| 4 | Assessment | 8 |
| | Post-Assessment | |
| | Dispute Resolution | |
| 7 | Amendment | 10 |
| | Termination | |
| | Approval | |



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|-------|----|--|
| Dated | • | |
| Date | 4. | |

1 Introduction

| 1.1 | Purpos | e orga | nizatio | n |
|-----|--------|--------|---------|---|
| | | | 1112010 | • |

| This document establis | hes the Rules Of Engagement (ROE) for cybersecurity assessments requested by |
|------------------------|--|
| (CISA). | () from the Cybersecurity and Infrastructure Security Agency |
| 1.2 Scope | |
| | |

This ROE applies to _____ and CISA for all services documented through the procedures described herein. In addition, it applies to all CISA personnel who may access data obtained or generated under this ROE. This ROE does not include services for any classified computer, system or network nor access to any classified information.

1.3 Background

CISA Assessments utilize a defined strategy and methodology for testing, assessing and analyzing target systems with state-of-the-art tools and highly trained security experts to conduct Vulnerability and Threat Assessments. The purpose of these Assessments is to assist _____ in developing a strategy for improving cybersecurity posture and aligning it with enterprise architecture and mission objectives.

CISA's Assessment teams conduct comprehensive assessments of federal and non-federal networks, including critical infrastructure networks, under authority of Title XXII of the Homeland Security Act (6 U.S.C. § 651 et seq., see especially section 2209 (6 U.S.C. § 659)) and the Federal Information Security Modernization Act (FISMA) (44 U.S.C. §§ 3551 et al.). CISA teams assess unclassified networks to evaluate the security posture when compared to best practices, regulations, policies and standards relating to cybersecurity. CISA team services include various cybersecurity assessment activities such as network mapping, vulnerability scanning, host based assessment, database and web application scanning, phishing, red teaming, and rogue wireless access point detection. The CISA teams include both federal government employees and contractor support personnel. All contractors serving on CISA teams have signed valid DHS 11000-6 Non Disclosure Agreements.

Insert Establishment Background (Optional)

2 Procedures and Authorizations Prior to Service

| 2.1 | This ROE is effective when signed by the | CIO or equivalent authorized official and the CISA |
|-----|--|--|
| | Assessments Chief. | |

| 2.2 | Pursuant to this ROE, may request CISA team services by completing an Appendix A in |
|-----|--|
| | advance, each time service is requested. The CISA team will only perform those services specifically |
| | selected by in the Appendix A and will only access systems and/or IP addresses identified by |
| | in the Appendix A, during the period of time agreed upon in that Appendix A. Each new |



| | Appendix A will be sequentially marked, e.g., Appendix A-1, Appendix A-2, Appendix A-3. The |
|-----|---|
| | Appendix A is complete and becomes part of this ROE when all relevant information has been |
| | provided, including the selection of the Site Monitor, and Appendix A is signed by both the Site |
| | Authority (either the Site Monitor or the relevant CIO/authorized official) and the CISA Team Lead. |
| | Prior to the start of CISA team services, the Site Monitor shall provide signed copies of the |
| | complete Appendix A to the CIO or equivalent authorized official and the CISA Team Lead |
| | shall provide the same to the CISA Assessments Chief . |
| 2.3 | In the event that any site/IP address proposed to be in-scope of requested CISA team services is |
| | operated by a sub-entity whose CIO or equivalent authorized official has unique or exclusive |
| | authority over that site/IP address, the sub-entity CIO or equivalent authorized official must |
| | complete and sign a separate Appendix A authorizing CISA to conduct requested services within that |
| | site/IP address range. |
| 2.4 | In the event that any site/IP address identified by in an Appendix A is operated or maintained |
| | by a third party (e.g. contractor or cloud-service provider) on behalf of, will ensure that |
| | the third party provides authorization for testing by either filling out and signing the form at |
| | Appendix B or completing the third party's authorization process and providing proof of |
| | authorization to the CISA team. Appendix B is complete and becomes part of this ROE when signed |
| | by an authorized representative of the third party. Each new Appendix B will be labeled with the |
| | corresponding Appendix A number and a sequential alpha character. For example, an Appendix B for |
| | two third parties under's fourth request for services would involve Appendix A-4 and |
| | Appendix B-4a and Appendix B-4b, respectively. Prior to the start of CISA team services, signed |
| | copies of each complete Appendix B will be provided by the Site Authority to the CIO or |
| | equivalent authorized official and by the CISA Team Lead to the CISA Assessments Chief. |
| 2.5 | Services provided by the CISA Team are described in the Services Catalogue at Appendix C. The |
| | Services Catalogue may be updated at any time by notice to Correspondingly, the template |
| | for Appendix A may be updated by notice to to reflect new or changed services offered by the |
| | CISA team in an updated Services Catalogue. |
| 2.6 | Some CISA services described in the Appendix C Services Catalogue may require use of one or more |
| | of's unique seal, trademark, name, or insignia in phishing emails hereby grants CISA the |
| | right to use such seal, trademark, name, or insignia is responsible for obtaining any internal |
| | authorizations necessary for CISA use of its seal, trademark, name, or insignia, consistent with |
| | applicable law and procedures. |



| Dated: |
|--------|
|--------|

| 2.7 | Some CISA services described in the Appendix C Services Catalogue will involve scanning or other |
|-----|---|
| | network traffic originating from IP addresses or similar identifiers belonging to CISA or entities that |
| | CISA has contracted with, including cloud service providers. Such IP addresses or similar identifiers |
| | will be made known to the Site Monitor, when appropriate. CISA will also notify the Site Monitor |
| | should the IP addresses or other identifiers change. |
| 2.8 | certifies that its log-on consent banners or notices; terms-of-use policies or user agreements; |
| | computer training programs; and any other mechanisms used to notify users and obtain their |
| | consent to the terms and conditions of computer use clearly demonstrate to computer users |
| | and obtain their consent that: |
| | "Users have no reasonable expectation of privacy regarding communications or data transiting, |
| | stored on or traveling to or from this network/system. Any communications or data transiting, |
| | stored on or traveling to or from this network/system will be monitored and may be disclosed to |
| | third parties, including other governmental entities, or used for any lawful government purpose." |
| 3 | Site Preparation |
| | The Site Monitor identified in Appendix A is an authorized representative responsible |
| | for preparing the site, serving as's primary point of contact for the CISA team, and monitoring |
| | CISA team services at that site for the agreed upon time and services identified in the Appendix A. |
| | Prior to the start of any CISA team services: |
| 3.1 | The Site Monitor and the CISA Team Lead will review the Appendix A and ensure that either an |
| | additional Appendix A and/or a completed Appendix B have been provided, if applicable, for all sub- |
| | entities or third parties. |
| 3.2 | The Site Monitor will coordinate and ensure, as appropriate, the involvement of officials and |
| | adherence to policies and standard operating procedures that could have an impact on the |
| | scanning activities and the information systems being assessed. |
| 3.3 | The Site Monitor will identify to the CISA team potentially sensitive devices prior to testing. |
| 3.4 | The Site Monitor is responsible for ensuring system backups have been performed and restore |
| | processes are validated prior to the start of external or internal CISA team services. |
| 3.5 | The Site Monitor will provide the CISA team with information about the internal IT environment. |
| 3.6 | Certain CISA team services may require administrator or other specific user access to the networks |
| | or systems being tested. The Site Monitor is responsible for ensuring access for the CISA team. If |
| | administrator provisions are required, access will be granted by either (1)Either or CISA |
| | establishing a separate administrative account for testing (e.g., "CISATeam"), or (2) through the use |



| | unue | supervision and control, or an existing administrator account. It is recommended that |
|------|--------|---|
| | sepa | rate testing accounts will be established prior to the arrival of the CISA team. |
| 3.7 | The S | Site Monitor, on behalf of and in coordination with other officials as appropriate, |
| | will u | ise best efforts to identify to CISA in advance any categories of data, which may be encountered |
| | by CI | SA during the selected services, that are sensitive in nature or protected from disclosure by |
| | statu | te, regulation, or other authority, including personally identifiable information, and will provide |
| | CISA | instructions on how to identify and handle such data if encountered by the CISA team. The Site |
| | Mon | itor and CISA Team Lead will work together to structure the engagement to ensure that the |
| | CISA | team does not come into contact with such data to the maximum extent possible or that |
| | appr | opriate data handling requirements have been put into place. The Site Monitor and CISA Team |
| | Lead | will also discuss in advance what initial actions should be taken in the event that unforeseen |
| | sensi | tive data is encountered during CISA team services. |
| 3.8 | For a | ssessments conducted onsite at the facility, the Site Monitor may request and is |
| | perm | nitted to authorize IT staff or security personnel to scan the CISA team assessment |
| | equi | oment for vulnerabilities prior to network connection using agreed upon vulnerability scanning |
| | tools | . However, assessment equipment contains code and technical references, which are not to be |
| | view | ed, distributed or evaluated by external organizations. Under no circumstances will the CISA |
| | team | 's Government Funded Equipment (GFE) be relinquished from the control of the CISA team. |
| 3.9 | The S | Site Monitor may request that the CISA team conduct scanning activities on-site or remotely |
| | throu | ugh a virtual private network. |
| 3.1 | 0 F | or assessments conducted on-site at the facility, the Site Monitor will ensure that office |
| | or co | nference room-type workspace with AC power and a minimum four internal network |
| | jacks | drops with a live connection at the identified facility is available and provided to the CISA |
| | Team | n. Personnel from IT staff or security personnel are encouraged to observe the CISA Tear |
| | on-si | te. |
| 3.1 | 1 F | or assessments conducted remotely, is responsible for providing a virtual private |
| | netw | ork connection. The Site Monitor will provide any information and support necessary for the |
| | CISA | Team to connect remotely. |
| 3.13 | 2 Ir | n order to prepare for and conduct certain assessments, the CISA Team may passively compile |
| | | from publicly-available and commercially-available resources, including information regarding |
| | | 's employees, network (e.g., registered network ranges and applications), and organization. |
| | | and object |



| Dated: | |
|--------|--|
| Dateu. | Control of the Contro |

This information, to the degree that it is not incorporated into the final report, will be deleted upon completion of the selected assessment(s).

4 Assessment

During the assessment:

- 4.1 The CISA team will use GFE, Government Off-The-Shelf (GOTS), Commercial Off-The-Shelf (COTS) and open-sourced software and hardware. Use of any particular software or hardware by the CISA team is not a government endorsement or sponsorship of any product, service or company. A brief description of any software or hardware used by the CISA team can be furnished in advance upon request.
- 4.2 The CISA team will conduct any external assessment selected in Appendix A during the dates specified in Appendix A.
- 4.3 The CISA team will conduct any internal assessment selected in Appendix A by connecting GFE to ______'s network, either on-site or through a virtual private network provided by ______ as determined by the Site Monitor, during the dates selected in Appendix A.
- 4.4 The CISA team will collect and analyze data from _____ systems, networks, and processes to assess capability gaps in order to identify a road map for an enterprise-level risk based mitigation strategy.
- 4.5 For on-site assessments, the CISA team will provide to the Site Monitor a brief overview of daily activities and an outbrief at the conclusion of the assessment.
- 4.6 The CISA Team Lead will notify the _____ Site Monitor if a perceived significant event occurs during the assessment. The Site Monitor is responsible for having appropriate knowledge and understanding of the _____ networks and systems, identification and/or confirmation of a significant event, and taking appropriate action, which may include suspension and/or termination of the assessment. In the event a significant event occurs that warrants termination of the assessment, the CISA Team Lead and the Site Monitor will promptly provide to the _____ CIO or equivalent authorized official, the _____ Site Authority, and the CISA Assessments Chief a written account of the conditions and actions that led to the termination of the assessment. If the CISA Team Lead and Site Monitor cannot agree on the account, both accounts will be provided.
- 4.7 In the event a disagreement arises between _____ and the CISA team during the assessment, best efforts will be made to resolve such a disagreement at the lowest level possible.
- 5 Data Protection



| Dated: | |
|--------|--|
| 20001 | |

| 5.1 | Consistent with 5 U.S.C. § 552(b), CISA will not disclose under the Freedom of Information Act |
|-----|---|
| | ("FOIA") any information provided by under this request that is exempt from disclosure, |
| | including: Exemption (b)(3) as matters specifically exempt from disclosure by statute, Exemption |
| | (b)(4) as trade secrets and commercial or financial information that is privileged or confidential, and |
| | Exemption (b)(7)(A)- (F) as records or information compiled for law enforcement purposes. |
| 5.2 | Without limiting the previous sentence, understands that this obligation will apply to any |
| | written CISA notes of observations of facilities and equipment (including computer screens), |
| | that CISA will make determinations regarding FOIA requests on a case by case basis consistent with |
| | its obligations under FOIA, CISA FOIA regulations, and its own internal guidance, and that any |
| | determinations regarding specific FOIA exemptions will be made at the time that the responsive |
| | records are processed. CISA shall provide an opportunity to object to disclosure as provided |
| | by applicable law. |
| 5.3 | understands that information provided by that meets the definition of cyber threat |
| | indicator or defensive measure as defined in the Cybersecurity Information Sharing Act of 2015 (the |
| | "2015 Act"), 6 U.S.C. § 1501-1510, and that is provided in accordance with the 2015 Act's |
| | requirements, will be protected as provided by the 2015 Act (including protection from release |
| | under FOIA). See the Non-Federal Entity Sharing Guidance under the Cybersecurity Information |
| | Sharing Act of 2015 published by the Department of Homeland Security and the Department of |
| | Justice, available at https://www.us-cert.gov/ais. |
| 5.4 | Further, the 2015 Act may offer disclosure protection for the final report when in's |
| | possession, as the 2015 Act provides a basis in federal law for state, local, and territorial (SLT) |
| | governments to exempt vulnerability information received from CISA from disclosure under any STL |
| | freedom of information law, open government law, open meetings law, open records law, sunshine |
| | law, or similar law requiring disclosure of information or records. See 6 U.S.C. 1503(d)(4)(B). This |
| | exemption applies to a "cyber threat indicator or defensive measure;" the 2015 Act explicitly defines |
| | "cyber threat indicator" to include "a security vulnerability" (See 6 U.S.C. § 1501(6)(C)) and defines |
| | "defensive measure" to include any action, procedure, technique, or other measure to prevent or |
| | mitigate a known or suspected cybersecurity threat. See 6 U.S.C. § 1501(7)). STL governmental |
| | entities, rather than CISA, are responsible for asserting this basis for withholding in response to any |
| | such requests under their own STL disclosure laws. |



| Dated: | | |
|--------|--|--|
| Dateu. | | |

| 5.5 | Collect | red data and assessment results may be anonymized and used to support government-wide |
|-----|--------------|--|
| | trendir | ng analysis. Any data or assessment results used in trending status reports will be non- |
| | attribu | table to |
| 5.6 | CISA w | ill not share's specific data and final report except as may be required by law. |
| 6 | Post-A | ssessment |
| 6.1 | The CI | SA team will provide with a final report within 30 days. The final report is provided "as |
| | | informational purposes only. The Department of Homeland Security (DHS) does not provide |
| | | rranties of any kind regarding any information contained within. DHS does not endorse any |
| | | ercial product or service, referenced in the final report or otherwise. Further dissemination of |
| | | al report may be governed by a Traffic Light Protocol (TLP) marking in the header, if present. |
| | | re information about TLP, see http://www.us-cert.gov/tlp/. |
| 6.2 | | understands that it is under no obligation to implement any changes to its information |
| | system | s that CISA may recommend. |
| 7 | Disput | e Resolution |
| | Disnute | es will be resolved at the lowest level possible. |
| | | |
| 8 | Amend | iment |
| | Unless | otherwise specified, this ROE may be amended by the mutual written agreement of the |
| | | CIO or equivalent authorized official and the CISA Assessment Chief at any time. |
| 9 | Termin | ation |
| | This RC | DE may be terminated either bilaterally by the mutual written agreement of the CIO or |
| | equival | ent authorized official and the CISA Assessments Chief at any time or unilaterally with thirty |
| | (30) da | ys written notice. |
| 10 | Approv | val en |
| | By sign | ing below, the approving official certifies the following: |
| | 0 | authorizes the CISA team to provide services on networks and systems in each |
| | 0 | Appendix A; |
| | • | agrees to obtain and provide to CISA a written authorization using the form at Appendix B from every third party that operates or maintains networks/systems |
| | | listed in each Appendix A; |
| | ٥ | agrees to ensure that network users have received notice and consent in |
| | 0 | accordance with this ROE; accepts that, while the CISA team will use its best efforts to conduct its activities in a |
| | . | way that minimizes risk to systems and networks, all of the tests described above, |



| DHS CISA | | Dated: |
|-------------|---|--|
| • | and especially penetration testing or a red team assessment systems and networks; accepts the risks to systems and networks that activities described in this ROE; acknowledges that CISA provides no warranties of any the assistance provided under this ROE; accepts the risk of any damage that may result from in provided by DHS; and has authorized you to make the above certifications of any damage that may result from its provided by DHS; and has authorized you to make the above certifications of the systems. | may occur as a result of which kind relating to any aspect of the second control of the |
| (Signature, | Chief Information Officer or Equivalent) | (Date) |
| (Print Nan | ne and Title) | (Email and Telephone Number) |

CISA Assessment Chief

(Date)

For CISA Assessments Use Only – ROE S/N:



CYBER HYGIENE

Authorization to Conduct Continuous Scans of Public-Facing Networks and Systems

| The Cybersecurity and Infrastructure Security Agency (CISA) of the Department of Homeland Security (DHS), under authority of Title XXII of the Homeland Security Act (6 U.S.C. § 651 et seq esp. 6 U.S.C. § 659) would like to gain authorization from |
|--|
| to conduct continuous network and vulnerability scanning of's publicl accessible networks and systems. The goals of these activities are to: |
| Catalog's publicly accessible networks and systems, including services runnin and version/patch levels |
| 2. Identify vulnerabilities on's publicly accessible networks and systems |
| 3. Identify potential configuration issues with's public facing networks and system |
| 4. Maintain tactical awareness of the operational risks and cyber health of individual entities |
| 5. Inform the government's common operational view of cyberspace |
| Integrate relevant information, analysis, and vulnerability assessments, in order t identify priorities for protective and support measures regarding potential or actual threats |
| 7. Provide "early warning" of specific actionable vulnerabilities to |
| CISA activities will originate from IP addresses or other identifiers that will be made known t CISA will also notify should the IP addresses or other identifiers change. |
| Scanning will be openly attributable to the authorized scanning source, and should be detected by's network monitoring solutions. Data will be sent to's networks and system corresponding to the public facing IP addresses, domain names, or other identifiers provided be for scanning. The process has been designed to be as unobtrusive as possible: scheduling intensity and frequency have been carefully planned to minimize the possibility of service disruption. |
| Activities under this authorization will be limited to scanning; no attempts to connect tointernal network, penetrate's systems, or monitor's network traffic will be madunder this authorization. |
| If a third-party, such as a cloud service provider, operates or maintains the networks of systems to be scanned pursuant to this authorization, will make sure that such thir |



| parties are promptly notified of this authorized CISA scanning activity and authorize it in writing. If any such third party should fail to authorize in writing the scanning activity, will promptly notify the CISA point of contact listed below. | | | | | |
|--|--|--|--|--|--|
| point of deliver scanne update metho | In a separate Appendix to this authorization will provide the following information: the point of contact for activities performed under this authorization; an email address for the delivery of reports; identification information for the networks and systems to be scanned pursuant to this authorization; and any other relevant information may provide updates to this information from time to time, in writing, using an updated Appendix or other method must promptly update CISA of changes to the identifying information used to scan networks and systems pursuant to this authorization. | | | | |
| CISA ad | cknowledges that may withdraw this authorization at any time for any reason. | | | | |
| notifica | SA Point of Contact for this activity can be reached at MCATS_info@hq.dhs.gov . All ations, updates, or other communications regarding this authorization and any related a should be sent to this CISA Point of Contact. | | | | |
| By sign | ing below, the approving official agrees to the following: | | | | |
| ø | has authority to authorize scanning of the networks and systems submitted pursuant to this authorization; | | | | |
| 0 | authorizes CISA to conduct the scanning activities described above; | | | | |
| . 6 | agrees to promptly update CISA of changes to the information used to identify the networks and systems to be scanned pursuant to this authorization; | | | | |
| • | agrees to promptly notify and secure written authorization for the scanning activities described above from any third-party that operates or maintains thenetworks or systems to be scanned pursuant to this authorization; | | | | |
| 6 | accepts that, while CISA teams will use their best efforts to conduct scans in a way that minimizes risk to's systems and networks, the scanning activities described above create some risk of degradation in performance to's systems and networks; | | | | |
| 0 | accepts all risks to its systems and networks for the activities described above; | | | | |
| 0 | acknowledges that CISA provides no warranties of any kind relating to any aspect of the assistance provided under this authorization; | | | | |
| • | accepts the risk of any damage that may result from implementing any guidance provided by CISA; and | | | | |
| 0 | has authorized you to make the above certifications on its behalf. | | | | |



_____ County: _____ State: ____

DOCUMENT VERSION 4.0 - 04/04/2019

Entity:

City:

| 700 March | |
|-----------|----------------------|
| | OICA |
| | USA |
| TO SECOND | CYBER-INFRASTRUCTURE |

Appendix A

Authorization to Conduct Continuous Scans of Public-Facing Networks and Systems provides the following information to facilitate the authorized scanning activities: Please provide a **technical point of contact** at ______ for the CISA team to follow-up with: Name: Email: We recommend your organization create/use a distribution list email address to receive our reports. This allows your organization to manage the recipients of our report. We will only deliver reports to a single address. Distro email: Your report will be encrypted with a password which we will provide to you. How would you like this password delivered (select one)? Email





When should scans begin? (e.g., as soon as possible, or time, Eastern @ mm/dd/yyyy)

Identification of Your Public-Facing Networks and Systems:

Enter your organization's **public IPv4** addresses for non-elections Critical Infrastructure systems in CIDR notation to be scanned:



Elections Critical Infrastructure IP Addresses:

Enter your organization's Public IPv4 Addresses for Elections Critical Infrastructure systems in CIDR notation to be scanned:



| $_{ m Agene}$ | la l | tem | 3 |
|---------------|------|-----|---|
| | | | |

$THE\ REQUESTED\ ACTION\ OF\ THE\ LANDER\ COUNTY\ COMMISSION\ IS:$

COUNTY MANAGER: For possible action, to reappoint one individual to serve on the Lander County Advisory Board to Manage Wildlife. The term expires on June 30, 2022.

a) Scott Torgerson

Public Comment:

Background:

Recommended action:

234 1

June 17, 2019

Lander County Commissioners Battle Mountain, NV 89820

Dear Lander County Commissioners:

My term on the Lander County Advisory Board to Manage Wildlife is ending soon and I would like for you to consider reappointing me to the Board for another term. I am currently the Chairman of the Board and have been a member for the past ten years.

I have been an avid hunter all my life and I feel that the work we do on this board for our county is important. I would appreciate your consideration in this matter. Thank you.

Sincerely,

Scott Torgerson

| Agenda Item4 |
|---|
| THE REQUESTED ACTION OF THE LANDER COUNTY COMMISSION IS: |
| COUNTY MANAGER: Agenda Setting Procedures/Informational Only. |
| |
| Public Comment: |
| Background: |

Recommended action:

| | Agenda | Item | . 5 |
|--|--------|------|-----|
|--|--------|------|-----|

THE REQUESTED ACTION OF THE LANDER COUNTY COMMISSION IS:

| COUNTY MANAGER: Request from John Gist for possible action to approve of | ${f r}$ disapprove |
|--|--------------------|
| \$ 4,644 for the High School Band Uniforms for the battle Mountain High Scho | ol band. |

Public Comment:

Recommended action:

Background:

Lander County Commission Agenda Request Form

| COMMISSIONER MEETING DATE | CHANDLY | |
|---|----------|----------|
| NAME: JOHN GIST REPRESENTING: BMHS BAND | | |
| ADDRESS: 425 W | | |
| PH: 204 760 9145 PH: | | |
| WHICH NUMBER SHOULD WE CALL DURING NORMAL BUSINESS HOURS? | | |
| WHO WILL BE ATTENDING THE MEETING: | | |
| JOB TITLE: MUSIC EDUCATOR | | |
| SPECIFIC REQUEST TO BE PLACED ON THE AGENDA: | | |
| | | |
| | | |
| BACKGROUND INFORMATION: | | |
| | | |
| | | |
| WHAT ACTION WOULD YOU LIKE THE BOARD TO TAKE TO RESOLVE THIS ISSUE? | | |
| Approve \$4644 | | |
| | | |
| ARE THERE ANY COSTS ASSOCIATED WITH YOUR REQUEST? AMOUNT \$ | YES | NO |
| HAS THIS ISSUE BEEN DISCUSSED AT A PRIOR COMMISSION MEETING? | | |
| WHEN? | YES | NO |
| HAS THIS ISSUE BEEN REVIEWED AND APPROVED BY AFFECTED DEPT HEADS? | | 80000 |
| ALL BACKUP MATERIAL MUST BE PROVIDED WITH AGENDA REQUEST, NOT AT THE MEEING: | YES | NO |
| IS ALL THE BACK UP MATERIAL ATTACHED TO THIS AGENDA REQUEST? | YES | NO |
| IF THE ITEM IS A CONTRACT AND/OR AGREEMENT, OR REQUIRES LEGAL REVIEW, IT MUST BE REVIEWED BY THE DISTRIC ATTORNEY'S OFFICE PRIOR TO AGENDA SETTING OR IT WILL NOT GO ON THE AGENDA. | | |
| HAS THE DISTRICTATTORNEY'S OFFICE PROVIDED THE REQUIRED REVIEW? | YES | 2000 000 |
| THE COMMISSIONERS RESERVE THE RIGHT TO REJECT OR RECOMMEND TABLING ALL A FOR INSUFFICIENT INFORMATION. | GENDA RE | QUESTS |
| ALL INFORMATION STATED IS CORRECT AND TRUE TO MY KNOWLEDGE: | | |
| SIGNATUREDATE | | |
| The Lander County Board of Commissioners meets the 2 nd and 4 th Thursday of each r | nonth | |

Lander County • 50 State Route 305, Battle Mountain, NV 89820 • 775-635-2885 fax-635-5332



Proposal for Battle Mountain HS Band Uniforms

The uniform would consist of the following components:

1. (Purchased by each student)

| 0 | Tuxedo shirt | \$19 | | | |
|---|----------------------|------|---|---|----|
| 0 | Black marching shoes | 24 | | | |
| 0 | Black marching socks | 3 | | | |
| | Total student cost | \$46 | 7 | X | 36 |

2. Purchased by Lander county and owned by LCSD

| CH | ased by Lander County and Owne | d by LCS | U | | | |
|----|--------------------------------|--------------|---|---|----|--|
| • | Eton style tuxedo jacket | \$52 | | | | |
| • | Adjustable waist tuxedo pants | 23 | | | | |
| • | "gaucho" style hat | 32 | | | | |
| • | Crossover necktie | 7 | | | | |
| • | Garment bag | 12 | | | | |
| • | Gold hatband ribbon | 3 | | | | |
| | Total cost per student | \$129 | - | X | 36 | |
| | | | | | | |

There are 30 students enrolled in the band currently, should probably start with 36 uniforms to handle various sizes and be able to adapt in the next few years. I was unable to source a forest green tuxedo shirt, so I plan to purchase white shirts and dye them forest green (with the help of some Moms)

Lander County cost for proposal: \$4644

BMHS student cost for proposal 1656

Respectfully submitted,

John Gist

| Agenda | Item | 6 |
|--------|------|---|
|--------|------|---|

$THE\ REQUESTED\ ACTION\ OF\ THE\ LANDER\ COUNTY\ COMMISSION\ IS:$

COUNTY MANAGER: For possible action, renewal of lease of Frontier Community Action Agency located at 370. S Mountain Street, Battle Mountain, NV 89820 for another two years.

Public Comment:

Background:

Recommended action:

Lander County Commission Agenda Request Form



COMMISSIONER MEETING DATE

| NAME:JANINE ROBINSONREPRESENTING: FRONTIER COMMUNITY AGENCY | ACTION | |
|--|------------|--------|
| ADDRESS: _370 S MOUNTAIN STREET, BATTLE MOUNTAIN, NV 89820 | | |
| PH: _775-623-9003 (MAIN OFFICE - WINNEMUC | CA | |
| WHICH NUMBER SHOULD WE CALL DURING NORMAL BUSINESS HOURS? 775-623-9003 | <u></u> | |
| WHO WILL BE ATTENDING THE MEETING: | | |
| JOB TITLE: | - | |
| SPECIFIC REQUEST TO BE PLACED ON THE AGENDA: REQUEST RENEWAL OF LEASE OF 3' STREET, BATTLE MOUNTAIN, NV 89820 FOR ANOTHER TWO YEARS. | 70 S. MOUN | JTAIN |
| BACKGROUND INFORMATION: PREVIOUS LEASE WAS APPROVED FOR A RENTAL PERIOD (2017-SEPTEMBER 30, 2019. |)F ОСТОВЕ | IR 1, |
| WHAT ACTION WOULD YOU LIKE THE BOARD TO TAKE TO RESOLVE THIS ISSUE? RENEW (FCAA | OF LEASE 1 | го тне |
| ARE THERE ANY COSTS ASSOCIATED WITH YOUR REQUEST? AMOUNT \$ 250.00 PER MONTH RENT PAID BY FRONTIER COMMUNITY ACTION AGENCY EACH MONTH PER PREVIOUS CONTRACT. | YES _X_ | NO |
| HAS THIS ISSUE BEEN DISCUSSED AT A PRIOR COMMISSION MEETING? | YES _X | NO |
| WHEN?2-22-18 – APPROVED BY COUNTY COMMISSIONERS HAS THIS ISSUE BEEN REVIEWED AND APPROVED BY AFFECTED DEPT HEADS? | | |
| ALL BACKUP MATERIAL MUST BE PROVIDED WITH AGENDA REQUEST, NOT AT THE MEEING: | YES | NO |
| IS ALL THE BACK UP MATERIAL ATTACHED TO THIS AGENDA REQUEST? | YES X | NO |
| IF THE ITEM IS A CONTRACT AND/OR AGREEMENT, OR REQUIRES LEGAL REVIEW, IT MUST BE REVIEWED BY THE DISTRIC ATTORNEY'S OFFICE PRIOR TO AGENDA SETTING OR IT WILL NOT GO ON THE AGENDA. HAS THE DISTRICTATTORNEY'S OFFICE PROVIDED THE REQUIRED REVIEW? | YES | NO X |
| THE COMMISSIONERS RESERVE THE RIGHT TO REJECT OR RECOMMEND TABLING ALL A FOR INSUFFICIENT INFORMATION. ALL INFORMATION STATED IS CORRECT AND TRUE TO MY KNOWLEDGE: | | |
| SIGNATURE DATE 8-13-19 DATE And 4th Thursday of each month | | The |

 $Lander\ County \bullet\ 50\ State\ Route\ 305,\ Battle\ Mountain,\ NV\ 89820 \bullet\ 775\text{-}635\text{-}2885\ fax\text{-}635\text{-}5332$

LEASE AGREEMENT

This Lease Agreement, hereinafter referred to as "Agreement" is made by and between Lander County, a political subdivision of the State of Nevada, hereinafter referred to as "Lander County," and the Frontier Community Action Agency, hereinafter referred to as "FCAA."

RECITALS

WHEREAS, FCAA is a not-for-profit organization that desires to use Lander County's property for the purpose of providing much needed and beneficial services to citizens in Lander County that the County would otherwise be required to expend money to provide; and

WHEREAS, Lander County is authorized to lease property to a nonprofit charitable or civic organization pursuant to NRS 244.2835; and

WHEREAS, Lander County does not currently need or utilize the building located at 370 South Mountain St., Battle Mountain, Nevada 89820, hereinafter referred to as "Building," at the present time for other public purposes; and

WHEREAS, FCAA qualifies and shall continue to qualify as a nonprofit charitable organization; and

WHEREAS, Lander County recognizes that Pershing County Women, Infants and Children (PCWIC), a not-for-profit organization will also occupy these premises simultaneously by separate contract and who also provide beneficial services to citizens in Lander County that the County would otherwise be required to expend money to provide.

NOW, THEREFORE, in consideration of the mutual covenants, conditions and other good and valuable consideration contained herein, the parties hereby agree as follows:

TERMS AND CONDITIONS

- 1. Purpose: FCAA shall, subject to all terms, conditions, and limitations specified hereinafter, have the right to use the Building for the purpose of providing program as set forth in FCAA's By-Laws. FCAA shall notify Lander County of any proposed by-law changes. The by-laws shall not be amended to restrict or modify open enrollment.
- 2. Term: This Agreement shall remain in effect for a two (2) year period from October 1, 2017 to September 30, 2019. This term shall be subject to earlier termination as hereafter provided.
- 3. Effective Date: This Agreement shall not become effective until and unless approved by appropriate official action of the governing body/official of each of the parties.

- 4. Rental Payment: FCAA shall pay as rent two hundred fifty dollars (\$250.00) per month upon execution of this agreement.
- 5. Maintenance and Utilities: Maintenance obligations are as follows:
 - A. Lander County shall be responsible for the maintenance to the exterior of the Building, landscape, grounds, and the parking lot.
 - B. Lander County shall be responsible for the maintenance and repair to the plumbing, heating and electrical services and systems inside the Building.
 - C. Lander County shall provide the maintenance and repairs required under this paragraph upon the submission of maintenance/repair requests submitted by FCAA and approved by Lander County.
 - D. FCAA shall provide general maintenance and cleaning of the interior of the Building and shall keep the interior in good and safe order.
 - E. FCAA shall pay for water, electric and gas utilities.
- 6. Liability and Hold Harmless: To the extent authorized by law, FCAA agrees to indemnify and hold harmless Lander County from any loss, damage, liability, cost or expense to the person or property of another, which is caused by the intentional or negligent acts of FCAA, its officers, employees or agents. Moreover, FCAA agrees to indemnify and hold harmless Lander County from any claim or potential claim from FCAA, its officers, employees, agents or guests resulting from any loss, damage, liability, cost or expense caused by any reason.

FCAA further promises to provide Lander County sufficient evidence of a liability insurance policy, satisfactory to Lander County, which covers FCAA and names Lander County as an additional insured. Said policy must indemnify and hold harmless Lander County against any and all claims, in the amount of one million dollars (\$1,000,000.00) for injury to any one person, said policy must remain in force during the entire term of this Agreement and must be subject to prior notice to Lander County before cancellation. Such proof must be provided to the Lander County Clerk's Office and the Lander County Executive Director's Office prior to this Agreement becoming effective.

- 7. Insurance of Property: Lander County shall be responsible for the insurance of the Building and its appurtenances. Any proceeds that result from this Paragraph shall belong to Lander County. Lander County shall be under no obligation to use said proceeds to rebuild or repair the Building to make it suitable for the purpose of this Agreement.
- 8. Improvements and Alterations: FCAA shall make no improvements or alterations to the Building or grounds unless prior approval is granted in writing by Lander County. All improvements

and alterations shall remain the property of Lander County upon termination of this Agreement unless FCAA can remove them without causing damage to the Building. FCAA shall not receive any credit towards rent for any improvements or alterations.

- 9. Surrender of Possession: FCAA agrees to surrender to Lander County possession of the Building at the expiration or termination of the Agreement, by lapse of time or otherwise, in as good repair as when FCAA obtained it at the commencement of the term, excepting only ordinary wear and decay, or damage by elements, or by act of God, insurrection, nuclear weapon, bomb, riot, invasion or commotion, or of military or usurped power.
- 10. Amendment or Modification: Both parties acknowledge and agree that they have not relied upon any statements, representations, agreements, or warranties, in entering into this Agreement, except as are stated herein, and no amendment or modification of this Agreement shall be valid or binding unless expressed in writing and executed by both the parties.
- 11. Damage or Loss to FCAA's Property: All personal property of any kind kept in the Building shall be kept there at FCAA's sole risk and Lander County shall not be held liable for any damage done to or loss of that personal property, arising from bursting pipes, overflowing or leaking of water, sewer, or steam pipes, or from heating or plumbing fixtures, or from electrical wires, or from gases, or odors, or caused in any other manner. Lander County has no duty to provide security for building.
- 12. Termination: This Agreement may be Terminated prior to the expiration of the term as follows:
 - A. Lander County or FCAA may terminate this Agreement with or without cause upon thirty (30) days written notice served upon the other party as provided in this Agreement.
 - B. Lander County and FCAA may agree in writing to terminate the lease at any time.
 - C. This Agreement shall automatically terminate upon the destruction of the Building.
- 13. Notices: All notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth below.

Lander County: Lander County Board of Commissioners 50 State Route 305 Battle Mountain, Nevada 89820

FCAA: Frontier Community Action Agency 657 Anderson Street Winnemucca, NV 89445

- 14. Proof of Corporate and/or Nonprofit Status: FCAA shall provide Lander County with satisfactory evidence of FCAA's corporate and/or nonprofit status.
- 15. Waiver: Any waiver by either party of any breach of any kind or character whatsoever by the other, whether such be direct or implied, shall not be construed as a continuing waiver of, or consent to, any subsequent breach of this Agreement.
- 16. Assignment: The rights granted and responsibilities incurred under this Agreement may not be assigned without the written consent of Lander County. FCAA may not sublease.
- 17. Third Party Beneficiaries: The enforcement of the terms and conditions of this Agreement and all rights of action relating to such enforcement shall be strictly reserved to the parties of the Agreement. There are no third party beneficiaries to this Agreement, and nothing contained in or implied by this Agreement shall give or allow any such claim or right of action by any other or third person.
- 18. Governing Law: This Agreement shall be construed and governed by the laws of the State of Nevada. Any action arising from this Agreement must be filed in the Eleventh Judicial District Court in and for the County of Lander.
- 19. Attorney's Fees: Should either party be required to pursue legal action to enforce the terms and conditions of this Agreement, the prevailing party shall be entitled reasonable attorney fees and court costs.
- 20. Governmental Immunity: Nothing contained herein waives or is intended to waive any protections that may be applicable to Lander County or any of its elected or appointed officials, employees, or agents under any applicable statutes, rules or regulations providing governmental immunity, or any other rights, protections, immunities, defenses or limitations on liability to Lander County or such related parties that are provided by law.
- 21. Captions: The headings used in this Agreement are inserted for reference purposes only and

shall not be deemed to define, limit, extend, describe, or affect in any way the meaning, scope or interpretation of any of the terms or provisions of this Agreement or the intent hereof.

- 22. Integration: This Agreement shall constitute the entire agreement between the parties; all prior agreements between the parties, whether written or oral, are merged into this Agreement and shall be of no force or effect.
- 23. Relationship: This Agreement shall not be deemed to create a partnership between the parties in their respective endeavors or otherwise, nor cause them to be considered joint venturers or members of any joint enterprise.
- 24. Force Majeure: Neither party shall be responsible for any failure or delay in its performance under this Agreement due to causes beyond its reasonable control, including but not limited to, labor disputes, strikes, lockouts, shortages of or inability to obtain labor, energy, raw materials or supplies, war, riot, acts of God or governmental action.
- 25. Severability: if any covenant, phrase, clause, paragraph, section, condition or provision contained within this Agreement is invalidated by a court of competent jurisdiction, then the invalidity shall in no way affect any other covenant, phrase, clause, paragraph, section, condition, or provision contained in this Agreement.
- 26. Construction: This Agreement shall be construed without to the identity of the party who drafted various provisions of the Agreement. Moreover, each and every provision of this Agreement shall be construed as though all parties to this Agreement participated equally in the drafting of this Agreement. As a result of the foregoing, any rule or construction that a document is to be construed against the drafting party shall not apply.
- 27. Confidentiality: Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Agreement.
- 28. Proper Authority: The parties hereto represent and warrant that the person executing this Agreement on behalf of each party has full power and authority to enter into this Agreement and that the parties are authorized by law to perform the services set forth in this Agreement.
- 29. Compliance With Law: The parties hereto represent and warrant that they will comply with all relevant local, state, and federal laws and regulations and further represent and warrant that any failure to comply with such laws is a material breach of contract and that the breaching party will indemnify the other party from any and all claims or damages arising out of such breach.

IN WITNESS THEREOF, the parties hereto have executed this Agreement as of the

LANDER COUNTY LANDER COUNTY BOARD OF COMMISSIONERS Date: 2-22-18 DOUG MILLS, Chair Attest: APPROVED AS TO FORM AND LEGALITY Theodor C Henrera SADIE SULLIVAN, County Clerk THEODORE C. HERRERA and Ex-Officio Clerk of the Board of Lander County District Attorney Commissioners of Lander County, Nevada FRONTIER COMMUNITY ACTION AGENCY Date: Printed Name, Title

IN WITNESS THEREOF, the parties hereto have executed this Agreement as of the

signatures indicated below:

LEASE AGREEMENT

This Lease Agreement, hereinafter referred to as "Agreement" is made by and between Lander County, a political subdivision of the State of Nevada, hereinafter referred to as "Lander County," and the Frontier Community Action Agency, hereinafter referred to as "FCAA."

RECITALS

WHEREAS, FCAA is a not-for-profit organization that desires to use Lander County's property for the purpose of providing much needed and beneficial services to citizens in Lander County that the County would otherwise be required to expend money to provide; and

WHEREAS, Lander County is authorized to lease property to a nonprofit charitable or civic organization pursuant to NRS 244.2835; and

WHEREAS, Lander County does not currently need or utilize the building located at 370 South Mountain St., Battle Mountain, Nevada 89820, hereinafter referred to as "Building," at the present time for other public purposes; and

WHEREAS, FCAA qualifies and shall continue to qualify as a nonprofit charitable organization; and

WHEREAS, Lander County recognizes that Pershing County Women, Infants and Children (PCWIC), a not-for-profit organization will also occupy these premises simultaneously by separate contract and who also provide beneficial services to citizens in Lander County that the County would otherwise be required to expend money to provide.

NOW, THEREFORE, in consideration of the mutual covenants, conditions and other good and valuable consideration contained herein, the parties hereby agree as follows:

TERMS AND CONDITIONS

- I. Purpose: FCAA shall, subject to all terms, conditions, and limitations specified hereinafter, have the right to use the Building for the purpose of providing program as set forth in FCAA's By-Laws. FCAA shall notify Lander County of any proposed by-law changes. The by-laws shall not be amended to restrict or modify open enrollment.
- 2. Term: This Agreement shall remain in effect for a two (2) year period from October I, 2019 to September 30, 2021. This term shall be subject to earlier termination as hereafter provided.
- 3. Effective Date: This Agreement shall not become effective until and unless approved by appropriate official action of the governing body/official of each of the parties.

- 4. Rental Payment: FCAA shall pay as rent two hundred fifty dollars (\$250.00) per month upon execution of this agreement.
- 5. Maintenance and Utilities: Maintenance obligations are as follows:
 - A. Lander County shall be responsible for the maintenance to the exterior of the Building, landscape, grounds, and the parking lot.
 - B. Lander County shall be responsible for the maintenance and repair to the plumbing, heating and electrical services and systems inside the Building.
 - C. Lander County shall provide the maintenance and repairs required under this paragraph upon the submission of maintenance/repair requests submitted by FCAA and approved by Lander County.
 - D. FCAA shall provide general maintenance and cleaning of the interior of the Building and shall keep the interior in good and safe order.
 - E. FCAA shall pay for water, electric and gas utilities.
- 6. Liability and Hold Harmless: To the extent authorized by law, FCAA agrees to indemnify and hold harmless Lander County from any loss, damage, liability, cost or expense to the person or property of another, which is caused by the intentional or negligent acts of FCAA, its officers, employees or agents. Moreover, FCAA agrees to indemnify and hold harmless Lander County from any claim or potential claim from FCAA, its officers, employees, agents or guests resulting from any loss, damage, liability, cost or expense caused by any reason.

FCAA further promises to provide Lander County sufficient evidence of a liability insurance policy, satisfactory to Lander County, which covers FCAA and names Lander County as an additional insured. Said policy must indemnify and hold harmless Lander County against any and all claims, in the amount of one million dollars (\$1,000,000.00) for injury to any one person, said policy must remain in force during the entire term of this Agreement and must be subject to prior notice to Lander County before cancellation. Such proof must be provided to the Lander County Clerk's Office and the Lander County Executive Director's Office prior to this Agreement becoming effective.

- 7. Insurance of Property: Lander County shall be responsible for the insurance of the Building and its appurtenances. Any proceeds that result from this Paragraph shall belong to Lander County. Lander County shall be under no obligation to use said proceeds to rebuild or repair the Building to make it suitable for the purpose of this Agreement.
- 8. Improvements and Alterations: FCAA shall make no improvements or alterations to the Building or grounds unless prior approval is granted in writing by Lander County. All improvements

and alterations shall remain the property of Lander County upon termination of this Agreement unless FCAA can remove them without causing damage to the Building. FCAA shall not receive any credit towards rent for any improvements or alterations.

- 9. Surrender of Possession: FCAA agrees to surrender to Lander County possession of the Building at the expiration or termination of the Agreement, by lapse of time or otherwise, in as good repair as when FCAA obtained it at the commencement of the term, excepting only ordinary wear and decay, or damage by elements, or by act of God, insurrection, nuclear weapon, bomb, riot, invasion or commotion, or of military or usurped power.
- I 0. Amendment or Modification: Both parties acknowledge and agree that they have not relied upon any statements, representations, agreements, or warranties, in entering into this Agreement, except as are stated herein, and no amendment or modification of this Agreement shall be valid or binding unless expressed in writing and executed by both the parties.
- 11. Damage or Loss to FCAA's Property: All personal property of any kind kept in the Building shall be kept there at FCAA's sole risk and Lander County shall not be held liable for any damage done to or loss of that personal property, arising from bursting pipes, overflowing or leaking of water, sewer, or steam pipes, or from heating or plumbing fixtures, or from electrical wires, or from gases, or odors, or caused in any other manner. Lander County has no duty to provide security for building.
- 12. Termination: This Agreement may be Terminated prior to the expiration of the term as follows:
 - A. Lander County or FCAA may terminate this Agreement with or without cause upon thirty (30) days written notice served upon the other party as provided in this Agreement.
 - B. Lander County and FCAA may agree in writing to terminate the lease at any time.
 - C. This Agreement shall automatically terminate upon the destruction of the Building.
- 13. Notices: All notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth below.

Lander County:
Lander County Board of Commissioners
50 State Route 305
Battle Mountain, Nevada 89820

FCAA: Frontier Community Action Agency 667 Anderson Street Winnemucca, NV 89445

- 14. Proof of Corporate and/or Nonprofit Status: FCAA shall provide Lander County with satisfactory evidence of FCAA's corporate and/or nonprofit status.
- 15. Waiver: Any waiver by either party of any breach of any kind or character whatsoever by the other, whether such be direct or implied, shall not be construed as a continuing waiver of, or consent to, any subsequent breach of this Agreement.
- 16. Assignment: The rights granted and responsibilities incurred under this Agreement may not be assigned without the written consent of Lander County. FCAA may not sublease.
- 17. Third Party Beneficiaries: The enforcement of the terms and conditions of this Agreement and all rights of action relating to such enforcement shall be strictly reserved to the parties of the Agreement. There are no third party beneficiaries to this Agreement, and nothing contained in or implied by this Agreement shall give or allow any such claim or right of action by any other or third person.
- 18. Governing Law: This Agreement shall be construed and governed by the laws of the State of Nevada. Any action arising from this Agreement must be filed in the Eleventh Judicial District Court in and for the County of Lander.
- 19. Attorney's Fees: Should either party be required to pursue legal action to enforce the terms and conditions of this Agreement, the prevailing party shall be entitled reasonable attorney fees and court costs.
- 20. Governmental Immunity: Nothing contained herein waives or is intended to waive any protections that may be applicable to Lander County or any of its elected or appointed officials, employees, or agents under any applicable statutes, rules or regulations providing governmental immunity, or any other rights, protections, immunities, defenses or limitations on liability to Lander County or such related parties that are provided by law.
- 21. Captions: The headings used in this Agreement are inserted for reference purposes only and

shall not be deemed to define, limit, extend, describe, or affect in any way the meaning, scope or interpretation of any of the terms or provisions of this Agreement or the intent hereof.

- 22. Integration: This Agreement shall constitute the entire agreement between the parties; all prior agreements between the parties, whether written or oral, are merged into this Agreement and shall be of no force or effect.
- 23. Relationship: This Agreement shall not be deemed to create a partnership between the parties in their respective endeavors or otherwise, nor cause them to be considered joint ventures or members of any joint enterprise.
- 24. Force Majeure: Neither party shall be responsible for any failure or delay in its performance under this Agreement due to causes beyond its reasonable control, including but not limited to, labor disputes, strikes, lockouts, shortages of or inability to obtain labor, energy, raw materials or supplies, war, riot, acts of God or governmental action.
- 25. Severability: if any covenant, phrase, clause, paragraph, section, condition or provision contained within this Agreement is invalidated by a court of competent jurisdiction, then the invalidity shall in no way affect any other covenant, phrase, clause, paragraph, section, condition, or provision contained in this Agreement.
- 26. Construction: This Agreement shall be construed without to the identity of the party who drafted various provisions of the Agreement. Moreover, each and every provision of this Agreement shall be construed as though all parties to this Agreement participated equally in the drafting of this Agreement. As a result of the foregoing, any rule or construction that a document is to be construed against the drafting party shall not apply.
- 27. Confidentiality: Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Agreement.
- 28. Proper Authority: The parties hereto represent and warrant that the person executing this Agreement on behalf of each party has full power and authority to enter into this Agreement and that the parties are authorized by law to perform the services set forth in this Agreement.
- 29. Compliance With Law: The parties hereto represent and warrant that they will comply with all relevant local, state, and federal laws and regulations and further represent and warrant that any failure to comply with such laws is a material breach of contract and that the breaching party will indemnify the other party from any and all claims or damages arising out of such breach.

IN WITNESS THERE OF, the parties hereto have executed this Agreement as of the signatures indicated below:

LA DER COUNTY LANDER COUNTY BOARD OF COMMISSIONERS

| By: Pasty Waits, Chair | Date: |
|--|---|
| By:Kathy Ancho | Date: |
| Attest: | APPROVED AS TO FORM AND LEGALITY |
| County Clerk and Ex-Officio Clerk of the Board of Commissioners of Lander County, Nevada | THEODORE C. HERRERA Lander County District Attorney |
| FRONTIER COMMUNITY ACTION AGENCY | |
| By: Janine Robinson | Date:8/15/19 |
| Janine Robinson, Finance Director/Co-Director | |
| Printed Name, Title | |

| Agenda | Item | 7 |
|--------|------|---|
| | | |

 $THE\ REQUESTED\ ACTION\ OF\ THE\ LANDER\ COUNTY\ COMMISSION\ IS:$

COUNTY MANAGER: For possible action, to submit letter of support for the proposed expansion at the Cortez Mine Site.

Public Comment:

Background:

Recommended action:



LANDER COUNTY OFFICE OF THE COUNTY MANAGER

KEITH WESTENGARD

50 State Route 305 S Battle Mountain, NV 89820 (775) 635-2885

COUNTY MANAGER

August 22,2019

Bureau of Land Management,

We appreciate the opportunity to comment on the Deep South Expansion Project Final Environmental Impact Statement. The Deep South Expansion Project proposed by Nevada Gold Mines is located within Lander County, Nevada. The Lander County Commission supports the proposed expansion at the Cortez Mine site.

There are many economic benefits for Lander County and its residents including an increase in net proceeds on the mine production and property taxes, as well as an increase in sales and use tax revenues during the construction phase of this project. The Lander County community will also continue to benefit from employment opportunities for the workforce at the Cortez mine. Also important to our community is the proven track record of Nevada Gold Mines (formerly Barrick Gold) to incorporate sustainable development activities into all its mining projects.

Nevada Gold Mines works proactively with Federal, State and County agencies and stakeholders on many issues including sound environmental practices, older mining operations legacy issues and post-closure planning that may affect the local community. Nevada Gold Mines has been steadfast in maintaining social investments and scholarship programs and encouraging employees to be active in their local communities.

Nevada Gold Mines have a positive impact on Lander County, such as economics, sustainable workforce and education programs and this is why Lander County strongly supports the proposal for the Deep South Expansion Project.

| Sincere | ly, |
|---------|-----|
| | |

Keith Westengard

| Agenda | Item | 8 |
|--------|--------|---|
| | 700111 | |

$THE\ REQUESTED\ ACTION\ OF\ THE\ LANDER\ COUNTY\ COMMISSION\ IS:$

COUNTY MANAGER: For possible action, to ratify the appointment of Chance Ellis as the town of Kingston Fire Company Fire Chief.

Public Comment:

Background:

Recommended action:

*2. DISCUSSION FOR POSSIBLE ACTION ON TREASURER'S REPORT AND OTHER MATTERS PROPERLY RELATING THERETO.

Don Haines said the balance is \$54,482.16. She has all the revenue and expenses listed for the

NO NEW BUSINESS. NO ACTION TAKEN.

*3. DISCUSSION FOR POSSIBLE ACTION TO RATIFY THE TKFC VOTE TO ELECT CHANCE ELLIS TO FIRE CHIEF AND OTHER MATTERS PROPERLY RELATING THERETO.

Tammy Elkins made a motion to ratify the TKFC vote to elect Chance Ellis to Fire Chief. Seconded by Steve Smith, the motion was voted and carried unanimously. APPROVED.

KINGSTON TOWN WATER UTILITY BOARD

- 1. DISCUSSION FOR POSSIBLE ACTION REGARDING WATER UTILITY MANAGEMENT AND OTHER MATTERS RELATING THERETO, INCLUDING APPROVAL/DISAPPROVAL OF FOLLOWING FINANCIAL RECORDS FOR APRIL 2019.
 - A. DEPOSITS AND CASH RECEIPTS
 - B. UTILITY CUSTOMERS ADJUSTMENTS
 - C. TRANSFERS TO STATE INVESTMENT FUND

Thiss gave a financial overview for APRIL 2019. There was discussion on the leak percentage. INFORMATION ONLY. NO ACTION TAKEN.

2. DISCUSSION FOR POSSIBLE ACTION REGARDING THE TOWN OF KINGSTON WATER UTILITY'S PLUMAS LANE PROJECT, INCLUDING FUNDING, TIMELINE OF PROJECT AND CHANGE ORDERS AND OTHER MATTERS PROPERLY RELATING

Shannon Thiss said both projects are done. My last samples came back today so there are no more boil water notices. Everyone is on regular water. Rick has inspected the road and has signed off on them, although he will be bringing a grader out to finish them both at a later date. The contractor went into contingency money because of Silver Knolls digging and fittings that were needed for making the turn. But we are not over budget on the money Lander County gave us. I have not gotten the invoice for Plumas Lane but there should be no overages on that and no

INFORMATION ONLY. NO ACTION TAKEN.

| | Agenda | Item | 9 |
|--|--------|------|---|
|--|--------|------|---|

$\it THE\ REQUESTED\ ACTION\ OF\ THE\ LANDER\ COUNTY\ COMMISSION\ IS:$

COUNTY MANAGER: For possible action, to approve the mapped route for Nevada Collision for Suicide Prevention annual 5k walk/run scheduled for September 14, 2019.

Public Comment:

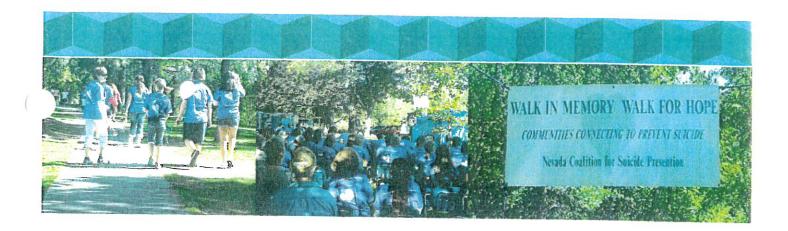
Background

Recommended action:

Lander County Commission Agenda Request Form

| COMMISSIONER MEETING DATE | TEVADA | |
|---|------------------------|----------------|
| NAME: MONICA SULL REPRESENTING: New da Gold mines | | |
| ADDRESS: PO BOX 1657 Battle Mr. NV 89815 | | |
| PH: 775-304-2398 PH: 775-635-6640 | | |
| which number should we call during normal business hours? <u>cell</u> - Bot | 1-2398 | -) |
| WHO WILL BE ATTENDING THE MEETING: No one I well be onlos force | | |
| JOB TITLE: | | |
| SPECIFIC REQUEST TO BE PLACED ON THE AGENDA: | | |
| Commissiones's approval on the mapped route for the NV Coalition for Suicide Prevention 5K walk four School BACKGROUND INFORMATION: | Ce duled Sept. 1 | for 4, 2019 |
| Annual Event -roises money for Lander County | ĭ | |
| Annual Event noises money for Lander County Suicide Frevention First AND Training (ASIST | | |
| WHAT ACTION WOULD YOU LIKE THE BOARD TO TAKE TO RESOLVE THIS ISSUE? | | |
| approve the walk south for the 5k event. been provided to the LC Sherift's office and | The mapping | rap ha |
| ARE THERE ANY COSTS ASSOCIATED WITH YOUR REQUEST? AMOUNT \$ | ES | № 🗶 |
| HAS THIS ISSUE BEEN DISCUSSED AT A PRIOR COMMISSION MEETING? | V | |
| WHEN? 2018 Nowte was approved-NO change to Route Y HAS THIS ISSUE BEEN REVIEWED AND APPROVED BY AFFECTED DEPT HEADS? | ESL | NO |
| Y (Y | ES | NO |
| ALL BACKUP MATERIAL MUST BE PROVIDED WITH AGENDA REQUEST, NOT AT THE MEEING: | | |
| IS ALL THE BACK UP MATERIAL ATTACHED TO THIS AGENDA REQUEST? | ES | NO |
| IF THE ITEM IS A CONTRACT AND/OR AGREEMENT, OR REQUIRES LEGAL REVIEW, IT MUST BE REVIEWED BY THE DISTRIC ATTORNEY'S OFFICE PRIOR TO AGENDA SETTING OR IT WILL NOT GO ON THE AGENDA. | | |
| - f - 3 | | NO |
| THE COMMISSIONERS RESERVE THE RIGHT TO REJECT OR RECOMMEND TABLING ALL AGE FOR INSUFFICIENT INFORMATION. ALL INFORMATION STATED IS CORRECT AND TRUE TO MY KNOWLEDGE: | NDA REQ | UESTS |
| 1/2/19 | | |
| The Lander County Board of Commissioners meets the 2 nd and 4 th Thursday of each mon- | th | |

Lander County • 50 State Route 305, Battle Mountain, NV 89820 • 775-635-2885 fax-635-5332



The Nevada Coalition for Suicide Prevention invites you to join us on September 14, 2019 13th Annual

Walk in Memory, Walk for Hope Help us Stop Suicide

Elquist Park—Battle Mtn. Registration opens at 8:00 a.m., walk begins at 9:00 a.m.. You can also register on line. Please visit the website www.nvsuicideprevention.org for more information. Proudly supported by:

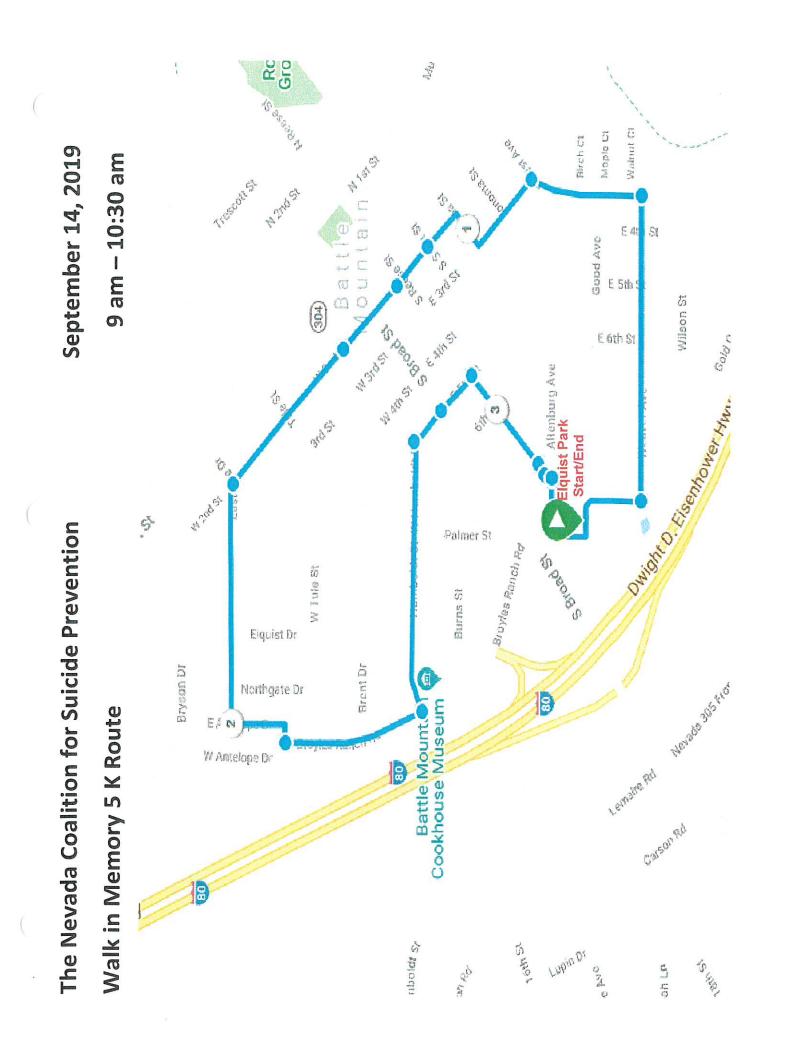


The Nevada Coalition for Suicide Prevention is dedicated to partnering and collaborating with local and state individuals and organizations for the development and implementation of evidence based suicide prevention, intervention, and postvention strategies and programs in the State of Nevada.

Contributions go to the Nevada Coalition for Suicide Prevention to advance its mission of making Nevada safe from suicide. YOU CAN HELP US DO THAT!

For more information on the Battle Mountain walk call Monica Sill at 775-635-6640.

For statewide questions call the Office of Suicide Prevention— Janett Massolo 775-684-2238 or visit the NCSP website at www.nvsuicideprevention.org



| Agenda | Item | 10_ |
|--------|--------|-----|
| Borrau | TOOTIL | 10 |

THE REQUESTED ACTION OF THE LANDER COUNTY COMMISSION IS:

CONVENTION AND TOURISM: For possible action, to read into the record a proclamation in support of the 20^{th} year of the Human powered bike race held annually in Lander County.

Public Comment:

Background:

Recommended action:

Proclamation or Recognition for the Lander County Commission for the 20th World Human Powered Speed Challenge

WHEREAS, Battle Mountain, Nevada is the location of the 20th Anniversary World Human Powered Speed Challenge that brings the World's fastest bicycles and riders into international competition September 8-14, 2019; and

WHEREAS, the World Human Powered Speed Challenge presents an opportunity to set a world record on State Route 305 just south of Battle Mountain which possesses the unique traits necessary for these highly engineered bicycles to achieve top speeds.

WHEREAS, the World Human Powered Speed Challenge represents the World's Fastest Human propelled by self-power in the most efficient vehicle of its kind ever designed; and

WHEREAS, the World Human Powered Speed Challenge unites maximum athletic power and high-level aerodynamic and engineering to produce shockingly fast speeds that in 2016 was a record-breaking 89.59 mph; and

WHEREAS, the Lander County Convention and Tourism Authority and IHPVA has worked for many years to bring this exciting event to the community, in keeping with Nevada's dedication to promoting and welcoming outdoor adventure and recreation as an important contributor to its tourism-based economy

| Agenda Item11 |
|---|
| THE REQUESTED ACTION OF THE LANDER COUNTY COMMISSION IS: |
| JUB ENGINEER: Update on F.A.A Projects within Lander County/ Informational Only |
| Public Comment: |
| Background: |
| Recommended action: |



Agenda Request Form COMMISSION MEETING DATE August 22, 2019

| NAME_David Meyer | REPRESENTING_ J-U-B Enginee | rs, Inc. | |
|--|--|-----------------------|--|
| ADDRESS250 S. Beechwood Ave, Suite 201, Boise, ID 83706 | | | |
| PHONE(H)_208-869-0859 (W)_208-376-7330 (FAX) | | | |
| WHICH NUMBER SHOULD WE CALL DURING NORMAL BUSINESS HOURS? 208-869-0859 | | | |
| WHO WILL BE ATTENDING THE MEETING? David Meyer and Tom Lemenager | | | |
| JOB TITLE Project Engineer and Project Manager, respectively | | | |
| SPECIFIC REQUEST TO BE PLACED ON THE AGENDA: Discussion only regarding updates to the FY 2019 | | | |
| FAA projects at the Austin Airport and Battle Mountain Airport. | | | |
| | - Date Control of Cont | | |
| BACKGROUND INFORMATION: Lander County a | nd J-U-B are working on the FA | A AIP design projects | |
| for the Access Road Improvement project at the Austin Airport and the Apron Reconstruction and | | | |
| Expansion project at the Battle Mountain Airpo | rt. Both projects will be constr | ucted in 2020. | |
| WHAT ACTION WOULD YOU LIKE THE BOARD TO | TAKE TO RESOLF THIS ISSUE?_ | No action required. | |
| | | | |
| ARE THERE ANY COSTS ASSOCIATED WITH YOUR | REOLIEST2 | YES NO X | |
| AMOUNT: | NEQUEST: | 125 | |
| HAS THIS ISSUE BEEN DISCUSSED AT A PRIOR CO | MMISSION MEETINGS | YES X NO | |
| WHEN? May 9,2019 | MINISSION MEETING! | TES_NO | |
| HAS THIS ISSUE BEEN REVIEWED BY AFFECTED D | EDT HEADS? | YES X NO | |
| ALL BACKUP MATERIAL MUST BE PROVIDED WI | | | |
| | | | |
| IS ALL THE BACKUP MATERIAL ATTACHED TO TH | | YESNO_X_ | |
| IF THE ITEM IS A CONTRACT AND/OR AGREEMENT, OR REQUIRES LEGAL REVIEW, IT MUST BE REVIEWED BY THE DISTRICT ATTORNEY'S OFFICE PRIOR TO AGENDA SETTING OR IT WILL NOT GO ON THE AGENDA. | | | |
| HAS THE DISTRICT ATTORNEY'S OFFICE PROVIDE | D REQUIRED REVIEW? | YESNO N/A_X | |
| THE COMMISSION RESERVES THE RIGHT TO REJECT OR RECOMMEND TABLING ALL AGENDA REQUESTS FOR INSUFFICIENT INFORMATION. | | | |
| ALL INFORMATION STATED IS CORRECT AND TRESIGNATURE: | | 8/14/19 | |

AGENDA REQUEST FORM

| COMMISSIONER MEETING DATE: August 22, 2019 | |
|---|--|
| NAME_Anna PenolaREPRESENTING:_ Building Dept. | |
| ADDRESS: 50 State Route 305 | |
| PHONE(H):(W):_(775) 455-7753 (FAX): | |
| WHICH NUMBER SHOULD WE CALL DURING NORMAL BUS HOURS: work cell | SINESS |
| WHO WILL BE ATTENDING THE MEETING Anna Penola JOB TITLE Building Offical | |
| SPECIFIC REQUEST TO BE PLACED ON THE AGENDA: discuss the uses fo units such as sea-tainers, conex boxes | r portable storage |
| BACKGROUND INFORMATION <u>These units are to be used for storage</u> This does not include garages, pole buildings, carports, barns | |
| WHAT ACTION WOULD YOU LIKE THE BOARD TO TAKE TO RESOLVE THIS ISSUE | ? approval |
| | |
| ARE THERE ANY COSTS ASSOCIATED WITH YOUR REQUEST: | YES NO × |
| AMOUNT: | |
| HAS THIS ISSUE BEEN DISCUSSED AT A PRIOR COMMISSION MEETING? WHEN? | YES NO _X |
| HAS THIS ISSUE BEEN REVIEWED AND APPROVED BY AFFECTED DEPT HEADS | VES NO. |
| ALL BACKUP MATERIAL MUST BE PROVIDED WITH AGENDA REQUEST – NOT A | |
| IS ALL THE BACKUP MATERIAL ATTACHED TO THIS AGENDA REQUEST? | YES_X NO |
| IF THE ITEM IS A CONTRACT AND/OR AGREEMENT, OR REQUIRES LEGAL REVII BY THE DISTRICT ATTORNEY'S OFFICE PRIOR TO AGENDA SETTING OR IT WILL HAS THE DISTRICT ATTORNEY'S OFFICE PROVIDED THE REQUIRED REVIEW? | EW, IT MUST BE REVIEWED NOT GO ON THE AGENDA. YES NO_X_ |
| THE COMINISSIONERS RESERVE THE RIGHT TO REJECT OR RECOMMEN | D TABLING ALL AGENDA |
| Requests for insufficient information. | |
| ALL INFORMATION STATED IS CORRECT AND TRUE TO MY KNOWLEDGE. | |
| Janu Petrala DATE | 8.14.19 |
| BOARD MEETS THE 2 ND AND 4 TH THURSDAY OF EACH MO | HTMC |

BOARD MEETS THE 2ND AND 4TH THURSDAY OF EACH MONTH COMMISSION FAX (775) 635-5332

| Agenda Item13 |
|--|
| THE REQUESTED ACTION OF THE LANDER COUNTY COMMISSION IS: |
| Correspondence/reports/potential upcoming agenda items. |
| Public Comment: |
| Background: |
| Recommended action: |