

# Racial Profiling Report | Full report

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<b>Agency Name:</b>	Ellis County Sheriff's Office
<b>Reporting Date:</b>	02/05/2019
<b>TCOLE Agency Number:</b>	139100
<b>Chief Administrator:</b>	Charles Edge
<b>Agency Contact Information:</b>	
<b>Phone:</b>	N/A
<b>Email:</b>	charles.edge@co.ellis.tx.us
<b>Mailing Address:</b>	300 S Jackson

This Agency filed a full report

Ellis County Sheriff's Office has adopted a detailed written policy on racial profiling. Our policy:

- 1.) clearly defines acts constituting racial profiling;
- 2.) strictly prohibit peace officers employed by the Ellis County Sheriff's Office from engaging in racial profiling;
- 3.) implements a process by which an individual may file a complaint with the Ellis County Sheriff's Office if the individual believes that a peace officer employed by the Ellis County Sheriff's Office has engaged in racial profiling with respect to the individual;
- 4.) provides public education relating to the agency's complaint process;
- 5.) requires appropriate corrective action to be taken against a peace officer employed by the Ellis County Sheriff's Office who, after an investigation, is shown to have engaged in racial profiling in violation of the Ellis County Sheriff's Office's policy adopted under this article;
- 6.) require collection of information relating to motor vehicle stops in which a citation is issued and to arrests made as a result of those stops, including information relating to:
  - a.) the race or ethnicity of the individual detained;
  - b.) whether a search was conducted and, if so, whether the individual detained consented to the search; and
  - c.) whether the peace officer knew the race or ethnicity of the individual detained before

detaining that individual; and

7.) require the chief administrator of the agency, regardless of whether the administrator is elected, employed, or appointed, to submit an annual report of the information collected under Subdivision(6) to:

a.) the Commission on Law Enforcement; and

b.) the governing body of each county or municipality served by the agency, if the agency is an agency of a county, municipality, or other political subdivision of the state.

**Executed by:** Charles Edge

Chief Administrator

**Ellis County Sheriff's Office**

**Date:** 02/05/2019

Ellis County Sheriff's Office Motor Vehicle Racial Profiling Information

Total stops: 2153

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Gender

**Female:** 767

**Male:** 1386

Race or ethnicity

**Black:** 256

**Asian/Pacific Islander:** 13

**White:** 1497

**Hispanic/Latino:** 384

**Alaska Native/American Indian:** 3

Was race or ethnicity known prior to stop?

**Yes:** 0

**No:** 2153

Reason for stop?

**Violation of law:** 426

**Pre existing knowledge:** 30

**Moving traffic violation:** 1283

**Vehicle traffic violation:** 414

Street address or approximate location of the stop

**City street:** 420

**US highway:** 518

**State highway:** 597

**County road:** 547

**Private property or other:** 71

Was a search conducted?

**Yes:** 123

**No:** 2030

Reason for Search?

**Consent:** 77

**Contraband:** 1

**Probable cause:** 28

**Inventory:** 14

**Incident to arrest:** 3

Was Contraband discovered?

**Yes:** 30

**No:** 93

Description of contraband

**Drugs:** 17

**Currency:** 1

**Weapons:** 1

**Alcohol:** 4

**Stolen property:** 0

**Other:** 7

Result of the stop

**Verbal warning:** 0

**Written warning:** 1836

**Citation:** 414

**Written warning and arrest:** 12

**Citation and arrest:** 6

**Arrest:** 18

Arrest based on

**Violation of Penal Code:** 7

**Violation of Traffic Law:** 5

**Violation of City Ordinance:** 0

**Outstanding Warrant** 5

Was physical force resulting in bodily injury used during stop

**Yes:** 0

**No:** 2149

Submitted electronically to the



# The Texas Commission on Law Enforcement

**Update to Ellis County Alcohol and Drug Abuse Policy for C.D.L. Drivers**

**Section III, B – Update list of Controlled Substances to include:**

- Marijuana**
- Cocaine**
- Opiates**
- Amphetamines & Methamphetamines**
- Phencyclidine (PCP)**

**Section 3. Random Testing, Item B – should be updated to:**

**Random Drug Testing Rates will meet the FMCSA requirements standard. These percentages may change and must be reviewed annually in January.**



ELLIS COUNTY TAX ASSESSOR AND COLLECTOR

F1



JOHN BRIDGES, RTA, CTA, CSTA

P.O. Drawer 188  
Waxahachie, TX 75168-0188  
(972) 825-5150  
Fax (972) 825-5151  
E-Mail: john.bridges@co.ellis.tx.us  
Website: www.elliscountytax.com

January 30, 2019

Request for Approval of February 12, 2019  
Commissioner's Court

<u>Refund to be issued</u>	<u>Account #</u>	<u>Refund Amount</u>
Corelogic ✓	140684 ✓	\$7,644.65 ✓
Corelogic ✓	232881 ✓	\$6,249.20 ✓
Corelogic ✓	170284 ✓	\$4,000.12 ✓
Corelogic ✓	265781 ✓	\$6,245.94 ✓
Corelogic ✓	264681 ✓	\$5,556.73 ✓
Corelogic ✓	263729 ✓	\$6,707.21 ✓
Corelogic ✓	235167 ✓	\$10,081.73 ✓
Corelogic ✓	229667 ✓	\$5,476.58 ✓
Corelogic ✓	268918 ✓	\$7,185.11 ✓
Corelogic ✓	241058 ✓	\$5,154.35 ✓
Corelogic ✓	203919 ✓	\$6,176.09 ✓
Corelogic ✓	152911 ✓	\$5,137.06 ✓
Corelogic ✓	150589 ✓	\$2,872.48 ✓
Corelogic ✓	230099 ✓	\$3,743.21 ✓
Corelogic ✓	154198 ✓	\$3,159.71 ✓
Corelogic ✓	241055 ✓	\$4,543.61 ✓
Corelogic ✓	200967 ✓	\$4,054.57 ✓
Corelogic ✓	173329 ✓	\$3,476.82 ✓
Corelogic ✓	229038 ✓	\$4,842.85 ✓
Corelogic ✓	157275 ✓	\$4,593.17 ✓
Corelogic ✓	178792 ✓	\$6,319.27 ✓
Corelogic ✓	219487 ✓	\$3,917.52 ✓

3: 2/1/19

Total: \$117,137.98



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 11 2019 116

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

Account Number 140684
Legal Description of the Property LOT 9 BLK C LA VISTA ESTS PH 3 .826 AC 1140 MEOHANN LN 75167
OWNER: RICARDO RICHARDO & FRANCES J TAPIA RICH

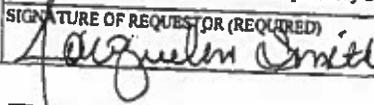
2018 OVERAGE AMOUNT \$7,644.65

70: ELLIS COUNTY, 170: LTRD, 208: MIDLOTHIAN ISD, 503: EC ESD #2 MID

Dear Taxpayer,

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/life company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 37.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service Refunds Department		
	Address:	P. O. Box 9202		
	City, State, Zip:	Coppell, TX 75019		
	Daytime Phone:	817-699-2601		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Payment Method:	Check No.:	Date Paid:	Amount Paid:
TOTAL AMOUNT PAID (sum of the above amounts)				
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
Step 4. Sign the form. (Unsigned applications cannot be processed.)	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)			DATE
			1-22-19	
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____				

This application must be completed, signed, and submitted with supporting documentation to be valid.

v41.1.117



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 1 2019 10

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

②

Account Number 232881
Legal Description of the Property LOT 18 BLK 8 LAWSON FARMS PH I .242 AC 3017 ASH LAWN CT 76065
OWNER: KREMERS JOHN A & TAMI

70: ELLIS COUNTY, 170: LTRD, 200: MIDLOTHIAN ISD, 354: CITY OF MIDLOTHIAN

2018 OVERAGE AMOUNT \$6,249.20

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
	City, State:	P. O. Box 9202		
	Daytime P:	Coppell, TX 75019		
		817-699-2601		
	Mail Address:			
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Property Tax Bill No.	Year	Amount Paid	
TOTAL AMOUNT PAID (sum of the above amounts)				
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/>	I paid this account in error and I am entitled to the refund.		
	<input checked="" type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1.		
	This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)			DATE
Jacqueline Smith			1-25-19	
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____				

This application must be completed, signed, and submitted with supporting documentation to be valid.

v41.1.117



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

JAN 11 2019 139

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

Account Number 170284
Legal Description of the Property LOT 1 BLK 1 VALLEY OAKS #4-REV 0.313 AC 211 S HILLSIDE ST 75154
OWNER: WILSON LISA I & ERNEST C

2018 OVERAGE AMOUNT \$4,000.12

70: ELLIS COUNTY, 170: LTRD, 211: RED OAK ISD, 372: CITY OF RED OAK

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service			
	Address:	Refunds Department			
	City, State, Zip:	P. O. Box 9202			
	Daytime Phone:	Coppell, TX 75019			
		817-699-2601			
	Mail Address:				
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Payment made by:	Check No.:	Date Paid:	Amount Paid:	
TOTAL AMOUNT PAID (sum of the above amounts)					
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:				
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.				
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.				
	This payment should have been applied to other tax account(s) and/or year(s) (listed below):				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)				
	SIGNATURE OF REQUESTOR (REQUIRED)			DATE	
	[Signature]			1-25-19	
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____					

This application must be completed, signed, and submitted with supporting documentation to be valid.  
 v41.1.117



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 11 2019 078

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

Account Number 265781
Legal Description of the Property LOT 2 BLK 1 PARK PLACE PH 3 0.2 AC 418 SUNSET CT 75165
OWNER: CORDERO DOLORES V

2018 OVERAGE AMOUNT \$6,245.94

70: ELLIS COUNTY, 170: LTRD, 212: WAXAHACHIE ISD, 190: CITY OF WAXAHACHIE

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomver will be receiving the refund.	Name:	Corelogic Tax Service
	Address:	Refunds Department P. O. Box 9202 Coppell, TX 75019 817-699-2601
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	City, State, Zip:	
	Daytime Phone:	
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)	
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund. <input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (listed below):	
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)	
	SIGNATURE OF REQUESTOR (REQUIRED)	DATE
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____		1-22-19

This application must be completed, signed, and submitted with supporting documentation to be valid.  
 w41.1.117

RACHCONTE  
ACT80122 v1.89

01/29/2019 14:12:27  
ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	140684				Payment Agreement No.					
Check Image No.	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
2018PAYC0001	12/31/2018	38820111	950185480		CH	\$2,177.02	\$7,644.65	LG	140684	2542244-CORELOGIC
W181114SC1	11/14/2018	38899046	830832		CH	\$7,644.65	\$7,644.65	PA	140684	25492184-OLD REPUBLK
WRETS2010001	12/19/2017	36381688	7033863448		CH	\$4,976,517.47	\$7,558.70	PA	140684	1615-WELLS FARGO HOI

RACHCONTE  
ACT80122 v1.89

01/29/2019 13:33:15  
ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	232881				Payment Agreement No.					
Check Image No.	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
2018PAYC0001	12/31/2018	3620111	950185436		CH	\$4,809,734.47	\$6,249.20	LG	232881	2542244-CORELOGIC
W181106ML	11/09/2018	38829363	165940		CH	\$8,249.20	\$8,249.20	PA	232881	24603807-INDEPENDENK
WRETS2010001	12/19/2017	36381696	9019829394		CH	\$7,997,225.47	\$5,716.23	PA	232881	1615-WELLS FARGO HOI

ACT80122 v1.89

ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	170284				Payment Agreement No.					
Check Image No.	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
200103223182	01/01/9999	0	BALANCING RECOF	CH	\$185.99	\$185.99	170284			UNKNOWN
200103223182	01/01/9999	0	BALANCING RECOF	CH	\$854.36	\$854.36	170284			UNKNOWN
200103223182	01/01/9999	0	BALANCING RECOF	CH	\$29.77	\$29.77	170284			UNKNOWN
200103223182	01/01/9999	0	BALANCING RECOF	CH	\$458.58	\$458.58	170284			UNKNOWN
181231JA	12/31/2018	39567009	156696		CH	\$4,000.12	\$4,000.12	PA	170284	26741815-TOWN SQUAR
2018PAYC0001	12/31/2018	36414628	68049680		CH	\$1,369,795.85	\$4,000.12	LG	170284	2542244-CORELOGIC
CORELOGI0001	12/21/2017	36414628	68049680		CH	\$369,795.85	\$3,575.25	PA	170284	25442644-CORELOGIC
RD0002810314	08/29/2017	33679596	2015008132		CH	\$3,240.89	\$3,240.89	RD	170284	25536849-CORELOGIC

Deposit Status

Notes

Go To

RACHCONTE  
ACT80122 v1.89

01/29/2019 14:12:27  
ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	265781				Payment Agreement No.					
Check Image No.	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
2018PAYC0001	12/31/2018	3636131	950185444		CH	\$7,436,117.91	\$6,245.94	LG	265781	2542244-CORELOGIC
W181107ML	11/07/2018	38836128	513900250		CH	\$6,245.94	\$6,245.94	PA	265781	26493483-FIDELITY NATK
W171228MGB	12/28/2017	36550613	132729		CH	\$735.59	\$735.59	PA	265781	20384486-TOWN SQUAR



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHE, TEXAS 75168-0188

JAN 11 2019 077  
 Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

⑤ Account Number 264681
Legal Description of the Property LOT 28 BLK R SETTLERS GLEN ADDN PH 3 .13 AC 217 FRONTIER DR 75167
OWNER: TUTT MICHAEL J & DEBORAH S

2018 OVERAGE AMOUNT \$3,556.73

70: ELLIS COUNTY, 170: LTRD, 212: WAXAHACHE ISD, 390: CITY OF WAXAHACHE

Dear Taxpayer,

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/life company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Name:	Corelogic Tax Service
	Address:	Refunds Department
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	City, State, Zip:	P. O. Box 9202
	Daytime Phone:	Coppell, TX 75019
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)	
	I paid this account in error and I am entitled to the refund.	
	I overpaid this account. Please refund the excess to the address listed in Step 1.	
Step 4. Sign the forms. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)	
	SIGNATURE OF REQUESTOR (REQUIRED)	DATE
TAX OFFICE USE ONLY:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	By: _____ Date: 1-22-19

This application must be completed, signed, and submitted with supporting documentation to be valid.

w41.117



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75165-0188

JAN 1 1 2019 076

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3801 HACKBERRY  
 IRVING, TX 75063

Account Number 263729
Legal Description of the Property LOT 13 BLK 4 THE GROVE PH 1 0.196 AC 406 SALT CEDAR DR 76045
OWNER: THOMPSON CRAIG & COREVA

70: ELLIS COUNTY, 170: LTRD, 208: MIDLOTHIAN ISD, 354: CITY OF MIDLOTHIAN

2018 OVERAGE AMOUNT \$6,707.21

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.1(c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

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	Address:	Refunds Department		
	City, State, Zip	P. O. Box 9202		
	Daytime Phone	Coppell, TX 75019		
		817-699-2601		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.				
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/>	I paid this account in error and I am entitled to the refund.		
	<input checked="" type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1.		
		This payment should have been applied to other tax account(s) and/or year(s) (listed below):		
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)			DATE
	<i>Acquiescent</i>			1-18-19
TAX OFFICE USE ONLY:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date:

This application must be completed, signed, and submitted with supporting documentation to be valid.  
 v41.1.117



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

093

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

Account Number 235167
Legal Description of the Property LOT 11A BLK D COTTON CREEK RANCH 49 AC 1881 CDMARRON TRL 75065
OWNER: SCOTT KEVIN & MINA

2018 OVERAGE AMOUNT \$10,081.73

70: ELLIS COUNTY, 170: LTRD, 208: MIDLOTHIAN ISD, 134: CITY OF MIDLOTHIAN

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.110). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service	
	Address:	Refunds Department	
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	City, State, Zip:	P. O. Box 9202	
	Daytime Phone:	Coppell, TX 75019	
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.		
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.		
	This payment should have been applied to other tax account(s) and/or year(s) (listed below):		
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)		
	SIGNATURE OF REQUESTOR (REQUIRED)	DATE	
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		By:	Date:

This application must be completed, signed, and submitted with supporting documentation to be valid.  
 v41.L.117



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHE, TEXAS 75168-0188

JUN 11 2019 (de)

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3801 HACKBERRY  
 IRVING, TX 75063

Account Number 229667
Legal Description of the Property LOT 42 BLK I WATERVIEW FARMS PH III 233 AC
351 CASCADE DR 75154
OWNER: GARCIA PETE

70: ELLIS COUNTY, 170: LTRD, 211: RED OAK ISD, 372: CITY OF RED OAK

2018 OVERAGE AMOUNT \$5,476.58

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service Refunds Department		
	Address:	P. O. Box 9202		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	City, State, Zip:	Coppell, TX 75019		
	Daytime Phone:	817-699-2601		
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund. <input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
	Step 4. Sign the form. Unsigned applications cannot be processed.			
By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)		SIGNATURE OF REQUESTOR (REQUIRED)		DATE
				1-18-19
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____				

This application must be completed, signed, and submitted with supporting documentation to be valid.  
 v41.1.117

Deposit Status

Notes Go To

RACHCONTE  
ACT80122 v1.89

01/29/2019 14:12:27  
ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	264681				Payment Agreement No.					
Check Image No.	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
2018PAYC0001	12/31/2018	39439587	33397	50185444	CH	\$7,404.71	\$5,556.73	PA	264681	25442644-CORELOGIC
181226JB	12/26/2018	39439587	33397		CH	\$5,556.73	\$5,556.73	PA	264681	1624-ELLIS COUNTY ABE
TC181205	12/05/2018	39140307	47667		CH	\$770.00	\$10.00	TC	264681	1624-ELLIS COUNTY ABE

RACHCONTE  
ACT80122 v1.89

01/29/2019 14:12:27  
ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	263729				Payment Agreement No.					
Check Image No.	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
2018PAYC0001	12/31/2018	38929841	111556	50185444	CH	\$7,404.71	\$6,707.21	PA	263729	25442644-CORELOGIC
W181116SY	11/16/2018	38929841	111556		CH	\$6,707.21	\$6,707.21	PA	263729	25729751-FIRST AMERIC
W180205TB	01/31/2018	37834318	10000-0029916		CH	\$127,763.19	\$924.52	AA	263729	24880224-JOHN HOUSTC

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	235167				Payment Agreement No.					
Check Image No.	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
TC190109	01/09/2019	39808280	47314		CH	\$1,270.00	\$10.00	TC	235167	1624-ELLIS COUNTY ABE
2018PAYC0001	12/31/2018	39626115	950185436		CH	\$4,809,534.47	\$872.47	PA	235167	25442644-CORELOGIC
2018PAYC0001	12/31/2018	39626115	950185436		CH	\$4,809,534.47	\$10,081.73	PA	235167	25442644-CORELOGIC
W181218JH	12/18/2018	39325870	66283		CH	\$10,081.73	\$10,081.73	PA	235167	26767468-ELLIS COUNTY
W181218JH	12/18/2018	39325494	66283		CH	\$10,081.73	\$10,081.73	PA	235167	SCOTT KEVIN & MINA

Notes Go To

RACHCONTE  
ACT80122 v1.89

01/29/2019 14:12:27  
ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	229667				Payment Agreement No.					
Check Image No.	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
2018PAYC0001	12/31/2018	39493669	45651	50185425	CH	\$1,751,396.73	\$5,476.58	PA	229667	25442644-CORELOGIC
W181228MG	12/28/2018	39493669	45651		CH	\$5,476.58	\$5,476.58	PA	229667	26431822-ELLIS COUNTY
TC181205	12/05/2018	39140307	47667		CH	\$770.00	\$10.00	TC	229667	1624-ELLIS COUNTY ABE



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 11 2019 058

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

Account Number 268918
Legal Description of the Property LOT 1 BLK 5 GARDEN VALLEY FARMS PH 1 34 AC
1101 WHEATLAND TERRACE 75165
OWNER: GROSS JASON W & JULIE A

70: ELLIS COUNTY, 170: LTRD, 212: WAXAHACHIE ISD, 390: CITY OF WAXAHACHIE

2018 OVERAGE AMOUNT \$7,185.11

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2,500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomver will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
	City, State, Zip	P. O. Box 9202		
	Daytime Phone:	Coppell, TX 75019		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Check No.	Date Paid	Amount Paid	
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)			DATE
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			By: _____ Date: _____	

This application must be completed, signed, and submitted with supporting documentation to be valid.



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 11 2019 062

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

Account Number 241058
Legal Description of the Property LOT 18 BLK H MUSTANG CREEK PH 2 0.1832AC 206 COLT DR 75165
OWNER: LAMOTHE MATTHEW & ASHLEY L.

70: ELLIS COUNTY, 170: LTRD, 212: WAXAHACHIE ISD, 390: CITY OF WAXAHACHIE

2018 OVERAGE AMOUNT \$5,154.35

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Name:	Corelogic Tax Service
	Address:	Refunds Department
	City, State, Zip:	P. O. Box 9202
	Daytime Phone:	Coppell, TX 75019 817-699-2601
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	TOTAL AMOUNT PAID (sum of the above amounts)	
Step 3. Provide reasons for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.	
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.	
	This payment should have been applied to other tax account(s) and/or year(s) (listed below):	
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)	
	SIGNATURE OF REQUESTOR (REQUIRED)	DATE
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		By: _____ Date: _____

This application must be completed, signed, and submitted with supporting documentation to be valid.

wt.L1117



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHE, TEXAS 75168-0188

JAN 1 1 2019 037

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

Account Number 203919
Legal Description of the Property LOT 11 BLK A MEADOW GLEN ESTS 352 AC 121 MEADOW GLEN LN 75154
OWNER: GOMEZ DEBRA K & RICHARD N

2018 OVERAGE AMOUNT \$6,176.89

70: ELLIS COUNTY, 170: LTRD, 211: RED OAK ISD, 362: CITY OF OVILLA

Dear Taxpayer:  
 Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/life company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service
	Address:	Refunds Department
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	City, State, Zip:	P. O. Box 9202
	Daytime Phone:	Coppell, TX 75019
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)	817-699-2601
	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund.	
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (listed below):	
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)	
	SIGNATURE OF REQUESTOR (REQUIRED)	DATE
	<i>Jaqueline Smith</i>	1-25-19
TAX OFFICE USE ONLY:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____ Date: _____



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 1 1 2019

122

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

12

Account Number 152911
Legal Description of the Property LOT 3 BLK 1 NORTH RIDGE EST 2.79 AC
102 MARTINEK LN 75119
OWNER: CLARK NATASHA & SHAWN

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

2018 OVERAGE AMOUNT \$5,137.86

70- ELLIS COUNTY, 170- LTRD, 203- ENNIS ISD, 510- EC ESD #9 PAL

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
	City, State, Zip:	P. O. Box 9202		
	Daytime Phone No.:	Coppell, TX 75019		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)	DATE		
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		By: _____ Date: _____		

v41.1.17

Notes Go To: [ ]

RACHCONTE ACT80122 v1.89 01/29/2019 14:12:27 ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	268918				Payment Agreement No.					
Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
2018PAYC0001	12312018	12/31/2018	3926131	4797	CH	\$7,185.11	\$7,185.11	PA	268918	2442644-CORELOGIC
W181127SC	11/27/2018	39027847	4797	CH	\$7,185.11	\$7,185.11	PA	268918		GROSS JASON W & JULIA

Notes Go To: [ ]

RACHCONTE ACT80122 v1.89 01/29/2019 14:12:27 ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	241058				Payment Agreement No.					
Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
2018PAYC0001	12312018	12/31/2018	3926121	4864	CH	\$5,922.27	\$5,154.35	PA	241058	2442644-CORELOGIC
PAYWFRET0001	12/27/2018	39478679	9022901339	CH	\$7,990.917.81	\$5,154.35	PA	241058		1815-WELLS FARGO HO
CORELOGI0001	12/21/2017	38414701	489829	CH	\$5,834.099.08	\$4,823.03	PA	241058		25442644-CORELOGIC

Notes Go To: [ ]

RACHCONTE ACT80122 v1.89 01/29/2019 14:12:27 ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	203919				Payment Agreement No.					
Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
200103223182	01/01/9999	0		BALANCING RECOF	CH	\$70.93	\$70.93		203919	UNKNOWN
200103223182	01/01/9999	0		BALANCING RECOF	CH	\$384.50	\$384.50		203919	UNKNOWN
200103223182	01/01/9999	0		BALANCING RECOF	CH	\$11.90	\$11.90		203919	UNKNOWN
2018PAYC0001	12312018	12/31/2018	3926091	8257	CH	\$1,854.188.18	\$6,176.09	PA	203919	2442644-CORELOGIC
W181102ML	10/31/2018	38792509	153878	CH	\$6,176.09	\$6,176.09	PA	203919		26631969-TOWN SQUAR
R180131NI	01/31/2018	37482181	8257	CH	\$5,724.84	\$5,724.84	PA	203919		ALLEN PAUL K & LISA G

Notes Go To: [ ]

RACHCONTE ACT80122 v1.89 01/29/2019 14:12:27 ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary					
2018PAYC0001	152911				Payment Agreement No.					
Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
200103223182	01/01/9999	0		BALANCING RECOF	CH	\$84.37	\$84.37		152911	UNKNOWN
200103223182	01/01/9999	0		BALANCING RECOF	CH	\$511.49	\$511.49		152911	UNKNOWN
2018PAYC0001	12312018	12/31/2018	3926091	37455	CH	\$5,137.06	\$5,137.06	PA	152911	2442644-CORELOGIC
W181118SC1	11/16/2018	38929133	37455	CH	\$5,137.06	\$5,137.06	PA	152911		24295544-PROVIDENCE
WRETS2010001	12/19/2017	36381688	7033663448	CH	\$4,976.517.47	\$4,986.83	PA	152911		1815-WELLS FARGO HO



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 1 1 2019 118

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

13

Account Number 150589
Legal Description of the Property LOT 71 GRANDE CASA RANCHITOS #3 2.77 AC 525 S FALLING LEAVES DR 75167
OWNER: DAVIS SETH J & CHARLSY N

2018 OVERAGE AMOUNT \$2,872.48

70: ELLIS COUNTY, 170: LTRD, 215: MAYPEARL ISD, 504: EC ESD #1 MAY

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/life company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	City, State, Zip:	P. O. Box 9202		
	Daytime Phone No.:	Coppell, TX 75019		
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)	817-699-2601		
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (list below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRES)	DATE		
TAX OFFICE USE ONLY:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date:

41.1.117



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 11 2019 108  
 Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

14

Account Number 230099
Legal Description of the Property 8 E MAGNOLIA FARMS ADDN PH 10.207 ACRES 516 GOLDEN BELL DR 75154
OWNER: GREENWOOD KORIE D & MAEKITRA S

70: ELLIS COUNTY, 170: LTRD, 211: RED OAK ISD

2018 OVERAGE AMOUNT \$3,743.21

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service			
	Address:	Refunds Department			
	City, State, Zip:	P. O. Box 9202			
	Daytime Phone No.:	Coppell, TX 75019			
		817-699-2601			
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Payment made by:	Check No.	Check Date	Check Amt	
	TOTAL AMOUNT PAID (sum of the above amounts)				
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check only one box.				
	<input checked="" type="checkbox"/>	I paid this account in error and I am entitled to the refund.			
	<input type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1.			
	This payment should have been applied to other tax account(s) and/or year(s) (listed below):				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)				
	SIGNATURE OF REQUESTOR (REQUIRED)			DATE	
	<i>Argueta Ind</i>			1-23-19	
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____					

This application must be completed, signed, and submitted with supporting documentation to be valid.



JORN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 11 2019 123

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

(15)

Account Number 154198
Legal Description of the Property 21 D ROCK CREEK EST #21 17 ACRES #28 SHADY BROOK LN 75154
OWNER: LOREDO BENJAMIN & CHRISTINA Z

2018 OVERAGE AMOUNT \$3,159.71

70: ELLIS COUNTY, 170: LTRD, 305: FERRIS ISD, 506: EC ESD #5 FER

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	City, State, Zip:	P. O. Box 9202		
	Daytime Phone:	Coppell, TX 75019		
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund. <input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
Step 4. Sign the forms. Unsigned applications cannot be processed.	SIGNATURE OF REQUESTOR (REQUIRED)			DATE
[Signature: Aquilina Smith]				1-23-19
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____				

This application must be completed, signed, and submitted with supporting documentation to be valid.

Notes Go To: 01/29/2019 14:12:27 ACTELLIS

RACHCONTE ACT80122 v1.89

DEPOSIT Remittance Detail

Summary Query

13

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary Payment Agreement No.
2018PAYC0001	150589				

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$251.96	\$251.96		150589	UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$40.84	\$40.84		150589	UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$56.28	\$56.28		150589	UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$1,205.64	\$1,205.64		150589	UNKNOWN
	2018PAYC0001	12/31/2018	39626114	950185425	CH	\$3,751,368.73	\$3,751,368.73	LG	230099	25442644-CORELOGIC
	W181228MG	12/28/2018	39494099	158292	CH	\$2,872.48	\$2,872.48	LG	150589	20384486-TOWN SQUAR
	CORELOGI0001	12/21/2017	38414595	1250182	CH	\$287,340.11	\$2,890.39	PA	150589	25442644-CORELOGIC

Notes Go To: 01/29/2019 14:12:27 ACTELLIS

RACHCONTE ACT80122 v1.89

DEPOSIT Remittance Detail

Summary Query

14

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary Payment Agreement No.
2018PAYC0001	230099				

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	2018PAYC0001	12/31/2018	39626114	950185425	CH	\$3,751,368.73	\$362.52	PA	230099	25442644-CORELOGIC
	2018PAYC0001	12/31/2018	39626114	950185425	CH	\$3,751,368.73	\$3,743.21	LG	230099	25442644-CORELOGIC
	W181025TB	10/25/2018	38724312	17026	CH	\$3,743.21	\$3,743.21	PA	230099	26624543-DESIGNATED
	CORELOGI0001	12/21/2017	38414893	1249799	CH	\$1,786,387.61	\$3,743.21	PA	230099	25442644-CORELOGIC

Notes Go To: 01/29/2019 15:18:09 ACTELLIS

RACHCONTE ACT80122 v1.89

DEPOSIT Remittance Detail

Summary Query

15

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Summary Payment Agreement No.
2018PAYC0001	154198				

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$44.77	\$44.77		154198	UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$1,401.49	\$1,401.49		154198	UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$28.22	\$28.22		154198	UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$266.88	\$266.88		154198	UNKNOWN
	2018PAYC0001	12/31/2018	39626114	950185425	CH	\$3,159.71	\$3,159.71	LG	154198	25442644-CORELOGIC
	W181101ML	10/31/2018	38783191	629001	CH	\$3,159.71	\$3,159.71	PA	154198	25492184-OLD REPUBLIC
	W180416CC1	04/13/2018	38158484	CC002021519	CR	\$2,980.22	\$2,980.22	PA	154198	26387227-CINDY PETER:



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 11 2019 041

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3401 HACKBERRY  
 IRVING, TX 75063

Account Number 241055
Legal Description of the Property LOT 15 BLK H MUSTANG CREEK PH 20.1432AC 212 COLT DR 75165
OWNER: DAVIS DONALD & KIMBERLY

2018 OVERAGE AMOUNT \$4,543.61

70: ELLIS COUNTY, 170: LTRD, 212: WAXAHACHIE ISD, 390: CITY OF WAXAHACHIE

Dear Taxpayer:  
 Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	City, State, Zip:	P. O. Box 9202		
	Daytime Phone No:	Coppell, TX 75019		
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)			
	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund. <input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
Step 4. Sign the form. Unsigned applications cannot be processed.	SIGNATURE OF REQUESTOR (REQUIRED)		DATE	
				1-23-19
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____				

This application must be completed, signed, and submitted with supporting documentation to be valid.  
 v41.1.117



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 11 2019 0933

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

17

Account Number 200967
Legal Description of the Property LOT 31 BLK 4 PARK PLACE EAST PH II 2810 MEDITERRANEAN AVE 76065
OWNER: YORK INDUSTRIES LLC

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

70: ELLIS COUNTY, 170: LTRD, 20E: MIDLOTHIAN ISD, 354: CITY OF MIDLOTHIAN

2018 OVERAGE AMOUNT \$4,854.57

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
	City, State, Zip:	P. O. Box 9202		
	Daytime Phone No:	Coppell, TX 75019		
		817-699-2601		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Method of payment:	Cash	Check	Account Paid
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one on the following:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)			DATE
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			By: _____ Date: _____	

v41.1.117

Ln# 102255528



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 1 1 2019 003

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

(18)

Account Number 173329
Legal Description of the Property 36A: 37C FERRIS 0.228 ACRES 503 W PARKS AVE 75165
OWNER: BROWN WILLIAM L JR

CORELOGIC  
 3881 HACKBERRY  
 IRVING, TX 75063

70: ELLIS COUNTY, 170: LTRD, 212 WAXAHACHIE ISD, 390: CITY OF WAXAHACHIE

2018 OVERAGE AMOUNT \$3,476.82

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11e). Governing body approval is required for refunds in excess of \$2500.

**APPLICATION FOR PROPERTY TAX REFUND**

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
	City, State, Zip:	P. O. Box 9202		
	Daytime Phone No.:	Coppell, TX 75019 817-699-2601		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Check No.	Check Date	Amount Paid	
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this amount in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)			DATE
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			By: _____ Date: _____	

This application must be completed, signed, and submitted with supporting documentation to be valid.

Deposit Status

Notes Go To:

RACHCONTE  
ACT80122 v1.89

01/29/2019 15:18:09  
ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Summary  
2018PAYC0001 241055

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	2018PAYC0001	12/31/2018	39620121	9022901339	CH	\$5,922,271.93	\$4,543.61	LG	241055	25442644-CORELOGIC
	PAYWFRET0001	12/27/2018	39478679	9022901339	CH	\$7,990,917.81	\$4,543.61	PA	241055	1615-WELLS FARGO HOI
	CORELOG0001	12/21/2017	36414701	489629	CH	\$5,834,099.08	\$4,185.69	PA	241055	25442644-CORELOGIC

Deposit Status

Notes Go To:

RACHCONTE  
ACT80122 v1.89

01/29/2019 15:18:09  
ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Summary  
2018PAYC0001 200967

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$1,173.37	\$1,173.37	200967		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$241.51	\$241.51	200967		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$255.96	\$255.96	200967		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$41.51	\$41.51	200967		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$184.86	\$184.86	200967		UNKNOWN
	2018PAYC0001	12/31/2018	39620085	90185471	CH	\$1,756,512.83	\$4,054.57	LG	200967	25442644-CORELOGIC
	W181102ML	10/31/2018	38800548	37316	CH	\$4,054.57	\$4,054.57	PA	200967	26405368-PROVIDENCE
	WRETS2010001	12/19/2017	36381693	9019829395	CH	\$5,630,326.14	\$3,690.19	PA	200967	1615-WELLS FARGO HOI

Deposit Status

Notes Go To:

RACHCONTE  
ACT80122 v1.89

01/29/2019 15:18:09  
ACTELLIS

DEPOSIT Remittance Detail

Summary Query

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Summary  
2018PAYC0001 173329

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$19.00	\$19.00	173329		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$387.84	\$387.84	173329		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$703.44	\$703.44	173329		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$165.47	\$165.47	173329		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$26.33	\$26.33	173329		UNKNOWN
	RD0003140850	01/11/2019	39628077	2015011251	CH	\$3,476.82	\$3,476.82	RD	173329	25442644-CORELOGIC
	RD0003140850	01/11/2019	27481598	2015011247	CH	\$302.69	\$302.69	RD	173329	10300-OCWEN LOAN SE
	2018PAYC0001	12/31/2018	39628077	95018545	CH	\$1,203,650.12	\$3,476.82	LG	173329	25442644-CORELOGIC
	CORELOG0001	12/21/2017	36414631	68049685	CH	\$376,621.05	\$3,378.88	PA	173329	25442644-CORELOGIC
	SCORELOG0003	12/31/2016	33879638	60030327	CH	\$1,379,242.08	\$3,031.33	PA	173329	24004785-FREEDOM MO

Ln# 10624762

JAN 1 1 2019 105



JOHN BRIDGES RTA, CTA, CSTA  
Ellis County Tax Assessor - Collector  
P. O. DRAWER 188  
WAXAHACHIE, TEXAS 75168-0188

Phone No.: 972-825-5150  
Fax No.: 972-825-5151

Print Date: 01/04/2019

(19)

Account Number 229038
Legal Description of the Property LOT 11 BLK 1 COUNTRY MEADOWS ADDN PH 2 0.164 AC
220 COUNTRY MEADOWS BLVD 75165
OWNER: MATZLAVI DAN

CORELOGIC  
3081 HACKBERRY  
IRVING, TX 75063

2018 OVERAGE AMOUNT \$4,842.85

70: ELLIS COUNTY, 170: LTRD, 212: WAXAHACHIE ISD, 390: CITY OF WAXAHACHIE

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/life company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
	City, State, Zip:	P. O. Box 9202		
	Daytime Phone No.:	Coppell, TX 75019 817-699-2601		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Check No.	Date Paid	Amount Paid	
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/>	I paid this account in error and I am entitled to the refund.		
	<input checked="" type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1.		
	<input type="checkbox"/>	This payment should have been applied to other tax account(s) and/or year(s) (listed below):		
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED) <i>Florida Saxon</i>			DATE 1-23-19
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____				

This application must be completed, signed, and submitted with supporting documentation to be valid.  
v41.1.117

Ltr 11/15/19

JAN 1 1 2019 125



JOHN BRIDGES RTA, CTA, CSTA  
Ellis County Tax Assessor - Collector  
P. O. DRAWER 188  
WAXAHACHIE, TEXAS 75168-0188

Phone No.: 972-825-5150  
Fax No.: 972-825-5151

Print Date: 01/04/2019

Account Number 157275
Legal Description of the Property LOT 16-17 & 24-25 TWIN OAKS WEST 1.439 AC
4011 SLDFTII LN 76065
OWNER: HENDRICKSON ALEXANDRA

CORELOGIC  
3001 HACKBERRY  
IRVING, TX 75063

70: ELLIS COUNTY, 170: LTRD, 200: MIDLOTHIAN ISD, 354: CITY OF MIDLOTHIAN

2018 OVERAGE AMOUNT \$4,593.17

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.1 (c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whom ever will be receiving the refund.	Name:	Corelogic Tax Service		
	Address:	Refunds Department		
	City, State, Zip:	P. O. Box 9202		
	Daytime Phone No.:	Coppell, TX 75019		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund. <input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)	DATE		
		1-23-19		
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____				

This application must be completed, signed, and submitted with supporting documentation to be valid

411.117

JTCU1/0282

JAN 1 1 2019 060



JOHN BRIDGES RTA, CTA, CSTA  
Ellis County Tax Assessor - Collector  
P. O. DRAWER 188  
WAXAHACHIE, TEXAS 75168-0188

Phone No.: 972-825-5150  
Fax No.: 972-825-5151

Print Date: 01/04/2019

Account Number 178792
Legal Description of the Property 3 11 R PENA Q-H 24.536 ACRES 8400 FM 879 75152
OWNER: HOOPER NATHAN & ELECIA

CORELOGIC  
3001 HACKBERRY  
IRVING, TX 75063

70: ELLIS COUNTY, 170: LTRD, 210: PALMER ISD, 500: BC ESD #7 BRU

2018 OVERAGE AMOUNT \$6319.27

Dear Taxpayer:  
Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	CORELOGIC REFUNDS DEPT PO BOX 9202 COPPELL TX 75018	E-Mail Address: <i>lmushaten@corelogic.com</i>												
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	<table border="1"> <tr> <th>Check No.</th> <th>Check Date</th> <th>Amount Paid</th> <th>Amount Refund</th> </tr> <tr> <td><i>Corelogic</i></td> <td><i>491617</i></td> <td><i>12-13-18</i></td> <td><i>6319.27</i></td> </tr> <tr> <td colspan="3">TOTAL AMOUNT PAID (sum of the above amounts)</td> <td><i>6319.27</i></td> </tr> </table>	Check No.	Check Date	Amount Paid	Amount Refund	<i>Corelogic</i>	<i>491617</i>	<i>12-13-18</i>	<i>6319.27</i>	TOTAL AMOUNT PAID (sum of the above amounts)			<i>6319.27</i>	
Check No.	Check Date	Amount Paid	Amount Refund											
<i>Corelogic</i>	<i>491617</i>	<i>12-13-18</i>	<i>6319.27</i>											
TOTAL AMOUNT PAID (sum of the above amounts)			<i>6319.27</i>											
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund. <input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. This payment should have been applied to other tax account(s) and/or year(s) (listed below):													
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.) SIGNATURE OF REQUESTOR (REQUIRED): <i>P. D... ..</i> DATE: <i>1/16/19</i>													
TAX OFFICE USE ONLY:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied    By: _____ Date: _____													

This application must be completed, signed, and submitted with supporting documentation to be valid.



JOHN BRIDGES RTA, CTA, CSTA  
 Ellis County Tax Assessor - Collector  
 P. O. DRAWER 188  
 WAXAHACHIE, TEXAS 75168-0188

JAN 1 1 2313 046

Phone No.: 972-825-5150  
 Fax No.: 972-825-5151

Print Date: 01/04/2019

CORELOGIC  
 3001 HACKBERRY  
 IRVING, TX 75063

22

Account Number 219487
Legal Description of the Property LOT 2 BLK C GREEN ACRES ADDN 0.163 AC E34 MR HANEV DR 76065
OWNER: FOREHAND LAURIE A

70. ELLIS COUNTY, 170. LTRD, 208. MIDLOTHIAN ISD, 254. CITY OF MIDLOTHIAN

2018 OVERAGE AMOUNT \$3,917.52

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.1(c)). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

LN# 3001029473

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Name: <u>Suntrust Mortgage</u>									
	Address: <u>Corelogic Refund Dept, PO Box 9202</u>									
	City, State, Zip: <u>Coppell TX 75019</u>									
	Daytime Phone No.: _____ E-Mail Address: _____									
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	<table border="1"> <thead> <tr> <th>Check No.</th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;"><u>See attached</u></td> </tr> <tr> <td colspan="3" style="text-align: center;">TOTAL AMOUNT PAID (sum of the above amounts)</td> </tr> </tbody> </table>	Check No.	Date Paid	Amount Paid	<u>See attached</u>			TOTAL AMOUNT PAID (sum of the above amounts)		
	Check No.	Date Paid	Amount Paid							
	<u>See attached</u>									
TOTAL AMOUNT PAID (sum of the above amounts)										
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund. <input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. <input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s) (listed below):									
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.) SIGNATURE OF REQUESTOR (REQUIRED): <u>Karen Just</u> DATE: <u>1-16-19</u>									
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____										

This application must be completed, signed, and submitted with supporting documentation to be valid.

v41.1.17

Notes Go To

RACHCONTE  
ACT80122 v1.89 01/29/2019 15:18:09  
ACTELLIS

**DEPOSIT** Remittance Detail

Summary Query

Deposit No. 2018PAYC0001 Account No. 229038 Remit Seq No.  Check No.  Payment Amount  Summary  
Payment Agreement No.

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	2018PAYC0001	12/31/2018	3962067	950185425	CH	\$3,751,301.73	\$4,842.85	G	229038	25442644-CORELOGIC
	W181101ML	10/31/2018	38783368	57185	CH	\$4,842.85	\$4,842.85	PA	229038	1269518-PRIMELENDING
	CORELOG0001	12/21/2017	38414892	501018	CH	\$1,660,485.18	\$4,680.68	PA	229038	25442644-CORELOGIC

Notes Go To:

RACHCONTE  
ACT80122 v1.89 01/29/2019 15:35:07  
ACTELLIS

ACCOUNT NO (157275) 2018 EAD MERGED FPTY REPORT MERGED ACCTS: 157268 157274 157279 157277

**DEPOSIT** Remittance Detail

Summary Query

Deposit No. 2018PAYC0001 Account No. 157275 Remit Seq No.  Check No.  Payment Amount  Summary  
Payment Agreement No.

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$131.46	\$131.46	157275		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$2.38	\$2.38	157275		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$3.77	\$3.77	157275		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$22.47	\$22.47	157275		UNKNOWN
	2018PAYC0001	12/31/2018	3962067	950185447	CH	\$737,105.07	\$4,993.17	G	157275	25442644-CORELOGIC
	W181231AFT	12/31/2018	39534190	80057886	CH	\$3,854.25	\$3,854.25	PA	157275	23689504-FREEDOM MO

Notes Go To:

RACHCONTE  
ACT80122 v1.89 01/29/2019 15:35:07  
ACTELLIS

**DEPOSIT** Remittance Detail

Summary Query

Deposit No. 2018PAYC0001 Account No. 178792 Remit Seq No.  Check No.  Payment Amount  Summary  
Payment Agreement No.

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$10.38	\$10.38	178792		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$1.74	\$1.74	178792		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$51.27	\$51.27	178792		UNKNOWN
	200103223182	01/01/9999	0	BALANCING RECOF	CH	\$1.10	\$1.10	178792		UNKNOWN
	2018PAYC0001	12/31/2018	3962067	950185436	CH	\$1,354,338.49	\$6,319.27	G	178792	25442644-CORELOGIC
	PAYWFRET0001	12/27/2018	39478673	9022901340	CH	\$7,984,386.02	\$6,319.27	PA	178792	1815-WELLS FARGO HO
	CORELOG0001	12/21/2017	38414837	450044092	CH	\$391,442.93	\$199.29	PA	178792	25442644-CORELOGIC

Notes Go To:

RACHCONTE  
ACT80122 v1.89 01/29/2019 15:35:07  
ACTELLIS

**DEPOSIT** Remittance Detail

Summary Query

Deposit No. 2018PAYC0001 Account No. 219487 Remit Seq No.  Check No.  Payment Amount  Summary  
Payment Agreement No.

Check Image	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	2018PAYC0001	12/31/2018	3962067	950185446	CH	\$2,045,121.57	\$3,917.52	G	219487	25442644-CORELOGIC
	W181218TB	12/18/2018	39327585	00286	CH	\$3,917.52	\$3,917.52	PA	219487	20830153-PROVIDENCE
	CORELOG0001	12/21/2017	38414876	09471441	CH	\$559,910.43	\$3,270.98	PA	219487	25442644-CORELOGIC



01/30/2019 08:29:29 3154689  
 TC298-A SELECTION: DEPOSIT  
 RECEIPT DATE: ALL  
 LOCATION: ALL

TAX COLLECTION SYSTEM  
 DEPOSIT DISTRIBUTION  
 FROM: 01/29/2019 THRU: 01/29/2019  
 JURISDICTION: ALL

PAGE: 2  
 INCLUDES AG ROLLBACK  
 YEAR: ALL

DEPOSIT	RECEIPT DATE	LEVY PAID	DISCOUNT GIVEN	PENALTY INTEREST	ATTORNEY	OTHER FEES	REFUND AMOUNT	PAYMENT AMOUNT
RF	RF190129	01/29/2019	44,645.40-	0.00	111.84-	34.96-	44,792.20	0.00
** ACCOUNTING TOTALS			17,139,714.05	0.00	1,827.17	1,241.69	44,429.14	17,187,212.05

RECEIVED

FEB 04 2019

ELLIS COUNTY BUDGET  
2018/2019 LINE ITEM ADJUSTMENT

RECEIVED

JAN 29

ELLIS COUNTY  
AUDITOR

COUNTY JUDGE

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to my 2018/2019 Budget as follows:

TRANSFER FROM:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
042-0942-303020	Fund Balance	336.00

TRANSFER TO:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
042-0942-508020	Equipment	336.00

Signature of Department Head

January 25, 2019

Date Signed

010 / SO

Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2018/2019

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County Judge

Commissioner Precinct #1

Commissioner Precinct #2

Commissioner Precinct #3

Commissioner Precinct #4

Approved by County Auditor's Office:

DeVonda Spivek 2/5/19

RECEIVED <sup>73</sup>

FEB 02 2019

ELLIS COUNTY AUDITOR

RECEIVED

FEB 04 2019

ELLIS COUNTY BUDGET  
2018/2019 LINE ITEM ADJUSTMENT

COUNTY JUDGE

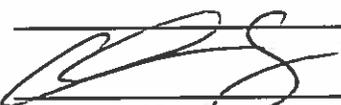
and requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to my 2018/2019 Budget as follows:

TRANSFER FROM:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0015-508070	General Misc	\$ 134.04

TRANSFER TO:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0015-508030	Furniture-Fixtures	\$ 134.04

  
Signature of Department Head

January 31, 2019  
Date Signed

015 / Jail  
Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2019

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- County Judge
- Commissioner Precinct #1
- Commissioner Precinct #2
- Commissioner Precinct #3
- Commissioner Precinct #4

Approved by County Auditor's Office:

  
DeVonda Spurlin 2/5/19

**RECEIVED**  
**FEB 06 2019**  
**COUNTY JUDGE**

**ELLIS COUNTY BUDGET**  
**2019/2020 LINE ITEM ADJUSTMENT**

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to my 2019/2020 Budget as follows:

**TRANSFER FROM:**

<u>ACCOUNT NO.</u>	<u>ACCOUNT TITLE</u>	<u>AMOUNT</u>
009-0602-509080	FM1- Lumber	\$5,000.00

**TRANSFER TO:**

<u>ACCOUNT NO.</u>	<u>ACCOUNT TITLE</u>	<u>AMOUNT</u>
009-0602-509070	FM1- Tires	\$5,000.00

 \_\_\_\_\_  
 Signature of Department Head      Date Signed 2-5-19

Road & Bridge Pct. 1  
 Department

**ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.**

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2019/2020

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- County Judge
- Commissioner Precinct #1
- Commissioner Precinct #2
- Commissioner Precinct #3
- Commissioner Precinct #4

Approved by County Auditor's Office: DeVonde Spurlink 2/5/19

RECEIVED

FEB 06 2019

COUNTY JUDGE

ELLIS COUNTY BUDGET  
2018/2019 LINE ITEM ADJUSTMENT

FS

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to my 2017/2018 Budget as follows:

TRANSFER FROM:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0060-508080	Auto Gas	\$2,000.00
	TOTAL	\$2,000.00

TRANSFER TO:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0060-508020	Equipment	\$2,000.00
	TOTAL	\$2,000.00

Alberto Mares, AICP, DR  
2019.02.05 17:14:45 -06'00'  
2015.006.30464

2/5/2019

Department of Development  
Department

Signature of Department Head

Date Signed

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2019

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- County Judge
- Commissioner Precinct #1
- Commissioner Precinct #2
- Commissioner Precinct #3
- Commissioner Precinct #4

Approved by County Auditor's Office:

DeVonda Spaulock 2/6/19

RECEIVED

FEB 06 2019

F6

COUNTY JUDGE

ELLIS COUNTY BUDGET  
2018/2019 LINE ITEM BUDGET ADJUSTMENT

I Am requesting the the Ellis County Commissioners' Court make necessary line item adjustments to the Road and Bridge Precint 3 Budget as follows:

TRANSFER FROM:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
011-0704-303020	FM Fund Balance	\$30,000.00

TRANSFER TO:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
011-0704-509090	Repair/Parts	\$30,000.00

Signature of Department Head

2/6/2019  
2018/2019  
RBP

Date Signed

Road & Bridge #3  
Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2018

RECEIVED  
FEB 05 2019

ELLIS COUNTY  
AUDITOR

- Commissioner Precinct #1
- Commissioner Precinct #2
- Commissioner Precinct #3
- Commissioner Precinct #4

Approved by County Auditor's Office:

DeVonda Simlock 2/6/19

ELLIS COUNTY BUDGET  
2018/2019 LINE ITEM ADJUSTMENT

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to my 2018/2019 Budget as follows:

TRANSFER FROM:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0421-505020	Part-time Detention personnel	14,000.00
001-0421-505530	Social Security	1,075.00
001-0421-505540	Retirement	1,580.00

TRANSFER TO:

ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0420-505025	Salary - Part-time	14,000.00
001-0420-505530	Soc Sec	1,075.00
001-0420-505540	Retirement	1,580.00

  
Signature of Department Head

2/6/19  
Date Signed

  
Department

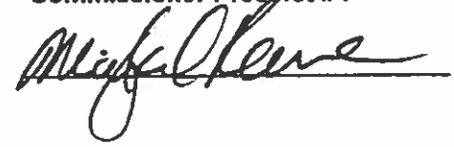
ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2018/2019

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County Judge  
Commissioner Precinct #1  
Commissioner Precinct #2  
Commissioner Precinct #3  
Commissioner Precinct #4

Approved by County Auditor's Office:





Tarrant County  
The Historical Courthouse  
101 W. Main St., #203  
Waxahachie, TX 75165  
972-825-5370

### REQUEST FOR TRANSFER

FROM: Department of Development - Dept. 60  
TO: Equipment Manager - Dept. 375

PURCHASING DEPARTMENT USE  
AGENDA ITEM & DATE

BARCODE NUMBER	ITEM DESCRIPTION	VIN NUMBER	MILEAGE/HOURS	SEIZED/FORFEITED
Loc. 1310250	2005 Ford F150	1FTRF122158A2933	113,500 (est. Jan 2019)	YES

\*If a county asset requires to be transferred to surplus or reallocated, transfer must be presented to Purchasing placed on Commissioners' Court agenda.

\*If the item listed is a seized or forfeited item offered to you by the Tarrant County Sheriff's Office for use by you and your employees in conducting county business, the item must be returned to the Sheriff's Office in good working condition. As a result of these procedures, you must agree to return the item to the custody of the Sheriff's Office once you are finished with its use.

If you chose to take possession of the vehicle/equipment, your responsibilities are as follows:

- 1) Apply appropriate decals from your department to the vehicle
- 2) Maintain insurance on the vehicle
- 3) Maintain the vehicle mechanically
- 4) Maintain a current registration and state inspection of the vehicle
- 5) Item must be returned to the Sheriff's Office in clean, working condition.
- 6) If any damage to the item while in your care, you must notify Sheriff's Office as soon as possible.

COMMISSIONER COURT APPROVAL SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

FROM OFFICE/DEPARTMENT SIGNATURE: APPS - 1207  
TO OFFICE/DEPARTMENT SIGNATURE: WALKER

DATE SIGNED: 1/22/19  
DATE SIGNED: 01/22/2019

**Lease Agreement**



Customer: ELLIS, COUNTY OF

Bill To: COUNTY OF ELLIS  
 DISTRICT ATTORNEY  
 109 S JACKSON ST  
 WAXAHACHIE, TX 75165-3745

Install: COUNTY OF ELLIS  
 DISTRICT ATTORNEY  
 109 S JACKSON ST  
 WAXAHACHIE, TX 75165-3745

State or Local Government Negotiated Contract : 072771400

WS T6875 01/24/2019 08:35:55

Solution			
Item	Product Description	Agreement Information	Trade Information
1.	<b>C8055H (XEROX C8055H)</b> - 1 Line Fax - 2/3 Hole Punch - Office Finisher Lx - Convenience Stapler - Customer Ed - Analyst Services	Lease Term: 48 months Purchase Option: FMV  Customer's Reference Information - Per TCPN R150302	- Xerox 7830P S/N MX1696953 Trade-In as of Payment 35  Requested Install Date: 3/22/2019
2.	<b>C8055H (XEROX C8055H)</b> - 1 Line Fax - 2/3 Hole Punch - Office Finisher Lx - Convenience Stapler - Customer Ed - Analyst Services	Lease Term: 48 months Purchase Option: FMV  Customer's Reference Information - Per TCPN R150302	- Xerox 7830P S/N MX1696999 Trade-In as of Payment 35  Requested Install Date: 3/22/2019
3.	<b>C8055H (XEROX C8055H)</b> - 1 Line Fax - 2/3 Hole Punch - Office Finisher Lx - Convenience Stapler - Customer Ed - Analyst Services	Lease Term: 48 months Purchase Option: FMV  Customer's Reference Information - Per TCPN R150302	- Xerox 7845PT S/N MX4779353 Trade-In as of Payment 35  Requested Install Date: 3/22/2019

Authorized Signature 

Customer acknowledges receipt of the terms of this agreement which consists of 3 pages including this face page.

Signer: \_\_\_\_\_ Phone: (972)825-5011

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You for your business!  
 This Agreement is proudly presented by Xerox and  
**Amiea Bilberry**  
 (817)558-8656

For information on your Xerox Account, go to [www.xerox.com/AccountManagement](http://www.xerox.com/AccountManagement)





Solution (Cont'd)

Item	Product Description	Agreement Information	Trade Information	Requested Install Date
4. C8055H (XEROX C8055H)	<ul style="list-style-type: none"> <li>- 1 Line Fax</li> <li>- 2/3 Hole Punch</li> <li>- Office Finisher Lx</li> <li>- Convenience Stapler</li> <li>- Customer Ed</li> <li>- Analyst Services</li> </ul>	Lease Term: 48 months Purchase Option: FMV Customer's Reference Information - Par TCPN R150302	- Xerox 7845PT S/N MX4779380 Trade-In as of Payment 35	3/22/2019

Monthly Pricing

Item	Lease Minimum Payment	Print Charges			Maintenance Plan Features
		Model	Volume Band	Per Print Rate	
1. C8055H	\$212.73	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	1 - 200 201+	Included \$0.0506	
2. C8055H	\$203.07	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	All Prints	\$0.0506	
3. C8055H	\$215.81	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	1 - 250 251+	Included \$0.0506	
4. C8055H	\$238.91	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	1 - 700 701+	Included \$0.0506	
<b>Total</b>	<b>\$870.52</b>	<b>Minimum Payments (Excluding Applicable Taxes)</b>			

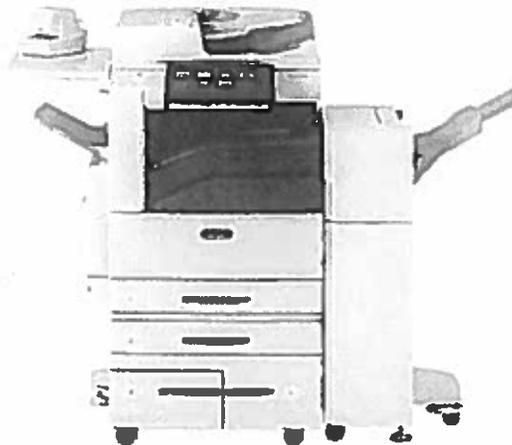
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## Solution Summary

### *Ellis County District Attorney's Office*

*Pricing per the State Contract*



#### **Xerox AltaLink C8055H**

**Replacing: Xerox 7830 S/N: MX1696953**

**Xerox 7830 S/N: MX1696999**

**Xerox 7845 S/N: MX4779353**

**Xerox 7845 S/N: MX4779380**

**55ppm Color - Copier/Printer/Scanner/Fax**

***Current Costs: \$885.57***

***48 Month Lease Combined Costs:***

***\$870.52 per Month***

**Service and Supplies:**

**Includes:**

**75,000 B&W**

**\$0.0056 B&W per copy**

**\$0.0506 Color per copy**

**\*\*\* Color can be placed on a code and / or disabled \*\*\***

23

# Lease Agreement



Customer: ELLIS, COUNTY OF

Buy To: COUNTY OF ELLIS  
STE 302  
101 W MN ST  
WAXAHACHIE, TX 75165

Install: COUNTY OF ELLIS  
PRECINCT 3  
101 W MAIN ST  
WAXAHACHIE, TX 75165-0408

State or Local Government Negotiated Contract : 072771400

Solution			
Item	Product Description	Agreement Information	Trade Information
1. C8030H (XEROX C8030H)	- 1 Line Fax - 2/3 Hole Punch - Office Finisher Lx - Convenience Stapler - Customer Ed - Analyst Services	Lease Term: 48 months Purchase Option: FMV	- Xerox WC 5325P S/N AE9903373 Trade-In as of Payment 61
			Requested Install Date: 3/8/2019

Monthly Pricing					
Item	Lease Minimum Payment	Print Charges			Maintenance Plan Features
		Miner	Volume Band	Per Print Rate	
1. C8030H	\$191.86	1: Black and White Impressions	1 - 20,000 20,001+	Included \$0.0050	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	1 - 100 101+	Included \$0.0506	
Total	\$191.86	Minimum Payments (Excluding Applicable Taxes)			

*Xerox* *gm*

4F8 2:47PM

5001.0530.50873

Authorized Signature	
<p>Customer acknowledges receipt of the terms of this agreement which consists of 2 pages including this face page.</p> <p>Signer: <u>Dan Cox</u> Phone: (972)825-5011</p> <p>Signature: _____ Date: _____</p>	<p>Thank You for your business!</p> <p>This Agreement is proudly presented by Xerox and</p> <p><b>Amiee Bilberry</b> (817)558-9656</p> <p>For information on your Xerox Account, go to <a href="http://www.xerox.com/AccountManagement">www.xerox.com/AccountManagement</a></p> 

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## Solution Summary

### *Ellis County JP Pct 3*

*Pricing per the State Contract*



#### **Xerox AltaLink C8030H**

30ppm Color - Copier/Printer/Scanner/Fax

Replacing: Xerox 5325 Serial # AE9903373

***Current Costs: \$201.88***

***48 Month Lease Combined Costs:***

***\$191.86 per Month***

**Service and Supplies:**

**Includes:**

**20,000 B&W**

**\$0.0506 Color per Impression**

**\*\*\* Color can be placed on a code \*\*\***

2.4



# Lease Agreement

Customer: ELLIS, COUNTY OF

Bill To: COUNTY OF ELLIS  
ADULT PROBATION  
202 CLIFT ST  
WAXAHACHIE, TX 75165-3734

Install: COUNTY OF ELLIS  
ADULT PROBATION  
202 CLIFT ST  
WAXAHACHIE, TX 75165-3734

State or Local Government Negotiated Contract : 072771400

Solution			
Item	Product Description	Agreement Information	Trade Information
1. C8055H (XEROX C8055H)	<ul style="list-style-type: none"> <li>- 1 Line Fax</li> <li>- 2/3 Hole Punch</li> <li>- Office Finisher Lx</li> <li>- Convenience Stapler</li> <li>- Customer Ed</li> <li>- Analyst Services</li> </ul>	Lease Term: 48 months Purchase Option: FMV Customer's Reference Information - Per TCPN R150302	- Xerox 7845PT S/N MX4468180 Trade-In as of Payment 34
2. C8055H (XEROX C8055H)	<ul style="list-style-type: none"> <li>- 1 Line Fax</li> <li>- 2/3 Hole Punch</li> <li>- Office Finisher Lx</li> <li>- Convenience Stapler</li> <li>- Customer Ed</li> <li>- Analyst Services</li> </ul>	Lease Term: 48 months Purchase Option: FMV Customer's Reference Information - Per TCPN R150302	- Xerox 7845PT S/N MX4468214 Trade-In as of Payment 34
3. C8055H (XEROX C8055H)	<ul style="list-style-type: none"> <li>- 1 Line Fax</li> <li>- 2/3 Hole Punch</li> <li>- Office Finisher Lx</li> <li>- Convenience Stapler</li> <li>- Customer Ed</li> <li>- Analyst Services</li> </ul>	Lease Term: 48 months Purchase Option: FMV Customer's Reference Information - Per TCPN R150302	- Xerox 7845PT S/N MX4468318 Trade-In as of Payment 34

## Authorized Signature

Customer acknowledges receipt of the terms of this agreement which consists of 3 pages including this face page.

Signer: \_\_\_\_\_ Phone: (972)825-5135

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You for your business!  
 This Agreement is proudly presented by Xerox and  
**Amiee Bilberry**  
 (817)558-9656

For information on your Xerox Account, go to  
[www.xerox.com/AccountManagement](http://www.xerox.com/AccountManagement)



Monthly Pricing

Item	Lease Minimum Payment	Print Charges			Maintenance Plan Features
		Meter	Volume Band	Per Print Rate	
1. C8055H	\$209.74	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	All Prints	\$0.0506	
2. C8055H	\$209.74	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	All Prints	\$0.0506	
3. C8055H	\$209.74	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	All Prints	\$0.0506	
<b>Total</b>	<b>\$629.22</b>	<b>Minimum Payments (Excluding Applicable Taxes)</b>			

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## Solution Summary

### *Ellis County CSCD*

*Pricing per the State Contract*



#### **Xerox AltaLink C8055H**

55ppm Color - Copier/Printer/Scanner/Fax

**Replacing: Xerox 7845 S/N: MX4468180**

**Xerox 7845 S/N: MX4468214**

**Xerox 7845 S/N: MX4468318**

*Current Combined Costs: \$641.80*

**48 Month Lease Combined Costs:**

**\$629.22 per Month**

**Monthly Savings \$12.58**

#### **Service and Supplies:**

**Includes:**

**75,000 B&W**

**\$0.0056 B&W per copy**

**\$0.0506 Color per copy**

**\*\*\* Color can be placed on a code and / or disabled \*\*\***

**Lease Agreement**



Customer: ELLIS, COUNTY OF

Bill To: COUNTY OF ELLIS  
ADULT PROBATION  
202 CLIFT ST  
WAXAHACHIE, TX 75165-3734

Install: COUNTY OF ELLIS  
ADULT PROBATION  
202 CLIFT ST  
WAXAHACHIE, TX 75165-3734

State or Local Government Negotiated Contract : 072771400

Solution			
Item	Product Description	Agreement Information	Trade Information
1.	<b>C8055H (XEROX C8055H)</b> - 1 Line Fax - 2/3 Hole Punch - Office Finisher Lx - Convenience Stapler - Customer Ed - Analyst Services	Lease Term: 48 months Purchase Option: FMV  Customer's Reference Information - Per TCPN R150302	- Xerox 7845PT S/N MX4468180 Trade-In as of Payment 34
2.	<b>C8055H (XEROX C8055H)</b> - 1 Line Fax - 2/3 Hole Punch - Office Finisher Lx - Convenience Stapler - Customer Ed - Analyst Services	Lease Term: 48 months Purchase Option: FMV  Customer's Reference Information - Per TCPN R150302	- Xerox 7845PT S/N MX4468214 Trade-In as of Payment 34
3.	<b>C8055H (XEROX C8055H)</b> - 1 Line Fax - 2/3 Hole Punch - Office Finisher Lx - Convenience Stapler - Customer Ed - Analyst Services	Lease Term: 48 months Purchase Option: FMV  Customer's Reference Information - Per TCPN R150302	- Xerox 7845PT S/N MX4468318 Trade-In as of Payment 34

4425 2:45PM

Department Approval Signature

Authorized Signature

<p>Customer acknowledges receipt of the terms of this agreement which consists of 3 pages including this face page.</p>		<p>Thank You for your business! This Agreement is proudly presented by Xerox and <b>Amiee Bilberry</b> (817)558-9656 For information on your Xerox Account, go to <a href="http://www.xerox.com/AccountManagement">www.xerox.com/AccountManagement</a></p>	
<p>Signer: <u>Hector Verdin</u></p>	<p>Phone: (972)825-5135</p>		
<p>Signature: <u>[Handwritten Signature]</u></p>	<p>Date: <u>01/30/19</u></p>		



Monthly Pricing					
Item	Lease Minimum Payment	Print Charges			Maintenance Plan Features
		Make:	Volume Band	Per Print Rate	
1. C8055H	\$209.74	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	All Prints	\$0.0506	
2. C8055H	\$209.74	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	All Prints	\$0.0506	
3. C8055H	\$209.74	1: Black and White Impressions	1 - 75,000 75,001+	Included \$0.0056	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	All Prints	\$0.0506	
<b>Total</b>	<b>\$629.22</b>	<b>Minimum Payments (Excluding Applicable Taxes)</b>			



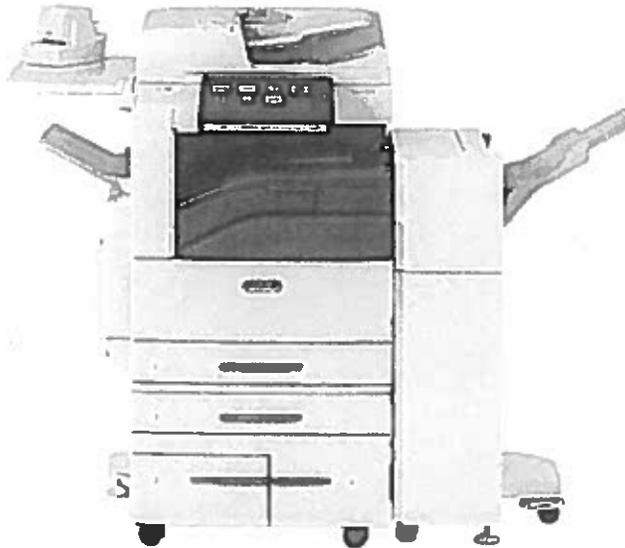
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## Solution Summary

### *Ellis County Treasurer's Office*

*Pricing per State Contract*



## Xerox AltaLink C8055

**55ppm Color Copier/Printer/Scanner/Fax/Finisher**  
*(Replacing: Xerox WC7845 Serial # MX4482001 Current Costs: \$216.26)*  
**48 Month Lease Costs: \$216.24 per month**

### **Service and Supplies:**

**Includes 75,000 B&W per Month**

**\$0.0050 B&W 75,001+**

**\$0.0506 Color per impression**

**\* Includes installation and training**

**\*\*\* Color can be placed on a code and / or disabled \*\*\***



Monthly Pricing (Cont'd)

Item	Lease Minimum Payment	Print Charges			Maintenance Plan Features
		Meter	Volume Band	Per Print Rate	
2. C8030H	\$176.62	1: Black and White Impressions	1 - 20,000 20,001+	Included \$0.0050	- Consumable Supplies Included for all prints - Pricing Fixed for Term
		2: Color Impressions	All Prints	\$0.0506	
<b>Total</b>	<b>\$392.92</b>	<b>Minimum Payments (Excluding Applicable Taxes)</b>			

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## Solution Summary

### *Ellis County Elections Office*

*Pricing per the State Contract*



#### **Copier #1 - Xerox AltaLink C8055H**

55ppm Color - Copier/Printer/Scanner/Fax

*(Replacing: Xerox WC7830 Serial # MX1051290 Current Costs: \$188.37)*

**48 Month Lease Cost: \$216.30 per Month**

**Service and Supplies:**

Includes: 75,000 B&W per month

\$0.0056 B&W 75,001+

\$0.0506 Color per impression

\*\*\* Color can be placed on a code and / or disabled \*\*\*

#### **Copier #2 - Xerox AltaLink C8030H**

**\*\*Additional Machine For Office Backup\*\***

30ppm Color - Copier/Printer/Scanner/Finisher

**48 Month Lease Cost: \$176.62 per month**

**Service and Supplies:**

Includes 20,000 B&W per month

\$0.0050 B&W 20,001+

\$0.0506 Color per copy

\* Includes installation and training

\*\*\* Color can be placed on a code and / or disabled \*\*

**Total Monthly Cost: \$392.92 per Month**

**Elections Department - Xerox WC7830 S/N: MX1051290**

Starting Meter Reads			Ending Meter Reads			Monthly Usage	
Date	BW	Color	Date	BW	Color	BW Usage	Color Usage
5/20/2016	16	17	6/27/2016	16	19	-	2
6/27/2016	16	19	8/18/2016	1,574	121	1,558	102
8/18/2016	1,574	121	8/21/2016	1,911	121	337	-
8/21/2016	1,911	121	9/21/2016	18,538	861	16,627	740
9/21/2016	18,538	861	10/21/2016	52,603	2,272	34,065	1,411
10/21/2016	52,603	2,272	11/21/2016	107,622	2,927	55,019	655
11/21/2016	107,622	2,927	12/21/2016	109,648	3,005	2,026	78
12/21/2016	109,648	3,005	1/21/2017	113,579	3,143	3,931	138
1/21/2017	113,579	3,143	2/21/2017	117,054	3,183	3,475	40
2/21/2017	117,054	3,183	3/21/2017	118,658	3,341	1,604	158
3/21/2017	118,658	3,341	4/22/2017	134,130	3,590	15,472	249
4/22/2017	134,130	3,590	5/21/2017	148,501	4,247	14,371	657
5/21/2017	148,501	4,247	6/21/2017	151,535	4,247	3,034	-
6/21/2017	151,535	4,247	7/21/2017	152,442	4,390	907	143
7/21/2017	152,442	4,390	8/21/2017	154,552	4,644	2,110	254
8/21/2017	154,552	4,644	9/21/2017	161,865	4,814	7,313	170
9/21/2017	161,865	4,814	10/21/2017	174,273	5,123	12,408	309
10/21/2017	174,273	5,123	11/21/2017	187,670	5,528	13,397	405
11/21/2017	187,670	5,528	12/21/2017	196,773	5,578	9,103	50
12/21/2017	196,773	5,578	1/21/2018	205,358	5,963	8,585	385
1/21/2018	205,358	5,963	2/21/2018	239,087	8,708	33,729	2,745
2/21/2018	239,087	8,708	3/21/2018	276,645	9,382	37,558	674
3/21/2018	276,645	9,382	4/21/2018	293,868	11,923	17,223	2,541
4/21/2018	293,868	11,923	5/21/2018	330,637	13,265	36,769	1,342
5/21/2018	330,637	13,265	6/21/2018	332,760	15,689	2,123	2,424
6/21/2018	332,760	15,689	7/26/2018	334,666	15,750	1,906	61
7/26/2018	334,666	15,750	8/21/2018	339,127	15,955	4,461	205
8/21/2018	339,127	15,955	9/21/2018	352,638	16,358	13,511	403
9/21/2018	352,638	16,358	10/21/2018	372,422	16,756	19,784	398
10/21/2018	372,422	16,756	11/21/2018	413,119	18,191	40,697	1,435

January 30, 2019

**Jail Boiler Replace options:**

**Option 1:**

**Replace existing boiler with a new Raypak 250,000 BTU boiler: Close to like-to-like**

- a. Pros –
  - 1. Only replacing one boiler
  - 2. Close to same type
  - 3. No additional demo to drive up front costs
  - 4. Cheaper install
- b. Cons –
  - 1. Classified as a boiler (not water heater)
  - 2. Subject to State boiler inspector inspections
  - 3. More maintainable parts / more likely to fail
  - 4. 2<sup>nd</sup> boiler (existing next to it – is 9 years old and will likely need to be replaced soon)
- c. Cost - \$17,197
- d. Schedule – two days to substantially complete
- e. Impact – minimal impact to building operation

**Option 2**

**Replace existing boilers (2 and storage tank) with 3 new 199,000 BTU water heaters – all new hot water system utilizing hot water heaters rather than boilers**

- a. Pros –
  - 1. More efficient (95% and higher),
  - 2. No longer require inspection by the State Boiler inspector
  - 3. Less maintenance/fewer maintainable parts
  - 4. Failure rate is lower
  - 5. Easier to operate
  - 6. More redundancy and storage than currently present
  - 7. All new system – all new domestic hw equipment
  - 8. More storage capacity
- b. Cons –
  - 1. Upfront cost is significant due to (3) pieces of equipment and also due to the
  - 2. Demo of the existing boilers
  - 3. Demo big storage tank
- h. Cost - \$45,527
- i. Schedule – 5 days to substantial completion
- j. Impact – two day shutdown – Bobby Compton says kitchen & laundry personnel can make arrangements with due notice.



AMERICAN MECHANICAL SERVICES OF TEXAS, LLC  
 8115 West Campus Circle Dr. • Irving, TX 75063  
 PH: (972) 702-8674 • FAX: (972) 701-0479 • www.amsfusa.com

Work Order # 452967 Details	
Call Type	Service
Caller	BOBBY COMPTON/GARY
Date Created	2019-01-22
Purchase Order	
Job #	15S175810
Date Completed	January 23, 2019 - 11:05:50 AM

Site Information	Billing Information
ELLIS CO SERRIFFS SUB / LAW ENF CTR SHERIFF'S SUB STATION OFFICE LAW ENFORCEMENT CENTER Waxahachie, TX 75165 Phone: (000)000-0000	ELLIS COUNTY AP DEPARTMENT ATTN: DEBTA BROWN 300 SOUTH JACKSON STREET WAXAHACHIE, TX 75165

**Work Requested**  
 BOILER IS DOWN/NO HOT WATER IN THE KITCHEN AREA  
 \*\*BOBBY 972-825-4943\*\*

Equipment Name: Plumbing T&M Service	Model:
Manufacturer:	Serial Number:
<b>Work Requested</b> BOILER IS DOWN/NO HOT WATER IN THE KITCHEN AREA **BOBBY 972-825-4943**	
<b>Work Performed</b> Jan 23, 2019 arrived on site and checked in with security. identified boiler in question. found water coil had a leak and leaking everywhere. burner tubes were also cracked. boiler needs replaced. sent Robert info to replace. Booker ne tto it had a bad pump. replaced pump from bad boiler to boiler with the bad pump to get hot water back	

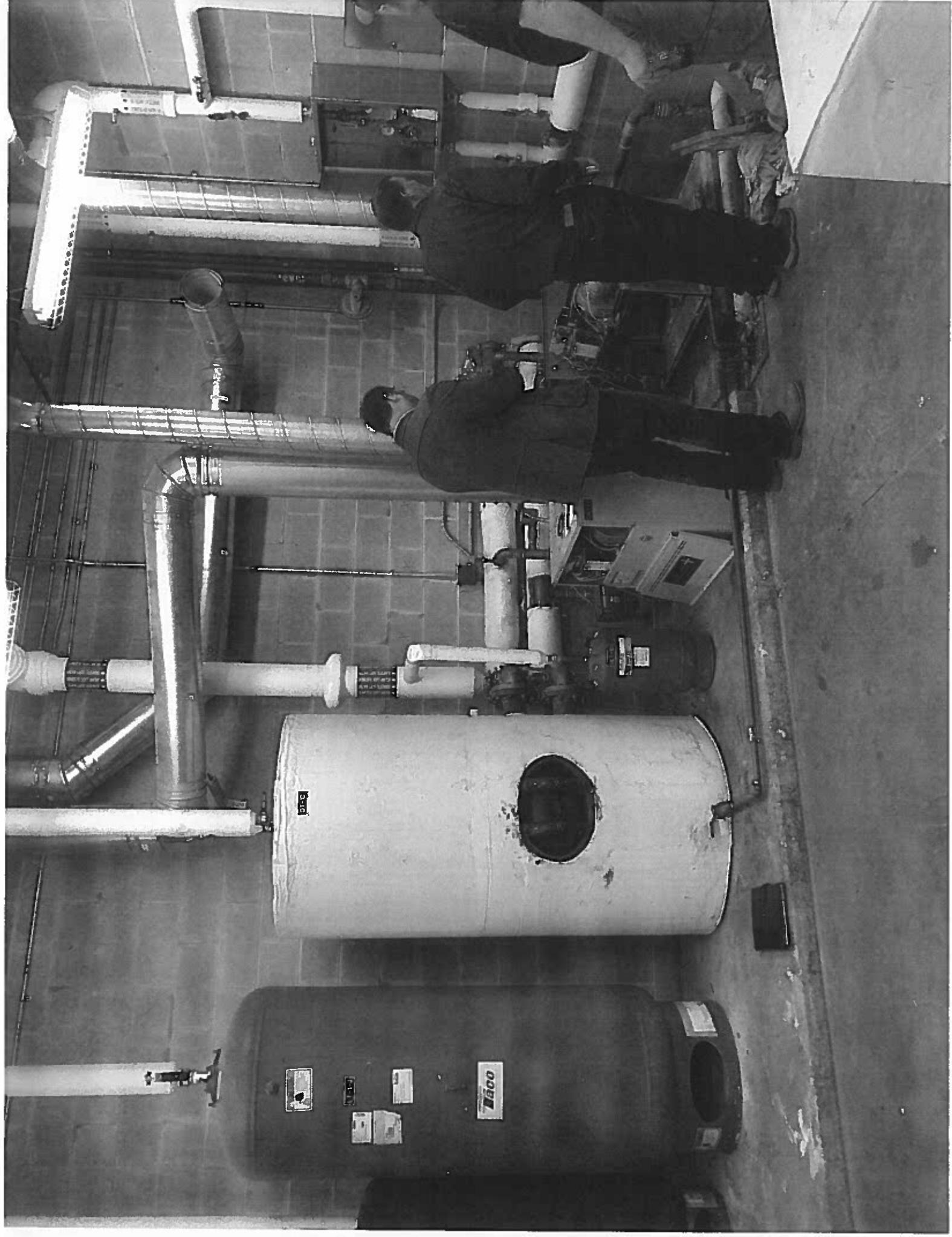
Summary				
Labor Detail				
Technician	Equipment	Labor Type Id	Date	Hours
Jeff	PLUMBTM	HVACJRN-REG	2019-01-22	5.0 (-)
				Total 5
Material / Misc / Flat Rate Details				
Equipment	Item	Description	Quantity	
PLUMBTM		CASH RECEIPT/NAPA/GASKET MAKER	1.00	

**Customer Signature**



Customer Name: Bobby  
 Customer signature indicates acceptance of charges  
Location Upon Signature





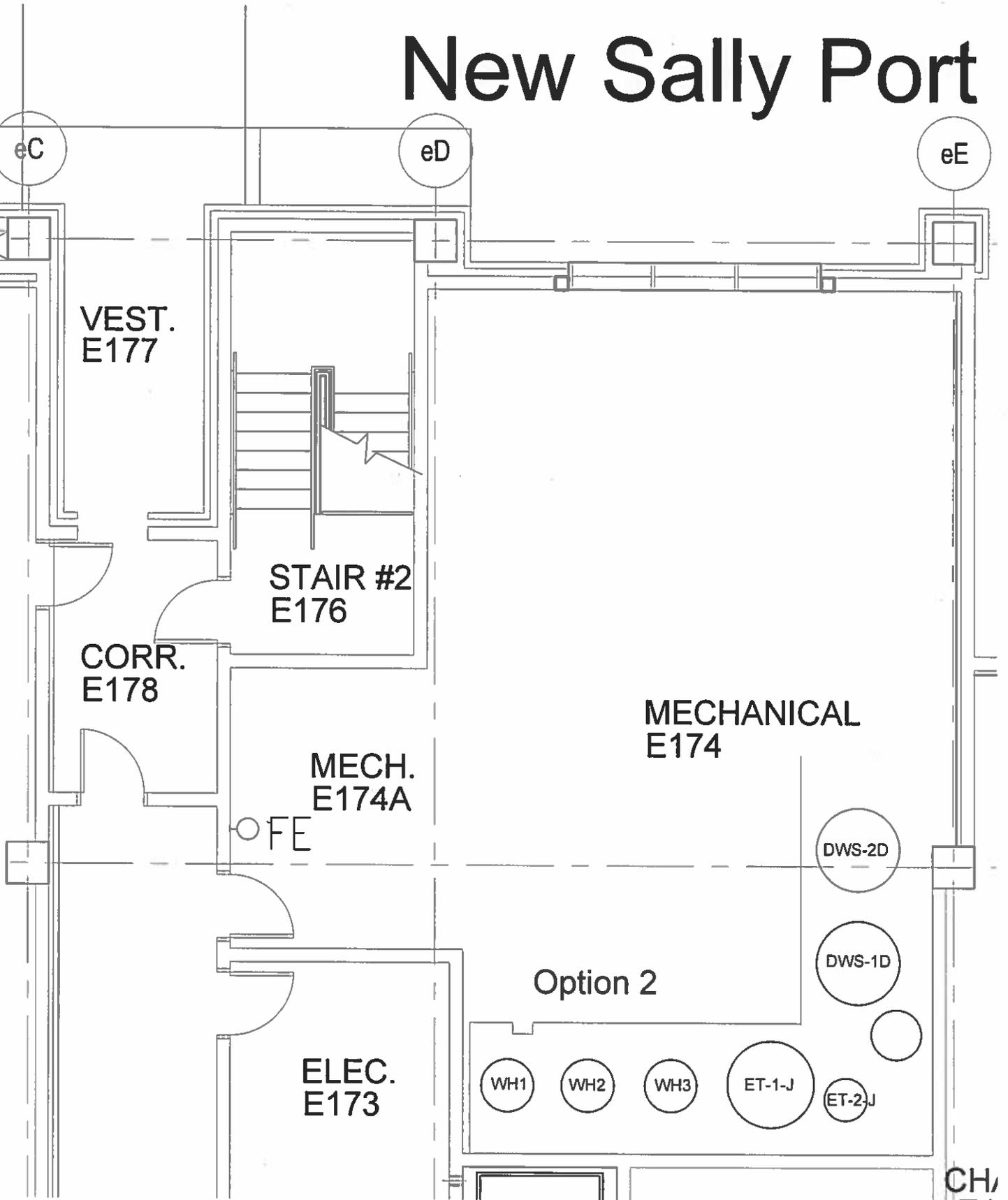






# New Sally Port

G:\Engineering\Facilities Mgmt\Facilities\15-Sheff Office & Jail - Wax\3-Drawings\DWG\15-Jail Boilers.dwg, 1/30/2019 3:45:08 PM, DWG To PDF.pc3





Contract 458-14 HVAC Equipment, Service and Installation  
Contract 461-14 Trade Services and Labor

January 29, 2019

Ellis County  
101 W. Main St., Suite 203  
Waxahachie, Texas 75165

Attention: Paul Verheyden  
Subject: Install (3) Water heaters  
Locations: Detention Center – 300 S. Jackson

We are pleased to propose the following for consideration of replacing one 250,000 BTUH Boiler and storage tank with three AO Smith water heaters.

We propose to furnish all labor and material for a cost of **\$45,527.00**

**Scope:**

- **Demo (2) existing boilers and storage tank and remove from site**
- **Re-pipe header for supply and return water to fit new heaters**
- **Run new vent piping to three water heaters and connect to existing class b vent pipe in the mechanical room**
- **Provide and install (3) AO Smith BTH-199 NG Commercial Cyclone Xi 100 gallon water heaters**
- **Re-pipe gas to (3) new water heaters**
- **Insulate new hot water piping**
- **Note: Water heaters has three year warranty tank, one year on parts and standard 90 day warranty on labor**

**Lead time 4 weeks**

**Excludes Overtime labor; if required, add \$3,430.00**

This proposal does not include any sales tax, overtime labor, new electrical service, permit, freight or any special handling charges that may be applicable.

This proposal will remain in effect for a period of thirty (30) days upon receipt.

Should you have any questions, or if we can be of further assistance to you, please do not hesitate to contact me.

Sincerely,

Gary P. Nuñez  
General Manager  
AMS of Texas, LLC

Yes. We do accept this proposal \_\_\_\_\_

Print Name: \_\_\_\_\_ (Date)

Signature: \_\_\_\_\_

### CYCLONE® Mxi MODULATING

#### MODULATING BURNER ADVANCES THE CYCLONE TO HIGHER LEVELS OF EFFICIENCY

The full line of A. O. Smith Cyclone Mxi condensing water heaters has been designed to provide years of dependable service and feature industry leading technology. Models are available from 120,000 to 500,000 Btu/h and all deliver thermal efficiencies of 95% and higher. The unique helical coil heat exchanger limits weld joints for optimal service life while maximizing heat transfer.

Cyclone is the industry leader in high efficiency commercial water heating. The current Mxi modulating models adjust firing rate to the specific demand further increasing efficiency and money savings.

#### INTELLIGENT CONTROL SYSTEM WITH LCD DISPLAY AND iCOMM CONNECTIVITY

- Exclusive A. O. Smith designed touch display control system
- Provides detailed water heater status information
- Precise temperature control adjustable from 90 to 180 degrees
- Built-in diagnostics
- Run history information
- Cyclone® Mxi Modulating water heaters are compatible with the iCOMM™ remote monitoring system. Call 1.888.928.3702 for information.

#### COMING SPRING 2017

- Remote monitoring capability utilizing the iCOMM app. Wi-Fi connectivity kit required for models 120-250, standard on models 300-500.

#### SUBMERGED COMBUSTION CHAMBER, WITH HELICAL HEAT EXCHANGER COIL

- Positioned in center of tank, surrounded by water to virtually eliminate radiant heat loss from chamber
- Direct spark ignition
- Spiral heat exchanger keeps hot burner gases swirling, uses centrifugal force to maximize efficiency of heat transfer to water in tank
- Spiral heat exchanger reduces lime scale from forming on water-side surfaces, which maintains energy efficiency over time

#### POWERED ANODES STANDARD ON ALL MODELS

- Provides long-lasting tank protection in varying water conditions
- Powered anodes are non-sacrificial
- Automatically adjusts output needed to properly protect the tank

#### PERMAGLAS® ULTRA COAT™ GLASS LINING

- Glass coating is applied using a liquid slush coating technique to ensure uniform coating
- Heat exchanger coil is glassed both externally and internally for optimum protection

#### MECHANICAL VENTING VERSATILITY

- Conventional power venting or direct venting
- Vents vertically or through a sidewall
- Front located exhaust and condensate connections allow for easy install and access
- Vents with low cost PVC Schedule 40 intake and exhaust pipe. Approved for optional CPVC Schedule 40, Polypropylene and AL29-4C stainless steel vent materials
- Direct-vent intake and exhaust pipe can terminate separately outside building or through single opening, using concentric vent assembly
- Canadian installations require ULC S636 PVC/CPVC, ULC S636 Polypropylene and AL29-4C stainless steel pipe for intake and exhaust

#### HIGH EFFICIENCY MODULATING PRE-MIX POWERED BURNER

- Down-fired pre-mix burner provides optimum efficiency and quiet operation
- Top-mounted burner position prevents condensation from affecting burner operation

#### 3-YEAR LIMITED TANK / 1-YEAR LIMITED PARTS WARRANTY

- For complete warranty information, consult written warranty or go to [hotwater.com](http://hotwater.com).



**BTH-120(A) THROUGH BTH-500(A)**  
**MODEL SHOWN:**  
**BTH-199(A) SERIES 300/301**





# Commercial Gas Water Heaters

## OTHER FEATURES:

### SPACE-SAVING DESIGN FOR INSTALLATION FLEXIBILITY

- Easy-to-remove top cover for convenient access to serviceable parts
- 0" installation clearances on sides and rear, 1-1/2" installation clearance on top
- Handhole cleanout allows easy access to tank interior for cleaning
- 0" clearance to combustibles, approved for installation on combustible floors

## CODES AND STANDARDS

- CSA certified and ASME rated T&P relief valve
- Maximum hydrostatic working pressure: 160 psi
- All models are design certified by Underwriters Laboratories (UL), Inc., to ANSI Z21.10.3 - CSA 4.3 Standards
- Meets the thermal efficiency and standby loss requirements of the U.S. Department of Energy and current edition ASHRAE/IES 90.1
- Design Certified by Underwriters Laboratories to NSF standard 5 for 180°F (62°C) water
- Complies with SCAQMD Rule 1146.2 and other Air Quality Management Districts with similar requirements for ultra low-NOx emissions
- ASME tank construction optional on 120-500 model sizes

## VENT REQUIREMENTS FOR BTH 120(A) - 250(A)

Number of 90° Elbows Installed	3 Inch Pipe	4 Inch Pipe
	Maximum Feet (Meters)	Maximum Feet (Meters)
One (1)	45 feet (13.7 meters)	115 feet (35 meters)
Two (2)	40 feet (12.2 meters)	110 feet (33.5 meters)
Three (3)	35 feet (10.7 meters)	105 feet (32 meters)
Four (4)	30 feet (9.1 meters)	100 feet (30.5 meters)
Five (5)	N/A	95 feet (29 meters)
Six (6)	N/A	90 feet (27.4 meters)

## VENT REQUIREMENTS FOR BTH 300(A) - 500(A)

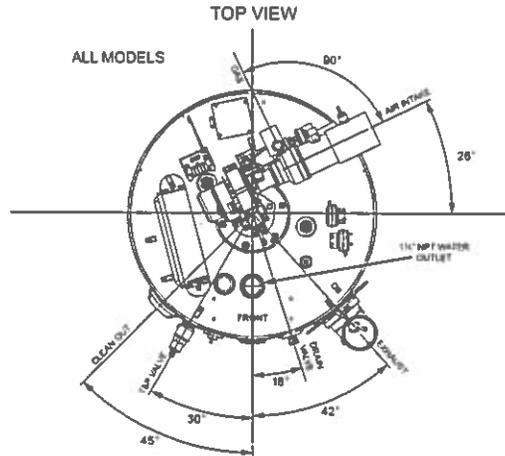
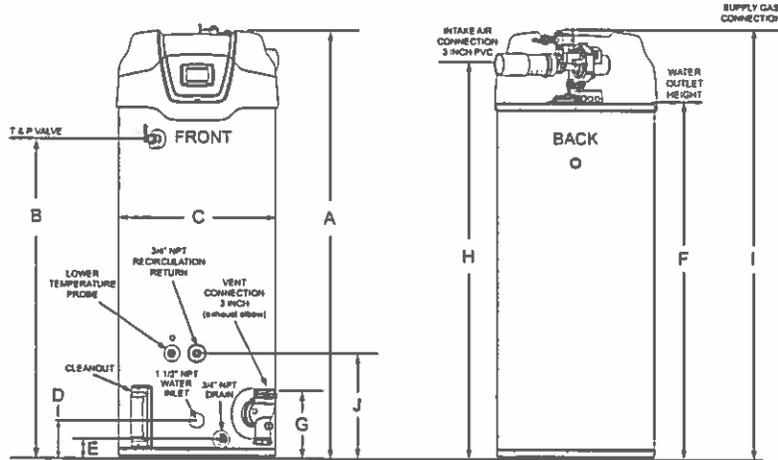
Number of 90° Elbows Installed	4 Inch Pipe	6 Inch Pipe
	Maximum Feet (Meters)	Maximum Feet (Meters)
One (1)	65 feet (19.8 meters)	115 feet (35 meters)
Two (2)	60 feet (18.2 meters)	110 feet (33.5 meters)
Three (3)	55 feet (16.8 meters)	105 feet (32 meters)
Four (4)	50 feet (15.2 meters)	100 feet (30.5 meters)
Five (5)	45 feet (13.7 meters)	95 feet (29 meters)
Six (6)	40 feet (12.2 meters)	90 feet (27.4 meters)

## GAS PRESSURE REQUIREMENTS

Model Number	Manifold Pressure		Minimum Supply Pressure		Maximum Supply Pressure	
	Natural Gas	Propane Gas	Natural Gas	Propane Gas	Natural Gas	Propane Gas
BTH-120(A)	0"W.C. (0 kPa)	0"W.C. (0 kPa)	3.5"W.C. (1.10 kPa)	8.5"W.C. (2.12 kPa)	14"W.C. (3.49 kPa)	14"W.C. (3.49 kPa)
BTH-150(A)	0"W.C. (0 kPa)	0"W.C. (0 kPa)	3.5"W.C. (1.10 kPa)	8.5"W.C. (2.12 kPa)	14"W.C. (3.49 kPa)	14"W.C. (3.49 kPa)
BTH-199(A)	0"W.C. (0 kPa)	0"W.C. (0 kPa)	3.5"W.C. (1.10 kPa)	8.5"W.C. (2.12 kPa)	14"W.C. (3.49 kPa)	14"W.C. (3.49 kPa)
BTH-250(A)	0"W.C. (0 kPa)	0"W.C. (0 kPa)	3.5"W.C. (1.10 kPa)	8.5"W.C. (2.12 kPa)	14"W.C. (3.49 kPa)	14"W.C. (3.49 kPa)
BTH-300(A)	0"W.C. (0 kPa)	0"W.C. (0 kPa)	4.8"W.C. (1.19 kPa)	8.5"W.C. (2.12 kPa)	14"W.C. (3.49 kPa)	14"W.C. (3.49 kPa)
BTH-400(A)	0"W.C. (0 kPa)	0"W.C. (0 kPa)	4.8"W.C. (1.19 kPa)	8.5"W.C. (2.12 kPa)	14"W.C. (3.49 kPa)	14"W.C. (3.49 kPa)
BTH-500(A)	0"W.C. (0 kPa)	0"W.C. (0 kPa)	4.8"W.C. (1.19 kPa)	8.5"W.C. (2.12 kPa)	14"W.C. (3.49 kPa)	14"W.C. (3.49 kPa)

Depending on the installed equivalent length, and/or the number of appliances connected, the supply gas line size may need to be increased beyond the minimum required size.

BTH 120-250



\* Center line of water outlet on top of the water heaters is approximately 7 inches from the front edge of the water heater

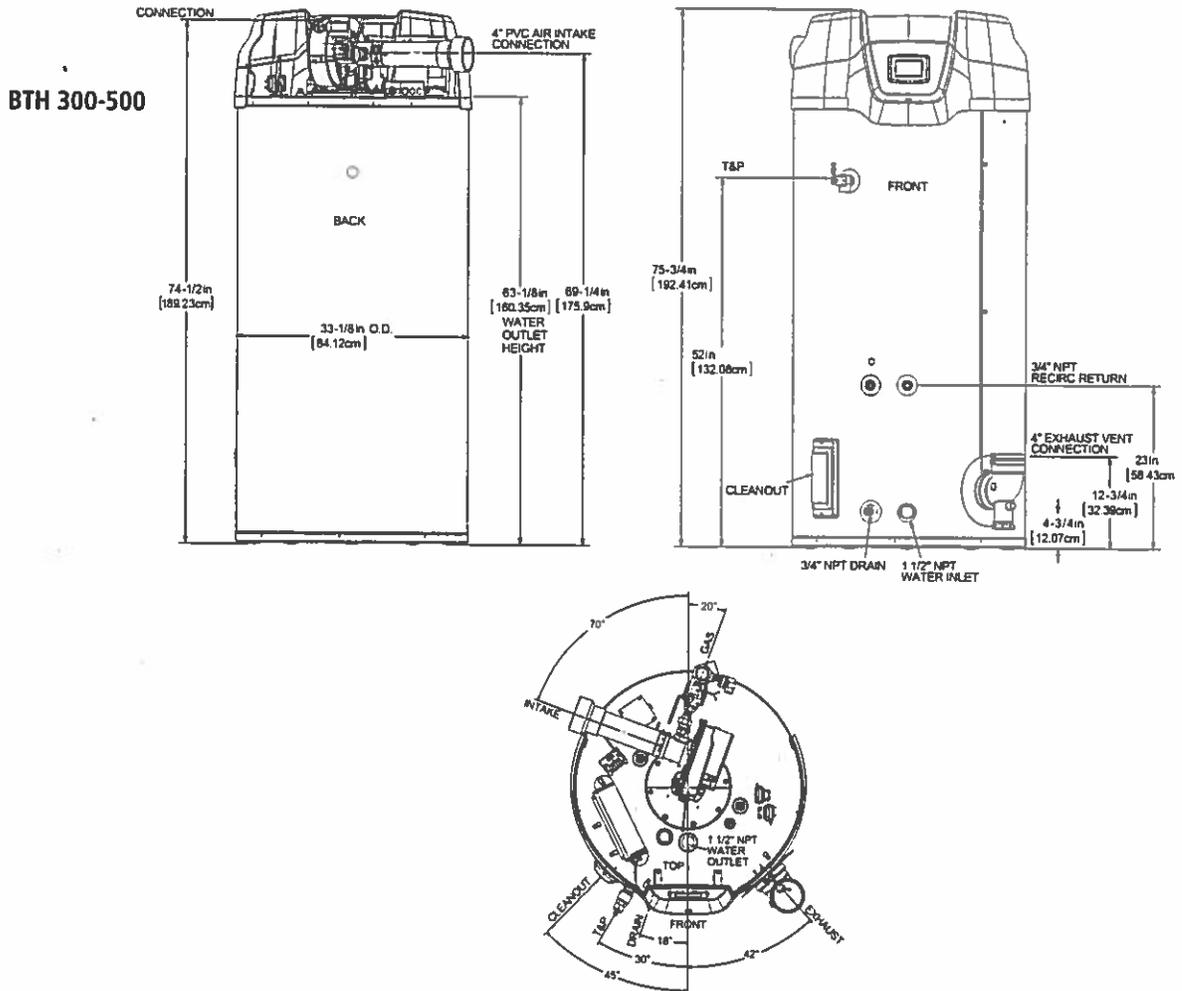
Model Number	Approx. Capacity		Dimensions										lb/kg	Approx. Shipping Weight Std	Approx. Shipping Weight ASME
			A	B	C	D	E	F	G	H	I	J			
BTH-120(A)	Gallons	60	55 1/2	35	27 3/4	6 5/16	3	42 1/4	11 1/4	48 1/2	53 1/2	18 1/4	lb	460	490
	Liters	227	141	88.9	70.5	16	7.62	107.32	28.6	123.2	135.9	46.36	kg	208	220
BTH-150(A)	Gallons	100	76 1/2	56 3/8	27 3/4	6 5/16	3	64	11 1/4	70	75 1/2	18 1/4	lb	523	553
	Liters	379	194.9	143.2	70.5	16	7.62	162.6	28.6	177.8	191.8	46.36	kg	237	251
BTH-199(A)	Gallons	100	76 1/2	56 3/8	27 3/4	6 5/16	3	64	11 1/4	70	75 1/2	18 1/4	lb	523	553
	Liters	379	194.9	143.2	70.5	16	7.62	162.6	28.6	177.8	191.8	46.36	kg	237	251
BTH-250(A)	Gallons	100	76 1/2	56 3/8	27 3/4	6 5/16	3	64	11 1/4	70	75 1/2	18 1/4	lb	523	553
	Liters	379	194.9	143.2	70.5	16	7.62	162.6	28.6	177.8	191.8	46.36	kg	237	251

Electrical characteristics-120V-60Hz A.C., 5.0 A

\* "A" in model represents ASME construction

Propane gas models available

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.



Model Number	Approx. Capacity	Dimensions										lb/kg	Approx. Shipping Weight Std	Approx. Shipping Weight ASME	
		A	B	C	D	E	F	G	H	I	J				
BTH-300(A)	Gallons	119	75 3/4	52	33 1/8	4 3/4	4 3/4	63 1/8	12 3/4	69 1/4	74 1/2	23	lb	855	855
	Liters	450.96	192.41	132.08	84.12	12.07	12.07	160.35	32.39	175.9	189.23	58.43	kg	387	387
BTH-400(A)	Gallons	119	75 3/4	52	33 1/8	4 3/4	4 3/4	63 1/8	12 3/4	69 1/4	74 1/2	23	lb	855	855
	Liters	450.96	192.41	132.08	84.12	12.07	12.07	160.35	32.39	175.9	189.23	58.43	kg	387	387
BTH-500(A)	Gallons	119	75 3/4	52	33 1/8	4 3/4	4 3/4	63 1/8	12 3/4	69 1/4	74 1/2	23	lb	855	855
	Liters	450.96	192.41	132.08	84.12	12.07	12.07	160.35	32.39	175.9	189.23	58.43	kg	387	387

Electrical characteristics-120V-60Hz A.C., 5.0 A

"A" in model represents ASME construction

Propane gas models available

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.



# Commercial Gas Water Heaters

## RECOVERY CAPACITY

Model Number	Type of Gas	Input		Thermal Efficiency
		BTU/HR	kW	
BTH-120(A)	Natural/Propane	120,000	35	95%
BTH-150(A)	Natural/Propane	150,000	44	98%
BTH-199(A)	Natural/Propane	199,900	58	97%
BTH-250(A)	Natural/Propane	250,000	73	96%
BTH-300(A)	Natural/Propane	300,000	88	96%
BTH-400(A)	Natural/Propane	399,900	117	95%
BTH-500(A)	Natural/Propane	499,900	146	95%

Model Number	U.S. GALLONS/HR AND LITRES/HR AT TEMPERATURE RISE INDICATED													
	Approx. Capacity	°F	30°F	40°F	50°F	60°F	70°F	80°F	90°F	100°F	110°F	120°F	130°F	140°F
		°C	17°C	22°C	28°C	33°C	39°C	44°C	50°C	56°C	61°C	67°C	72°C	78°C
BTH-120(A)	60 U.S. Gals.	GPH	461	345	276	230	197	173	154	138	126	115	106	99
	227 Litres	LPH	1743	1308	1046	872	747	654	581	523	475	436	402	374
BTH-150(A)	100 U.S. Gals.	GPH	594	445	356	297	255	223	198	178	162	148	137	127
	379 Litres	LPH	2248	1686	1349	1124	963	843	749	674	613	562	519	482
BTH-199(A)	100 U.S. Gals.	GPH	783	588	470	392	336	294	261	235	214	196	181	168
	379 Litres	LPH	2965	2224	1779	1483	1271	1112	988	890	809	741	684	635
BTH-250(A)	100 U.S. Gals.	GPH	970	727	582	485	416	364	323	291	264	242	224	208
	379 Litres	LPH	3670	2753	2202	1835	1573	1376	1223	1101	1001	918	847	786
BTH-300(A)	119 U.S. Gals.	GPH	1164	873	698	582	499	436	388	349	317	291	269	249
	450.96 Litres	LPH	4405	3304	2643	2202	1888	1652	1468	1321	1201	1101	1017	944
BTH-400(A)	119 U.S. Gals.	GPH	1535	1151	921	767	658	576	512	460	419	384	354	329
	450.96 Litres	LPH	5810	4358	3486	2905	2490	2179	1937	1743	1585	1453	1341	1245
BTH-500(A)	119 U.S. Gals.	GPH	1919	1439	1151	959	822	720	640	576	523	480	443	411
	450.96 Litres	LPH	7263	5448	4358	3632	3113	2724	2421	2179	1981	1816	1676	1556

Recovery capacities are based on AHRI rated thermal efficiencies.  
For ASME Construction add an "A" to the end of the model number ex: BTH-120A.

## STORAGE CAPACITY

Model Number	U.S. Gallons	Liters
BTH 120	60	227
BTH 150	100	379
BTH 199	100	379
BTH 250	100	379
BTH 300	119	450.96
BTH 400	119	450.96
BTH 500	119	450.96

## GAS LINE CONNECTION SIZE

Model	Series	Natural Gas	Propane Gas
BTH 120	300/301	3/4" NPT	3/4" NPT
BTH 150	300/301	3/4" NPT	3/4" NPT
BTH 199	300/301	3/4" NPT	3/4" NPT
BTH 250	300/301	3/4" NPT	3/4" NPT
BTH 300	300/301	1-1/2" NPT	1-1/2" NPT
BTH 400	300/301	1-1/2" NPT	1-1/2" NPT
BTH 500	300/301	1-1/2" NPT	1-1/2" NPT

### OPTIONAL KITS



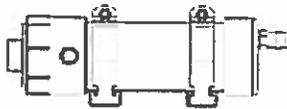
#### OPTIONAL CONCENTRIC VENT KITS

- BTH-120 - 250 vent kit p/n 100111100
- BTH-300 - 500 vent kit p/n 100113124



#### OPTIONAL LOW PROFILE TERMINATION VENT KITS

- 3" Flush Mount Vent Kit p/n 100187887
- 4" Flush Mount Vent Kit p/n 100187888
- 6" Flush Mount Vent Kit p/n 100187889



#### OPTIONAL CONDENSATE NEUTRALIZATION KITS

- BTH-120-199 kit p/n 100112380
- BTH-250-500 kit p/n 100112381

### COMMON VENTING KITS FOR UP TO 3 WATER HEATERS (ONE KIT PER WATER HEATER REQUIRED)

Kit	Description
100227396	PVC Common Vent Kit, 120 – 250 Models
100223775	PVC Common Vent Kit, 300 – 500 Models
100227395	Polypropylene Common Vent Kit, 120 -250 Models
100223774	Polypropylene Common Vent Kit, 300 - 500 Models

Installations must comply with all national, state and local codes.  
See kit instructions and corresponding water heater manual for detailed installation instructions and additional information.  
50 Feet maximum equivalent length of straight pipe common vent and elbows  
NOTE: Order 1 kit for each water heater.  
See the Common Vent Kit manual or spec sheet for detailed information.

### SPECIFICATION

(Natural or Propane) gas water heater(s) shall be A. O. Smith Cyclone Mxi model # \_\_\_\_\_ or equal, minimum 95% thermal efficiency, a storage capacity of \_\_\_\_\_ gallons, an input rating of \_\_\_\_\_ BTUs per hour, a recovery rating of \_\_\_\_\_ gallons per hour (gph) at 100°F rise and a maximum hydrostatic working pressure of 160 psi. Water heater(s) shall: 1. Modulating gas burner that automatically adjusts the input based on demand. 2. Powered anodes that are non sacrificial and maintenance free. 3. Have seamless glass-lined steel tank construction, with glass lining applied to all water-side surfaces after the tank has been assembled and welded; 4. Meets the thermal efficiency and/or standby loss requirements of the U. S. Department of Energy and current edition of ASHRAE/IES 90.1; 5. Have foam insulation and a CSA Certified and ASME rated T&P relief valve; 6. Have a down-fired power burner designed for precise mixing of air and gas for optimum efficiency, requiring no special calibration on start-up; 7. Be approved for 0" clearance to combustibles.

The control shall be an integrated solid-state temperature and ignition control device with integral diagnostics, graphic user interface, fault history display, and shall have digital temperature readout. 1. All models are design certified by Underwriters Laboratories (UL), Inc., according to ANSI Z21.10.3 - CSA 4.3 standards governing storage type water heaters; 2. Meet the thermal efficiency and standby loss requirements of the U. S. Department of Energy and current edition ASHRAE/IES 90.1. Complies with SCAQMD Rule 1146.2 and other air quality management districts with similar requirements for low NOx emissions.

120K-250K BTU Input: For Standard Power Venting: Water heater(s) shall be suitable for power venting using a (3" or 4") \_\_\_\_\_ diameter PVC pipe for a total distance of (50 ft or 120 ft.) \_\_\_\_\_ equivalent feet of vent piping. For Power Direct Venting: Water heater(s) shall be suitable for power direct venting using a (3" or 4") \_\_\_\_\_ diameter PVC pipe for a total distance of (50 ft or 120 ft.) \_\_\_\_\_ equivalent feet of vent piping and (50 ft. or 120 ft.) \_\_\_\_\_ equivalent feet of intake air piping.

300K - 500K BTU Input: For Standard Power Venting: Water heater(s) shall be suitable for standard power venting using a (4" or 6") \_\_\_\_\_ diameter PVC pipe for a total distance of (70 ft. or 120 ft.) \_\_\_\_\_ equivalent feet of vent piping. For Power Direct Venting: Water heater(s) shall be suitable for power direct venting using a (4" or 6") \_\_\_\_\_ diameter PVC pipe for a total distance of (70 ft or 120 ft.) \_\_\_\_\_ equivalent feet of vent piping and (70 ft. or 120 ft.) \_\_\_\_\_ equivalent feet of intake air piping.

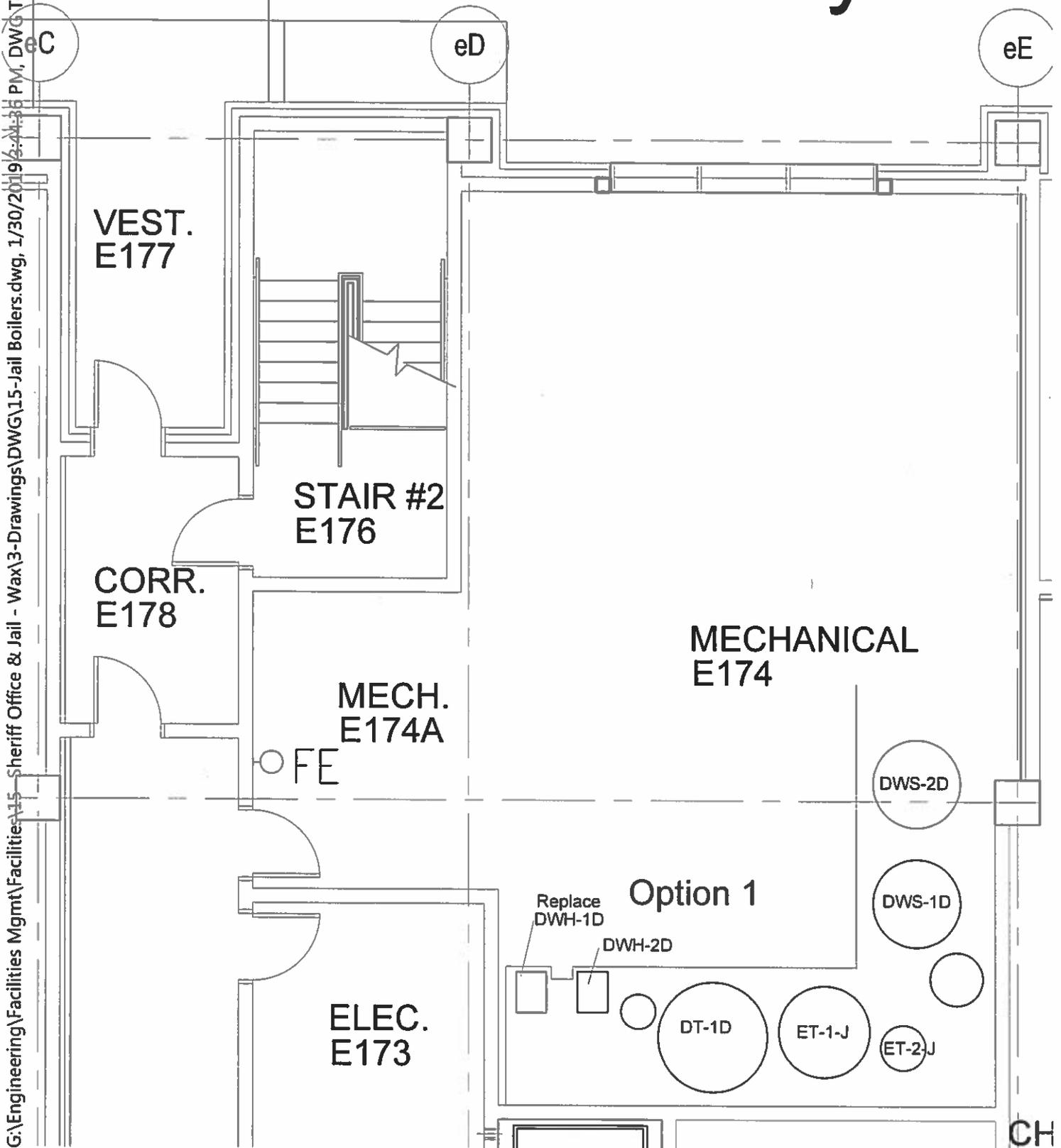
Operation of the water heater(s) in a closed system where thermal expansion has not been compensated for (with a properly sized thermal expansion tank) will void the warranty.

Water heater should incorporate the iCOMM™ system for remote monitoring, leak detection and fault alert.

For Technical Information, call 800-527-1953. A. O. Smith Corporation reserves the right to make product changes or improvements without prior notice.

# New Sally Port

G:\Engineering\Facilities Mgmt\Facilities\15 - Sheriff Office & Jail - Wax\3-Drawings\DWG\15-Jail Boilers.dwg, 1/30/2019 2:44:36 PM, DWG To PDF.pc3





Contract 458-14 HVAC Equipment, Service and Installation  
Contract 461-14 Trade Services and Labor

January 29, 2019

Ellis County  
101 W. Main St., Suite 203  
Waxahachie, Texas 75165

Attention: Paul Verheyden  
Subject: Install new 250,000 BTUH Boiler  
Locations: Detention Center – 300 S. Jackson

We are pleased to propose the following for consideration of replacing one 250,000 BTUH Boiler

We propose to furnish all labor and material for a cost of **\$17,197.00**

**Scope:**

- Demo existing boiler and replace with one Ray-Pak H#-HD251 low nox boiler
  - Demo and replace existing expansion tank with an ASME certified expansion tank
  - Re-pipe water supply and return to match up with new boiler
  - Replace circulating pump with new pump to match existing design
  - Relocate existing electrical to match new boiler foot print
  - Re-pipe gas piping to match new boiler connections
- Note: Boiler has five year warranty on heat exchanger, one year on parts and standard 90 day warranty on labor**

**Lead time 4 weeks**

**Excludes Overtime labor; if required, add \$2,300.00**

This proposal does not include any sales tax, overtime labor, new electrical service, permit, freight or any special handling charges that may be applicable.

This proposal will remain in effect for a period of thirty (30) days upon receipt.

Should you have any questions, or if we can be of further assistance to you, please do not hesitate to contact me.

Sincerely,

Gary P. Nuñez  
General Manager  
AMS of Texas, LLC

Yes. We do accept this proposal \_\_\_\_\_

Print Name: \_\_\_\_\_ (Date)

Signature: \_\_\_\_\_

Job: \_\_\_\_\_

Engineer: \_\_\_\_\_

Contractor: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Model: H3 HD251 Indoor/Outdoor: Indoor

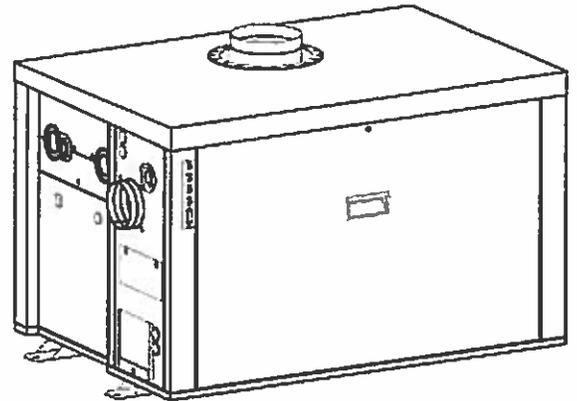
# Hi Delta SS™ - Type H

Space Heating/Hot Water Boiler

Models HD101-HD401

MBTUH Input: 250

- TruSeal® Direct Vent
- Sealed Combustion Chamber
- 100% Factory Fire Tested
- Efficiency: 84%
- Maximum Outlet Temperature: 240°F
- Minimum Non-condensing Inlet Temperature: 105°F
- Thermal Shock Proof Heat Exchanger
- Limited Twenty-year Thermal Shock Warranty
- Limited Ten-year Closed-System Heat Exchanger Warranty
- Status Display LED's
- PolyTuf Powder Coated Cabinet
- No Combustible Floor Shield Required
- Fan-assisted – Ultra Low NOx (<20 ppm Nat.)
- Patented Burner Security Blanket



Patent No. 7,044,124

### Heat Exchanger

- H Stamp
- Headers
  - Cast Iron, Glass-lined – Standard
  - Bronze – Option A-1
- ASME Inspected and Stamped
- 160 PSIG Working Pressure
- National Board Approved
- Finned Tubing
  - Copper – Standard
  - Cupro Nickel – Option A-3
- ASME Steel Tube Sheet
- Silicone High Temp O-Rings
- Pressure Relief Valve - ASME
  - 45 PSIG - Standard
  - 125 PSIG - Optional
- Temperature and Pressure Gauge (shipped loose)
- Flow Switch - Mounted
- Left-hand Water (Standard)
- Right-hand water – Optional A-6

### Controls

- 120V, 60Hz, 1Ø Power Supply
- 120/24V 60Hz Transformer
- 100% Shutoff/Lockout
- Hot Surface Ignition
- Remote Flame Sensor
- Fixed High Limit Control, Manual Reset
- On/Off Power Switch
- Blocked Vent Pressure Switch
- Combustion Air Proving Switches (2)
- Economaster Style Pump Relay

### Gas Train

- 4" WC Minimum Pressure
- Combination Valve
- Firing Mode
  - Two-stage (H3) - Standard
  - On/Off (H4) - Optional
- Fuel
  - Natural Gas
  - Propane Gas
- Design Certified
- ANSI Z21.13/CSA 4.9

### Burner

- Two-stage
- Ultra-low NOx (<20 ppm Nat.)

### Construction

- Indoor/Outdoor Construction
- Slide-out Controls Tray
- Front Controls Enclosed
- PolyTuf Powder Coat Finish
- TruSeal® Direct Vent
- Integral Combustion Air Filter

### Venting

- Vent Termination Cap
  - Outdoor – Option D-11
  - Indoor, Horizontal – Option D-15
  - Indoor, Vertical – Option D-20
- Combustion Air - Ducted
  - Air Intake Elbow – Option D-16
- Extractor – Optional
  - By others
  - Not required

### Temperature Controls

- B-3 1-Stage Controller, 100-200°F (Loose)
- B-6 2-Stage Controller, 130-230°F (Loose)
- B-21 TempTracker Digital Controller 4-Stage (loose)
- B-26 TempTracker Digital Controller, 2-Stage (Mtd)
- B-27 TempTracker Digital Controller, 2-Stage, O/D (Mtd)
- B-28 On/Off Digital Controller, (Mtd)
- Remote Controller
- By others:

### Options

- F-10 Low Water Cut-off, Remote Probe
- I-1 Adjustable High Limit Control, Auto Reset
- P-\_\_ Pump: \_\_ HP, 120V, 1Ø, 60 Hz
  - Bronze  Mounted
  - Cast Iron  Loose
- P-\_\_ Cold Water Protection (See 1000.19)
- S-\_\_ Low and High Gas Pressure Switches, Manual



**Raypak**

A Johnson Company

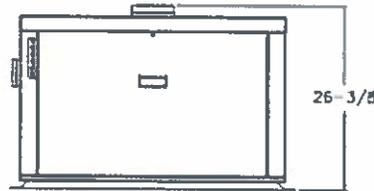
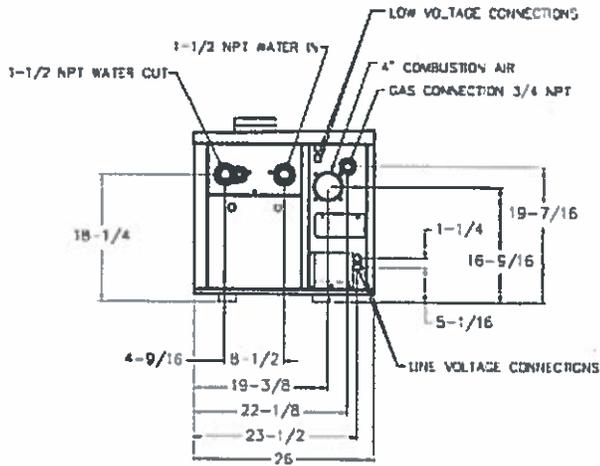
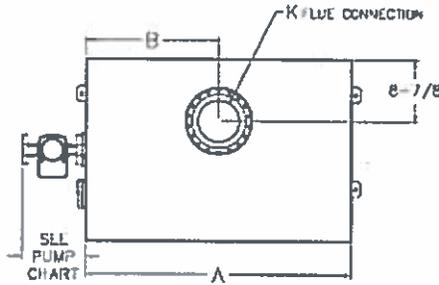
# Hi Delta SS HD101-HD401

## Type H - Hydronic Heating

Model H3 HD251

### Primary Pump HP - Amps

Model	H3-
HD101	1/8 - 1.3
HD151	1/8 - 1.3
HD201	1/8 - 1.3
HD251	1/8 - 1.3
HD301	1/8 - 1.3
HD401	1/8 - 1.3



MODEL	MBTUH		AFUE (%)	FIRING STAGES	A	B	K	Boiler Amps‡	APPROX. SHIP WT. (LBS.)
	INPUT	OUTPUT							
HD101	100	84	84	2*	18-9/16	9-1/4	4	<5	150
HD151	150	126	84	2*	21-7/8	10-7/8	4	<5	175
HD201	199	167	84	2*	25-1/16	12-1/2	5	<5	200
HD251	250	210	84	2*	28-5/16	14-1/8	5	<5	225
HD301	299	251	84	2*	31-9/16	15-3/4	5	<5	250
HD401	399	335	84**	2*	38-1/16	19	6	<5	300

Dimensions are in inches.

\* 1 stage optional

‡ Amp draw does not include pump.

\*\* Thermal Efficiency

### RATES OF FLOW AND PRESSURE DROPS

MODEL	Input MBTUH	Output MBTUH	10°F ΔT		20°F ΔT		30°F ΔT		MIN. FLOW			MAX. FLOW		
			GPM	ΔP (ft)	GPM	ΔP (ft)	GPM	ΔP (ft)	GPM	ΔP (ft)	ΔT	GPM	ΔP (ft)	ΔT
HD101	100	84	17	1.2	N/A	N/A	N/A	N/A	13	0.8	13	44	8.8	4
HD151	150	126	25	2.9	13	0.8	N/A	N/A	13	0.8	20	44	8.8	6
HD201	199	167	33	5.2	17	1.3	N/A	N/A	13	3.3	27	44	8.9	8
HD251	250	210	44	9.2	21	2.1	14	0.9	13	0.7	34	44	9.2	10
HD301	299	251	N/A	N/A	25	3.1	17	1.3	13	0.7	40	44	9.4	11
HD401	399	335	N/A	N/A	34	5.6	22	2.5	22	2.5	30	44	9.8	15

NOTE: Basis for minimum flow is 13 GPM or 40°F ΔT.

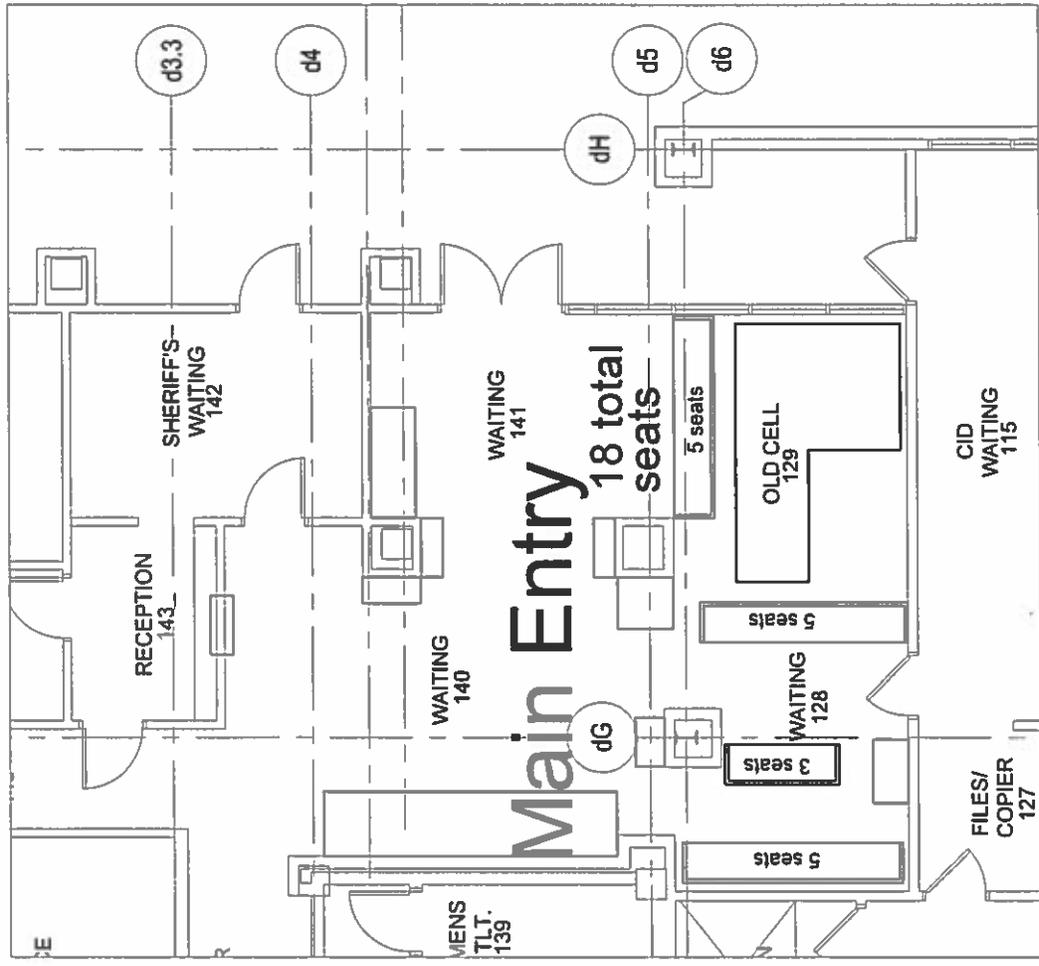
- NOTES: 1. Rates shown are for natural or propane gas, and elevations up to 2,000 feet. For installations above 2,000 feet, please contact manufacturer.  
2. Recommended natural gas pressure is 7 - 10.5" WC. Recommended propane gas pressure is 11 - 13" WC.

Raypak, Inc. • 2151 Eastman Avenue, Oxnard, CA 93030 • (805) 278-5300 • Fax (800) 872-9725 • www.raypak.com

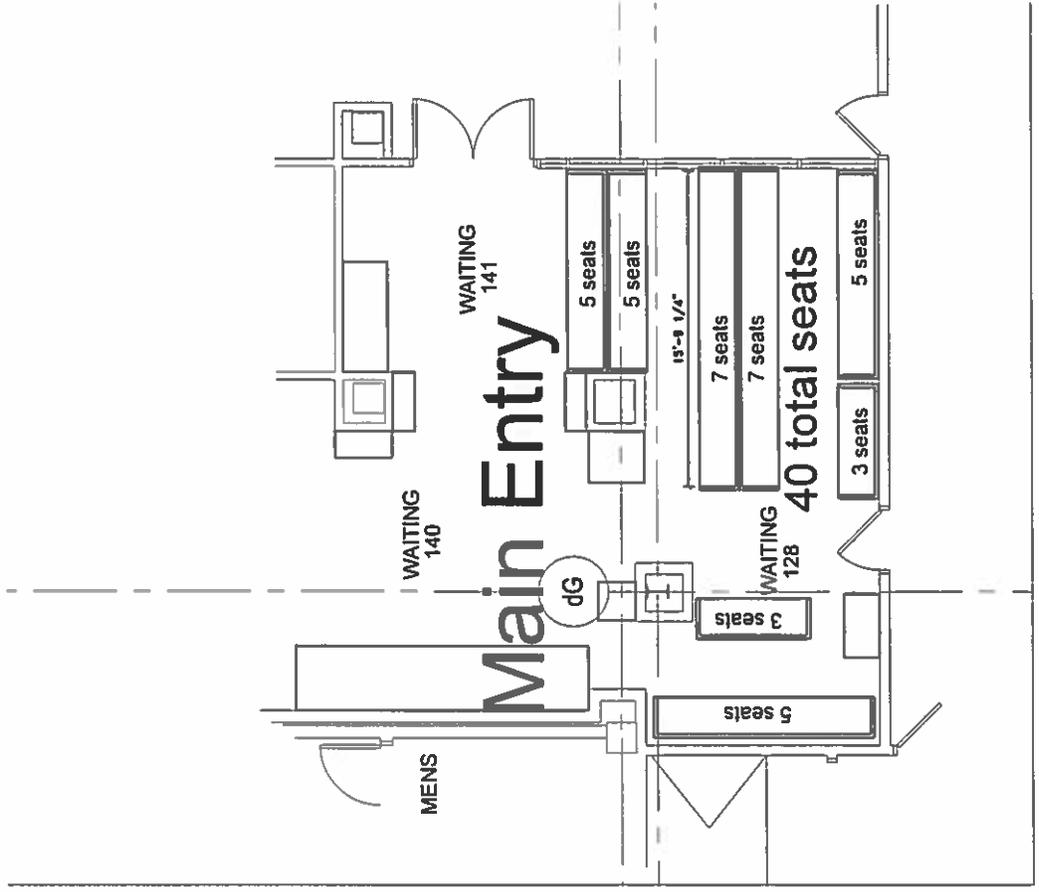
Catalog No.: 2000.181B

Effective: 12-29-09

Replaces: 09-01-09



Sheriff Office - Existing

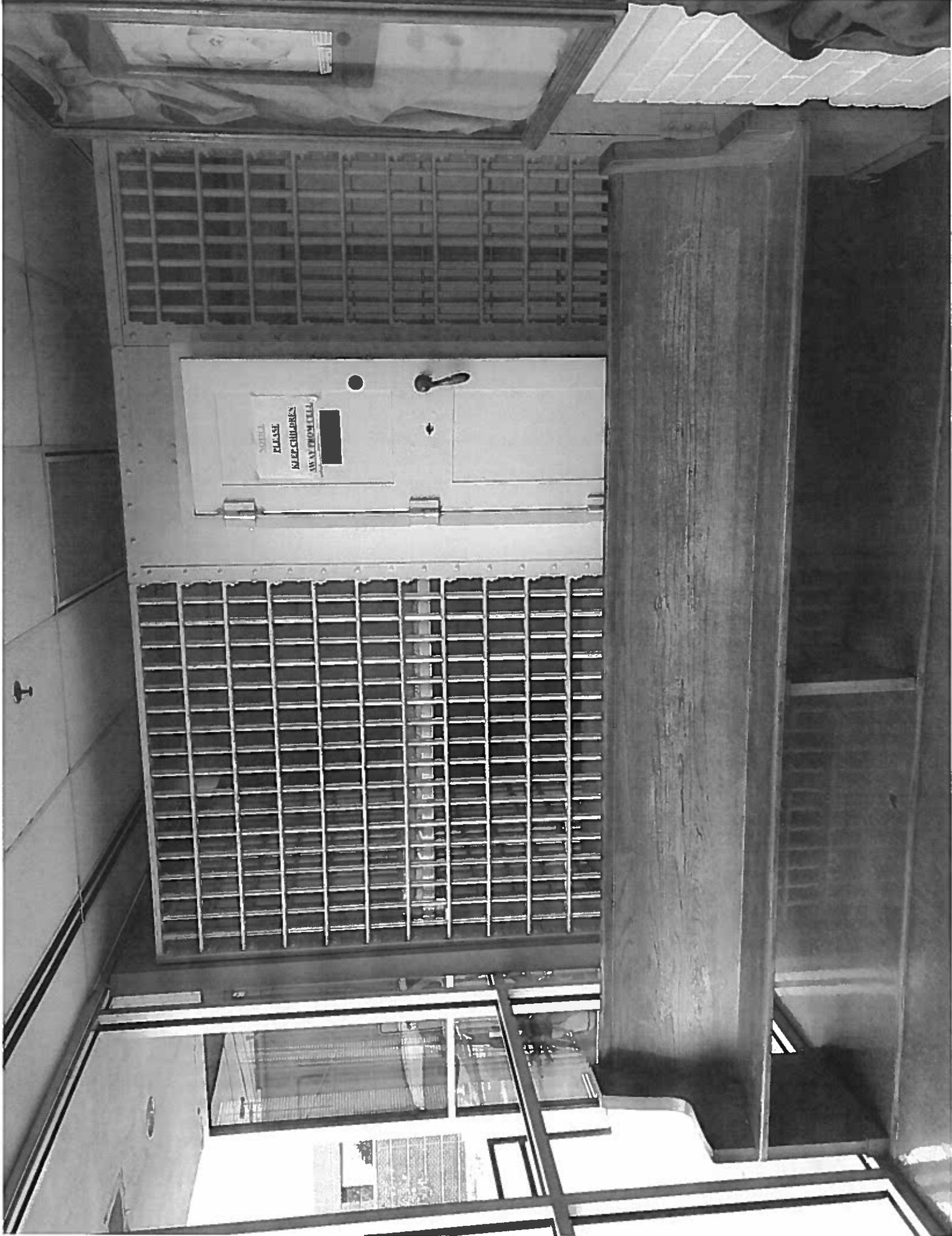


Sheriff Office - Proposed



ACE  
FUND





NOTICE  
PLEASE  
SLEEP ON BENCH  
AWAY FROM CELL





**ELLIS COUNTY  
JUVENILE PROBATION DEPARTMENT  
TEXAS JUVENILE JUSTICE DEPARTMENT  
GRANT FUNDS**

**FINANCIAL STATEMENTS  
YEAR ENDED AUGUST 31, 2018  
WITH INDEPENDENT AUDITOR'S REPORTS**

**GRANT TJJD - A-18-070  
GRANT TJJD - S-18-070  
GRANT TJJD - R-18-070**

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**ELLIS COUNTY JUVENILE PROBATION DEPARTMENT  
TEXAS JUVENILE JUSTICE DEPARTMENT GRANT FUNDS**

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**AUGUST 31, 2018**

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## **FINANCIAL SECTION**

**ELLIS COUNTY, TEXAS  
TEXAS JUVENILE JUSTICE DEPARTMENT GRANT FUNDS**

**STATEMENT OF REVENUES, EXPENDITURES AND  
CHANGES IN FUND BALANCE BY CONTRACT  
BUDGET AND ACTUAL (REGULATORY BASIS)**

**FOR THE YEAR ENDED AUGUST 31, 2018**

	Grant A-18-070		
	Final Budget	Actual	Variance
<b>REVENUES:</b>			
TJJD Funds	\$ 645,893	\$ 645,893	\$ -
Total Revenues	645,893	645,893	-
<b>EXPENDITURES:</b>			
Basic Probation Supervision	229,817	229,817	-
Community Programs	154,110	154,110	-
Pre/Post Adjudication	196,699	196,699	-
Mental Health Services	65,267	65,267	-
Prevention and Intervention Region	-	-	-
Total Expenditures	645,893	645,893	-
<b>EXCESS REVENUES OVER (UNDER) EXPENDITURES</b>	-	-	-
<b>FUND BALANCE - BEGINNING OF YEAR</b>	-	-	-
<b>FUND BALANCE - END OF YEAR</b>	\$ -	\$ -	\$ -

The accompanying notes are an integral part of these financial statements.

Grant S-18-070			Grant R-18-070		
Final Budget	Actual	Variance	Final Budget	Actual	Variance
\$ 144,000	\$ 144,000	\$ -	\$ 12,769	\$ 12,769	\$ -
<u>144,000</u>	<u>144,000</u>	<u>-</u>	<u>12,769</u>	<u>12,769</u>	<u>-</u>
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
144,000	144,000	-	-	-	-
<u>-</u>	<u>-</u>	<u>-</u>	<u>12,769</u>	<u>12,769</u>	<u>-</u>
<u>144,000</u>	<u>144,000</u>	<u>-</u>	<u>12,769</u>	<u>12,769</u>	<u>-</u>
-	-	-	-	-	-
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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**ELLIS COUNTY JUVENILE PROBATION DEPARTMENT  
TEXAS JUVENILE JUSTICE DEPARTMENT GRANT FUNDS**

**NOTES TO FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED AUGUST 31, 2018**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Entity**

The Texas Juvenile Justice Department Grant Funds of Ellis County (the Funds) were established to account for juvenile probation services funded by the Texas Juvenile Justice Department (TJJJ) in Ellis County.

The Funds provide separate accountability as required under the State Financial Assistance Contract, by TJJJ. The Funds are used to account for each separate program, matching funds and all related expenditures incurred.

**Basis of Accounting**

The financial statements were prepared in conformity with the accounting practices prescribed by TJJJ, which prescribes policies and procedures for county probation departments, which is a comprehensive basis of accounting other than generally accepted accounting principles. These accounting practices include the following:

- The financial statements are reported using the accrual basis of accounting. Revenues are recorded when all eligibility requirements have been met and expenditures are recorded when incurred.
- The accompanying financial statements do not represent financial statements prepared in accordance with provisions for governmental funds as prescribed by the Governmental Accounting Standards Board.
- The accompanying financial statements are prepared in a format to facilitate uniform financial reporting by county probation departments.

**2. RECONCILIATION OF INTEREST EARNED**

Idle funds were maintained in an interest bearing account. The reconciliation of interest earned on funds received from TJJD is as follows:

	Interest earned TJJD Funds FY 2018	Total Interest
Beginning balance, September 1, 2017	\$ -	\$ -
Interest earned on funds received from the period of 9/01/17 - 8/31/18	<u>21,897</u>	<u>21,897</u>
Total Interest at Aug 31, 2018	21,897	21,897
Minus expenditures in FY 2018	<u>( 21,897)</u>	<u>( 21,897)</u>
Ending Balance, Aug 31, 2018	<u>\$ -</u>	<u>\$ -</u>

**3. OPERATING COST FOR A SECURE JUVENILE FACILITY OPERATED BY ELLIS COUNTY**

The Department operates one secure juvenile facility – a pre-adjudication facility. The schedule of expenditures for the facility is as follows:

Operating Costs  
Ellis County Pre-Adjudication Juvenile Facility  
For the Year Ended August 31, 2018

	TJJD Funding	Local Funding	Total
Salary and Fringe Benefits	\$ -	\$ 183,232	\$ 183,232
Travel and Training	-	9,673	9,673
Operating Expenses	<u>-</u>	<u>1,868</u>	<u>1,868</u>
Total Operating Expenditures	<u>\$ -</u>	<u>\$ 194,773</u>	<u>\$ 194,773</u>

**4. FEDERAL FINANCIAL ASSISTANCE**

The Texas Juvenile Justice Department administers along with the Texas Department of Family and Protective Services, the Title IV-E Program (CFDA 93.658). TJJD disburses funds to Ellis County on a cost reimbursement basis. The Department did not receive any Title IV-E funds during fiscal year 2018.

## 5. FINANCIAL MATCH REQUIREMENTS

To receive Texas Juvenile Justice Department state funds, the juvenile probation departments are required to certify that the amount of local or county funds expended for juvenile services is at least equal to or greater than the amount spent in the 2006 county fiscal year excluding construction and capital outlay expenses. A confirmation of local funds for the year ending August 31, 2018 is required and presented below:

	Local Funding Expended (less <u>construction and capital outlay</u> )	
FY 2018	\$	1,561,131
FY 2006		751,613

The juvenile probation department certified the financial match requirements were fulfilled in FY 2018.

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## **COMPLIANCE SECTION**

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PATTILLO, BROWN & HILL, L.L.P.  
CERTIFIED PUBLIC ACCOUNTANTS ■ BUSINESS CONSULTANTS

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Juvenile Board and  
Director of Juvenile Probation Department  
Ellis County, Texas

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Texas Juvenile Justice Department Grant Funds of Ellis County Juvenile Probation (Department), and have issued our report thereon dated January 9, 2019.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Department's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Department's internal control. Accordingly, we do not express an opinion on the effectiveness of the Department's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Department's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Pattillo, Brown & Hill, L.L.P.*

Waco, Texas  
January 9, 2019

**ELLIS COUNTY JUVENILE PROBATION DEPARTMENT**  
**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**  
**FOR THE YEAR ENDED AUGUST 31, 2018**

There were no findings or questioned costs in the current year.

**ELLIS COUNTY JUVENILE PROBATION DEPARTMENT  
SCHEDULE OF PRIOR YEAR FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED AUGUST 31, 2018**

There were no findings or questioned costs in the prior year.

Comp Time Report  
Commissioner's Court  
02/12/2019

The Comp Time Balance after last pay date in January 2019 was:

- 5,767.5450 hours with a cash value of \$127,509.59

General Findings:

- This is a decrease of 304.6299 hours in the month of January, with a cash value decrease of \$7,338.83.
- The Sheriff's Office and Jail saw a combined decrease of 39.0625 hours.
- We now have 6 departments with a comp time balance over 100 hours – Sheriff / Jail, District Attorney, Juvenile Probation, Elections, Treasurer, and R&B 3.
- There were 6 departments with an increase in comp time balances this month.
- There are now 44 people (decrease of 4) with a balance of 40 + comp time hours; including 17 people with more than 100 hours.

The trend continues to be positive, but is not as strong as I had hoped. It does concern me that the number of people with 100 or more hours continues to grow and that their respective balances do not tend to move.

Respectfully,  
Theresa Taylor, Human Resources Director

Compensatory Time Analysis 12-16-2018 through 12-29-2018						
Department	Employee	Amount	Reason	Anticipated	AR Considered	Yes
10	Sheriff	17.6250	Short handed	Yes	Yes	Yes
10	Sheriff	3.0000	should have been used not earned	Yes	Yes	Yes
10	Clark, Richard	15.7500	Short handed	Yes	Yes	Yes
10	Click, Jennifer	6.0000	Schedule flex	Yes	Yes	Yes
10	Cox, Aziel	16.8750	Covered other shift; unable to take early night	Yes	Yes	Yes
10	Green, Amanda	9.0000	Time sheet adjustment	Yes	Yes	Yes
10	Hurtado, Anthony	3.0000	should have been used not earned	Yes	Yes	Yes
10	Key, Joshua	12.0000	Schedule flex; working for co-worker	No	No	No
10	Murray, Debra	1.5000	Vehicle inspection before work	Yes	Yes	Yes
10	Raney, James	6.0000	new system error?	Yes	Yes	Yes
10	Sigler, Clinton	7.5000	Schedule flex	No	No	No
10	Snow, Rebecca	2.0000	Had to stay due to call and report	Yes	Yes	Yes
10	Tiner, Stephen	19.5000	Schedule flex; call in	Yes	Yes	Yes
10	Haley, Watkins	6.0000	No 8 hr day	Yes	Yes	Yes
15	Brooks, Cedric	3.0000	Hospital duty	Yes	Yes	Yes
15	Bush, Tina	9.0000	Late court; transport; hospital call; late docket	No	No	No
15	Byrd, Joshua	1.1250	No 8 hr day	Yes	Yes	Yes
15	Chandler, Joel	8.0000	Hospital duty	No	No	No
15	Clickard, Daniel	19.5000	new system error?	No	No	No
15	Cravens, Richard	6.0000	Class; stayed late	No	No	No
15	Crump, Darrell	6.0000	No 8 hr day	Yes	Yes	Yes
15	Determan, John	15.0000	No 8 hr day	Yes	Yes	Yes
15	Edwards, Rodney	13.1250	Worked other shift due to school; no 8 hr day	Yes	Yes	Yes
15	Farrey, Karissa	6.0000	Relieved late from hospital; worked other shift due to school	Yes	Yes	Yes
15	Ferguson, Brian	18.0000	No 8 hr day	Yes	Yes	Yes
15	Herrera, Joshua	6.0000	Worked for Team 1 due to school	No	No	No
15	Horn, Richard	6.0000	No 8 hr day	Yes	Yes	Yes
15	Jernigan, Jercobra	6.0000	No 8 hr day	Yes	Yes	Yes
15	Keiso, Daniel	6.0000	No 8 hr day	No	No	No
15	Mahoney, Charles	6.0000	No 8 hr day	No	No	No
15	Martyn, Joshua	10.5000	TDC Run	No	No	No
15	Mora, Malira	6.0000	No 8 hr day	No	No	No
15	Muto, David	42.0000	Helped Team 1; no 8 hr day	No	No	No
15	Pruitt, Jude	6.0000	No 8 hr day	No	No	No
15	Puckett, Jeremy	6.0000	time sheet mixup	Yes	Yes	Yes
15	Reeves, Kenneth	39.0000	Worked hospital duty for other shift; no 8 hr day	No	No	No
15	Trevino, Crystal	14.5000	Working on docket; hospital duty	Yes	Yes	Yes
60	Dept of Dev	5.2500	Higher than expected customers/phone calls; prepare end of year reports	No	No	No
190	Dist Judge 378th	2.2500				
360	Blankenship, Charles	0.5000	Trial prep	No	No	No
360	Grice, Larry	1.2500	Trial prep	No	No	No
360	Smith, Tabitha	1.5000	Training for new position	No	No	No
400	Treasurer	3.0000	Worked on payroll; innoprise	No	No	No
400	Treasurer	1.0000	Had to duplicate payroll in GEMS & Innoprise	Yes	Yes	Yes
420	Juvenile Probation	0.4950	Intake	Yes	Yes	Yes
450	Fire Marshal	3.0000	Structure fire investigation	No	No	No

3601	RB 1	Davidson, James	12.0000
5703	RB 3	Garvin, Ralph	6.5000
5703	RB 3	Gentry, Byron	0.5000
5703	RB 3	Harris, Coy	1.0000
6754	RB 4	Motley, Jeffery	3.0000
			<hr/> 419.7450



Checking for water on roads and bridges due to rain

Yes

Yes

Summary 12-17-2017 through 12-30-2017		Summary 12-16-2018 through 12-29-2018		FYTD Hrs Bal		FYTD \$	
Dept	# of Emp	Total Hrs	Dept	# of Emp	Total		
10 Sheriff	9	56,000	10 Sheriff	13	119,750	17,162,450	\$ 39,304,68
15 Jail	10	50,500	15 Jail	23	258,750	26,716,850	\$ 55,356,36
20 Maintenance			20 Maintenance			0.0000	\$ -
30 Auditor			30 Auditor			1,5000	\$ 52,74
35 IT			35 IT			0.0000	\$ -
50 County Ext			50 County Ext	1	5,250	10,7500	\$ 198,94
60 Development			60 Development			0.0000	\$ -
70 Veterans Ofc			70 Veterans Ofc			0.0000	\$ -
80 County Comm			80 County Comm			2,2500	\$ 47,91
100 Accounts Payable			100 Accounts Payable			0.0000	\$ -
110 Indigent Health			110 Indigent Health			0.0000	\$ -
120 Communications			120 Communications			0.0000	\$ -
180 Dist Judge 40th			180 Dist Judge 40th	1	2,250	17,3750	\$ 647,13
190 Dist Judge 378th			190 Dist Judge 378th			22,8750	\$ 853,68
200 Dist Judge 443rd			200 Dist Judge 443rd			30,5000	\$ 1,136,24
210 Elections			210 Elections			332,1250	\$ 7,033,74
230 Purchasing			230 Purchasing			0.0000	\$ -
310 Dist Clerk			310 Dist Clerk			0.0000	\$ -
320 County Clerk			320 County Clerk			0.0000	\$ -
340 Hwy Patrol			340 Highway Patrol			0.0000	\$ -
360 DA	2	1,000	360 DA	3	3,250	178,6250	\$ 4,569,92
370 Tax Collector	3	7,250	370 Tax Collector			64,0250	\$ 1,156,51
375 Engineering			375 Engineering			46,3750	\$ 1,631,12
380 Co Ct Law #1			380 Co Ct Law #1			0.0000	\$ -
385 Co Ct Law #2			385 Co Ct Law #2			0.0000	\$ -
390 County Judge			390 County Judge			0.0000	\$ -
400 Treasurer			400 Treasurer	2	4,000	68,5000	\$ 1,568,06
420 Juvenile Prob			420 Juvenile Prob	1	0,4950	508,3450	\$ 11,447,26
421 Juvenile Hold			421 Juvenile Hold			7,1200	\$ 122,79
425 Human Resc			425 Human Resc			0.0000	\$ -
430 Emerg Mgmt			430 Emerg Mgmt			17,7500	\$ 380,24
450 Fire Marshal			450 Fire Marshal	1	3,000	53,0000	\$ 1,762,97
510 JP #1			510 JP #1			0.0000	\$ -
520 JP #2			520 JP #2			0,3750	\$ 6,08
530 JP #3			530 JP #3			7,0000	\$ 128,71
540 JP #4			540 JP #4			6,1250	\$ 118,22
611 Constable #1			611 Constable #1			0.0000	\$ -
612 Constable #2			612 Constable #2			8,5000	\$ 213,90
613 Constable #3			613 Constable #3			0.0000	\$ -
614 Constable #4			614 Constable #4			0.0000	\$ -
900 Law Library			900 Law Library			0.0000	\$ -
3601 R&B #1	1	4,500	3601 R&B #1	1	12,000	25,7500	\$ 569,75
4652 R&B #2			4652 R&B #2			5,2500	\$ 104,20
5703 R&B #3	1	7,500	5703 R&B #3	3	8,000	116,2500	\$ 2,463,24
6754 R&B #4			6754 R&B #4	1	3,000	17,6250	\$ 355,52
<b>Total</b>	<b>32</b>	<b>159,3750</b>	<b>TOTAL</b>	<b>50</b>	<b>419,7450</b>	<b>5935,9200</b>	<b>\$ 131,231,91</b>

CSCD	# of Emp	Total	Overall Balance	Total Value
10/12/2018	5	25,5000	792,4050 \$	21,439.72
10/26/2018	6	45,6250	827,5300 \$	22,210.66
11/9/2018	11	123,3750	902,9050 \$	23,683.26
11/21/2018	5	44,0000	877,6550 \$	23,100.17
12/7/2018	13	61,2500	885,9050 \$	23,305.63
12/21/2018	6	56,2500	919,6550 \$	23,956.49
1/4/2019	4	14,7500	874,4050 \$	22,922.60

Equivalent Time in weeks

Liability

EE's with Comp Time Balance 40 hours or more

Name	Dept	Balance - Hours	Liability	Equivalent Time in weeks
Brewer, Kristie A	Sheriff	94,2500 \$	2,141.17	2.35
Click, Jennifer R	Sheriff	110,7500 \$	2,519.36	2.77
Cox, Ariel B	Sheriff	63,5000 \$	1,170.88	1.59
Hampton, Jennifer R	Sheriff	120,5000 \$	2,366.23	3.01
Murray, Debra C	Sheriff	156,7500 \$	3,078.07	3.92
Rolland, Carla D	Sheriff	47,18.96 \$	4,718.96	4.82
Shepherd, Jeffrey L	Sheriff	132,6250 \$	2,604.33	3.32
Snow, Rebecca J	Sheriff	66,5000 \$	1,226.19	1.66
Watkins, Haley C	Sheriff	3,996.09 \$	3,996.09	5.09
White, Nancy N	Sheriff	42,7500 \$	839.47	1.07
Zapata, Amy A	Sheriff	44,0000 \$	864.02	1.10
Anderson, Andrew M	Jail	140,6250 \$	2,753.92	3.52
Baradziej Jr, James A	Jail	50,0000 \$	1,287.50	1.25
Byrd, Joshua R	Jail	123,3750 \$	2,688.14	3.08
Cerda Jr, Francisco	Jail	51,7500 \$	1,127.55	1.29
Coover, Joseph M	Jail	81,2500 \$	1,591.15	2.03
Crump, Darrell G	Jail	49,0000 \$	959.59	1.23
Edwards, Rodney	Jail	54,7500 \$	1,072.19	1.37
Estrada, Avery	Jail	59,2500 \$	1,160.32	1.48
Farrey, Karissa	Jail	42,0750 \$	823.97	1.05
Greenup Jr, Michael A	Jail	107,5000 \$	2,105.22	2.69
Herrera, Joshua A	Jail	126,2500 \$	2,472.40	3.16
Horn, Richard J	Jail	57,5000 \$	1,126.05	1.44
Jackson, Chase L	Jail	47,3750 \$	927.76	1.18
Kelso, Daniel P	Jail	54,0000 \$	1,176.57	1.19
Lacey, Glenn	Jail	114,5000 \$	2,242.30	2.86
Mckiddy, Matthew D	Jail	41,2500 \$	898.77	1.03
Minter, Brent J	Jail	48,0000 \$	940.00	1.20
Monreal, Karina	Jail	94,2500 \$	1,884.90	2.41
Mutio, David	Jail	71,0000 \$	1,390.42	1.78
Pollan, Kimberly A	Jail	44,8750 \$	1,088.86	1.12
Potempa, Michael D	Jail	118,3750 \$	2,813.68	2.96
Reeves Jr, Kenneth C	Jail	49,3750 \$	1,075.80	1.23
Swanner, Charles R	Jail	50,2500 \$	984.07	1.26
Trevino, Crystal	Jail	99,7500 \$	1,953.44	2.49
Witte, Jacob	Jail	139,6250 \$	2,531.26	3.49
Rios, Eloisa	Elections		4,395.31	4.71
Wallace, Charlotte E	Elections		1,359.53	1.26
Black, Loretta	DA	50,2500 \$	1,224.25	1.13
Blankenship, Charles M	DA	45,2500 \$	947.24	1.31
Taylor, Eula F	Tax Collector	52,2500 \$	1,631.12	1.16
Charles, Rebecca E	Engineer	46,3750 \$	1,318.19	1.48
Zink, Cheryl	Treasurer	59,2500 \$	1,093.94	1.31
Hernandez, Laura N	Juvenile Probation	52,3400 \$	2,181.40	2.61
Leal, Velma L	Juvenile Probation	104,3700 \$	4,273.61	4.52
Massey, Donald R	Juvenile Probation			

Turner, Yolanda S      Juvenile Probation      110.2500 \$      2,593.26      2.76

4083.0600 \$      86,658.85

Totals

Balance over 100 hours  
Balance 90-99-999

Compensatory Time Analysis 12-30-2018 through 1-12-2019						
Department	Employee	Amount	Reason	Anticipated	Alt Considered	
10	Sheriff	2.5000	Training Deputy Martin	Yes	Yes	Yes
10	Sheriff	4.5000	Short handed	Yes	Yes	Yes
10	Sheriff	12.0000	Schedule flex	Yes	Yes	Yes
10	Sheriff	8.2500	Death investigation	No	No	Yes
10	Sheriff	15.0000	Training: schedule flex	Yes	Yes	Yes
10	Sheriff	10.5000	Time sheet adjustment	Yes	Yes	Yes
10	Sheriff	6.0000	Schedule flex	Yes	Yes	Yes
10	Sheriff	6.0000	Schedule flex	Yes	Yes	Yes
10	Sheriff	3.7500	Training recruit	Yes	No	No
10	Sheriff	6.0000	Schedule flex	Yes	Yes	Yes
10	Sheriff	3.0000	Schedule flex	Yes	Yes	Yes
10	Sheriff	0.7500	Stayed late due to call and report	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	14.5000	Transportations; court ran late	Yes	Yes	Yes
15	Jail	1.0000	Relieved late	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	12.8750	Court ran late, trial, Connelly Unit, medical run	Yes	Yes	Yes
15	Jail	6.2500	No other officer to go to CCL2, jury selection; court ran late	Yes	Yes	Yes
15	Jail	7.2500	Take inmate to hospital	Yes	Yes	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	3.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	9.5000	Transport, late courts	Yes	Yes	Yes
15	Jail	4.5000	Worked over	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	1.0000	Catching up paperwork	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	2.0000	Late at hospital	No	No	Yes
15	Jail	4.5000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	7.5000	Relieved late, no 8hr day	No	No	Yes
15	Jail	0.7500	should have been used not earned	No	No	Yes
15	Jail	4.5000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.7500	Relieved late; no 8hr day	No	No	Yes
15	Jail	1.5000	Stayed over	No	No	Yes
15	Jail	10.5000	Transport; court ran late	Yes	Yes	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes
15	Jail	6.0000	No 8hr day due to staffing	No	No	Yes



Summary 12-31-2017 through 1-13-2018		Summary 12-30-2018 through 1-12-2019		FYTD Hrs Bal		FYTD \$	
Dept	# of Emp	Total Hrs	Dept	# of Emp	Total	FYTD Hrs Bal	FYTD \$
10 Sheriff	21	200,125.00	10 Sheriff	12	78,750.00	1624,995.00	37,230.92
15 Jail	5	20,750.00	15 Jail	34	199,875.00	2627,310.00	54,258.46
20 Maintenance			20 Maintenance			0.0000	
30 Auditor	1	1,000.00	30 Auditor	1	14,000.00	15,500.00	382.04
35 IT	1	32,000.00	35 IT	1	5,000.00	5,000.00	137.00
50 County Ext			50 County Ext			0.0000	
60 Development			60 Development			10,750.00	198.94
70 Veterans Ofc			70 Veterans Ofc			0.0000	
80 County Comm			80 County Comm			0.0000	
100 Accounts Payable			100 Accounts Payable	1	1,000.00	3,250.00	69.20
110 Indigent Health			110 Indigent Health			0.0000	
120 Communications			120 Communications			0.0000	
180 Dist Judge 40th			180 Dist Judge 40th	1	2,500.00	19,875.00	740.43
190 Dist Judge 378th			190 Dist Judge 378th	1	1,500.00	24,375.00	909.66
200 Dist Judge 443rd			200 Dist Judge 443rd			26,500.00	988.96
210 Elections			210 Elections			300,125.00	6,453.62
230 Purchasing			230 Purchasing			0.0000	
310 Dist Clerk			310 Dist Clerk			0.0000	
320 County Clerk			320 County Clerk			0.0000	
340 Hwy Patrol			340 Highway Patrol			0.0000	
360 DA			360 DA	4	7,125.00	153,750.00	3,900.42
370 Tax Collector	3	8,750.00	370 Tax Collector	10	5,250.00	69,025.00	1,247.35
375 Engineering	3	4,000.00	375 Engineering			38,375.00	1,349.74
380 Co Ct Law #1			380 Co Ct Law #1			0.0000	
385 Co Ct Law #2			385 Co Ct Law #2			0.0000	
390 County Judge			390 County Judge			0.0000	
400 Treasurer	2	7,000.00	400 Treasurer	2	43,750.00	112,250.00	2,708.16
420 Juvenile Prob	5	15,455.00	420 Juvenile Prob	3	9,625.00	509,970.00	11,471.37
421 Juvenile Hold	1	4,000.00	421 Juvenile Hold			-0,880.00	14.74
425 Human Resc			425 Human Resc			0.0000	
430 Emerg Mgmt			430 Emerg Mgmt			14,750.00	315.97
450 Fire Marshal			450 Fire Marshal	1	1,500.00	49,000.00	1,644.02
510 JP #1			510 JP #1			0.0000	
520 JP #2			520 JP #2			0.3750	6.08
530 JP #3			530 JP #3			7,000.00	128.71
540 JP #4			540 JP #4			6,125.00	118.22
611 Constable #1			611 Constable #1			0.0000	
612 Constable #2			612 Constable #2			8,500.00	213.90
613 Constable #3			613 Constable #3			0.0000	
614 Constable #4			614 Constable #4			0.0000	
900 Law Library			900 Law Library			0.0000	
3601 R&B #1			3601 R&B #1			9,750.00	225.76
4652 R&B #2			4652 R&B #2			5,250.00	104.20
5703 R&B #3			5703 R&B #3	1	2,500.00	109,750.00	2,349.33
6754 R&B #4			6754 R&B #4			16,875.00	342.39
<b>Total</b>	<b>45</b>	<b>310,580.00</b>	<b>TOTAL</b>	<b>72</b>	<b>371,875.00</b>	<b>5,767,545.00</b>	<b>127,509.59</b>

CSCD	# of Emp	Total	Overall Balance	Total Value
10/12/2018	5	25,5000	792,4050 \$	21,438.72
10/26/2018	6	45,6250	827,5300 \$	22,210.66
11/9/2018	11	123,3750	902,9050 \$	23,683.26
11/21/2018	5	44,0000	877,6550 \$	23,100.17
12/7/2018	13	61,2500	885,9050 \$	23,305.63
12/21/2018	6	56,2500	919,6550 \$	23,956.49
1/4/2019	4	14,7500	874,4050 \$	23,922.60
1/18/2019	11	57,3750	911,2800 \$	23,921.10

EE's with Comp Time Balance 40 hours or more

Name	Dept	Balance - Hours	Liability	Equivalent Time in weeks
Brewer, Kristie A	Sheriff	74,1250 \$	1,686.21	1.85
Click, Jennifer R	Sheriff	111,2500 \$	2,530.74	2.78
Cox, Ariel B	Sheriff	63,5000 \$	1,170.88	1.59
Hampton, Jennifer R	Sheriff	123,5000 \$	2,425.14	3.09
Murray, Debra C	Sheriff	162,7500 \$	3,195.89	4.07
Roland, Carla D	Sheriff	192,7500 \$	4,718.96	4.82
Shepherd, Jeffrey L	Sheriff	114,6250 \$	2,250.87	2.87
Snow, Rebecca J	Sheriff	65,5000 \$	1,207.75	1.64
Watkins, Haley C	Sheriff	191,5000 \$	3,760.45	4.79
Zapata, Amy A	Sheriff	43,0000 \$	844.38	1.08
Anderson, Andrew M	Jail	140,6250 \$	2,753.92	3.52
Baradziej Jr, James A	Jail	42,0000 \$	1,081.50	1.05
Brooks, Cedric	Jail	42,7500 \$	837.19	1.07
Byrd, Joshua R	Jail	128,2500 \$	2,794.36	3.21
Carda Jr, Francisco	Jail	58,0000 \$	1,263.73	1.45
Coover, Joseph M	Jail	81,2500 \$	1,591.15	2.03
Crump, Darrell G	Jail	49,0000 \$	959.59	1.23
Edwards, Rodney	Jail	50,7500 \$	993.86	1.27
Edwards, Rodney	Jail	51,2500 \$	1,003.65	1.28
Extrada, Avery	Jail	71,5000 \$	1,400.21	1.79
Greenup Jr, Michael A	Jail	118,2500 \$	2,315.74	2.96
Herrera, Joshua A	Jail	57,5000 \$	1,126.05	1.44
Horn, Richard J	Jail	41,7500 \$	817.61	1.04
Howell, Dylan	Jail	47,3750 \$	927.76	1.18
Jackson, Chase L	Jail	53,7500 \$	1,171.13	1.34
Kelso, Daniel P	Jail	54,0000 \$	1,176.57	1.35
Lacey, Glenn	Jail	106,5000 \$	2,085.63	2.66
McKiddy, Matthew D	Jail	43,2500 \$	942.35	1.08
Minter, Brent J	Jail	88,2500 \$	1,728.24	2.21
Mutiso, David	Jail	71,0000 \$	1,390.42	1.78
Pollan, Kimberly A	Jail	124,3750 \$	2,956.29	3.11
Reeves Jr, Kenneth C	Jail	49,3750 \$	1,075.80	1.23
Swanner, Charles R	Jail	52,7500 \$	1,033.02	1.32
Trevino, Crystal	Jail	105,7500 \$	2,070.94	2.64
Witte, Jacob	Jail	107,6250 \$	1,851.13	2.69
Rios, Eloisa	Elections	188,5000 \$	4,395.31	4.71
Wallace, Charlotte E	Elections	43,0000 \$	1,163.38	1.08
Black, Loretta	DA	52,2500 \$	947.24	1.31
Taylor, Eula F	Tax Collector	44,2500 \$	1,195.29	1.11
Hartley, Lauri	Treasurer	68,0000 \$	1,512.86	1.70
Zink, Cheryl	Treasurer	52,5400 \$	1,093.94	1.31
Hernandez, Laura N	Juvenile Probation	104,3700 \$	2,181.40	2.61
Leal, Valma L	Juvenile Probation	172,7750 \$	4,084.49	4.92
Massey, Donald R	Juvenile Probation	110,2500 \$	2,593.26	2.76
Turner, Yolanda S	Juvenile Probation			
<b>Totals</b>		<b>3815,1100 \$</b>	<b>80,406.28</b>	

Balance over 100 hours  
**Balance 90-99-999**

3.16

THIS CHECK HAS A COLORED BACKGROUND AND CONTAINS MULTIPLE SECURITY FEATURES - SEE BACK FOR DETAILS

AIC - Programs  
On Behalf Of: Argonaut Insurance Company  
Handled By:  
Contact us at :(833) 820-9137

JPMorgan Chase Bank, N.A.  
Dallas, TX

Check Number: 5761

Policy/Certificate: LE 4600166-11  
Insured: Ellis County

32-61  
1110

Source: FH-TNE

Claim Number: TNT 0106493  
Date of Loss: 10/22/2012  
Claimant: Juan Trevino

Period Covered: 2019-01-22 to 2019-01-22  
Adjuster: sschroller

Date: 01/23/2019

Void After 180 Days

PAY Six Thousand Three Hundred Dollars And Eighty-Nine Cents\*\*

Amount: \$6,300.89

PAY TO THE ORDER OF ELLIS COUNTY

*Juan K. Trevino*  
AUTHORIZED REPRESENTATIVE

PAYEE ADDRESS: Ellis County Attorney's Office  
109 S. Jackson St.  
Waxahachie, TX 75165

FOR: Pro-rata liability deductible refund re Trevino v Ellis County case



⑈0000005761⑈ ⑆111000614⑆ 233955661⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: ELLIS COUNTY

Payer: AIC - Programs

For: Pro-rata liability deductible refund re Trevino v Ellis County case

Check Number: 5761

Contact us at :(833) 820-9137

Issued: 01/23/2019

Claim Number	Claimant Name	Invoice	Paid Amt	Billed Amt	Policy/Certificate	Dt of Loss	Period Covered
Type Pay	Pymt Desc	Adjuster		FE N/SSNO	Insured Name		Treaty Name
TNT-0106493	Juan Trevino		6,300.89	6,300.89	LE 4600166-11	10/22/2012	2019-01-22 to 2019-01-22
3	Legal Expense	sschroller			Ellis County		
	Total		6,300.89	6,300.89			

Mail To: Ellis County  
Ellis County Attorney's Office  
109 S. Jackson St.  
Waxahachie TX 75165

RECEIVED  
JAN 25 2019  
COUNTY ATTORNEY

