

Monday, June 28, 2010, the Sabine County Commissioners' Court met in regular session. The following members of Court were present:

Charles Watson	County Judge
Keith Clark	Commissioner Pct. #1
Jimmy McDaniel	Commissioner Pct. #2
Doyle Dickerson	Commissioner Pct. #3
Fayne Warner	Commissioner Pct. #4
Janice McDaniel	County Clerk

Judge Watson called the meeting to order and Pastor Digmon led the Court in prayer.

**AGENDA ITEM #1-General Business**

Commissioner Clark moved to approve the minutes as written for the June 14<sup>th</sup> regular and June 17<sup>th</sup> special sessions of Court. Commissioner McDaniel seconded. All voted for. Motion carried.

**AGENDA ITEM #2-Approve Reports**

No reports were submitted.

**AGENDA ITEM #3-Line Item Transfers**

No line item transfers were submitted.

**AGENDA ITEM #4-Budget Amendments**

No budget amendments were submitted.

**AGENDA ITEM #5-Discuss with Possible Action on Sabine County Appraisal District Budget for 2011**

Jim Nethery said the budget includes a 3 percent raise which was recommended by the Appraisal District Board of Appraisers.

Commissioner McDaniel moved to approve the Appraisal District Budget for 2011. Commissioner Dickerson seconded. All voted for. Motion carried. See attached exhibit.

**AGENDA ITEM #6-Discuss with Possible Action on 2009 Audit Report**

Terri McLemore with Halls, Johnson, McLemore, Redfield & Rodrigues CPA firm, presented the 2009 audit. She said the County received a clean opinion on the financial statements with no finding in the audit.

Commissioner McDaniel moved to accept the 2009 audit. Commissioner Clark seconded. All voted for. Motion carried.

AGENDA ITEM #7-Discuss with Possible Action on Use of Funds  
Received from Sale of Vehicles from Sheriff's Department Auction

Commissioner Clark moved to allow the funds received from the auction to be held Friday by the Sheriff's department to be used to hook up utilities to the Emergency Operations Center (EOC) with all excess funds to go to the general fund. Commissioner Warner seconded. All voted for. Motion carried.

AGENDA ITEM #8-Discuss with Possible Action on Tourism Committee Report

Maurice Patterson gave the Court the findings and recommendations from the Tourism Committee meeting in June.

- 1) Request from Hemphill Dixie Youth Baseball League for funds to help in hosting the State Tournament for small cities. Approved
- 2) Proposal from the Chamber of Commerce to put up signs at the entrances to Sabine County. Rejected
- 3) Proposal from the Chamber of Commerce for \$4,700 to update the Chamber's website. Approved (This proposal was withdrawn by the Chamber)

Commissioner Clark moved to approve the request (1) from the Hemphill Dixie Youth Baseball League up to \$12,000 for the tournament. Commissioner McDaniel seconded. All voted for. Motion carried. All billing or reimbursements will go through the Treasurer's office.

No action was taken on the two proposals from the Chamber of Commerce. See attached exhibit.

AGENDA ITEM #9-Discuss with Possible Action on Request by Acadian Ambulance Service to Offer a Subscription Service to Sabine County Residents

Commissioner Clark moved to allow Acadian Ambulance Service to offer a subscription service to Sabine County citizens. Commissioner Dickerson seconded. All voted for. Motion carried. See attached exhibit.

AGENDA ITEM #10-Discuss with Possible Action on Refund of \$10.00 R&B fee to Jerome Lehman

Tax Assessor, Martha Stone, told the Court that Mr. Lehman had applied to the State for a refund for the registration fee paid for a vehicle he no longer owns. The State granted his refund. He is now requesting a refund of the \$10.00 R&B fee. See attached exhibit.

Commissioner Clark said R&B gets \$9.70 and the State gets 30 cents. We only need to refund the amount we get.

Commissioner Dickerson moved to allow the refund less state fees.  
Commissioner Warner seconded. All voted for. Motion carried.  
AGENDA ITEM #11-Discuss with Possible Action on Lease of 1.7 Acres in  
Pct. #2

Commissioner McDaniel said Lacy Oil Company wants to do a  
mineral lease on the area where precinct #2 barn is located.

Commissioner McDaniel moved for Court approval to proceed with  
the mineral lease upon approval of the County Attorney. Commissioner  
Dickerson seconded. All voted for. Motion carried. See attached exhibit.

AGENDA ITEM #12-Kerwin K. Lloyd (2-K) to do a Demo. On Sabine  
County Website

Mr. Lloyd gave a demonstration of the new website for Sabine  
County.

No action was taken.

AGENDA ITEM #13-Pay Accounts and Salaries

Commissioner Clark moved to pay the accounts and salaries.  
Commissioner McDaniel seconded. All voted for. Motion carried.

Commissioner Warner moved to adjourn. Commissioner Dickerson  
seconded. All voted for. Meeting adjourned.

Charles E. Watson CHARLES WATSON

Keith Clark KEITH CLARK

Jimmy McDaniel JIMMY MCDANIEL

Doyle Dickerson DOYLE DICKERSON

Fayne Warner FAYNE WARNER

ATTEST: COUNTY CLERK

Janice McDaniel JANICE MCDANIEL

GENERAL FUND

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/25/2010

Invoice Number Description	Inv.Date	Trns.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
<b>AACH ANDERSONS A/C &amp; HEATING</b>										
2481	06/10/10	06/24/10	07/25/10							
REPLACED MOTOR SYSTEM		6450.560		\$800.00						\$800.00
INVOICE 2481 TOTALS:				\$800.00	\$0.00	\$0.00				\$800.00
ANDERSONS A/C & HEATING TOTALS:				\$800.00	\$0.00	\$0.00				\$800.00
<b>BURK BURKE CENTER</b>										
062410	06/23/10	06/25/10	08/07/10							
ANNUAL CONTRIBUTION END OF FY 08/10		6317.409		\$9,602.00						\$9,602.00
INVOICE 062410 TOTALS:				\$9,602.00	\$0.00	\$0.00				\$9,602.00
BURKE CENTER TOTALS:				\$9,602.00	\$0.00	\$0.00				\$9,602.00
<b>CTAT CTAT 2010 CONFERENCE</b>										
062410	06/24/10	06/24/10	08/08/10							
REGISTRATION FEE FOR TRICIA JACKS		6470.497		\$150.00						\$150.00
INVOICE 062410 TOTALS:				\$150.00	\$0.00	\$0.00				\$150.00
CTAT 2010 CONFERENCE TOTALS:				\$150.00	\$0.00	\$0.00				\$150.00
<b>DIPA DIXIE PAPER COMPANY</b>										
160218	06/16/10	06/24/10	07/31/10							
GRAY PLASTUFF LINER		6310.408		\$39.34						\$39.34
2-PLY WHITE KITCHEN ROLL TOWEL		6310.408		\$36.08						\$36.08
2-PLY 9" JUMBO BATH TISSUES		6310.408		\$36.60						\$36.60
INVOICE 160218 TOTALS:				\$112.02	\$0.00	\$0.00				\$112.02
DIXIE PAPER COMPANY TOTALS:				\$112.02	\$0.00	\$0.00				\$112.02
<b>DOPD DONOVAN PAUL DUDINSKY</b>										
062410	06/11/10	06/24/10	07/26/10							
ATTORNEY FEES - CAUSE # 6592		6531.435		\$450.00						\$450.00
INVOICE 062410 TOTALS:				\$450.00	\$0.00	\$0.00				\$450.00
062410A	06/23/10	06/24/10	08/07/10							
ATTORNEY FEES - CAUSE #12001		6531.435		\$412.50						\$412.50
INVOICE 062410A TOTALS:				\$412.50	\$0.00	\$0.00				\$412.50

VOL ZZ PG 561

\*V - Denotes Voided Check Entries

GENERAL FUND

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/25/2010

Invoice Number Description	Inv.Date	Trms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
<b>DONOVAN PAUL DUDINSKY TOTALS:</b>				<b>\$862.50</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$862.50</b>
<b>EUGENE PROCELLA SERVICE STAT</b>										
<b>062410</b>	<b>06/12/10</b>	<b>06/24/10</b>	<b>07/27/10</b>							
20 GALLONS OF UNLEADED		6106.435		\$62.00						\$62.00
<b>INVOICE 062410 TOTALS:</b>				<b>\$62.00</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$62.00</b>
<b>EUGENE PROCELLA SERVICE STAT TOTALS:</b>				<b>\$62.00</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$62.00</b>
<b>FLSE FLEET SERVICES</b>										
<b>967165</b>	<b>05/06/10</b>	<b>06/24/10</b>	<b>06/20/10</b>							
15.810 GALLONS OF SUPER UNLEADED		6335.560		\$43.00						\$43.00
15.810 GALLONS OF SUPER UNLEADED		6335.560		(\$2.89)						(\$2.89)
<b>INVOICE 967165 TOTALS:</b>				<b>\$40.11</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$40.11</b>
<b>194943</b>	<b>05/17/10</b>	<b>06/24/10</b>	<b>07/01/10</b>							
20.001 GALLONS OF DIESEL		6335.560		\$59.58						\$59.58
EXEMPT TAX		6335.560		(\$4.86)						(\$4.86)
<b>INVOICE 194943 TOTALS:</b>				<b>\$54.72</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$54.72</b>
<b>9486117</b>	<b>05/18/10</b>	<b>06/24/10</b>	<b>07/02/10</b>							
15.064 GALLONS OF SUPER UNLEADED		6335.560		\$44.00						\$44.00
EXEMPT TAX		6335.560		(\$2.94)						(\$2.94)
CAR WASH		6335.560		\$5.00						\$5.00
<b>INVOICE 9486117 TOTALS:</b>				<b>\$46.06</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$46.06</b>
<b>175927</b>	<b>05/21/10</b>	<b>06/24/10</b>	<b>07/05/10</b>							
18.002 GALLONS OF DIESEL		6335.560		\$53.63						\$53.63
EXEMPT TAX		6335.560		(\$4.37)						(\$4.37)
<b>INVOICE 175927 TOTALS:</b>				<b>\$49.26</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$49.26</b>
<b>184221</b>	<b>05/26/10</b>	<b>06/24/10</b>	<b>07/10/10</b>							
19.104 GALLONS OF DIESEL		6335.560		\$55.00						\$55.00
EXEMPT TAX		6335.560		(\$4.64)						(\$4.64)
<b>INVOICE 184221 TOTALS:</b>				<b>\$50.36</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$50.36</b>
<b>203650</b>	<b>05/31/10</b>	<b>06/24/10</b>	<b>07/15/10</b>							
22.231 GALLONS OF DIESEL		6335.560		\$64.00						\$64.00
EXEMPT TAX		6335.560		(\$5.40)						(\$5.40)

VOL ZZ PG 562

\*V - Denotes Voided Check Entries

GENERAL FUND

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/25/2010

Invoice Number Description	Inv.Date	Trms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
INVOICE 203650 TOTALS:				\$58.60	\$0.00	\$0.00				\$58.60
1808000	06/02/10	06/24/10	07/17/10							
22.001 GALLONS OF DIESEL		6335.560		\$63.34						\$63.34
EXEMPT TAX		6335.560		(\$5.35)						(\$5.35)
INVOICE 1808000 TOTALS:				\$57.99	\$0.00	\$0.00				\$57.99
062410	06/06/10	06/24/10	07/21/10							
MONTHLY CARD CHARGE		6335.560		\$16.00						\$16.00
INVOICE 062410 TOTALS:				\$16.00	\$0.00	\$0.00				\$16.00
FLEET SERVICES TOTALS:				\$373.10	\$0.00	\$0.00				\$373.10
GEGR GEORGE GRIFFITH										
062410	06/22/10	06/24/10	08/06/10							
7/6/10 TRAVEL PER DIEM		6425.560		\$53.25						\$53.25
7/7/10 TRAVEL PER DIEM		6425.560		\$71.00						\$71.00
7/8/10 TRAVEL PER DIEM		6425.560		\$71.00						\$71.00
7/9/10 TRAVEL PER DIEM		6425.560		\$53.25						\$53.25
INVOICE 062410 TOTALS:				\$248.50	\$0.00	\$0.00				\$248.50
GEORGE GRIFFITH TOTALS:				\$248.50	\$0.00	\$0.00				\$248.50
GOTH GORDON THIBODEAUX										
062410	06/24/10	06/24/10	08/08/10							
SHREDDER		6310.405		\$49.84						\$49.84
CLOCK		6310.405		\$19.88						\$19.88
TAX		6310.405		\$5.75						\$5.75
INVOICE 062410 TOTALS:				\$75.47	\$0.00	\$0.00				\$75.47
GORDON THIBODEAUX TOTALS:				\$75.47	\$0.00	\$0.00				\$75.47
HEVA HECTOR VAZQUEZ										
062410	06/22/10	06/24/10	08/06/10							
7/6/2010 TRAVEL DATE PER DIEM		6425.560		\$53.25						\$53.25
7/7/2010 TRAVEL DATE PER DIEM		6425.560		\$71.00						\$71.00
7/8/2010 TRAVEL DATE PER DIEM		6425.560		\$71.00						\$71.00
7/9/2010 TRAVEL DATE PER DIEM		6425.560		\$53.25						\$53.25
INVOICE 062410 TOTALS:				\$248.50	\$0.00	\$0.00				\$248.50

VOL ZZ PG 563

\*V - Denotes Voided Check Entries

GENERAL FUND

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/25/2010

Invoice Number Description	Inv.Date	Trms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
<b>HECTOR VAZQUEZ TOTALS:</b>				<u>\$248.50</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$248.50</u>
<b>HJMR</b>	<b>HALLS, JOHNSON, MCLEMORE,</b>									
<b>KRA07271</b>	05/31/10	06/24/10	07/15/10							
WORK TO DATE ON 12/31/09 AUDIT		6616.409		\$8,000.00						\$8,000.00
INVOICE KRA07271 TOTALS:				<u>\$8,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$8,000.00</u>
<b>HALLS, JOHNSON, MCLEMORE, TOTALS:</b>				<u>\$8,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$8,000.00</u>
<b>HPCO</b>	<b>HEWLETT-PACKARD COMPANY</b>									
<b>28289977</b>	06/03/10	06/24/10	07/18/10							
HP PROFESSIONAL SLIM TOP LOAD		6310.499		\$98.00						\$98.00
INVOICE 28289977 TOTALS:				<u>\$98.00</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$98.00</u>
<b>HEWLETT-PACKARD COMPANY TOTALS:</b>				<u>\$98.00</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$98.00</u>
<b>JOTO</b>	<b>JOHN BRENDAN TONER</b>									
<b>062410.5779</b>	06/16/10	06/24/10	07/31/10							
383 MILES TO ATHEN DISTRICT HORSE SHOW		6470.665		\$191.50						\$191.50
6/14/10 - TRAVEL DAY MEAL		6470.665		\$34.50						\$34.50
6/15/10 - TRAVEL DAY MEAL		6470.665		\$34.50						\$34.50
INVOICE 062410.5779 TOTALS:				<u>\$260.50</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$260.50</u>
<b>JOHN BRENDAN TONER TOTALS:</b>				<u>\$260.50</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$260.50</u>
<b>KENS</b>	<b>KENDALL &amp; SON LTD</b>									
<b>46488</b>	06/04/10	06/24/10	07/19/10							
RAMOUT IV-QTS		6313.560		\$285.60						\$285.60
ARMOUR SHEEN		6313.560		\$155.40						\$155.40
FREIGHT CHARGES		6313.560		\$97.00						\$97.00
INVOICE 46488 TOTALS:				<u>\$538.00</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$538.00</u>
<b>KENDALL &amp; SON LTD TOTALS:</b>				<u>\$538.00</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$538.00</u>
<b>KEPR</b>	<b>KELLPRO</b>									
<b>00117539A</b>	06/08/10	06/24/10	07/23/10							
PREP, SCAN AND INDEX OLD CASE FILES		6310.450		\$3,075.50						\$3,075.50

VOL ZZ PG. 564

\*V - Denotes Voided Check Entries

GENERAL FUND

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/25/2010

Invoice Number Description	Inv.Date	Tms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
INVOICE 00117539A TOTALS:				\$3,075.50	\$0.00	\$0.00				\$3,075.50
KELLPRO TOTALS:				\$3,075.50	\$0.00	\$0.00				\$3,075.50
LEXN	LEXISNEXIS									
1005185354	05/31/10	06/24/10	07/15/10							
MONTHLY SUBSCRIPTION - 5/1/10 - 5/31/10		6524.450		\$77.00						\$77.00
INVOICE 1005185354 TOTALS:				\$77.00	\$0.00	\$0.00				\$77.00
LEXISNEXIS TOTALS:				\$77.00	\$0.00	\$0.00				\$77.00
PATC	PUBLIC AGENCY TRAINING COUNCIL									
131546	06/15/10	06/24/10	07/30/10							
REGISTRATION FOR G. GRIFFITH AND H. VAZQUEZ		6470.560		\$590.00						\$590.00
INVOICE 131546 TOTALS:				\$590.00	\$0.00	\$0.00				\$590.00
PUBLIC AGENCY TRAINING COUNCIL TOTALS:				\$590.00	\$0.00	\$0.00				\$590.00
POST	POSTMASTER									
062410	06/24/10	06/24/10	08/08/10							
12-MONTH RENTAL - BOX # 310		6315.409		\$44.00						\$44.00
12-MONTH RENTAL - BOX # 536		6315.409		\$28.00						\$28.00
12-MONTH RENTAL - BOX # 597		6315.409		\$44.00						\$44.00
12-MONTH RENTAL - BOX # 716		6315.409		\$28.00						\$28.00
INVOICE 062410 TOTALS:				\$144.00	\$0.00	\$0.00				\$144.00
062410.848	06/24/10	06/24/10	08/08/10							
12-MONTH RENTAL - BOX #848		6315.560		\$76.00						\$76.00
INVOICE 062410.848 TOTALS:				\$76.00	\$0.00	\$0.00				\$76.00
POSTMASTER TOTALS:				\$220.00	\$0.00	\$0.00				\$220.00
QUCO	QUILL CORPORATION									
5686438	05/25/10	06/24/10	07/09/10							
HP LASERJET Q2612A CARTRIDGE		6310.475		\$70.19						\$70.19
INVOICE 5686438 TOTALS:				\$70.19	\$0.00	\$0.00				\$70.19

VOL ZZ PG 565

\*V - Denotes Voided Check Entries



GENERAL FUND

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/25/2010

Invoice Number Description	Inv.Date	Trms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
QUILL CORPORATION TOTALS:				\$70.19	\$0.00	\$0.00				\$70.19
<b>RACH</b>	<b>RACH VETERINARY CLINIC</b>									
062410	06/07/10	06/24/10	07/22/10							
MEDS FOR MCKENZIE		6311.560		\$28.25						\$28.25
INVOICE 062410 TOTALS:				\$28.25	\$0.00	\$0.00				\$28.25
RACH VETERINARY CLINIC TOTALS:				\$28.25	\$0.00	\$0.00				\$28.25
<b>SACD</b>	<b>SAM'S CLUB</b>									
009663	05/21/10	06/24/10	07/05/10							
GLOVES		6500.560		\$62.40						\$62.40
ODO BAN		6451.560		\$59.82						\$59.82
SUGAR, SWEET N LOW & CREAMER PACKETS		6542.560		\$62.84						\$62.84
CEREAL		6542.560		\$129.00						\$129.00
FRUIT COCKTAIL & PEACHES		6542.560		\$69.72						\$69.72
SALT & PEPPER PACKETS		6542.560		\$14.16						\$14.16
CHOCOLATE/VANILLA PUDDING		6542.560		\$47.76						\$47.76
HONEY BUNS, OATMEAL PIES & NUTTY BARS		6542.560		\$90.94						\$90.94
LIPTON TEA		6542.560		\$36.88						\$36.88
RICE KRISPY TREATS		6542.560		\$50.22						\$50.22
MUSTARD		6542.560		\$11.64						\$11.64
SWEET & SALTY AND TRAIL MIX BARS		6542.560		\$150.96						\$150.96
GRANDMA'S VARIETY PACK COOKIES		6542.560		\$81.44						\$81.44
9OZ & 12OZ FOAM CUPS		6542.560		\$177.52						\$177.52
FORKS AND SPOONS		6542.560		\$108.24						\$108.24
PLATES AND BOWLS		6542.560		\$19.74						\$19.74
COFFEE		6542.560		\$183.60						\$183.60
ALLERGY TABS & IBUPROFEN		6543.560		\$39.97						\$39.97
DAWN, PINK DISH LIQUID & FINISH POWERBALL		6313.560		\$51.76						\$51.76
LYSOL		6313.560		\$43.52						\$43.52
CLOROX BLEACH		6313.560		\$32.48						\$32.48
CLOROX WIPES		6313.560		\$76.02						\$76.02
GLASS CLEANER & PINE CLEANER		6313.560		\$73.50						\$73.50
LAUNDRY DETERGENT		6313.560		\$111.68						\$111.68
MOP		6313.560		\$8.82						\$8.82
TRASH LINERS		6313.560		\$194.80						\$194.80

VOL ZZ PG. 566

\*V - Denotes Voided Check Entries

GENERAL FUND

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/25/2010

Invoice Number Description	Inv.Date	Tms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
PAPER TOWELS & TOILET TISSUE		6313.560		\$375.87						\$375.87
DEGREASER		6313.560		\$63.70						\$63.70
INVOICE 009663 TOTALS:				\$2,429.00	\$0.00	\$0.00				\$2,429.00
<b>009786</b>	<b>05/28/10</b>	<b>06/24/10</b>	<b>07/12/10</b>							
CP INT SEMI-GLOSS		6450.560		\$62.87						\$62.87
ROTELLA T 15W40 1 GALLON		6335.560		\$69.00						\$69.00
INVOICE 009786 TOTALS:				\$131.87	\$0.00	\$0.00				\$131.87
SAM'S CLUB TOTALS:				\$2,560.87	\$0.00	\$0.00				\$2,560.87
<b>SCOT</b>	<b>SCOTT - MERRIMAN, INC.</b>									
<b>043345</b>	<b>06/08/10</b>	<b>06/24/10</b>	<b>07/23/10</b>							
3000 STATE JURY CARDS		6532.435		\$675.00						\$675.00
SHIPPING AND HANDLING		6532.435		\$35.00						\$35.00
INVOICE 043345 TOTALS:				\$710.00	\$0.00	\$0.00				\$710.00
SCOTT - MERRIMAN, INC. TOTALS:				\$710.00	\$0.00	\$0.00				\$710.00
<b>SHSB</b>	<b>SHELBY SAVINGS BANK</b>									
<b>320</b>	<b>06/11/10</b>	<b>06/24/10</b>	<b>07/26/10</b>							
ROOM CHARGES		1105.000		\$445.00						\$445.00
ROOM TAX		1105.000		\$26.70						\$26.70
CITY TAX		1105.000		\$31.15						\$31.15
VENUE DISTRICT TAX		1105.000		\$8.90						\$8.90
INVOICE 320 TOTALS:				\$511.75	\$0.00	\$0.00				\$511.75
<b>874160</b>	<b>06/11/10</b>	<b>06/24/10</b>	<b>07/26/10</b>							
ROOM CHARGE		1105.000		\$192.00						\$192.00
VALET PARKING		1105.000		\$30.00						\$30.00
OCCUPANCY TAX STATE		1105.000		\$11.52						\$11.52
OCCUPANCY TAX CITY		1105.000		\$17.28						\$17.28
SALES TAX		1105.000		\$2.48						\$2.48
INVOICE 874160 TOTALS:				\$253.28	\$0.00	\$0.00				\$253.28
<b>192526</b>	<b>06/18/10</b>	<b>06/24/10</b>	<b>08/02/10</b>							
ROOM CHARGES		1105.000		\$399.95						\$399.95
INVOICE 192526 TOTALS:				\$399.95	\$0.00	\$0.00				\$399.95

VOL ZZ - PG 567

\*V - Denotes Voided Check Entries

GENERAL FUND

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/25/2010

Invoice Number Description	Inv.Date	Trms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
<b>SHELBY SAVINGS BANK TOTALS:</b>				<b>\$1,164.98</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$1,164.98</b>
<b>SOTM</b>	<b>SOUTHERN TIRE MART, LLC</b>									
64050984	06/21/10	06/24/10	08/05/10							
TIRES - FIREHAW GT V PURSUIT		6335.560		\$873.00						\$873.00
INVOICE 64050984 TOTALS:				\$873.00	\$0.00	\$0.00				\$873.00
<b>SOUTHERN TIRE MART, LLC TOTALS:</b>				<b>\$873.00</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$873.00</b>
<b>STAP</b>	<b>STAPLES, INC.</b>									
10174	05/18/10	06/24/10	07/02/10							
BROTHER 520 DRUM		6310.560		\$423.98						\$423.98
INVOICE 10174 TOTALS:				\$423.98	\$0.00	\$0.00				\$423.98
D582505011	05/19/10	06/24/10	07/03/10							
BROTHER 520 DRUM		6310.560		(\$423.98)						(\$423.98)
INVOICE D582505011 TOTALS:				(\$423.98)	\$0.00	\$0.00				(\$423.98)
10699	06/09/10	06/24/10	07/24/10							
BROTHER TN620 BLACK TONER		6310.560		\$167.98						\$167.98
INVOICE 10699 TOTALS:				\$167.98	\$0.00	\$0.00				\$167.98
<b>STAPLES, INC. TOTALS:</b>				<b>\$167.98</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$167.98</b>
<b>STOR</b>	<b>STORY-WRIGHT OFFICE SUPPLY</b>									
10-87964	06/11/10	06/24/10	07/26/10							
RIBBON, F/CNMM310 BK/RD		6310.497		\$17.94						\$17.94
INVOICE 10-87964 TOTALS:				\$17.94	\$0.00	\$0.00				\$17.94
10-87969	06/11/10	06/24/10	07/26/10							
ENVELOPE, CLASP, 9X12		6310.450		\$7.49						\$7.49
LABEL, 3X4, 60/PK LABEL		6310.450		\$6.99						\$6.99
INVOICE 10-87969 TOTALS:				\$14.48	\$0.00	\$0.00				\$14.48
10-87971	06/11/10	06/24/10	07/26/10							
PAD, LEGAL, RULED, PERF, LTR		6310.450		\$7.29						\$7.29
INVOICE 10-87971 TOTALS:				\$7.29	\$0.00	\$0.00				\$7.29
<b>STORY-WRIGHT OFFICE SUPPLY TOTALS:</b>				<b>\$39.71</b>	<b>\$0.00</b>	<b>\$0.00</b>				<b>\$39.71</b>

VOL ZZ PG 568

\*V - Denotes Voided Check Entries

**GENERAL FUND**

**AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)**  
Ledger as of : 6/25/2010

Invoice Number Description	Inv.Date	Tms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
<b>TXIS TEXAS IMAGING SYSTEMS</b>										
423959	05/24/10	06/24/10	07/08/10							
MONTHLY MAINTENANCE FEE		6310.403		\$25.00						\$25.00
INVOICE 423959 TOTALS:				\$25.00	\$0.00	\$0.00				\$25.00
TEXAS IMAGING SYSTEMS TOTALS:				\$25.00	\$0.00	\$0.00				\$25.00
<b>VINC VINYL CONNECTION</b>										
590	05/19/10	06/24/10	07/03/10							
7-1/2" X 50 YARDS ENGINEER GRADE WHITE		6310.669		\$350.00						\$350.00
1 GALLON APPLICATION FLUID		6310.669		\$24.00						\$24.00
INVOICE 590 TOTALS:				\$374.00	\$0.00	\$0.00				\$374.00
VINYL CONNECTION TOTALS:				\$374.00	\$0.00	\$0.00				\$374.00
<b>WEST WEST PAYMENT CENTER</b>										
820771309	06/04/10	06/24/10	07/19/10							
V6 SEC 401.0005 TO 467		6524.403		\$115.50						\$115.50
V7 SEC 468.001 TO 530		6524.403		\$115.50						\$115.50
V8 SEC 531.001 TO 670		6524.403		\$115.50						\$115.50
V9 SEC 671.001 TO 776		6524.403		\$115.50						\$115.50
V10 SEC 777.001 TO END # INDEX		6524.403		\$115.50						\$115.50
INVOICE 820771309 TOTALS:				\$577.50	\$0.00	\$0.00				\$577.50
WEST PAYMENT CENTER TOTALS:				\$577.50	\$0.00	\$0.00				\$577.50
LEDGER TOTALS:				\$31,984.57	\$0.00	\$0.00				\$31,984.57

VOL ZZ - PG 567

SIGN HERE FOR PAYMENT APPROVAL

Charles E. Watson

Charles Watson  
County Judge

SIGN HERE FOR PAYMENT APPROVAL

Keith Clark

Keith Clark  
Commissioner Pct. 1

SIGN HERE FOR PAYMENT APPROVAL

Doyle Dickerson

Doyle Dickerson  
Commissioner Pct. 3

SIGN HERE FOR PAYMENT APPROVAL

Janice McDaniel

Janice McDaniel  
County Clerk

SIGN HERE FOR PAYMENT APPROVAL

Jimmy McDaniel

Jimmy McDaniel  
Commissioner Pct. 2

SIGN HERE FOR PAYMENT APPROVAL

Fayne Warner

Fayne Warner  
Commissioner Pct. 4

VOL ZZ PG 570

Approved for payment by Sabine County Commissioner's Court on June 28, 2010.

**ROAD AND BRIDGES**

**AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)**

Ledger as of : 6/24/2010

Invoice Number Description	Inv.Date	Trns.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
<b>BIG4</b> <b>BIG "4", INC.</b>										
00336223 24 YARDS OF ROAD BASE	06/18/10	06/24/10 6377.603	08/02/10	\$288.00						\$288.00
INVOICE 00336223 TOTALS:				\$288.00	\$0.00	\$0.00				\$288.00
BIG "4", INC. TOTALS:				\$288.00	\$0.00	\$0.00				\$288.00
<b>CHIS</b> <b>CHRIS ISTRE</b>										
062410 MAINTENANCE ON THE FIAT GRADER	06/17/10	06/24/10 6356.604	08/01/10	\$280.00						\$280.00
INVOICE 062410 TOTALS:				\$280.00	\$0.00	\$0.00				\$280.00
CHRIS ISTRE TOTALS:				\$280.00	\$0.00	\$0.00				\$280.00
<b>DARE</b> <b>DALE'S REPAIR</b>										
062410 REPLACED RIGHT HEAD GASKET	06/24/10	06/24/10 6344.604	08/08/10	\$250.00						\$250.00
INVOICE 062410 TOTALS:				\$250.00	\$0.00	\$0.00				\$250.00
DALE'S REPAIR TOTALS:				\$250.00	\$0.00	\$0.00				\$250.00
<b>FAWA</b> <b>FAYNE WARNER</b>										
10367 BED STRIP	06/16/10	06/24/10 6355.601	07/31/10	\$16.01						\$16.01
INVOICE 10367 TOTALS:				\$16.01	\$0.00	\$0.00				\$16.01
10367.602 BED STRIP	06/16/10	06/24/10 6355.602	07/31/10	\$16.01						\$16.01
INVOICE 10367.602 TOTALS:				\$16.01	\$0.00	\$0.00				\$16.01
10367.604 BED STRIP	06/16/10	06/24/10 6355.604	07/31/10	\$16.02						\$16.02
INVOICE 10367.604 TOTALS:				\$16.02	\$0.00	\$0.00				\$16.02
173614 SOCKET CAP SCREWS	06/16/10	06/24/10 6335.601	07/31/10	\$2.68						\$2.68
INVOICE 173614 TOTALS:				\$2.68	\$0.00	\$0.00				\$2.68
173614.602	06/16/10	06/24/10	07/31/10							

VOL ZZ PG 576

\*V - Denotes Voided Check Entries

ROAD AND BRIDGES

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/24/2010

Invoice Number Description	Inv.Date	Trns.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
SOCKET CAP SCREWS		6355.602		\$2.68						\$2.68
		INVOICE 173614.602 TOTALS:		\$2.68	\$0.00	\$0.00				\$2.68
173614.603 SOCKET CAP SCREWS	06/16/10	06/24/10 6355.603	07/31/10	\$2.68						\$2.68
		INVOICE 173614.603 TOTALS:		\$2.68	\$0.00	\$0.00				\$2.68
173614.604 SOCKET CAP SCREWS	06/16/10	06/24/10 6355.604	07/31/10	\$2.68						\$2.68
		INVOICE 173614.604 TOTALS:		\$2.68	\$0.00	\$0.00				\$2.68
10367.603 BED STRIP	06/24/10	06/24/10 6355.603	08/08/10	\$16.01						\$16.01
		INVOICE 10367.603 TOTALS:		\$16.01	\$0.00	\$0.00				\$16.01
		FAYNE WARNER TOTALS:		\$74.77	\$0.00	\$0.00				\$74.77
GEOB 01081512 HOSE, ELB FREIGHT	06/04/10	06/24/10 6356.604 6356.604	07/19/10	\$15.80 \$7.95						\$15.80 \$7.95
		INVOICE 01081512 TOTALS:		\$23.75	\$0.00	\$0.00				\$23.75
01081593 ELBOW BELT FREIGHT FREIGHT	06/14/10	06/24/10 6356.604 6356.604 6356.604 6356.604	07/29/10	\$23.85 \$65.30 \$22.68 \$18.50						\$23.85 \$65.30 \$22.68 \$18.50
		INVOICE 01081593 TOTALS:		\$130.33	\$0.00	\$0.00				\$130.33
01081669 HSE, ELB FREIGHT	06/18/10	06/24/10 6356.604 6356.604	08/02/10	\$15.80 \$18.36						\$15.80 \$18.36
		INVOICE 01081669 TOTALS:		\$34.16	\$0.00	\$0.00				\$34.16
		GEO. P. BANE, INC. TOTALS:		\$188.24	\$0.00	\$0.00				\$188.24
GMWS 062410/3181	06/18/10	06/24/10	08/02/10							

VOL ZZ PG 572

\*V - Denotes Voided Check Entries

**ROAD AND BRIDGES**

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/24/2010

Invoice Number Description	Inv.Date	Trns.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
WATER BILL		6440.603		\$33.50						\$33.50
REGULATORY FEE		6440.603		\$0.17						\$0.17
CREDIT		6440.603		(\$2.00)						(\$2.00)
INVOICE 062410/3181 TOTALS:				\$31.67	\$0.00	\$0.00				\$31.67
G-M WATER SUPPLY CORP. TOTALS:				\$31.67	\$0.00	\$0.00				\$31.67
HGBY	H. G. BYLEY & SONS									
18664	06/10/10	06/24/10	07/25/10							
1-PIN AND 2-BUSHINGS FOR SIDE BOOM MOWER		6357.602		\$80.00						\$80.00
INVOICE 18664 TOTALS:				\$80.00	\$0.00	\$0.00				\$80.00
H. G. BYLEY & SONS TOTALS:				\$80.00	\$0.00	\$0.00				\$80.00
JTGR	J.T. GREENE TRUCK & EQUIPMENT									
5088	06/16/10	06/24/10	07/31/10							
2 MOUNTS FOR STERLING		6355.604		\$40.00						\$40.00
INVOICE 5088 TOTALS:				\$40.00	\$0.00	\$0.00				\$40.00
J.T. GREENE TRUCK & EQUIPMENT TOTALS:				\$40.00	\$0.00	\$0.00				\$40.00
LACY	LACY'S TRUCKING, LLC									
2123	06/14/10	06/24/10	07/29/10							
168 YARDS OF ROAD BASE		6377.603		\$1,260.00						\$1,260.00
INVOICE 2123 TOTALS:				\$1,260.00	\$0.00	\$0.00				\$1,260.00
LACY'S TRUCKING, LLC TOTALS:				\$1,260.00	\$0.00	\$0.00				\$1,260.00
NAPH	NAPA AUTO PARTS - HEMPHILL									
679176	05/22/10	06/24/10	07/06/10							
ALUMINUM HUB CAP		6355.603		\$22.99						\$22.99
85W90 LUBRICANT		6355.603		\$6.78						\$6.78
INVOICE 679176 TOTALS:				\$29.77	\$0.00	\$0.00				\$29.77
NAPA AUTO PARTS - HEMPHILL TOTALS:				\$29.77	\$0.00	\$0.00				\$29.77
RUPS	RURAL PIPE & SUPPLY									

VOL ZZ-PG-573

\*V - Denotes Voided Check Entries



**ROAD AND BRIDGES**

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 6/24/2010

Invoice Number Description	Inv.Date	Trms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
74443 12"X20' ADS CULVERT	06/07/10	06/24/10 6370.602	07/22/10	\$679.20						\$679.20
INVOICE 74443 TOTALS:				\$679.20	\$0.00	\$0.00				\$679.20
RURAL PIPE & SUPPLY TOTALS:				\$679.20	\$0.00	\$0.00				\$679.20
STML SOUTHERN TIRE MART LLC										
64050590 FET	06/10/10	06/24/10 6365.604	07/25/10	(\$50.46)						(\$50.46)
11R22.5 FS560 PLUS RAD ST G		6365.604		\$492.06						\$492.06
INVOICE 64050590 TOTALS:				\$441.60	\$0.00	\$0.00				\$441.60
SOUTHERN TIRE MART LLC TOTALS:				\$441.60	\$0.00	\$0.00				\$441.60
TACM TOLEDO AUTO CARE &										
32583 SHOP SUPPLIES	06/22/10	06/24/10 6344.604	08/06/10	\$1.40						\$1.40
LABOR ON SURFACE HEAD		6344.604		\$35.00						\$35.00
SALES TAX		6344.604		\$0.09						\$0.09
INVOICE 32583 TOTALS:				\$36.49	\$0.00	\$0.00				\$36.49
TOLEDO AUTO CARE & TOTALS:				\$36.49	\$0.00	\$0.00				\$36.49
LEDGER TOTALS:				\$3,679.74	\$0.00	\$0.00				\$3,679.74

VOL ZZ PG. 574

\*V - Denotes Voided Check Entries

SIGN HERE FOR PAYMENT APPROVAL

Charles E. Watson

Charles Watson  
County Judge

SIGN HERE FOR PAYMENT APPROVAL

Keith Clark

Keith Clark  
Commissioner Pct. 1

SIGN HERE FOR PAYMENT APPROVAL

Doyle Dickerson

Doyle Dickerson  
Commissioner Pct. 3

SIGN HERE FOR PAYMENT APPROVAL

Janice McDaniel

Janice McDaniel  
County Clerk

SIGN HERE FOR PAYMENT APPROVAL

Jimmy McDaniel

Jimmy McDaniel  
Commissioner Pct. 2

SIGN HERE FOR PAYMENT APPROVAL

Fayne Warner

Fayne Warner  
Commissioner Pct. 4

VOL ZZ PG 575

Approved for payment by Sabine County Commissioner's Court on June 28, 2010.

**SAB CO DISTRICT CLERK SPECIAL REVENUE**  
**AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)**  
 Ledger as of : 6/24/2010

Invoice Number Description	Inv.Date	Trms.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
KEPI KELLPRO INC										
00117539A	06/08/10	06/24/10	07/23/10							
PREP, SCAN AND INDEX OLD CASE FILES		6310.625		\$3,075.50						\$3,075.50
INVOICE 00117539A TOTALS:				\$3,075.50	\$0.00	\$0.00				\$3,075.50
KELLPRO INC TOTALS:				\$3,075.50	\$0.00	\$0.00				\$3,075.50
LEDGER TOTALS:				\$3,075.50	\$0.00	\$0.00				\$3,075.50

VOL ZZ PG 576

SIGN HERE FOR PAYMENT APPROVAL

Charles E. Watson

Charles Watson  
County Judge

SIGN HERE FOR PAYMENT APPROVAL

Keith Clark

Keith Clark  
Commissioner Pct. 1

SIGN HERE FOR PAYMENT APPROVAL

Doyle Dickerson

Doyle Dickerson  
Commissioner Pct. 3

SIGN HERE FOR PAYMENT APPROVAL

Janice McDaniel

Janice McDaniel  
County Clerk

SIGN HERE FOR PAYMENT APPROVAL

Jimmy McDaniel

Jimmy McDaniel  
Commissioner Pct. 2

SIGN HERE FOR PAYMENT APPROVAL

Fayne Warner

Fayne Warner  
Commissioner Pct. 4

VOL 22 PG. 577

Approved for payment by Sabine County Commissioner's Court on June 28, 2010.

**SABINE COUNTY FSM/SPECIAL PROJECTS**  
**AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)**  
 Ledger as of : 6/24/2010

Invoice Number Description	Inv.Date	Trns.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check Number	Bank	Balance
<b>SHCO</b>	<b>SHREVEPORT COMMUNICATIONS</b>									
59992	06/07/10	06/24/10	07/22/10							
VERTEX 50W 134-174 128CH		6501.225		\$335.00						\$335.00
VERTEX 50W 134-174 128CH		6501.225		\$335.00						\$335.00
VERTEX 5W 134-174MHZ 16CH		6501.225		\$273.00						\$273.00
VERTEX 5W 134-174MHZ 16CH		6501.225		\$273.00						\$273.00
VERTEX 5W 134-174MHZ 16CH		6501.225		\$273.00						\$273.00
VERTEX 5W 134-174MHZ 16CH		6501.225		\$273.00						\$273.00
VERTEX 5W 134-174MHZ 16CH		6501.225		\$273.00						\$273.00
INSTALLATION/REMOVAL		6501.225		\$508.00						\$508.00
VERTEX REMOTE SPKR MIC		6501.225		\$225.00						\$225.00
				<u>\$2,768.00</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$2,768.00</u>
				<b>INVOICE 59992 TOTALS:</b>						
				<u>\$2,768.00</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$2,768.00</u>
				<b>SHREVEPORT COMMUNICATIONS TOTALS:</b>						
				<u>\$2,768.00</u>	<u>\$0.00</u>	<u>\$0.00</u>				<u>\$2,768.00</u>
				<b>LEDGER TOTALS:</b>						
				<u><u>\$2,768.00</u></u>	<u><u>\$0.00</u></u>	<u><u>\$0.00</u></u>				<u><u>\$2,768.00</u></u>

VOL ZZ PG 578

\*V - Denotes Voided Check Entries

SIGN HERE FOR PAYMENT APPROVAL

Charles E. Watson

Charles Watson  
County Judge

SIGN HERE FOR PAYMENT APPROVAL

Janice McDaniel

Janice McDaniel  
County Clerk

VOL ZZ PG 579

SIGN HERE FOR PAYMENT APPROVAL

Keith Clark

Keith Clark  
Commissioner Pct. 1

SIGN HERE FOR PAYMENT APPROVAL

Jimmy McDaniel

Jimmy McDaniel  
Commissioner Pct. 2

SIGN HERE FOR PAYMENT APPROVAL

Doyle Dickerson

Doyle Dickerson  
Commissioner Pct. 3

SIGN HERE FOR PAYMENT APPROVAL

Fayne Warner

Fayne Warner  
Commissioner Pct. 4

Approved for payment by Sabine County Commissioner's Court on June 28, 2010.

RECEIVED  
6/4/10



SABINE COUNTY APPRAISAL DISTRICT  
PO BOX 137  
HEMPHILL, TX 75948  
(409) 787-2777  
(409) 787-4186 fax

June 3, 2010

Sabine County Commissioner's Court  
PO Box 716  
Hemphill, TX 75948  
Attn: Judge Charles Watson

Dear Judge Watson:

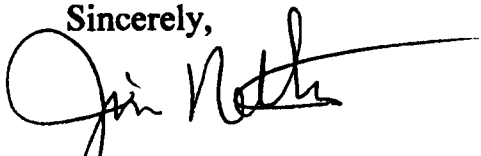
Please find enclosed a copy of the proposed Appraisal District budget for the year 2011. This budget was approved by the directors at their regular meeting on April 22, 2010.

A notice of the date of the Public Hearing is enclosed along with a copy of our latest Ratio study from the State Comptroller's office showing that our county has a median level of appraisal of 92%.

If you have any questions or comments please call me at 787-2777, ext. 22.

Thank you.

Sincerely,

  
Jim Nethery, CA

VOL 22 PG 580

RECEIVED  
6/4/10

BOARD OF DIRECTORS, SABINE COUNTY APPRAISAL DISTRICT

**Notice of Public Hearing for the 2011 Budget**

Notice is hereby given that a public hearing will be held on

**Thursday, July 22, 2010 at 4:00 p.m.**

In the office of the

**Appraisal District  
1920 Worth Street  
Hemphill, TX**

The purpose of the hearing will be to discuss the 2011 Appraisal District Budget

  
SABINE COUNTY APPRAISAL DISTRICT

VOL 22 PG. 581



RECEIVED  
6/4/10

DATE: 01/26/2010  
TIME: 13:05:19

COMPTROLLER OF PUBLIC ACCOUNTS - PROPERTY TAX ASSISTANCE DIVISION  
2009 PROPERTY VALUE STUDY  
CAD SUMMARY WORKSHEET  
202 Sabine

PAGE: 001  
REPT: PTS427  
VRSN: W

CATEGORY	NUMBER OF RATIOS **	2009 CAD REPT APPRAISED VALUE	MED LEV OF APPR	COEFFICIENT OF DISPERSION	% RATIOS W/IN (+/-)10% OF MEDIAN	% RATIOS W/IN (+/-)25% OF MEDIAN	PRICE-RELATED DIFFERENTIAL
A. SINGLE-FAMILY RESIDENCES	150	284,324,680	.91	25.27	35.33	60.66	1.09
B. MULTI-FAMILY RESIDENCES	0	491,240	*	*	*	*	*
C. VACANT LOTS	41	27,945,374	.86	33.74	19.51	56.09	1.18
D. RURAL REAL	42	352,388,021	.95	20.71	54.76	83.33	1.06
F1. COMMERCIAL REAL	24	24,970,905	.97	9.45	75.00	91.66	.99
F2. INDUSTRIAL REAL	0	12,066,967	*	*	*	*	*
G. OIL, GAS, MINERALS	0	830,370	*	*	*	*	*
J. UTILITIES	4	31,584,314	*	*	*	*	*
L1. COMMERCIAL PERSONAL	0	11,739,269	*	*	*	*	*
L2. INDUSTRIAL PERSONAL	0	25,191,730	*	*	*	*	*
M. OTHER PERSONAL	0	8,732,122	*	*	*	*	*
O. RESIDENTIAL INVENTORY	0	0	*	*	*	*	*
S. SPECIAL INVENTORY	0	0	*	*	*	*	*
OVERALL	261	780,264,992	.92	24.09	37.93	67.81	1.03

\* NOT CALCULATED - NEED A MINIMUM OF 5 RATIOS FROM EITHER (A) CATEGORIES REPRESENTING AT LEAST 25% OF TOTAL CAD CATEGORY VALUE OR (B) 5 ISDS OR HALF THE ISDS IN THE CAD, WHICHEVER IS LESS

\*\* STATISTICAL MEASURES MAY NOT BE RELIABLE WHEN THE SAMPLE IS SMALL

VOL 22 PG 582

RECEIVED  
6/4/10

SABINE COUNTY APPRAISAL DISTRICT

PROPOSED BUDGET FOR JANUARY 1, 2011 THRU DECEMBER 31, 2011

	<u>2011</u>		<u>2010</u>	
<b>Salaries:</b>				
Chief Appraiser	\$59,400		\$ 57,665	
Field Appraiser	39,300		38,140	
Clerical/Cus. Service	22,300		21,630	
Mapper	<u>26,400</u>	\$147,400	<u>25,616</u>	\$143,051
<b>Employee Benefits:</b>				
Insurance-Appraiser	\$ 3,600		\$ 3,100	
Clerical	3,600		3,100	
Mapper	<u>3,600</u>	10,800	<u>3,100</u>	9,300
<b>Workmen's Comp./Unemp.Ins.</b>				
Chief Appraiser	\$ 1,390		\$ 1,360	
Field Appraiser	840		815	
Clerical/Cus.Service	530		510	
Mapper	<u>625</u>	3,385	<u>605</u>	3,290
Supplies		3,500		3,500
Postage		1,500		1,500
Building Pymt (less rent recv'd)		6,930		6,930
Building Insurance		1,100		1,000
Travel, Tax School Expenses		7,500		7,500
Forms & Printing		400		400
Utilities & Telephone		5,800		5,500
Computer Services		16,000		16,000
Ind., Min. & Util. Appraisals		6,500		6,000
Mapping Costs		3,500		3,500
Repairs & Maintenance		5,000		5,000
Audit Fees		2,600		2,600
Appraisal Review Board Expenses		800		-0-
Misc. Dues, Contr. Labor		5,200		6,000
		<hr/>		<hr/>
<b>TOTAL</b>		<b><u>\$227,915</u></b>		<b><u>\$221,071</u></b>

VOL ZZ PG 583

SABINE COUNTY APPRAISAL DISTRICT  
BUDGET FOR JANUARY 1, 2011 THRU DECEMBER 31, 2011

Page 2

PRO-RATED AS FOLLOWS:

	<u>%</u>	<u>PER YEAR</u>	<u>PER MONTH</u>
Sabine County	24.20	\$ 55,155	\$4,596.25
Sabine Co. Hospital District	12.23	27,874	2,322.84
Hemphill Ind. School District	43.59	99,348	8,279.00
West Sabine Ind. School District	15.13	34,484	2,873.67
City of Pineland	1.99	4,535	377.91
Brookeland Ind. School District	2.41	5,493	457.75
Shelbyville Ind. School District	.45	1,026	85.50
	<hr/>	<hr/>	<hr/>
TOTAL	100.00	\$ 227,915	\$18,992.92

VOL 22 PG. 584

**RECOMMENDATIONS OF THE TOURISM COMMITTEE  
OF SABINE COUNTY**

The Tourism Committee of the Sabine County Commissioners' Court met July 17, 2010, at Chace Construction to consider three applications for funds. A quorum was present. Please note that our Committee is short two members. The first request was from the Hemphill Dixie Youth League for support of their State tournament to be held in our city or town. Mr. Don Iles presented the fact and figures and his estimates for income from said event. After much discussion the Committee voted to recommend that \$1,000.00 per team up to twelve teams be allotted to assist the Dixie League in their sponsorship of this tournament.

The second request came from the Sabine County Chamber of Commerce for funding of a new web site for the Chamber. They were seeking \$4,790.06 for development and implementation of the site. The present one does not seem to meet the expanding needs of the Chamber. The vote was 6 to 1 in favor of the support. At the last minute, (Sunday night at 7:00 p.m.) the Chamber of Commerce withdrew this request.

The last request dealt with highway signs advertising our County. Because of the cost and the problem of roadside placement the request was not acted upon. The Chamber will address the problems for a resubmission for funds later.

Respectfully submitted,



Maurice Patterson

VOL 22 PG 585



*Hemphill Dixie Youth League*  
*P.O. Box 1545, Hemphill, Tx 75948*

APPLICATION FOR SABINE COUNTY TOURISM FUNDS

MAY 26, 2010

ORGANIZATION: Hemphill Dixie Youth League  
NAME: Donald P. Iles  
ADDRESS: PO Box 742  
Hemphill, Texas 75948  
TELEPHONE: 409-787-2251 Ofc  
409-787-9932 Hm  
936-596-5269 Cell

TYPE OF ORGANIZATION: 501 (C) (3) - Non - Profit

The Hemphill Dixie Youth League is a non-profit organization committed to providing Boys and Girls of Sabine County with an opportunity to play recreational softball and baseball. The League supports players from age 4 through 14. Each participant is coached and taught by volunteers who are local residents.

It is the policy of Dixie Youth Baseball to promote the development of a strong character, a right attitude, a sense of responsibility, and citizenship in youngsters, using baseball as the vehicle. It is the purpose of Dixie Youth Baseball to achieve this goal through fair play, good sportsmanship, and congenial fellowship, with adult leaders providing the example.

The Hemphill Dixie program respects and adheres to the principle that Dixie Youth Baseball is a "fun" program, and is designed for the enjoyment of youngsters. The main purpose is to provide a recreational outlet for as many as possible with emphasis being on local league play.

The League is self-supported by fundraisers, concession sales and advertising sales. The League does not receive any governmental funds, although the City of Hemphill pays for the utilities at the park.

Tournament play is conducted at the end of the regular season and this year the league has the opportunity to host a State Tournament for the 13-14 year old age group. This is a very high honor. It is not very often that a small town has the opportunity to host a state tournament. State Tournaments have previously been held in Grand Prairie, Marshall, Crosby, Tarkington and Livingston.

The league has hosted numerous District Tournaments in the past. These smaller events bring anywhere from 4 to 8 teams of players to our community along with their parents,

VOL 22 PG 586

families and fans. These tournaments are usually over the course of a weekend and our local businesses, such as restaurants, have benefited from the increased number of out of town visitors.

The league has successfully conducted District Tournaments for many years. The League has the facilities, manpower and desire to host the State Tournament and it will be a very successful event.

The local Officers of the organization are:

League representative for State Tournament:	Don Iles
League President:	Tim Garrett
League Vice-President	Amy Whiteside
League Treasurer:	Brittany Ellison
Board Members:	Tommy Whittington
	Michael Whiteside
	Jeremy Eels

Funds Requested: ~~\$5,500.00~~  
\$5,650.00

The Hemphill Dixie League State Tournament Event will directly enhance and promote tourism in Sabine County. The event will directly support the hotel/motel industry. The League is requesting funding under the statutorily provided category for funding the advertisement, solicitation and promotion of programs to attract tourists to Sabine County.

The State Tournament will bring ten (10) baseball teams to Hemphill for approximately three to seven nights. Each team will consist of thirteen, 13 -14 year old boys and three coaches. The teams will be from as far away as the north Houston area, and the Tyler area. The tournament is double elimination, begins on Saturday, July 10<sup>th</sup> and will run through at least Thursday, July 15<sup>th</sup>.

Nineteen separate games will be played on the Hemphill Dixie League field over 6 days. It is estimated that each game will have from 50 to 100 spectators.

It has been our experience that for each team participating in a state event an additional 5-6 hotel rooms will be used for family and friends. Of course some teams may be close enough to drive to the tournament and all 10 teams may not need hotel rooms but the majority of the teams will.

Conservatively, the league estimates that approximately 84 rooms (based on 6 teams needing 8 rooms for players and then 6 teams needing 6 additional rooms) will be needed to host this event. This number is dependent on the towns that actually qualify to play in the event and how far they have to travel.

VOL 22 PG 587

The County can expect to see a large increase in restaurant business during the event. Each of these teams will generally eat every meal at our local establishments. The spill over to other businesses cannot be easily estimated, but one would expect that all of the local retail businesses would benefit.

The Hemphill team is the host team and will play in the tournament. There is a very good possibility that the Pineland team and/or the Shelbyville team will also be in the tournament. These towns will not need rooms but should have a large fan base that will attend the games.

The obvious short term benefit to the County is the large economic impact that the event will have. The long term benefit will be that if the event is successful, we can build on the success and host other state tournaments. A rough estimate of the economic benefit follows:

Lodging – 84 rooms @ \$80.00/ night for 5 nights	\$ 33,600.00
Meals – Teams: 3 meals/day at \$6.00/meal x 96 players/coaches, 4 days	\$ 6,912.00
Fans: 3 meals/day at \$ 6.00/meal x 72 fans for 4 days	\$ 5,184.00
Misc. – Gas, drinks, ice, recreation, etc. 168 people @ \$10.00 /day, 4 days	\$ 6,720.00
Souvenir T-Shirts purchased locally 250 @ \$10.00	\$ 2,500.00
<b>Estimated Total</b>	<b>\$ 54,916.00</b>

This is a conservative estimate. The Hemphill team has traveled to 7 state tournaments over the last 8 years and the average expense for just the team was \$6,000.00 for the event. It has been our experience that each family that attends will spend an additional \$1,000.00.

This event will also be a large fundraiser for the Hemphill Dixie Youth League. The League will raise money by charging an admission fee, by selling programs and tee-shirts, and by operating a concession stand at the tournament. Estimated gross income is \$4,000.00 at the gate, \$1,000.00 from program sales, \$3,750.00 from tee-shirt sales and \$4,800.00 in concession sales. After expenses, the league anticipates a profit of around \$9,000.00. This money will be used to benefit the youth of Sabine County by continuing the Dixie program.

The league is working closely with the Sabine County Chamber of Commerce in planning this event. Local businesses will have the opportunity to provide advertising, coupons and small appreciation items in a “goody bag” for all of the participants. It will be promoted in the local paper, the local internet and via mail-outs to the participating teams. Each team will receive a list of all available lodging in Sabine County and we hope to work out special rates with the vendors.

The Leagues request for funds is broken down as follows. The league is required to pay a \$2,500.00 tournament fee to the State organization. This minimum fee is normally \$3,500.00 but was negotiated down by the league because our community is so small and because the Hemphill league is well respected. These events are normally held in much

VOL 22 PG. 588

larger communities. Some communities pay as much as \$10,000.00 to host one of these events. The league is required to provide 2 rooms to State Tournament officials. This cost is expected to be 6 nights at \$150.00 per night or a total of \$900.00.

Every participant will receive a "goody" bag at the beginning of the tournament and all of our local businesses will be able to place advertising and/or coupons in the bag. For example, Brookshire Brothers is going to place a koozie filled with a package of sunflower seeds in the bag.

The league would also like to provide advertising to our visitors. The Chamber of commerce has found a vendor that can provide a plastic souvenir baseball that can be given to each participant. The ball will be imprinted with the Sate Tournament logo on one side and an advertisement for Sabine County on the other side. The cost of these balls will be approximately \$500.00. The league would also like to place a Sabine County advertisement in the Program. The cost for this ad is \$150.00.

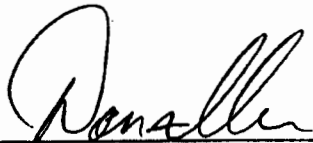
One thing that other communities have done to make the tournament successful is to have a meal for the participants. The league would like to feed 160 players and coaches at the beginning of the event. A very nice meal can be put together for less than \$10.00 per person. We would like to use tourism funds to make this meal possible. The league will give every food vendor in our area an opportunity to bid on catering this meal. The budget number is \$1,600.00.

**Tourism Funds Requested:**

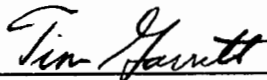
Tournament Fee:	\$ 2,500.00
Tournament Meal:	\$ 1,600.00
Directors Rooms:	\$ 900.00
Advertising	<u>\$ 650.00</u>
Total Requested	<b>\$ 5,650.00</b>

This request is respectfully submitted by the Hemphill Dixie Youth Baseball League. The event will be a great boost to the local economy. If it is successful, it could become an annual event. The players and coaches who come to our area may be inclined to return over and over again once they see what our beautiful area has to offer.

Thank you for your consideration.



Don Iles – Tournament Representative



Tim Garrett – League President

VOL 22 PG 589



One hundred percent of ambulance transportation is not always covered by private insurance, Medicare or Medicaid. Membership provides a 20% discount on billed ambulance services within the Acadian Ambulance service area. For a pre-hospital ambulance transport due to a sudden illness or accident, when members are covered by Medicare or Medicaid, there may be no cost to the member. For ambulance services not covered by insurance, Medicare or Medicaid, members receive a 20% discount from their Acadian Ambulance bill.

An Acadian membership is not an insurance policy. Acadian members are obligated to pay a portion of the discounted fee for ambulance services. Acadian will take an assignment of the member's rights under their insurance policy and collect directly from the insurance company. Many insurance policies do not cover trips to doctors' offices, even if authorized by the physician. Members are responsible for payment up to 80% of all costs.

For an annual fee of \$75, membership covers applicant, spouse and resident children up to 21 years of age (through 23 if still attending school) who have never been married.

Medicare recipients with supplemental insurance pay an annual fee of \$60. To qualify for the \$60 membership fee, those covered by Medicare and a supplemental insurance policy must provide information on the enclosed application form.

Call your Acadian Ambulance Member Service Center at 1-800-256-5646 (JOIN) with any questions, or to enroll with a major credit card. Mail in your application or apply online at [www.acadian.com](http://www.acadian.com)



Onboard computers are used to track and route all ambulances using GPS Mapping so that the nearest unit will be dispatched immediately.

In the event of a major disaster or catastrophe, the nearest and appropriate number of ground and air ambulances will be sent immediately without disrupting operations throughout the service area.

Accredited by the Commission on Accreditation of Ambulance Services (CAAS) for meeting and/or exceeding the ambulance industry's "gold standards" - We are one of only two accredited agencies in Louisiana and Mississippi.

An Acadian standard of care is the use of 12-lead EKG, considered the key to the pre-hospital evaluation of a heart attack. Because it lessens the time it takes to make the diagnosis, it is the best tool available. 12-lead EKG is vital in the identification of a heart attack. It can make a life-or-death difference.

The EZ-IO is the world's first battery-powered intraosseous (IO) access device. In cases such as shock, trauma or cardiac arrest, when intravenous (IV) access is difficult or impossible, EZ-IO provides rapid vascular access for the administration of life-saving drugs or fluids. As such, EZ-IO will prove invaluable for EMS and emergency medicine. While the use of IO transmission will eventually become widespread, Acadian is one of only a few ambulance companies who have added the EZ-IO to its cutting edge of medical technology.

<b>Louisiana Parishes:</b>	Livingston
Acadia	Orleans
Allen	Pointe Coupee
Ascension	Rapides
Assumption	St. Bernard
Avoyelles	St. Helena
Beauregard	St. James
Calcasieu	St. John the Baptist
East Baton Rouge	St. Landry
East Feliciana	St. Martin
Evangeline	St. Mary
Iberia	St. Tammany
Iberville	Tangipahoa
Jeff Davis	Terrebonne
Jefferson	Vermilion
Lafayette	Vernon
Lafourche	West Baton Rouge

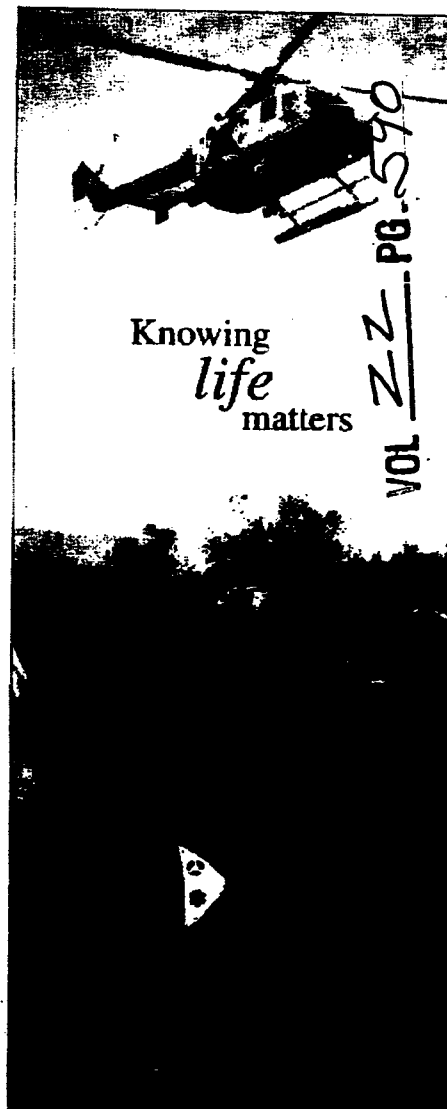
<b>Texas Counties*:</b>	<b>Mississippi*:</b>
Bexar**	Jackson County
Jefferson	
Orange	
Travis**	
Williamson**	

\*Mississippi and Texas residents with Medicaid coverage, by law, are not eligible to purchase a membership.

\*\*Membership is not yet available for residents of Bexar, Travis & Williamson counties in Texas.



PO Box 91431  
Lafayette, LA 70509  
1-800-256-5646 (JOIN)  
[www.acadian.com](http://www.acadian.com)





Our paramedics use the latest in technology such as the LifePak 12 cardiac monitor, considered a key to the pre-hospital evaluation of a heart attack.

For an annual fee of \$75, an Acadian Ambulance membership covers applicant, spouse and resident children up to 21 years of age (through 23 if still attending school) who have never been married. Medicare recipients with supplemental insurance pay an annual fee of \$60. To qualify for the \$60 membership fee, those covered by Medicare and a supplemental insurance policy must provide information on the enclosed application form.

- Membership entitles you to a 20% discount on billed ambulance services.
- Acadian stores your medical history and physician and insurance information on computer file. Acadian's communication center can transmit member information directly to the computer onboard the ambulance. (Accuracy of information is dependent upon receipt of information or changes thereto from member.)
- Directions to your home are stored on Acadian's computer files. Computer access to directions can be critical in times of sudden illness or injury.
- We will file the necessary claim for ambulance services for you if you have private insurance coverage or Medicare or Medicaid.

Persons Covered by Membership - Those persons covered by this membership shall include the immediate members of my family which shall be defined as the applicant and spouse, and the resident children up to 21 years of age (through 23 if still attending school) who have never been married.

Membership Fee and Assignment of Rights - In consideration of the membership services provided by ACADIAN described below and except as hereinafter provided, I have paid to ACADIAN a non-refundable and non-transferable membership fee and assign to ACADIAN, on my behalf and on behalf of the immediate members of my family covered by this membership, all rights and benefits of all medical and health insurance policies or plans and any other benefits or plans which provide coverage for ambulance services, including but not limited to co-insurance and deductibles. (NOTE: Medicare or Medicaid patients need not be members to have full coverage of some services covered by Medicare or Medicaid.) For purposes of this agreement "ambulance service(s)" shall mean medical ground and rotor wing transportation of patients meeting medical necessity guidelines. I also agree to assign and transfer to ACADIAN on my behalf and on behalf of the immediate members of my family covered by this membership all rights in any claim where ambulance services by ACADIAN were provided up to the total dollar amount of services incurred. I understand that if I have no insurance or if my insurance benefits assigned to ACADIAN AMBULANCE SERVICE do not provide full payment to ACADIAN of the charges for services provided to me, I will ultimately be responsible for payment of the same, less a 20% discount afforded to me as a member. I understand that this creates a legal obligation on my part to pay for services provided to me.

Membership Services Provided - In consideration of the membership fee and assignment of rights to ACADIAN described above, ACADIAN agrees to provide emergency and non-emergency ambulance service for me and the immediate members of my family covered by this membership. I understand that if my condition so indicates, ACADIAN personnel or the medical control physician may select the hospital to which I will be taken. I recognize that transports to a physician's office are not ordinarily covered by insurers, and I will be responsible for payment of these transports at the discounted rate mentioned above (20% discount). I understand that emergencies have first priority. Reimbursement for Membership Services - I agree that as a member, I shall make available all medical insurance and benefits information to ACADIAN. I agree that in the event that I or a member of my family makes demand or files a claim or lawsuit for personal injury damages resulting

from an accident or injury when ACADIAN AMBULANCE SERVICE provided transportation, or services, I shall notify ACADIAN immediately of the demand, claim or lawsuit. I understand that I am responsible for payment of services provided to me. Nothing herein shall be construed to waive any lien rights, privileges or rights of legal subrogation provided by law to ACADIAN AMBULANCE.

Member Consent to Third Party Reimbursement - As a member, I agree and consent to ACADIAN filing for and collecting payment for services provided to me or the members of my immediate family covered by this membership, under any and all medical or health insurance policies, plans or benefit programs, up to the amount of ACADIAN's charges for ambulance services provided to me or the members of my immediate family covered by this membership, as evidenced by my signed Consent Form. Agreement to Remit Payments Made by Insurer to Member for Services Provided - I, and the members of my immediate family, agree to forward immediately to ACADIAN AMBULANCE all payments for ambulance services provided by ACADIAN and sent directly to us from any insurance company, medical benefits plan, or proceeds derived from lawsuits or settlements up to the total dollar amount of services incurred.

Member Need for Transportation/Requirements - I understand that my membership services with respect to emergency ground and rotor wing transports are restricted to situations where I and/or a member of my immediate family covered by this membership have sustained injury, sudden illness or trauma and the need for immediate medical attention of a doctor at a hospital emergency room exists. I understand that in the event non-emergency transportation is requested (i.e. transports other than those for sudden and unexpected injury, illness or trauma requiring immediate medical attention of a doctor at a hospital emergency room) physician authorization shall be required by ACADIAN AMBULANCE as a condition of the transport. Membership applicants who are dialysis patients must be pre-approved for transportation based on an initial assessment of the patient's condition to ensure an ambulance is necessary for transport to and from treatment. Additionally, insurance coverage must be confirmed and the origin/destination requirements mandated by the insurance policy must be noted and met.

Cancellation of Membership - I agree that ACADIAN has reserved the right to void this membership and refund my membership fee from the effective date hereof in the event of my failure to comply with any of these terms. I agree and understand that if my membership is voided, I will be obligated to pay all balances in full. I also understand and agree that a failure to comply with membership terms (and grounds for membership revocation) shall include a

refusal of any insurer or health care provider to recognize and pay for the services rendered by ACADIAN to me or the immediate members of my family, pursuant to the assignment of benefits contemplated by this membership agreement.

Membership Period - I understand this membership is for a period of one year commencing on September 1, 2009 and expiring on August 31, 2010.

I understand that by payment of the membership fee, I have consented to all terms and conditions of this membership application on my behalf and the members of my family covered by this membership.

Member Agreement to Terms and Disclosure of Insurance Information - As a member of ACADIAN, I request that payment of authorized Medicare, Medicaid or other insurance benefits be made on my behalf to ACADIAN AMBULANCE SERVICE, for any ambulance services furnished to me or members of my immediate family covered by this membership with ACADIAN AMBULANCE SERVICE. I hereby consent and authorize any holder of insurance information about me and the members of my family covered by this membership (including Medicare, Medicaid, or any private insurance company or benefits plan) to release such information, now or in the future, to ACADIAN AMBULANCE SERVICE or the Centers for Medicare and Medicaid (CMS), its carriers or agents, if such release is made in compliance with the Health Insurance Portability and Accountability Act.

FAILURE TO COMPLY WITH THE ABOVE TERMS MAY RESULT IN MEMBERSHIP REVOCATION.

\* Membership fee \$75.00; Membership fee for customers with Medicare Supplemental Insurance \$60.00

\*\* The term "ambulance service(s)" specifically excludes any type of fixed wing transport

If you are a resident of Jefferson, Orleans or St. Bernard Parishes, this membership will cover the services provided by Acadian Ambulance Service of New Orleans, L.L.C., a wholly owned subsidiary of Acadian Ambulance Service.

Membership is not yet available for residents of Bexar, Travis & Williamson counties in Texas.

2009 - 2010 Membership Agreement  
For Acadian Ambulance Membership

**Persons Covered by Membership<sup>1</sup>** - Those persons covered by this membership shall include the immediate members of my family which shall be defined as the applicant and spouse, and the resident children up to 21 years of age (through 23 if still attending school) who have never been married.

**Membership Fee and Assignment of Rights** - In consideration of the membership services provided by ACADIAN described below and except as hereinafter provided, I have paid to ACADIAN a non-refundable and non-transferable membership fee and assign to ACADIAN, on my behalf and the immediate members of my family covered by this membership, all rights and benefits of all medical and health insurance policies or plans and any other benefits or plans which provide coverage for ambulance services, including but not limited to additional coverage for co-insurance and deductibles. (\*NOTE: Medicare or Medicaid patients need not be members to have full coverage of some services covered by Medicare or Medicaid.) For the purpose of this agreement "ambulance services" shall mean medical ground and rotor wing transportation of patients meeting medical necessity guidelines. \*\* I also agree to assign and transfer to ACADIAN on my behalf and the immediate members of my family covered by this membership, all rights in any claim where ambulance services by ACADIAN were provided up to the total dollar amount of services incurred. I understand that if I have no insurance or if my insurance benefits assigned to ACADIAN AMBULANCE SERVICE do not provide full payment to ACADIAN of the charges for services provided to me, I will ultimately be responsible for payment of the same, less a 20% discount afforded to me as a member. I understand that this creates a legal obligation on my part to pay for services provided to me.

**Membership Services Provided** - In consideration of the membership fee and assignment of rights to ACADIAN described above, ACADIAN agrees to provide available emergency and non-emergency ambulance service for me and the immediate members of my family covered by this membership. I understand that if my condition so indicates, ACADIAN personnel or the medical control physician may select the hospital in which I will be taken. I recognize that transports to a physician's office are not ordinarily covered by insurers, and I will be responsible for payment of these transports at the discounted rate mentioned above. I understand that emergencies have first priority.

**Reimbursement for Membership Services** - I agree that as a member, I shall make available all medical insurance and benefits information to ACADIAN. I agree that in the event that I or a member of my family makes a demand or files a claim or lawsuit for personal injury damages resulting from an accident or injury when ACADIAN AMBULANCE SERVICE provided transportation, or services, I shall notify ACADIAN immediately of the demand, claim, or lawsuit should any outstanding balance (i.e. the amount due for services provided due to a lack of insurance coverage or denial of payment by the insurer) be owed by me or my family members covered by this membership. I understand that I am responsible for payment of services provided to me. Nothing herein shall be construed to waive any lien rights, privileges or rights of legal subrogation provided by law to ACADIAN AMBULANCE.

**Member Consent to Third Party Reimbursement** - As a member, I agree and consent to ACADIAN filing for and collecting payment for services provided to me or the members of my immediate family covered by this membership, under any and all medical or health insurance policies, plans or benefit programs, up to the amount of ACADIAN's charges for ambulance services provided to me or the members of my immediate family covered by this membership, as evidenced by my signed Consent Form.

**Agreement to Remit Payments Made by Insurer to Member for Services Provided** - I, and the members of my immediate family, agree to forward immediately to ACADIAN AMBULANCE all payments for ambulance services provided by ACADIAN and sent directly to us from any insurance company, medical benefits plan, or proceeds derived from lawsuits or settlements up to the total dollar amount of services incurred.

**Member Need for Transportation/Requirements** - I understand that my membership services with respect to emergency ground and rotor wing transports are restricted to situations where I and/or a member of my immediate family covered by this membership have sustained injury, sudden illness or trauma and the need for immediate medical attention of a doctor at a hospital emergency room exists. I understand that in the event non-emergency transportation is requested (i.e. transports other than those for sudden and unexpected injury, illness or trauma requiring immediate medical attention of a doctor at a hospital emergency room) physician authorization shall be required by ACADIAN AMBULANCE as a condition of the transport. Membership applicants who are dialysis patients must be pre-approved for transportation based on an initial assessment of the patient's condition to ensure an ambulance is necessary for transport to and from treatment. Additionally, insurance coverage must be confirmed and the origin/destination requirements mandated by the insurance policy must be noted and met.

**Cancellation of Membership** - I agree that ACADIAN has reserved the right to void this membership and refund my membership fee from the effective date hereof in the event of my failure to comply with any of these terms. I agree and understand that if my membership is voided, I will be obligated to pay all balances in full. I also understand and agree that a failure to comply with membership terms (and grounds for membership revocation) shall include a refusal of any insurer or health care provider to recognize and pay for the services rendered by ACADIAN to me or the immediate members of my family, pursuant to the assignment of benefits contemplated by this membership agreement.

**Membership Period** - I understand this membership is for a period of one year commencing on September 1, 2009 and expiring on August 31, 2010.

I understand that by payment of the membership fee, I have consented to all terms and conditions of this membership application on my behalf and the members of my family covered by this membership.

**Member Agreement to Terms and Disclosure of Insurance Information** - As a member of ACADIAN, I request that payment of authorized Medicare, Medicaid or other insurance benefits be made on my behalf to ACADIAN AMBULANCE SERVICE, for any ambulance services furnished to me or members of my immediate family covered by this membership with ACADIAN AMBULANCE SERVICE. I hereby consent and authorize any holder of insurance information about me and the members of my family covered by this membership (including Medicare, Medicaid, or any private insurance company or benefits plan) to release such information, now or in the future, to ACADIAN AMBULANCE SERVICE or the Health Care Financing Administration (HCFA), its carriers or agents, if such release is made in compliance with the Health Insurance Portability and Accountability Act.

**FAILURE TO COMPLY WITH THE ABOVE TERMS MAY RESULT IN MEMBERSHIP REVOCATION.**

\* If you are a resident of Jefferson, Orleans or St. Bernard Parishes, this membership will cover the services provided by Acadian Ambulance Service of New Orleans, L.L.C., a wholly owned subsidiary of Acadian Ambulance Service, Inc.

\* Membership fee \$75.00

\* Membership fee for membership with Medicare Supplemental Insurance \$60.00

\*\*The term "ambulance services" specifically excludes any type of fixed wing transport.

<sup>1</sup> Texas Medicaid recipients are not eligible for Acadian Ambulance Membership as per TAC, Title 25 §157.11(i)

VOL 2-2 PG 592



RONALD L. WALKER  
County Judge

Jefferson County Courthouse  
P.O. Box 4025  
Beaumont, Texas 77704

Beaumont (409) 835-8466  
Pt. Arthur (409) 727-2191 Ext 8466  
Facsimile (409) 839-2311

August 28, 2007

Texas Department of State Health Services  
EMS Compliance Division  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756-3119

Re: **No Objection to Acadian Ambulance Service's Subscription Plan**

Dear Sirs:

This letter is to verify that Jefferson County has been notified by Acadian Ambulance Service, Inc. is in the process of establishing an EMS subscription plan. In order to fulfill EMS Subscription Rule (157.11), I am acknowledging that as chief elected official of Jefferson County that I have no objection to and authorize the establishment of an EMS subscription plan.

Please feel free to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald L. Walker", is written over a horizontal line.

Ronald L. Walker

RLW/jh

VOL 22 PG 593



CARL K. THIBODEAUX, R. Ph.

COUNTY JUDGE  
ORANGE COUNTY COURTHOUSE  
801 DIVISION, ROOM 207  
ORANGE, TEXAS 77630

JACQUE CRAFT  
Administrative Secretary

TELEPHONE: (409) 862-7070  
FAX: (409) 862-7075

October 2, 2007


Texas Department of State Health Services  
EMS Compliance Division  
1100 West 49<sup>th</sup> Street  
Austin TX 78756-3119

Sirs:

As County Judge and on behalf of Commissioners' Court of Orange County, Texas, I hereby give approval for Acadian Ambulance Service, Inc. to market and sell subscription memberships in Jefferson County, Texas. These contracts will cover specific costs associated with the provision of Air and Ground Ambulance transportation.

I am of the opinion and believe Acadian Ambulance Service, Inc. will avail this product to the citizenry in a manner consistent with fair and ethical business practices.

Sincerely,

  
Judge Carl K. Thibodeaux  
Orange County Commissioners' Court

VOL 22 PG 594

HARDIN COUNTY



KOUNTZE, TEXAS

Billy Caraway  
County Judge

300 Monroe St.  
Kountze, TX 77625  
(409) 246-5120

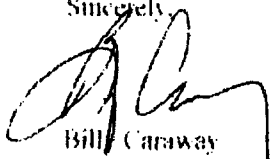
March 16, 2010

Texas Department of State Health Services  
EMS Compliance Division  
1100 W. 49<sup>th</sup> St.  
Austin, TX 78756-3119

To Whom It May Concern:

As County Judge for Hardin County, Texas, I hereby authorize Acadian Ambulance Service, Inc. to provide subscription emergency prehospital care within Hardin County.

Sincerely,

  
Billy Caraway  
Hardin County Judge

BC:RL

VOL 22 PG. 595

Jerome & Janna Lehman  
195 Sassafras Drive  
Hemphill, Texas 75948

6/23/2010

Dear Commissioners Court,

I am requesting that this document be placed into consideration of your next public meeting for the reason of a refund of \$10.00 from the county road and bridge fund.

I had a vehicle that was licensed by mistake on 6/1/2010 of this year and apparently the only way to get my \$10.00 back from the county road and bridge fund is to have this request put on the agenda for your next meeting for approval.

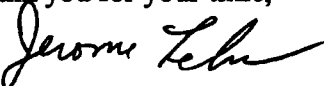
This particular vehicle was turned over to a dealership in Bossier City Louisiana last August during the closing days of the Cash for Clunker Program as a trade in for a new car. The dealership was supposed to have sent the proper disposal paperwork to the Texas Department of Transportation so it could be removed from the system. Well somehow that didn't happen and the next thing that took place was I received this renewal of plates for a Chevy Van so I got them renewed, not thinking it was the Chevy van I traded in but the Chevy van I have in service now.

So I sent a request off to get my Renewal refund from the Texas Department of Transportation, which I did receive a \$48.76 check back from the Sabine County Tax Assessor/Collectors office after the refund was approved by the Department of Transportation, but it was short the \$10.00 from the County Road & Bridge Fund.

I was informed that the only way to get my \$10.00 back was through this request method, of petitioning the Commissioners Court, which I am doing at this time.

I also understand that the Sabine County Tax Assessor does give quite a few refunds for such license renewal mistakes and that no one has ever done such a request to have the \$10.00 Road & Bridge refunded. Why can't there be a simpler way to this refund? A simple form from the Tax Collectors office to your office for a request of funds, approve it, stamp it, send it back to the Tax Collectors office and she will pay it back to the requester. No one says it should be quick, but the process could be easier than going through all of this for a \$10.00 refund.

Thank you for your time,

  
Jerome Lehman

VOL. 22 PG. 596

REGISTRATION RENEWAL RECEIPT

COUNTY: SABINE TAC NAME: MARTHA M. STONE
DATE: 06/01/2010 EFFECTIVE DATE: 06/01/2010
PLATE NO: 33KNW2 TIME: 11:00AM EXPIRATION DATE: 5/2011
DOCUMENT NO: 10136936708105909 EMPLOYEE ID: DEBBIE TRANSACTION ID: 20210040328110018

OWNER NAME AND ADDRESS
JEROME LEHMAN
JANNA LEHMAN
195 SASSAFRAS DR
HEMPHILL, TX 75948

REGISTRATION CLASS: TRUCK-LESS/EQL. 1 TON
PLATE TYPE: TRUCK PLT
ORGANIZATION:
STICKER TYPE: WS

PREVIOUS PLATE NO: 33KNW2 VEHICLE CLASSIFICATION: PASS-TRK
VEHICLE IDENTIFICATION NO: 1GNDM19WXV8195708
YR/MAKE: 1997/CHEV MODEL: AST BODY STYLE: VN UNIT NO:
EMPTY WT: 4400 CARRYING CAPACITY: 1000 GROSS WT: 5400 TONNAGE: 0.50
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LENGTH: 0

Table with 4 columns: INVENTORY ITEM(S), YR, FEES ASSESSED, and amount. Includes items like WINDSHIELD STICKER, REG FEE-DPS, REFLECTORIZATION FEE, and CNTY ROAD BRIDGE ADD-ON FEE. Total amount is 60.06.

VEHICLE RECORD NOTATIONS: ACTUAL MILEAGE, PAPER TITLE
METHOD OF PAYMENT AND PAYMENT AMOUNT: CHECK #1200 \$ 60.06
TOTAL AMOUNT PAID \$ 60.06

THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

VOL ZZ PG 597

PEEL FROM BACK ONLY / DESPEGAR POR DETRÁS

Peel sticker from any corner. Despegar de cualquier esquina.

33KNW2 58011548

05-11

SABINE VB195708

WINDSHIELD STICKER
CALCOMANIA DE PARABRISAS

OR

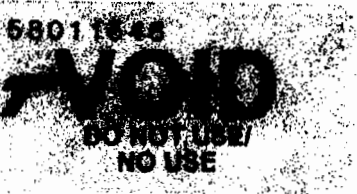


PLATE STICKER
CALCOMANIA DE PLACA





REGISTRATION REFUND AT COUNTY RECEIPT

COUNTY: SABINE

TAC NAME: MARTHA M. STONE

PLATE NO: 33KNW2

DATE: 06/15/2010

DOCUMENT NO: 10136936708105909

TIME: 10:36AM

EMPLOYEE ID: SABINE2

TRANSACTION ID: 20210040342103651

OWNER NAME AND ADDRESS

JEROME LEHMAN  
JANNA LEHMAN  
195 SASSAFRAS DR  
HEMPHILL, TX 75948

REGISTRATION CLASS: TRUCK-LESS/EQL. 1 TON  
PLATE TYPE: TRUCK PLT  
ORGANIZATION:  
STICKER TYPE: WS

VEHICLE CLASSIFICATION: PASS-TRK PREVIOUS PLATE NO: 33KNW2  
VEHICLE IDENTIFICATION NO: 1GNDM19WXVB195708  
YR/MAKE: 1997/CHEV MODEL: AST BODY STYLE: VN UNIT NO:  
EMPTY WT: 4400 CARRYING CAPACITY: 1000 GROSS WT: 5400 TONNAGE: 0.50  
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LNG/WDTH: 0

CUSTOMER NAME: JEROME LEHMAN

REFUND CREDIT(S)	
REFUND - REGISTRATION FEE	\$ -48.76
TOTAL	\$ -48.76
REFUND TYPE: CHECK	

VEHICLE RECORD NOTATIONS  
ACTUAL MILEAGE  
PAPER TITLE

VOL ZZ PG 598



The Boxelder Company, Inc.

121 South Broadway, Suite # 572  
Tyler, Texas 75702

Office: 903-595-5295

Fax: 903-595-3938

*cc: Judge  
Jimmy rec'd one in  
the mail also.*

RECEIVED  
6/25/10

June 23, 2010

Sabine County, Texas  
ATTN: Honorable Judge Charles E. Watson  
P.O. Box 716  
Hemphill, Texas 75948

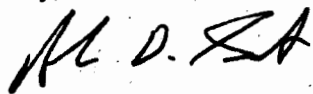
**RE: Oil, Gas and Mineral Lease  
1.75 acres, more or less,  
William W. Davis Survey, A-89,  
Sabine County, Texas**

Dear Judge Watson:

Pursuant to our my conversation with Mr. Jimmy McDaniel, I have enclosed a copy of the Oil, Gas and Mineral Lease covering the Sabine County interest of 1.75 net mineral acres in the above referenced property.

If you have any questions please contact me at 903-526-4580 or 903-279-3966. Thank you for your time and consideration in this matter.

Sincerely,



Alan D. Smith  
Landman

ENCLOSURES

VOL 22 PG 599

# HALLS, JOHNSON, MCLEMORE, REDFIELD & RODRIGUES, LLP

**CERTIFIED PUBLIC ACCOUNTANTS**  
**A REGISTERED LIMITED LIABILITY PARTNERSHIP**  
1329 N. University Dr., Suite A3, Nacogdoches, Texas 75961  
Phone: (936) 564-8186 Fax: (936) 564-3811 Web Site: hjmrr.com

Michael Halls, CPA  
Gary Johnson, CPA  
Terre McLemore, CPA  
J.D. Redfield, CPA  
Kenneth Rodrigues, CPA, P.C.

June 15, 2010

County Commissioners  
Sabine County, Texas  
P.O. Box 597  
Hemphill, Texas 75948

Members of the County Commissioners:

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Sabine County, Texas ("the County") for the year ended December 31, 2009, and have issued our report thereon dated June 15, 2010. Professional standards require that we provide you with the following information related to our audit.

*Our Responsibilities under U.S. Generally Accepted Auditing Standards and OMB Circular A-133*

As stated in our engagement letter dated January 4, 2010, our responsibility, as described by professional standards, is to express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

In planning and performing our audit, we considered the County's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinions on the financial statements and not to provide assurance on the internal control over financial reporting.

As part of obtaining reasonable assurance about whether the County's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, 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. While our audit provides a reasonable basis for our opinion, it does not provide a legal determination on the County's compliance with those requirements.

*Planned Scope and Timing of the Audit*

We performed the audit according to the planned scope and timing previously communicated to you in our engagement letter. Our audit included examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. The audit involved our judgment about the number of transactions to be examined and the areas to be tested. We planned and performed the audit to obtain reasonable (rather than absolute assurance) about whether the financial statements are free of material misstatement.

VOL 22 PG 600

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the County are described in the notes to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended December 31, 2009. We noted no transactions during the year for which there is a lack of authoritative guidance or consensus. We found no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements are:

Management's estimate of depreciation expense is based on the estimated useful lives of the asset. We evaluated the key factors and assumptions used to develop the depreciation expense in determining that it is reasonable in relation to the financial statements taken as a whole.

Management's estimate of the allowance for uncollectible tax receivables is based on historical experience with collecting property taxes. We evaluated the key factors and assumptions used to develop the reserve for uncollectible property taxes in determining that it is reasonable in relation to the financial statements as a whole.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has indicated to us that all such misstatements will be corrected. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole. Misstatements detected as a result of audit procedures and corrected by management are summarized as follows:

Fund Type	Assets	Liabilities	Equity	Revenue	Expenditures	Transfers
General	\$ 8,452	\$ (3,343)	\$ -	\$ 14,078	\$ 2,282	\$ -
Road & Bridge #1	(78,018)	1,558	(315,544)	(78,018)	1,558	-
Road & Bridge #2	(78,018)	868	114,409	(78,018)	868	-
Road & Bridge #3	(78,019)	948	123,510	(78,018)	948	-
Road & Bridge #4	(91,021)	1,591	77,626	(91,010)	1,601	-
Other	(114,733)	-	-	(114,733)	-	-
Total	\$ (431,357)	\$ 1,622	\$ 1	\$ (425,719)	\$ 7,257	\$ -

The most significant adjustment pertained to reversing receivable for Federal Forest monies for the Road & Bridge and Other funds, which decreased total revenues by \$439,809. Other adjustments included recording depreciation, deferred revenue and accrued compensation.

VOL 22 PG 601

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be

significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated June 15, 2010.

Management Consultations with Other Independent Accountants

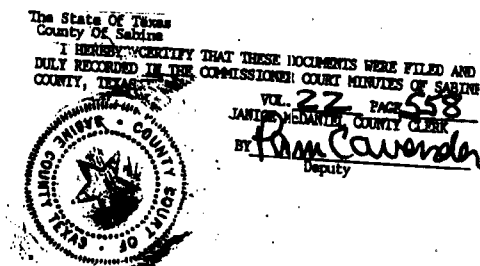
In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the governmental unit's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the governmental unit's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This report is intended solely for the information and use of management, others within the entity, the County Commissioners and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*Halls, Johnson, McLemore, Redfield & Rodriguez, LLP*  
HALLS, JOHNSON, McLEMORE, REDFIELD & RODRIGUES, LLP  
Officer: Terre McLemore



VOL. 22 PG. 602