MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR --- May 14, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 751,305.32
TOTAL TRANSFERS BETWEEN FUNDS	\$ 1,169,185.01
TOTAL NURSING HOME UPL EXPENSES	\$ 385,126.53
TOTAL INTER-GOVERNMENT TRANSFERS	\$
GRAND TOTAL DISBURSEMENTS APPROVED May 14, 2025	\$ 2,305,616.86



MAY 1 4 2025

CALHOUN COUNTY COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER COMMISSIONERS COURT APPROVAL LIST FOR --- May 14, 2025

		\$ 2,305,616.8
TAL INTER-GOVERNMENT TRANSFERS		\$
TAL NURSING HOME UPL EXPENSES		\$ 385,126.5
5/12/2025 Nursing Home UPL-Tuscany Transfer	153,345.89	
5/12/2025 Nursing Home UPL-HMG Transfer	17,096.22	
5/12/2025 Nursing Home UPL-Nexion Transfer	147,952.64	
5/12/2025 Nursing Home UPL-Cantex Transfer	66,731.78	
RSING HOME UPL EXPENSES		
TAL TRANSFERS BETWEEN FUNDS		\$ 1,169,185.0
error	55,023.52	
5/8/2025 MMC Operating to Bethany/Lavaca Bay-Correction of insurance payment deposited into MMC Operating in	70,324.10	
5/8/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	76,524.16	
Operating in error	23,005.41	
5/8/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC		
MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	9,184.92	
5/8/2025	5,447.00	
5/8/2025 MMC Operating to Solera-Correction of insurance payment deposited into MMC Operating in error	5,447.00	
ANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES		
5/12/2025 Transfer from Nexbank to Operating Account	1,000,000.00	
ANSFERS BETWEEN FUNDS-MMC		
FAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS		\$ 751,305.
	535.53	
5/12/2025 Credit Card Processing Fee 5/12/2025 Credit Card Lease Fee	734.39 335.53	
5/12/2025 Pay Plus-Patient Claims Processing Fee	1,329.15	
5/12/2025 Expert Pay- Child Support	524.54	
5/12/2025 Sales Tax - April 2025	2,462.87	
5/12/2025 90 Degree Benefits - employee insurance claims	3,699.58	
Prosperity Electronic Bank Payments	0.074.00	
5/12/2025 Amerisource Bergen-340B Prescription Expense	1,557.98	
5/12/2025 Amerisource Bergen-340B Prescription Expense	1,237.02	
5/12/2025 McKesson-340B Prescription Expense	28.45	
5/7/2025 Citibank Credit Card-see attached (Erin) 5/9/2025 CitiBank Credit Card-See attached (Steve)	806.50 78.00	
	000.00	

RECEIVED BY THE COUNTY AUDITOR ON

MAY 0 8 2025

05/08/2025

Vendor# , Vendor Name

A2218 J AQUA BEVERAGE COMPANY

MEMORIAL MEDICAL CENTER

AP Open Invoice List

10:29 CALHOUN COUNTY, TIEXAS ap_open_invoice.template Due Dates Through: 05/29/2025 Vendor# Vendor Name Class Pay Code 10950 ✓ ACUTE CARE INC Invoice# Comment No-Pay Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount Net INV2308 04/30/202 05/20/202 05/20/202 1,400.00 0.00 0.00 1,400.00 Vendor Totals: Number Name No-Pay Net Gross Discount 10950 ACUTE CARE INC 1,400.00 0.00 0.00 1,400.00 Vendor# Vendor Name Class Pay Code 13180

✓ ADVANCED STERILIZATION PRODUCT Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay No-Pay Net Gross Discount 8020867797 04/22/202 05/02/202 05/02/202 362.94 0.00 0.00 362.94 Vendor Totals: Number Name Gross No-Pay Net Discount 13180 ADVANCED STERILIZATION PRODUCT 362.94 0.00 0.00 362.94 Vendor# **Vendor Name** Class Pay Code A1680 V AIRGAS USA, LLC - CENTRAL DIV M Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net 5516209319 04/30/202 04/30/202 05/25/202 288.77 0.00 0.00 288,77 9160666539 05/06/202 04/25/202 05/20/202 257.04 0.00 0.00 257.04 1,065.30 5516209114 05/06/202 04/30/202 05/25/202 0.00 0.00 1,065.30 05/06/202 04/30/202 05/25/202 0.00 9160677309 2.683.63 0.00 2.683.63 Vendor Totals: Number Name No-Pay Net Gross Discount A1680 AIRGAS USA, LLC - CENTRAL DIV 4,294.74 0.00 0.00 4,294.74 Vendor Name Vendor# Class Pay Code 14028 J AMAZON CAPITAL SERVICES Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay No-Pay Gross Discount Net 1T34HJDN37XH 04/29/202 04/24/202 05/24/202 239.00 239.00 0.00 0.00 1CWV9N4Y466H 04/29/202 04/24/202 05/24/202 115.88 115.88 0.00 0.00 Vendor Totals: Number Name Gross Discount No-Pay Net 14028 AMAZON CAPITAL SERVICES 354.88 0.00 0.00 354.88 Vendor# Vendor Name Class Pay Code A1360 J AMERISOURCEBERGEN DRUG CORP W Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net 805316283 04/30/202 04/30/202 05/06/202 34.52 0.00 0.00 34.52 Vendor Totals: Number No-Pay Net Name Gross Discount A1360 AMERISOURCEBERGEN DRUG CORP 34.52 0.00 0.00 34.52 Vendor# Vendor Name Class Pay Code 17836 **✓** ANDRIE FLORES Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net 050125 05/07/202 05/01/202 05/07/202 56.70 0.00 0.00 56.70 Vendor Totals: Number Name Gross No-Pay Net Discount 17836 ANDRIE FLORES 56,70 0.00 0.00 56.70

Class

M

Pay Code

1	Invoice# 190555	Commen		Inv Dt 2 01/23/20	Due Dt 2 02/17/20	Check Dt Pay	Gross 92.00	Discount 0.00	No-Pay 0.00	Net 92.00	1
1	196624		05/07/20	2 03/06/20	2 03/31/20	2	81.50	0.00	0.00	81.50	1
1	107968			2 04/17/20			100,000	0.00	6.00	29.00	1
7	107908		05/07/20	2 04/17/20	12 05/12/20	02	29.00	0.00	0.00	29.00	,
1	107971		05/07/20	2 04/17/20	2 05/12/20	02	60.50	0.00	0.00	60.50	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		A2218	AQUA BEVER	AGE CON	MPANY		263.00	0.00	0.00	263.00	
endor# 247	Vendor Name AVENO NETV	VORKS			Class	Pay Code					
2	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	15979		05/06/20	2 05/01/20	2 05/11/20	- 1 mile - 1	4,000.00	0.00	0.00	4,000.00	/
1	15992		05/06/20	2 05/01/20	2 05/11/20	2	500.00	0.00	0.00	500.00	1
1	15956		05/06/20	2 05/01/20	2 05/16/20	02	850.00	0.00	0.00	850.00	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11247	AVENO NETV	VORKS			5,350.00	0.00	0.00	5,350.00	
endor# 1088	Vendor Name AZALEA HEA	LTH			Class	Pay Code					
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
J	120747			2 05/01/20		The second section of the second	712.80	0.00	0.00	712.80	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	(2)
		14088	AZALEA HEAI	LTH			712.80	0.00	0.00	712.80	
endor# 1150 🛂	Vendor Name BAXTER HEA	LTHCARE			Class W	Pay Code					
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	13082978		05/06/20	2 04/26/20	2 05/21/20	2	23.42	0.00	0.00	23.42	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		B1150	BAXTER HEA	J THCARE	-		23.42	0.00	0.00	23.42	
200	Vendor Name BECKMAN CO			oane	Class	Pay Code	20,72	0.00	0,00	20.42	
				Inte Di		Charle Dt Day	Conn	Discount	No Day	Mat	
1	Invoice# 4513200	Commen		2 11/21/20	Due Dt 2 12/16/20	Check Dt Pay 2	Gross 13,356.00	Discount 0.00	No-Pay 0.00	Net 13,356.00	
1	111994283		04/22/20:	2 04/29/20	2 05/24/20	2	2,080.62	0.00	0.00	2,080.62	1
1	112001675		04/22/20:	2 05/01/20	2 05/26/20	02	56.62	0.00	0.00	56.62	~
			04/22/20:	2 05/02/20	2 05/27/20	02	2,623.36	0.00	0.00	2,623.36	/
1	112002409										1
1	112002409		04/30/20	2 05/01/20	2 05/26/20	12	1,324.49	0.00	0.00	1,324.49	1
7				2 05/01/20			1,324.49 20.00	0.00	0.00	1,324.49	/
1 1 1	112001698		05/05/202		2 04/26/20	2		7.7.			1 / /
1 1 1 1 1	112001698 111236615A		05/05/20: 05/05/20:	2 04/01/20	2 04/26/20	2	20.00	0.00	0.00	20.00	

1	112003879		05/05/20	2 05/04/2	02 05/29/20	2	514.24	0.00	0.00	514.24
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN C	DULTER	INC		22,133.48	0.00	0.00	22,133.48
	Vendor Name				Class	Pay Code				
11072 🗸	BIO-RAD LAB	ORATORI	ES, INC							
	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	908177543		05/06/20	2 04/15/2	02 05/06/20	2	1,379.11	0.00	0.00	1,379.11
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11072	BIO-RAD LAE	BORATOF	RIES, INC		1,379.11	0.00	0.00	1,379.11
Vendor#	Vendor Name				Class	Pay Code				
C1048 ~	CALHOUN CO	YTAUC			W					
	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	53413755	GOI III III			02 05/25/20	incommon many desire	1,468.07	0.00	0.00	1,468,07
7	00710700		1014	DO MERIE	a principal de la constante	ia X	1,400.07	0.00	0.00	11100101
1	53414021						640.04	0.00	2.00	510.01
~	33414021				02 05/25/20		512.91	0.00	0.00	512.91
y			101		Virgin					
J	53380679				02 05/25/20		8.28	0.00	0.00	8.28
1			818	N.	VIVAN	nia 84				
1	53413748		04/30/20		02 05/25/20	2	19.89	0.00	0.00	19.89
			M	rigal	W SX	OPL				
1	53413655		04/30/20	2 04/25/2	02 05/25/20	2	31,698.02	0.00	0.00	31,698.02
			1/1	wite	1 8%					
1	050625		05/07/20	2 05/06/2	02 05/06/20	2	7.50	0.00	0.00	7.50
7	154155	VEHICLE	REGISTRATI				3,000		2,23	2.83
	Vendor Totals			OIV I ILIVE	.,,,		Gross	Discount	No-Pay	Net
	vendor rotais.			OLINITY					1000	
		C1048	CALHOUN C	JUNITY	25-6	4	33,714.67	0.00	0.00	33,714.67
	Vendor Name	ا در شخه خو	1		Class	Pay Code				
14120 -	CALHOUN CO					Sa. 2023.00	385.0	122		.544
1	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
4	202501		04/30/20	2 02/07/2	02 03/04/20	2	4,840.00	0.00	0.00	4,840.00
		FEB INV	DICE							
1	202504	0			02 05/27/20	2	4,400.00	0.00	0.00	4,400.00
		M	ay 20	15						
	Vendor Totals:	Number	Name /10	010			Gross	Discount	No-Pay	Net
		14120	CALHOUN C	DUNTY E	MS		9,240.00	0.00	0.00	9,240.00
/endor#	Vendor Name	27.6542			Class	Pay Code				de provincia
	CARDINAL H	FALTH 414	4 INC		W	,				
01020	Invoice#	Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	8003826515	Commen			02 05/15/20		332.52		0.00	332.52
4	8003020515		04/30/20	2 04/20/2	02 05/15/20	2	332.32	0.00	0.00	332.32
		4.	No.				21.700	- A-40 of co.	1000	5.00
	Vendor Totals:		Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL H	EALTH 4	14, INC.		332.52	0.00	0.00	332,52
/endor#	Vendor Name				Class	Pay Code				
C1992 J	CDW GOVER	NMENT, II	NC.		M					
	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	AD8B26Z		05/06/20	2 04/23/2	02 05/23/20	2	34.28	0.00	0.00	34,28
			15470.00					7.7.7	1	3,1,2,9
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	Toridor Totals.			NIMENT	INIC				10 10 15	
	Was not been	C1992	CDW GOVER	MINENT,		A	34.28	0.00	0.00	34.28
	Vendor Name				Class	Pay Code				
			Two Bi	In the	D D	Obsal De De	~	Direction	A-1 1-4	1 to 100
Vendor# 13264 \	Invoice# 35072	Commen			Due Dt 02 05/29/20	Check Dt Pay	Gross 1,650.00	Discount 0.00	No-Pay 0.00	Net 1,650.00

	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		13264	CERVEY, LLC			1,650.00	0.00	0.00	1,650.00	
X	Vendor Name			Class	Pay Code					
21730	CITY OF POR	T LAVACA		W						
	Invoice#	Comment	Tran Dt In	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	040925A		05/05/202 04	/09/202 05/05/20	2	20.00	0.00	0.00	20.00	
1.5		Y	Plymik p	wa low	Les C.				V	
	Vendor Totals:	Number	Name	irr. wu	ter Suppli	√ Gross	Discount	No-Pay	Net	
		C1730	CITY OF PORT L	AVACA		20.00	0.00	0.00	20.00	
endor#/	Vendor Name			Class	Pay Code					
3000	CLEARFLY									
	Invoice#	Comment	Tran Dt In	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	INV705771		05/01/202 05	/01/202 05/06/20	2	1,233.37	0.00	0.00	1,233.37	
									1	
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		13000	CLEARFLY			1,233.37	0.00	0.00	1,233.37	
endor#/	Vendor Name	- 137	NAX-33/W-25	Class	Pay Code	1422.512.	0.030.0	7,77	Medalan	
3336		SOUTHWE	ST BEVERAGES	-,-,-						
	Invoice#	Comment		Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	46770805004	a sometiment		/06/202 05/06/20		395.89	0.00	0.00	395.89	
1			04/00/20200	, 50, 202 00,00,20		090,09	0.00	0.00	V35.03	
	Vendor Totals:	Number	Name			Gross	Discount	Na Day	Not	
	vendor rotals;	13336	COCA COLA SOL	ITHWEST DEVE	BAGES	4 3 4 4	Discount	No-Pay	Net	
endor#	Vendor Name	10000	COCA COLA SOL	Class	Pay Code	395.89	0.00	0.00	395.89	
/	COMBINED IN	ISLIBANICI	=	Class	ray Code					
OSO V				D D D	Oberet Dr. Des	0	Piccalina.	N. B.		
/	Invoice# 050125	Comment			Check Dt Pay	Gross	Discount	No-Pay	Net	
	050125		05/06/20205	/01/202 05/01/20	2	501.72	0,00	0.00	501.72	
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	Vender Totals.	11030	COMBINED INSU	DANCE						
endor#	Vendor Name	11000	COMBINED INSC		Pay Codo	501.72	0.00	0.00	501.72	
1		FCUC		Class	Pay Code					
2002	COVIDIEN SA		Two Di I	Di Dona Di	Obselv Dr. Band	8	Blancold	Ma Barrie		
1	Invoice# 5874943172	Comment	3.000		Check Dt Pay	Gross	Discount	No-Pay	Net	
~	30/49431/2		04/22/20204	/30/202 05/06/20	2	496.50	0.00	0.00	496.50	
	Vanday Tatala	No con time	Name 2			A Section 1	Dr.	400		
	Vendor Totals:			1116		Gross	Discount	No-Pay	Net	
	Manual Co. No.	13932	COVIDIEN SALES		Syntaxone	496.50	0.00	0.00	496.50	
	Vendor Name	عد بدريد		Class	Pay Code					
0006	CUSTOM ASS			2. 5	244.00		5.00			
1	Invoice#	Comment	N. 30 70 71 . 31		Check Dt Pay	Gross	Discount	No-Pay	Net	
1	INV17321		04/22/202 04	/30/202 05/06/20	2	210.37	0.00	0.00	210.37	
		Daniel Co	4.7						V.	
	Vendor Totals:		Name			Gross	Discount	No-Pay	Net	
		10006	CUSTOM ASSEM	BLIES, INC		210.37	0.00	0.00	210.37	
	Vendor Name			Class	Pay Code					
1368	CYRACOM LL	C								
	Invoice#	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	2025029896		04/30/202 04	/30/202 05/15/20	2	331.80	0.00	0.00	331.80	
	I	er m	nnc re	moven						
				~		Gross	Discount	No-Pay	Net	
	Vendor Totals:		100 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			331.80	0.00	0.00	331.80	
	Vendor Totals:	11368	CYRACOM LLC						The state of the s	
endor#/	Vendor Totals: Vendor Name	11368	CYRACOM LLC	Class	Pay Code					
			CYRACOM LLC	Class W	Pay Code					
	Vendor Name DETAR HOSP			W	Pay Code Check Dt Pay	Gross	Discount	No-Pav	Net	
Vendor# D1200	Vendor Name DETAR HOSP	ITAL	Tran Dt Inv	W	Check Dt Pay	Gross 1,034.50	Discount	No-Pay 0.00	Net 1,034.50	

	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		D1200	DETAR HOSPITA	L		1,034.50	0.00	0.00	1,034.50	
	Vendor Name DEWITT POT	H & SON		Class	Pay Code					
1	Invoice#	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
V	7922000			/25/202 05/20/20	The state of the s	315.45	0.00	0.00	315.45	
1	7923840		05/06/202 04	/28/202 05/23/20	02	66.05	0.00	0.00	66.05	1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		10368	DEWITT POTH &	SON		381.50	0.00	0.00	381.50	
endor#	Vendor Name			Class	Pay Code	and Assess			-	
011	DIAMOND HE	ALTHCAR	E CORP							
	Invoice#	Comment		Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	IN20056578			/21/202 05/16/20 2025 A	The state of the state of the state of	31,637.49	0.00	0.00	31,637.49	1
1	IN20056579			/01/202 05/26/20) W YILWHI COO	19,166.67	0.00	0.00	19,166.67	1
	Vendor Totals:	Mumbar	Name	MUNU	CPL	Cross	Discount	No-Pay	Not	
	vendor rotals	11011	Name DIAMOND HEALT	HOADE CORD		Gross	Discount	0.00	Net 50.804.16	
andor#	, Vendor Name	11011	DIAMOND HEALT		Pay Code	50,804.16	0.00	0.00	50,804.16	
0789		MEDICAL	NETWORK INC	Class	Pay Code					
1/09	Invoice#	Comment		Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	MMC043025	Comment		/30/202 05/01/20		368,831.71	0.00	0.00	368,831.71	
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		10789	DISCOVERY MED	DICAL NETWOR	RK INC	368,831.71	0.00	0.00	368,831.71	
munito !	Vendor Name DOWELL PES	ST CONTR	OL	Class	Pay Code					
20, 0	Invoice#	Comment		Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	50236	Common		/28/202 05/23/20	Character character state	505.00	0.00	0.00	505.00	
	99500		00/00/2020	LOILOL GOILOIL		005.00	0.00	0.00	000.00	•
1	50338		05/06/202 04	/28/202 05/23/20	02	160,00	0.00	0.00	160.00	~
1	50339		05/06/202 04	/29/202 05/24/20	02	105.00	0.00	0.00	105.00	1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	vender relaie.		DOWELL PEST C	ONTROL		770.00	0.00	0.00	770.00	
endor#	Vendor Name DR. TIMU KW		DOWLLETTOTO	Class	Pay Code	770.00	0.00	0.00	770.00	
1024	Invoice#	Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	050525	- Comment		/05/202 05/05/20	The second secon	4,000,00	0.00	0.00	4,000.00	
1		2 4/10	125 , 4/			1,000,000	27125	0.00	4,000.00	~
	Vendor Totals:	Number	Name	14.4/2	יות ו כמוט	Gross	Discount	No-Pay	Net	
	, on a or i oraio.		DR. TIMU KWI			4,000.00	0.00	0.00	4,000.00	
endor#	Vendor Name	1 JOE4	SHI HING KWI	Class	Pay Code	-,000.00	0.00	0.00	4,000.00	
	EQUIFAX WO	RKFORCE	SOLUTIONS	CIUGO	. 4, 0000					
- Jan	Invoice#	Comment		Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	2065528382	Comment		/30/202 05/07/20	THE R. P. LEWIS CO., LANSING, MICH.	10.99	0.00	0.00	10,99	
7				Junear voidifiet	·-					1
	Vendor Totals:					Gross	Discount	No-Pay	Net	
	23.00	11944	EQUIFAX WORK			10.99	0.00	0.00	10.99	
endor#	Vendor Name			Class	Pay Code					
	ERBE USA IN		CAL SYSTEMS							
0042		Comment	Tran Dt Inv	Dt Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	

J	37177732		05/07/202 04/2	9/202 05/07/20	02	169.50	0.00	0.00	169.50	1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		10042	ERBE USA INC SUI	RGICAL SYST	TEMS	169.50	0.00	0.00	169.50	
Vendor# 17848 J	Vendor Name FEDLOGIC LL	c		Class	Pay Code					
,	Invoice#	Commen	t Tran Dt Inv D	t Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
J	1496991745	EMPLOY	05/07/202 04/1. EE BENEFIT CONSU		02	1,691.25	0.00	0.00	1,691,25	1
	Vendor Totals:			=/ :/		Gross	Discount	No-Pay	Net	
	200000	17848	FEDLOGIC LLC			1,691.25	0.00	0.00	1,691.25	
Vendor#	Vendor Name FIRETRON, IN			Class	Pay Code	- 100 0000				
14000 0	Invoice#	Commen	t Tran Dt Inv D	t Due Dt	Chaok Dt Pay	Gross	Discount	No-Pay	Net	
1	287110	Commen	05/06/202 04/2		Check Dt Pay 02	350.36	0.00	0.00	350.36	1
1	287102		05/06/202 04/2	3/202 05/28/2	02	476.00	0.00	0.00	476.00	1
1										
J	287108		05/06/202 04/2	8/202 05/28/20	02	961.86	0.00	0.00	961.86	/
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		14336	FIRETRON, INC			1,788.22	0.00	0.00	1,788.22	
Vendor#/	Vendor Name			Class	Pay Code	06.00.00	1,70	0.00	34.50000	
17276) METHO	DIST CHURCH	2,000	, -,					
	Invoice#	Commen		t Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	RC250501001		05/01/202 05/0			1,450.00	0.00	0.00	1,450.00	1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		17276	FIRST UNITED MET	THODIST CH	URCH	1,450.00	0,00	0.00	1,450.00	
4.0	Vendor Name FORVIS			Class	Pay Code					
7	Invoice#	Commen	t Tran Dt Inv D	t Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	2517739		04/30/202 04/3	0/202 05/25/2	02	5,250.00	0.00	0.00	5,250.00	1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	V -1134-1 1-1414-1	10599	FORVIS			5,250.00	0.00	0.00	5,250.00	
Vendor#,	Vendor Name	W.EEG.	4.40.304	Class	Pay Code	3,527.22		3.55	4100000	
12404	GE PRECISIO	N HEALT	HCARE, LLC		409 0 3005					
	Invoice#	Commen	t Tran Dt Inv E	t Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	,
1	6002935310		05/05/202 05/0	1/202 05/05/2	02	3,588.58	0.00	0.00	3,588.58	/
1	6002935316		05/05/202 05/0	1/202 05/25/2	02	5,665.83	0.00	0.00	5,665.83	/
1	6002935311		05/05/202 05/0	1/202 05/25/2	02	86.67	0.00	0.00	86.67	1
1	6002935312		05/05/202 05/0	1/202 05/25/2	03	2,422.50	0.00	0.00	2,422.50	1
4										,
V	6002935313		05/05/202 05/0	1/202 05/25/2	02	61,67	0.00	0.00	61.67	
1	6002935617		05/06/202 05/0	1/202 05/25/2	02	1,044,26	0,00	0.00	1,044.26	1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	- Carrie	12404	GE PRECISION HE	ALTHCARE.	LLC	12,869,51	0.00	0.00	12,869.51	
Vendor#	Vendor Name		-27-31 1-01-01-01-11-11-11-11-11-11-11-11-11-11	Class	Pay Code	1-1-1-1-1	0,70	3,53	7-1-5-1-7	
	GREAT AMER	ICA FINA	NCIAL SVCS	7,0000	and make					
40	Invoice#	Commen		t Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	

V	39110814		05/06/202	2 04/29/20	02 05/24/20)2	10,938.74	0.00	0.00	10,938.74	/
	Vendor Totals:	: Number	Name				Gross	Discount	No-Pay	Net	
		12948	GREAT AMER	RICA FINA	ANCIAL SV	/CS	10,938.74	0.00	0.00	10,938.74	
endor#	Vendor Name			The state of the	Class	Pay Code	(Decision)	1000	24.6	A March Co.	
30401	GULF COAST	F DELIVER	RY.		= 1	And the same					
7	Invoice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	043025	Ognini			02 05/06/20		25.00	0.00	0.00	25.00	
4	UTOULU		Service					0.00	0.00	20.00	1
	Vendor Totals:	Number	Name	's ho	erform	ned un	4/3/25 Gross	Discount	No-Pay	Net	
	Venuor rossic.										
	- de Momo	G0401	GULF COAST	DELIVE		200	25.00	0,00	0.00	25.00	
	Vendor Name		11124114		Class	Pay Code					
31210	GULF COAST			46	М	Santa Land		Latertan		Cont.	
	Invoice#	Comment			Due Dt	Check Dt Pay		Discount	No-Pay	Net	
V	/ 2643931		05/06/202	2 04/29/20	02 05/29/20)2	232.60	0.00	0.00	232.60	1
1											1
	Vendor Totals:	: Number	Name				Gross	Discount	No-Pay	Net	
		G1210	GULF COAST	PAPER	COMPANY	1	232.60	0.00	0.00	232.60	
endor#	Vendor Name				Class	Pay Code					
5348	HEALTH EQU				1	Jan Colon					
00.1	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	M5DAVHH	OUI.			02 05/06/20		306.95	0.00	0.00	306.95	
7	Many		00/00/202	100/00/20	J2 03/00/20	12	300.33	0.00	0.00	300.00	1
	- Tetals	at salane	Andre				6042		The Phase	flot	
	Vendor Totals:						Gross	Discount	No-Pay	Net	
	an Landson	15348	HEALTH EQUI	ITY	-	Laborator	306.95	0.00	0.00	306.95	
	Vendor Name		L. Carlo		Class	Pay Code					
2380 🇸	HEALTH SOL	LUTIONS D	JETETICS								
	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	5
J	040125		04/30/202	2 04/01/20	02 05/05/20)2	2,550.00	0.00	0.00	2,550.00	1
										1	1
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	1300000	12380	HEALTH SOLU	UTIONS !	DIFTETICS	Q	2,550.00	0.00	0.00	2,550.00	
'andor#	Vendor Name	444377	LIENET III SACTO	2110110			2,000.00	0.00	0.00	2,000.00	
	/				Class	Pay Code					
1200 -	a Replied Structures and		Tree Di	- Di		Di De Day	2		21 May 2	Met	
1	Invoice#	Comment			Due Dt	13.000		Discount	No-Pay	Net	
4	KJGB758		04/30/202	2 04/30/20	02 05/25/20)2	1,660.09	0.00	0.00	1,660.09	1
											~
	Vendor Totals:	: Number	Name				Gross	Discount	No-Pay	Net	,1
		11200	IRON MOUNTA	AIN			1,660.09	0.00	0.00	1,660.09	D.
/endor#	, Vendor Name	/			Class	Pay Code					
1285 🗸	ITA RESOUR	CES INC									
	Invoice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	MMC052025	2000			02 05/22/20	The state of the state of	44,939.01	0.00	0.00	44,939.01	
4	MINIOGO		10-	-	TA A G	2	44,000.0	0.00	U.U.	44,000.0.	1
	Vendor Totals:	Mumhor	Name	No	NAO		Gross	Diagount	Na Pay	Not	~
	Vendor Lotais.		Name				Gross	Discount	No-Pay	Net	
- C. II	124 1260 4100	11285	ITA RESOURC	CES INC	Make Control	A. T. C. C. C.	44,939.01	0.00	0.00	44,939.01	
	Vendor Name				Class	Pay Code					
7828 🗸	JACLYN HAR										
1	Invoice#	Comment			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	A.
1	050525		05/06/202	2 05/05/20	02 05/06/20)2	525.00	0.00	0.00	525.00	1
		LAC	2 Superv	vicor.	Trai	in (O)	urse			7	V
	Vendor Totals:	Number	Name	11001	1,	ning Coi	Gross	Discount	No-Pay	Net	
			JACLYN HART	TI		-	525.00	0.00	0.00	525.00	
/andor#	Vendor Name		UNOC III		Class	Pay Code	Mac. Co.	U.U.	0.00	020.00	
N1372					Ulass	Pay Code					
V1.31-	A JOHN D WITE			W. 28	-2.50	Check Dt Pay	· · · · · · · · · · · · · · · · · · ·	Discount	46. 8-0	11/2	
11012	Invoice#	Comment	t Tran Dt		Due Dt	AL western the same	Gross	Dingoures	No-Pay	Net	

1	050525	11 /11	05/06/202 05/05			2,000.00	0.00	0.00	2,000.00	/
	Vanday Tatala		-4/13/25	, 41	18/25	0	Discount	No Day	Not	
	Vendor Totals:		Name	0		Gross	Discount	No-Pay	Net	
dean.	Manualini	W1372	JOHN B WRIGHT LL		D. C.	2,000.00	0.00	0.00	2,000.00	
72 /	Vendor Name M G TRUST			Class	Pay Code					
,	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	050525		05/06/202 05/05	/202 05/06/20	02	895.00	0.00	0.00	895.00	V
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		10972	M G TRUST			895.00	0.00	0.00	895.00	
ndor#	Vendor Name			Class	Pay Code					
50	M.C. JOHNSO	N COMPA	ANY INC	M						
	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	00398471		04/22/202 04/17	/202 04/22/20	02	190.66	0.00	0.00	190.66	1
3.										V
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		J1350	M.C. JOHNSON COM	PANY INC		190.66	0.00	0.00	190,66	
ndor#	Vendor Name			Class	Pay Code					
178 🗸	MCKESSON N	MEDICAL	SURGICAL INC							
	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	23697459		05/06/202 04/29	/202 05/14/20	02	93.47	0.00	0.00	93.47	V
1	23698627		05/06/202 04/30	/202 05/15/20	02	2,216.22	0.00	0.00	2,216,22	,
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	Vondor Totals:	M2178	MCKESSON MEDICA	AL SUBGICA	I INC	2,309.69	0.00	0.00	2,309.69	
dor#	Vendor Name	WIZ 170	INIONESSON IVIEUTO	Class	Pay Code	2,308.08	0.00	0.00	2,309.09	
41 🗸	MEDICAL DA	TA SYSTE	MS INC	Olass	ray code					
ला। अ	Invoice#	Commen		Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	202166	Johnnen	04/30/202 04/30		The state of the s	1,946.74	0.00	0.00	1,946.74	1
7	202100		0-1/30/202 04/30	LUE 00120120	96	1,540.74	0.00	0.00	1,070.74	
1	202165		04/30/202 04/30	/202 05/25/20	02	2,109.96	0,00	0.00	2,109.96	/
1	202865		04/30/202 04/30	/202 05/25/20	02	41.08	0.00	0.00	41.08	U
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		11141	MEDICAL DATA SYS	STEMS, INC.		4,097.78	0.00	0.00	4,097.78	
ndor#	Vendor Name			Class	Pay Code				4.49.00	
	Invoice#	Commen			Check Dt Pay	Gross	Discount	No-Pay	Net	
1	2369162963	- enimel	04/22/202 05/03		The second section of the second	15.42	0.00	0.00	15.42	
1	2368471391		05/06/202 04/29	/202 05/24/20	02	48.27	0.00	0.00	48.27	V
1	2368471393		05/06/202 04/29	/202 05/24/20	02	8.20	0.00	0.00	8.20	V
1	2368471390		05/06/202 04/29	/202 05/24/20	02	12.30	0.00	0.00	12.30	1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
	The state of the s	M2470	MEDLINE INDUSTRI	ES INC		84.19	0.00	0.00	84.19	
	Vendor Name			Class	Pay Code					
ndor# /	MEMORIAL M	EDICAL C	CLINIC	50.02	- / W MIS 3-8-					
		F-17/10/17/17/17	THE STATE OF THE S		SEC WEVER		Discount	No Dou	Net	
963 V	Invoice#	Commen	t Tran Dt Inv Di	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	

	Vendor Totals:			Gross	Discount	No-Pay	N
	al expedient	10963	MEMORIAL MEDICAL CLINIC	45.00	0.00	0.00	45.0
	Vendor Name		Class Pay Code				
10182 🗸							
	Invoice#	Comment		Gross	Discount	No-Pay	N
1	2947525		05/06/202 04/28/202 05/28/202	54.34	0.00	0.00	54.
	and the second	TATALANA.	As a second second	Secretary.	- Children	30.3	3
	Vendor Totals:			Gross	Discount	No-Pay	N Ed.
/dar#	Art - day Mama	10182	MERCEDES SCIENTIFIC	54.34	0.00	0.00	54.
	Vendor Name		Class Pay Code				
10904 🗸	MERCK SHAF			Cenno	min-munt	N- Day	N
1	Invoice# 7018151873	Comment	기계 이 경험 생각이 가겠습니다. 그리고 그래 그리고 가게 하는 때	Gross	Discount	No-Pay	1 930
	7018131073		05/06/202 04/23/202 05/06/202	1,830.02	0.00	0.00	1,830.0
	Vendor Totals:	Number	Name	Cross	Discount	No Day	N
	Vendor Totals.	10904	MERCK SHARP & DOHME LLC	Gross 1,830.02	Discount 0.00	No-Pay 0.00	1,830.0
/andor#	/Vendor Name			1,830.02	0.00	0,00	1,000.1
M2621	MMC AUXILIA		Class Pay Code SHOP W				
VIZUZI	Invoice#	Comment		Gross	Discount	No-Pay	N
1	043025	Oumou	05/06/202 04/30/202 05/06/202	242.07	0.00	0.00	242.
~	043020		03/00/202 04/30/202 03/00/202	242.01	0.00	0.00	272.
	Vendor Totals:	Number	Name	Gross	Discount	No-Pay	
	3 State of action	M2621	MMC AUXILIARY GIFT SHOP	242.07	0.00	0.00	242.
Vendor#	Vendor Name		Class Pay Code	E36.91	0.00	6,44	-,-
10536 🗸	MORRIS & DI						
	Invoice#	Comment		Gross	Discount	No-Pay	1
1	3275625		05/06/202 04/14/202 04/24/202	70.07	0.00	0.00	70.
100			40.440.012 by your call by a 150.	15.15		233	9.0
1	3312909		05/06/202 04/23/202 05/03/202	3,298.30	0.00	0.00	3,298.
1	3315211		05/06/202 04/23/202 05/03/202	127.84	0.00	0.00	127.
,							
1	3315210		05/06/202 04/23/202 05/03/202	1,166.68	0.00	0.00	1,166.
1	1		Control of the second second second				
1	3315208		05/06/202 04/23/202 05/03/202	321.31	0.00	0.00	321.
1	P. co. e. cotto						- 40
1	3315209		05/06/202 04/23/202 05/03/202	54.28	0.00	0.00	54.
1					2.50		
	CM13342		05/06/202 04/24/202 05/04/202	-14.12	0.00	0.00	-14.
1	22222					5.5	1.64
1	3326659		05/06/202 04/27/202 05/07/202	405.18	0.00	0.00	405.
,	2000050		05/05/050 5 - 205/050 55/05/050	702.00	2.00		
1	3326658		05/06/202 04/27/202 05/07/202	506.36	0.00	0.00	506
1	SC8022		DEIDEIDOS DAIGRIDOS DEIDRIGOS	200.61	0.00	0.00	200
1	SUBUZZ		05/06/202 04/28/202 05/08/202	322.61	0.00	0.00	322
1	3337483		05/06/202 04/28/202 05/08/202	10.40	0.00	0.00	10
4	333/403		03/00/202 04/20/202 03/00/202	19,40	0.00	0.00	19
1	3332063		05/06/202 04/28/202 05/08/202	56.54	0.00	0.00	56.
1	0002000		03/00/20204/20/20203/00/202	30,34	0.00	0.00	30
1	3329360		05/06/202 04/28/202 05/08/202	411.46	0.00	0.00	411.
-	***************************************		SALOUEDE STEELE ST. CT. ES.	411194	4.84	0.00	
1	3332064		05/06/202 04/28/202 05/08/202	38.46	0.00	0.00	38
			2342 2 022 2 0000.022 \$ 246 x 636.	2.20%	100	F. F. F.	977
1	3337484		05/06/202 04/29/202 05/09/202	153.44	0.00	0.00	153.
-/					277	1.5.5.	157

1	3337485		05/06/20	2 04/29/2	02 05/09/20	02	955.27	0.00	0.00	955.27	1
1	3337482		05/06/20	2 04/29/2	02 05/09/20	02	19.18	0.00	0.00	19.18	1
1	3345252		05/06/20	2 04/30/2	02 05/10/20	02	543.33	0.00	0.00	543,33	1
J	CM14931		05/06/20	2 04/30/2	02 05/10/20	02	-24.53	0.00	0.00	-24.53	J
1	3343134		05/06/202	2 04/30/2	02 05/10/20	02	838.80	0.00	0.00	838.80	1
1	3343133		05/06/20	2 04/30/2	02 05/10/20	02	90.70	0.00	0.00	90.70	1
J	3343135		05/06/20	2 04/30/2	02 05/10/20	02	38,12	0.00	0.00	38.12	1
1	3348734		05/06/20	2 05/01/2	02 05/11/20	02	44.82	0.00	0.00	44.82	1
1	3348735		05/06/202	2 05/01/2	02 05/11/20	02	910.63	0.00	0.00	910.63	1
1	CM15400		05/06/20	2 05/01/2	02 05/11/20	02	-3.35	0.00	0.00	-3.35	1
1	3345254		05/06/20	2 05/01/2	02 05/11/20	02	235.99	0.00	0.00	235.99	1
1	3352858		05/06/20	2 05/04/2	02 05/14/20	02	1,311.67	0.00	0,00	1,311.67	1
1	3353931		05/06/20	2 05/04/2	02 05/14/20	02	74.07	0.00	0.00	74.07	1
1	3360055		05/06/20	2 05/05/2	02 05/15/20	02	4,748.60	0.00	0.00	4,748.60	1
1	3360058		05/06/20	2 05/05/2	02 05/15/20	02	204.42	0.00	0.00	204.42	1
1	3360057		05/06/20:	2 05/05/2	02 05/15/20	02	23.88	0.00	0.00	23.88	1
	Vendor Totals	: Number 1	Vame				Gross	Discount	No-Pay	Net	
	Torrage Torrain		MORRIS & DI	CKSON (CO, LLC		16,949,41	0.00	0.00	16,949.41	
Vendor#	/Vendor Name				Class	Pay Code				0.00	
13624	NEXION HEA	LTH AT NA	ASOTA INC								
	Invoice#	Comment	Tran Dt			Check Dt Pay	Gross	Discount	No-Pay	Net	
V	040125	Acon mix		205/04/2	02 05/06/20		1,000.00	0.00	0.00	1,000.00	1
	Manada a Tarah	TELEMED		pril	かか	5	22000		W 8	1000	-
	Vendor Totals		vame VEXION HEAI	THATA	IAVACOTA	INC	Gross 1,000.00	Discount 0.00	No-Pay 0.00	Net 1,000.00	
Vendor#	Vendor Name	10024	VEXION FIEM	JITALD	Class	Pay Code	1,000.00	0.00	0.00	1,000.00	
01500		MERICA INC			М	1 47 0000					
,	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
J	37974400		05/06/202	204/28/20	02 05/23/20)2	204.60	0.00	0,00	204.60	1
1	37974401		05/06/202	2 04/28/2	02 05/23/20	02	145.00	0.00	0.00	145.00	1
	Vendor Totals	: Number 1	Name				Gross	Discount	No-Pay	Net	
Mara Wo		O1500 C	DLYMPUS AM	IERICA I			349.60	0.00	0.00	349.60	
Vendor# 10152	Vendor Name PARTSSOUR	CE LLC			Class	Pay Code					
10102	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	05751810	epillinoit.			02 05/22/20		79.38	0.00	0.00	79.38	1
1	05757783		05/06/202	2 04/25/2	02 05/25/20	02	767.40	0.00	0,00	767.40	1

Vendor Total	s: Number					Gross	Discount	No-Pay	Net	
	10152	PARTSSOUP	RCE, LLC			846.78	0.00	0.00	846.78	
endor# Vendor Name		DOE INC		Class	Pay Code					
			n		0		B1		100	
Invoice#	Commer			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
√ INPS132985.	Α.	05/08/20	02 04/15/202	05/15/20	12	13,906.37	0.00	0.00	13,906.37	V
Vendor Total	s: Number	Name				Gross	Discount	No-Pay	Net	
	W1363	PHARMACY	ONESOURC	E INC		13,906.37	0.00	0.00	13,906.37	
endor# Vendor Name	9			Class	Pay Code					
1971 PORT LAVA	CA FORD				440					
Invoice#	Commer	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
315921		05/06/20	02 04/21/202	05/06/20		250.15	0.00	0.00	250.15	~
/ 315826		05/06/20	02 04/21/202	05/06/20	2	79.65	0.00	0.00	79.65	1
J 5,5525		55/50/20		20,00/20	7	7 0.00	0.00	0,00	7 9.00	
Vendor Total	s: Number					Gross	Discount	No-Pay	Net	
	P1971	PORT LAVA	CA FORD			329.80	0.00	0.00	329.80	
endor#/ Vendor Name	Section 1981			Class	Pay Code					
536 QUVA PHAF	MA INC Commer	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
√ 76953252167								- 3-5		
J /095325216		05/06/20	02 03/27/202	05/06/20	12	218.04	0.00	0.00	218.04	1
Vendor Total	: Number	Name				Gross	Discount	No-Pay	Net	
	14536	QUVA PHAR	MA INC			218.04	0.00	0.00	218.04	
ndor# , Vendor Name)			Class	Pay Code					
251 🗸 RAPID PRIN	TING LLC									
Invoice#	Commer	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
√ 28408		05/07/20	02 03/27/202	04/11/20	2	67.00	0.00	0.00	67.00	
										V
Vendor Total	s: Number	Name				Gross	Discount	No-Pay	Net	
	11251	RAPID PRIN	TING LLC			67.00	0.00	0.00	67.00	
endor# Vendor Name				Class	Pay Code					
554 J REPUBLIC S	ERVICES	#847								
Invoice#	Commer	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
J 08470013917	10	04/30/20	02 04/26/202	05/05/20	02	2,387.46	0.00	0.00	2,387.46	V
Vendor Total	s: Number	Name				Gross	Discount	No-Pay	Net	
Tongon Total	10554	REPUBLIC S	ERVICES #8	347		2,387.46	0.00	0.00	2,387.46	
ndor# /Vendor Name		000100		Class	Pay Code	2,001,70	0.00	0.00	_,001,40	
436 SHANNA O'I	Transfer of the	FNP		20,22	* dA 12,22.27					
Invoice#	Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
050525		2 - 5 - 10 - 10 - 10 - 10 - 10 - 10 - 10	02 05/05/202			734.48	0.00	0.00	734.48	
_	Toex	-					0.00		89.00	- 11
Vendor Total			V Y	en	ioved-	taxes	Discount	No-Pay	Net	
	12436	SHANNA O'D	ONNELL. FI	NP		734.48	0.00	0.00	734.48	
				Class	Pay Code		5.55	5.00	10	
ndor# Vendor Name		SERVICES		~) n039						
		THE SHAPE OF THE SECOND	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	Commen					1,333.00	0.00	0.00	1,333.00	
936 SIEMENS FI Invoice#	Commen		02 04/29/202	03/19/20		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.1-20.00	1
936 SIEMENS FI	Commen		02 04/29/202	05/19/20	5					
936 SIEMENS FI Invoice# 56382500046	Commen 8858	05/06/20	02 04/29/202	05/19/20	-	Gross	Discount	No-Pav	Net	
	Commen 6858 s: Number	05/06/20 Name				Gross 1.333.00	Discount 0.00	No-Pay	Net 1,333.00	
936 SIEMENS FI Invoice# 56382500046	Commen 8858 s: Number 10936	05/06/20	NANCIAL SE			Gross 1,333.00	Discount 0.00	No-Pay 0.00	Net 1,333.00	

	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	/116715524		04/30/202 04/24/20	02 05/19/20		3,507.72	0.00	0.00	3,507.72	
	A STATE OF		3, 3, 3, 3, 3, 4, 4, 5, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,				00000	0,000,0	4	/
	Vendor Totals:	Number	Name			Circa	Discount	No Day	Niet	
	vendor rotals.	No. of Street,		OLLITIONIO.	INIO	Gross	Discount	No-Pay	Net	
ALC: You	N	S2001	SIEMENS MEDICAL SO			3,507.72	0.00	0.00	3,507.72	
Vendor#	Vendor Name			Class	Pay Code					
10699 🌙	SIGN AD, LTE).								
	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
\	312580		04/30/202 05/01/20	02 05/11/20	2	425.00	0.00	0.00	425.00	
		AOW.	ertisinale	0505	Space 5	17-6013	3125		3	1
	Vendor Totals:		A STATE OF THE PARTY OF THE PAR		5-200	Gross	Discount	No-Pay	Net	
	.,	10699	SIGN AD, LTD.			425.00	0.00	0.00	425.00	
Vendor#	Vendor Name	10050	Oldivab, Erb.	Class	Pay Code	420.00	0.00	0.00	420,00	
		5 DI 665	. 7100115 0511	Class	ray Code					
11296			& TISSUE CEN	ret state	ar stated	3		A. Te.	1.05	
1	Invoice#	Commen		Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	107049859		04/30/202 04/30/20	02 05/25/20	2	7,308.00	0.00	0.00	7,308.00	1
										1
\	CM14822		04/30/202 04/30/20	02 05/25/20	2	-3,055,00	0.00	0.00	-3,055.00	1
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		11296	SOUTH TEXAS BLOOK	& TISSUE	CEN	4,253.00	0.00	0.00	4,253.00	
Vendor#	Wendor Name	1,000		Class	Pay Code	1,200.00	0.00	5.00	1,200.00	
C1010	SPARKLIGHT			W	1 ay Code					
01010			To Di la Di	- X	0 100	ā	51		0.0	
1	Invoice#	Commen		Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	050125		04/30/202 04/21/20	02 04/22/20	2	1,239.93	0.00	0.00	1,239.93	/
										~
	Vendor Totals:	: Number	Name			Gross	Discount	No-Pay	Net	
		C1010	SPARKLIGHT			1,239.93	0.00	0.00	1,239.93	
Vendor#	Vendor Name			Class	Pay Code					
12288	SPBS CLINIC	AL EQUIP	MENT SRVC							
1-1-1-1	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	INV050000525	5	05/06/202 05/01/20	02 05/02/20	T # 7.1 - 2.5 - 1 1 1 1 4 4 5 1	9,836.92	0.00	0.00	9,836.92	
-	3,183000000000	4	570-70-7-70-00-0			0,000,00	5.55	0,00	9,000.00	1
	Vendor Totals:	Alumbar	Nama			C	Discount	No Dec	Nice	~
	veridor rolais.			MENT OF	VO.	Gross	Discount	No-Pay	Net	
Are Sarray	Section Association	12288	SPBS CLINICAL EQUIP			9,836.92	0.00	0.00	9,836.92	
	Vendor Name	Calkin	Also.	Class	Pay Code					
15236 🗸	SPECIALTY P	ROFESSI								
	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	1250000495		04/30/202 04/18/20	02 05/05/20	2	3,562.50	0.00	0.00	3,562.50	1
J	1250000539		04/30/202 04/25/20	02 05/05/20	2	2,280.00	0.00	0.00	2,280.00	1
										-
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		15236	SPECIALTY PROFESS	IONAL		5,842.50	0.00	0.00	5,842.50	
Vendor#	Vendor Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, -, -, -, -, -, -, -, -, -, -, -, -, -	Class	Pay Code	0,0,12,00	0.00	0.00	0,0 12.00	
10094 🗸	ST DAVIDS H	ENITHON	DE	Oldos	i dy codo					
10034 4				Dur Di	Ob Is Dr. Design	A	Brancia	N. B.	16.4	
1	Invoice#	Commen		Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	MMCPL20250		04/30/202 04/30/20	J2 05/06/20	2	375.00	0.00	0.00	375.00	1
	G		CONNECTIVITY FEE							V
	Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net	
		10094	ST DAVIDS HEALTHCA	ARE		375.00	0.00	0.00	375.00	
Vendor#	Vendor Name			Class	Pay Code					
10845 🗸	STAPLES									
	Invoice#	Commen	t Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	1
1	6030791281		05/06/202 04/30/20			372.70	0.00	0.00	372.70	1
~					7		0.00	0.00	515.70	

2 3 4 5 6 6 8 als: Number 10845 ne AIN AND Will Comment 17248 ne DIRECT SC Comment 14212	05/06/202 05/06/202 05/06/202 05/06/202 Name STAPLES ELLNESS nt Tran Dt 04/28/202 Name SUMMIT PAIN DUTH nt Tran Dt 04/30/202	2 04/30/20 2 04/30/20 2 04/30/20 2 05/06/20 Inv Dt 2 04/26/20 I AND WE	2 05/06/20 2 05/06/20 2 05/06/20 2 05/06/20 2 05/06/20 Class Due Dt 2 05/26/20 Class Due Dt 2 05/29/20	2 2 2 2 Pay Code Check Dt Pay	339.72 83.00 139.84 189.84 283.98 Gross 1,409.08 Gross 2,680.00 Gross 2,680.00	0.00 0.00 0.00 0.00 0.00 Discount 0.00 Discount 0.00	0.00 0.00 0.00 0.00 No-Pay 0.00 No-Pay 0.00	339.72 83,00 139.84 189.84 283.98 Net 1,409.08 Net 2,680.00	J
als: Number 10845 ne AIN AND Wi Commer 17248 ne DIRECT So Commer	05/06/202 05/06/202 05/06/202 Name STAPLES ELLNESS INT Tran Dt 04/28/202 Name SUMMIT PAIN DUTH INT Tran Dt 04/30/202	2 04/30/20 2 04/30/20 2 05/06/20 Inv Dt 2 04/26/20 V AND WE	2 05/06/20 2 05/06/20 2 05/06/20 Class Due Dt 2 05/26/20 CLLNESS Class Due Dt	2 2 2 Pay Code Check Dt Pay 2 Pay Code	139.84 189.84 283.98 Gross 1,409.08 Gross 2,680.00 Gross	0.00 0.00 0.00 Discount 0.00 Discount 0.00	0.00 0.00 0.00 No-Pay 0.00 No-Pay 0.00	139.84 189.84 283.98 Net 1,409.08 Net 2,680.00	1111
als: Number 10845 ne AIN AND Wi Commen 17248 ne DIRECT SO Commen	05/06/202 05/06/202 Name STAPLES ELLNESS nt Tran Dt 04/28/202 Name SUMMIT PAIN DUTH nt Tran Dt 04/30/202	2 04/30/20 2 05/06/20 Inv Dt 2 04/26/20 I AND WE	2 05/06/20 2 05/06/20 Class Due Dt 2 05/26/20 ELLNESS Class	2 Pay Code Check Dt Pay 2 Pay Code	189.84 283.98 Gross 1,409.08 Gross 2,680.00 Gross	0.00 0.00 Discount 0.00 Discount 0.00 Discount	0.00 0.00 No-Pay 0.00 No-Pay 0.00	189.84 283.98 Net 1,409.08 Net 2,680.00	1 1 1
als: Number 10845 ne AIN AND Wi Commer 17248 ne DIRECT So Commer	05/06/202 Name STAPLES ELLNESS INT Tran Dt 04/28/202 Name SUMMIT PAIN DUTH INT Tran Dt 04/30/202	Inv Dt 2 04/26/20 4 AND WE Inv Dt	Class Due Dt 2 05/26/20 CLLNESS Class Due Dt	2 Pay Code Check Dt Pay 2 Pay Code	283.98 Gross 1,409.08 Gross 2,680.00 Gross	0.00 Discount 0.00 Discount 0.00	0.00 No-Pay 0.00 No-Pay 0.00	283.98 Net 1,409.08 Net 2,680.00	1
als: Number 10845 ne AIN AND Wi Commer als: Number 17248 ne DIRECT SO Commer	Name STAPLES ELLNESS nt Tran Dt 04/28/202 Name SUMMIT PAIN DUTH nt Tran Dt 04/30/202 Name	Inv Dt 2 04/26/20 I AND WE Inv Dt	Class Due Dt 2 05/26/20 ELLNESS Class Due Dt	Pay Code Check Dt Pay 2 Pay Code	Gross 1,409.08 Gross 2,680.00 Gross	Discount 0.00 Discount 0.00	No-Pay 0.00 No-Pay 0.00 No-Pay	Net 1,409.08 Net 2,680.00	1
10845 ne AIN AND Wi Commer als: Number 17248 ne DIRECT So Commer	STAPLES ELLNESS nt Tran Dt 04/28/202 Name SUMMIT PAIN DUTH nt Tran Dt 04/30/202 Name	2 04/26/20 I AND WE Inv Dt	Due Dt 2 05/26/20 ELLNESS Class Due Dt	Check Dt Pay 2 Pay Code	1,409.08 Gross 2,680.00 Gross	0.00 Discount 0.00 Discount	0.00 No-Pay 0.00 No-Pay	1,409.08 Net 2,680.00 Net	1
Commentals: Number 17248 DIRECT SC Commentals: Number scommentals: Number scommentals	ELLNESS nt Tran Dt 04/28/202 Name SUMMIT PAIN DUTH nt Tran Dt 04/30/202 Name	2 04/26/20 I AND WE Inv Dt	Due Dt 2 05/26/20 ELLNESS Class Due Dt	Check Dt Pay 2 Pay Code	Gross 2,680.00 Gross	Discount 0.00 Discount	No-Pay 0.00 No-Pay	Net 2,680,00 Net	1
AIN AND WE Comment als: Number 17248 ne DIRECT SC Comment	Name SUMMIT PAIN Tran Dt 04/28/202 Name SUMMIT PAIN OUTH nt Tran Dt 04/30/202	2 04/26/20 I AND WE Inv Dt	Due Dt 2 05/26/20 ELLNESS Class Due Dt	Check Dt Pay 2 Pay Code	2,680.00 Gross	0.00 Discount	0.00 No-Pay	2,680,00 Net	1
Commentals: Number 17248 ne DIRECT So Commentals: Number	Name SUMMIT PAIN Tran Dt 04/28/202 Name SUMMIT PAIN OUTH nt Tran Dt 04/30/202	2 04/26/20 I AND WE Inv Dt	2 05/26/20 ELLNESS Class Due Dt	2 Pay Code	2,680.00 Gross	0.00 Discount	0.00 No-Pay	2,680,00 Net	1
als: Number 17248 ne DIRECT SO Commen	04/28/202 Name SUMMIT PAIN DUTH nt Tran Dt 04/30/202	2 04/26/20 I AND WE Inv Dt	2 05/26/20 ELLNESS Class Due Dt	2 Pay Code	2,680.00 Gross	0.00 Discount	0.00 No-Pay	2,680,00 Net	1
17248 ne DIRECT So Commen	Name SUMMIT PAIN DUTH nt Tran Dt 04/30/202	I AND WE	ELLNESS Class Due Dt	Pay Code	Gross	Discount	0.00 No-Pay	Net	1
17248 ne DIRECT So Commen	SUMMIT PAIN DUTH nt Tran Dt 04/30/202	Inv Dt	Class Due Dt						V
17248 ne DIRECT So Commen	SUMMIT PAIN DUTH nt Tran Dt 04/30/202	Inv Dt	Class Due Dt						
ne DIRECT SC Commen	OUTH nt Tran Dt 04/30/202 Name	Inv Dt	Class Due Dt		2,680.00	0.00			
DIRECT SO Commen	nt Tran Dt 04/30/202 Name		Due Dt		-1007177	2,24	1.57		
DIRECT SO Commen	nt Tran Dt 04/30/202 Name		Due Dt						
Commen	nt Tran Dt 04/30/202 Name			Check Dt Pay					
als: Number	04/30/202 Name			Check Dt Pay	Cross	Discount	Ma Dave	NI-	
	Name	2 04/29/20	205/29/20	-	Gross	3/5653///	No-Pay	Net	
				2	4,490.00	0.00	0.00	4,490.00	1
					La control				
14212	SURGICAL DI				Gross	Discount	No-Pay	Net	
		RECT SO	UTH		4,490.00	0.00	0.00	4,490.00	
ne			Class	Pay Code					
, INC			W						
Comme	nt Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	04/30/202	2 04/30/20	2 05/15/20	2	2,526.42	0.00	0.00	2,526.42	
									1
als: Number	Name				Gross	Discount	No-Pay	Net	
T2539	T-SYSTEM, IN	IC.			2,526.42	0.00	0.00	2,526.42	
ne	7 - T - T - T - T - T		Class	Pay Code	Elective.	0.00	0.00	2,020.12	
	RANCE CO		W	, ay oodo					
Comme		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No Dov	Net	
3	04/30/202			THE RESERVE TO SERVE THE PARTY.	5,084.00	0.00	No-Pay 0.00	5,084.00	
		2 03/02/20	2 03/22/20	2	5,064.00	0.00	0.00	5,064.00	1
als: Number					Gross	Discount	No-Pay	Net	
T2204	TEXAS MUTU	AL INSUF	RANCE CO)	5,084.00	0.00	0.00	5,084.00	
ne			Class	Pay Code					
ECT STAF	FING, LLC								
Commer	nt Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
	04/30/202	2 05/01/20	2 05/02/20	2	6,621.80	0.00	0.00	6,621.80	1
ils: Number	Name				0	Discount	No. Por	670	
					Gross	Discount	No-Pay	Net	
	TEXAS SELEC	SISTAFF		C. 0000	6,621.80	0.00	0.00	6,621.80	
	Zároma Zárod Zároma		Class	Pay Code					
AST DISTRI	nt Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
AST DISTRI	05/07/202	2 04/30/20	2 05/07/20	2	425.73	0.00	0.00	425.73	1
AST DISTRI	Name				Gross	Discount	No-Pay	Mot	
AST DISTRII Commer		DISTRIB	BUTING LI	G					
Commer	2900				320.70	0.00	0.00	450.10	
Commer Commer als: Number 15396				. by Sout					
Commer Commer als: Number 15396			IVI						
	10758 ne AST DISTRII Commer	10758 TEXAS SELECTION AST DISTRIBUTING LLC Comment Tran Dt 05/07/20: als: Number Name 15396 THIRD COAS	10758 TEXAS SELECT STAFF ne AST DISTRIBUTING LLC Comment Tran Dt Inv Dt 05/07/202 04/30/20 als: Number Name 15396 THIRD COAST DISTRIE	10758 TEXAS SELECT STAFFING, LLC ne Class AST DISTRIBUTING LLC Comment Tran Dt Inv Dt Due Dt 05/07/202 04/30/202 05/07/20 als: Number Name 15396 THIRD COAST DISTRIBUTING LL ne Class	10758 TEXAS SELECT STAFFING, LLC The Class Pay Code AST DISTRIBUTING LLC Comment Tran Dt Inv Dt Due Dt Check Dt Pay 05/07/202 04/30/202 05/07/202 Als: Number Name 15396 THIRD COAST DISTRIBUTING LLC The Class Pay Code	10758 TEXAS SELECT STAFFING, LLC 6,621.80 ne Class Pay Code AST DISTRIBUTING LLC Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross 05/07/202 04/30/202 05/07/202 425.73 als: Number Name Gross 15396 THIRD COAST DISTRIBUTING LLC 425.73 ne Class Pay Code	10758 TEXAS SELECT STAFFING, LLC 6,621.80 0.00 The Class Pay Code AST DISTRIBUTING LLC Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount 05/07/202 04/30/202 05/07/202 425.73 0.00 Tals: Number Name Gross Discount 15396 THIRD COAST DISTRIBUTING LLC 425.73 0.00 The Class Pay Code	10758 TEXAS SELECT STAFFING, LLC 6,621.80 0.00 0.00 The Class Pay Code AST DISTRIBUTING LLC Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay 05/07/202 04/30/202 05/07/202 425.73 0.00 0.00 Tals: Number Name Gross Discount No-Pay 15396 THIRD COAST DISTRIBUTING LLC 425.73 0.00 0.00 The Class Pay Code	10758 TEXAS SELECT STAFFING, LLC 6,621.80 0.00 0.00 6,621.80 The Class Pay Code AST DISTRIBUTING LLC Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net 05/07/202 04/30/202 05/07/202 425.73 0.00 0.00 425.73 Tals: Number Name Gross Discount No-Pay Net 15396 THIRD COAST DISTRIBUTING LLC 425.73 0.00 0.00 425.73

	AND THE RESERVE OF THE PARTY OF					
1	Invoice# Comment T2504171378	Tran Dt Inv Dt Due Dt Check I 04/30/202 04/17/202 05/12/202	27 A	Discount	No-Pay 0.00	Net 4,000.00 ✓
	125041/13/0	04/30/20204/1/120203/12/202	4,000.00	0.00	0.00	4,000,00
1	1028978	05/05/202 03/14/202 04/08/202	11,553.15	0.00	0.00	11,553.15
	Iro	wel Reimburseme	int-Clinic	al.		
1	1029441	05/06/202 03/31/202 04/25/202	6,000.00	0.00	0.00	6,000.00 🗸
	Vendor Totals: Number Na	ima.	Gross	Discount	No-Pay	Net
		RUBRIDGE	21,553.15	0.00	0.00	21,553.15
/endor# /	Vendor Name	Class Pay Co		0.00	0.00	21,000,10
700	UNIFIRST HOLDINGS INC	Ulass I ay Co.	de			
		The District Check!	2,000	Acres could	Are Day	5121
1	Invoice# Comment 2921057143	Tran Dt Inv Dt Due Dt Check [Discount	No-Pay	Net
~	292105/143	05/06/202 04/03/202 04/28/202	576.55	0.00	0.00	576.55
1	2921058822	05/06/202 04/28/202 05/23/202	153.31	0.00	0.00	153.31 🗸
1		25 - 25 - 25 - 20 - 25 - 25 - 25 - 25 -	404.07	2.00	7.70	121.22
1	2921059195	05/06/202 05/01/202 05/26/202	181.87	0.00	0.00	181.87 🗸
1	2921059186	05/06/202 05/01/202 05/26/202	235.58	0.00	0.00	235.58 🗸
1	2921059176	05/06/202 05/01/202 05/26/202	64.34	0.00	0.00	64.34
1	2921059213	05/06/202 05/01/202 05/26/202	136.50	0.00	0.00	136.50 🗸
1	2921059208	05/06/202 05/01/202 05/26/202	214.06	0.00	0.00	214.06 🗸
1	2921059204	05/06/202 05/01/202 05/26/202	165.56	0.00	0.00	165.56 🗸
1	2921059200	05/06/202 05/01/202 05/26/202	213.05	0.00	0.00	213.05 🗸
1	2921058812	05/07/202 04/28/202 05/23/202	15,991.72	0.00	0.00	15,991.72 🗸
J	2921059167	05/07/202 05/01/202 05/26/202	2,850.08	0.00	0.00	2,850.08 🗸
	Vendor Totals: Number Na	ma	Gross	Discount	No-Pay	Net
		INFIRST HOLDINGS INC				
- day	Vendor Name		20,782.62	0.00	0.00	20,782.62
1		Class Pay Co	de			
	UNIFORM ADVANTAGE	W Tran Dt. Jau Dt. Dua Dt. Obrack F	A LANCE	42.57.52.00	nt-gati	- 7.42
0.0	Invoice# Comment	Tran Dt Inv Dt Due Dt Check I		Discount	No-Pay	Net
1	SIV16505899	04/22/202 04/17/202 05/02/202	257.10	0.00	0.00	257.10
	Vendor Totals: Number Na	me	Gross	Discount	No-Pay	Net
		IIFORM ADVANTAGE	257.10	0.00	0.00	257.10
endor#	Vendor Name	Class Pay Coo		0.00	0.00	201.10
	UPDOX LLC	Oldoo . ay co.	de			
		The District	A. D. A. A.	- Land and E	A. A.	186.5
- 1	Invoice# Comment	Tran Dt Inv Dt Due Dt Check E		Discount	No-Pay	Net
~	INV00578359	05/06/202 04/30/202 05/20/202	1,019.79	0.00	0.00	1,019.79
-	Vendor Totals; Number Nar	me	Gross	Discount	No-Pay	Net
		PDOX LLC	1,019.79	0,00	0.00	1,019.79
endor#	Vendor Name	Class Pay Coo	74-13-14-1	35.35	1353.7	49303
	VICTORIA ADVOCATE	the species of the second	30			
	Invoice# Comment	Tran Dt Inv Dt Due Dt Check D	Dt Pay Gross	Discount	No-Pay	Not
*	0346959 Comment					Net 52.70
1	0346959	04/30/202 04/01/202 04/30/202	52.70	0.00	0.00	52.70
1						

	11280	VICTORIA AD	VOCATE			52.70	0.00	0.00	52.70	
Vendor# / Vendor Name				Class	Pay Code					
17832 VOCA LLC										
Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
√ 38722		04/29/20	2 04/25/2	02 05/25/20	02	1,880.00	0.00	0.00	1,880.00	/
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
	17832	VOCA LLC				1,880.00	0.00	0.00	1,880.00	
				Repo	ort Summary					
Grand Totals:		Gross			Discount	No-F	Pay	Net		

0.00

APPROVED ON

MAY 08 2025

CARTOUN COUNTY TEXAS

UNU 208848, 208934

738,888.59

738,888.59 + 331.80 -734.48 -689.00 + 738.511.31 0

0.00

738,888.59

MEMORIAL MEDICAL CENTER

CHECK REGISTER

BANK--CHECK------

05/14/25 THRU 05/14/25

PAGE 1 GLCKREG

AMOUNT PAYER CODE NUMBER DATE A/P 208848 05/14/25 1,400.00 ACUTE CARE INC A/P 208849 05/14/25 362.94 ADVANCED STERILIZATION PRODUCT A/P 208850 05/14/25 4,294.74 AIRGAS USA, LLC - CENTRAL DIV A/P 208851 05/14/25 354.88 AMAZON CAPITAL SERVICES
A/P 208852 05/14/25 34.52 AMERISOURCEBERGEN DRUG CORP A/P 208854 05/14/25 56.70 ANDRIE FLORES
A/P 208854 05/14/25 263.00 AQUA BEVERAGE COMPANY
A/P 208855 05/14/25 5,350.00 AVENO NETWORKS A/P 208856 05/14/25 712.80 AZALEA HEALTH A/P 208857 05/14/25 23.42 BAXTER HEALTHCARE A/P 208858 05/14/25 22,133.48 BECKMAN COULTER INC A/P 208859 05/14/25 1,379.11 BIO-RAD LABORATORIES, INC A/P 208860 05/14/25 33,714.67 CALHOUN COUNTY A/P 208861 05/14/25 9,240.00 CALHOUN COUNTY EMS
A/P 208862 05/14/25 332.52 CARDINAL HEALTH 414, INC.
A/P 208863 05/14/25 34.28 CDW GOVERNMENT, INC.
A/P 208864 05/14/25 1,650.00 CERVEY, LLC
A/P 208865 05/14/25 20.00 CITY OF PORT LAVACA
A/P 208866 05/14/25 1,233.37 CLEARFLY A/P 208867 05/14/25 395.89 COCA COLA SOUTHWEST BEVERAGES A/P 208868 05/14/25 501.72 COMBINED INSURANCE A/P 208869 05/14/25 496.50 COVIDIEN SALES LLC A/P 208870 05/14/25 210.37 CUSTOM ASSEMBLIES, INC A/P 208871 05/14/25 1,034.50 DETAR HOSPITAL A/P 208872 05/14/25 381.50 DEWITT POTH & SON A/P 208873 05/14/25 50,804.16 DIAMOND HEALTHCARE CORP A/P 208874 05/14/25 368,831.71 DISCOVERY MEDICAL NETWORK INC A/P 208875 05/14/25 770.00 DOWELL PEST CONTROL A/P 208876 05/14/25 4,000.00 DR. TIMU KWI A/P 208877 05/14/25 10.99 EQUIFAX WORKFORCE SOLUTIONS 169.50 ERBE USA INC SURGICAL SYSTEMS A/P 208878 05/14/25 A/P 208879 05/14/25 1,691.25 FEDLOGIC LLC A/P 208880 05/14/25 1,788.22 FIRETRON, INC A/P 208881 05/14/25 1,450.00 FIRST UNITED METHODIST CHURCH A/P 208882 05/14/25 5,250.00 FORVIS A/P 208883 05/14/25 12,869.51 GE PRECISION HEALTHCARE, LLC A/P 208884 05/14/25 10,938.74 GREAT AMERICA FINANCIAL SVCS A/P 208885 05/14/25 25.00 GULF COAST DELIVERY A/P 208886 05/14/25 232.60 GULF COAST PAPER COMPANY A/P 208887 05/14/25 306.95 HEALTH EQUITY A/P 208888 05/14/25 2,550.00 HEALTH SOLUTIONS DIETETICS A/P 208889 05/14/25 1,660.09 IRON MOUNTAIN A/P 208890 05/14/25 44,939.01 ITA RESOURCES INC A/P 208891 05/14/25 525.00 JACLYN HARTL A/P 208892 05/14/25 2,000.00 JOHN B WRIGHT LLC A/P 208893 05/14/25 895.00 M G TRUST A/P 208894 05/14/25 190.66 M.C. JOHNSON COMPANY INC A/P 208895 05/14/25 2,309.69 MCKESSON MEDICAL SURGICAL INC A/P 208896 05/14/25 4,097.78 MEDICAL DATA SYSTEMS. INC.

A/P 208897 05/14/25 84.19 MEDLINE INDUSTRIES INC

		DATE		PAYEE
		05/11/05		
A/P	208898	05/14/25	45.00	MEMORIAL MEDICAL CLINIC
A/P	208899	05/14/25	54.34	MERCEDES SCIENTIFIC
/P	208900	05/14/25	1,830.02	MERCK SHARP & DOHME LLC MMC AUXILIARY GIFT SHOP
A/P		05/14/25		
I/P	208903	05/14/25	.00	VOIDED
/P	208904	05/14/25	16,949,41	MORRIS & DICKSON CO, LLC
/P	208905	05/14/25	1,000.00	NEXION HEALTH AT NAVASOTA INC
A/P	208906	05/14/25	349.60 846.78	OLYMPUS AMBRICA INC
A/P				PARTSSOURCE, LLC
A/P	208908	05/14/25	13,906.37	PHARMACY ONESOURCE INC
A/P	208909	05/14/25	329.80	PORT LAVACA FORD
A/P			218.04	
A/P	208911	05/14/25	67.00	RAPID PRINTING LLC
A/P	208912	05/14/25	2,387.46	REPUBLIC SERVICES #847
A/P	208913	05/14/25	689.00	SHANNA O'DONNELL, FNP
A/P	208914	05/14/25	1,333.00	RAPID PRINTING LLC REPUBLIC SERVICES #847 SHANNA O'DONNELL, FNP SIEMENS FINANCIAL SERVICES
A/P	208915	05/14/25	3,507.72	SIEMENS MEDICAL SOLUTIONS INC
I/P	208916	05/14/25	425.00	SIEMENS MEDICAL SOLUTIONS INC SIGN AD, LTD.
/P			4,253.00	
A/P			1,239.93	
A/P			9,836.92	
VP			5,842.50	
A/P		05/14/25		
A/P	208922	05/14/25	1 409 08	STAPLES
A/P	208923	05/14/25	1,409.08 2,680.00	SUMMIT PAIN AND WELLNESS
A/P			4,490.00	
A/P			2,526.42	
A/P			5,084.00	
A/P				
A/P		05/14/25	6,621.80 425.73	
A/P				
100		05/14/25		
A/P		05/14/25		
A/P		05/14/25	257.10	UNIFORM ADVANTAGE
A/P		05/14/25		UPDOX LLC
A/P			52.70	VICTORIA ADVOCATE
A/P	208934	05/14/25	1,880.00	
A/P		The Control of the Control	9,184.92	
A/P		05/14/25		
		05/14/25		
A/P		05/14/25		
A/P		05/14/25		TUSCANY VILLAGE
FOTAL	S:		907,696.32	

APPROVED ON

MAY 1 4 2025

CALHOUN COUNTY TEXAS

Payables 738.511.31 + 5.447.00 + 9.184.92 + 23.005.41 + 76:524.16 + 55.023.52 + 907:696.32 \$

CITIBANK CORPORATE CARD

Account Statement

Commercia, Caid Account ERIN CLEVENGER

Account inquiries:

To Fiee nte national TOD/TTY

1-(800)-248-4553 1-(904)-954-7314 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Tola Activity

\$806.50 Send Notice of Billing Errors and Customer Service inquiries to C.T.BANK, N.A. PO BOX 6125 S-OUX FALLS SD 57117-6125

Not an invoice. For your records only. C:ed't L'm't \$20,000 Cash Advance Lim I \$5,000 Statement Closing Date 05/03/2026 Days 'n B' ng Per od 30

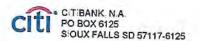
Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
			*************	NOTICE MEMO ITEM(S) LISTED BELOW	Amount
04/08	04/07	9399	05134375098600071208700	1 NPDB NPDB HRSA GOV FA RFAX VA 22033 US N127308406	A 750 V
04/08	04/07	9399	05134375098600071208882	2 NPDB NPDB HRSA GOV FA/RFAX VA 22033 US N127330813	A 25 00 V
04/17	04/16	7392	55547505106878661868350	3 MGMA-MA-N ENGLEWOOD CO 80112 US BY105F469A61	A 399 00 V
04/18	04/18	8999	55432865108207649446879	4 FAYAGE 200 004 come an	
04/22	04/21	5912	55436875112161127997961	5 MPR M SRX 503B LEDGEWOOD NJ US 1824819	

APPROVED ON MAY 07 2025

CALHOUN COUNTY TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2



Account Number Statement Closing Date XXXX-XXXX-XXXX-6228 May 03 2025

> Not an morce For your records only.

ERIN CLEVENGER 202 S ANN ST., STE A PORT LAVACA TX 77979-4204

MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bill	PI	15 N. VIRGINIA S DRT LAVACA, TX HONE: (361) 552 AX: (361) 552	K 77979 -6713 -0312	1.	Ship To: 815 N. VIRGINIA ST. PORT LAVACA, TX 77979 PHONE: (361) 552-6713 FAX: (361) 552-0312				
Ven	dor Na	me: <u>(</u>	Citubani		Date:	5/6/2	20:	25	
Ven	dor Ad	dress:							
		-	0		P.O. #	ı			
Ven	dor Pho	one #:							
Ven	dor Fax	#:		4	. Initiated By				
Date	Required		Expense #	Department		Deliver To		Form # 9401	
Line No.	Qty.	Catalog Number	T	Description	ampall)	Unit Cost	Unit	Extended	
1	-		NODA	Description (CO) X 3 POVOV	n'deve	2 60	Meas.	Cost	
2			11000	XID and	110	2.50		7.50	
			1000	7	1 ders	2.50		25.00	
3		•	(reneu						
4	-		MGMA	- 1 yr me	embersh	iA	1	399.00	
5			FRINC	levenger					
6	-		Faxaa	- lyrme levenger e-pmt (s RX - lpk - ido 1.5%/1.	++1			1 500	
7			Imprimi	RX - Ipk -	- 20ct be	ox		5,00	
-		_	theny 1/1	ido 1.5%./1.	1. Im L vial			× 370.00	
		7 · 50 + 25 · 00 + 7							
		399 • 00 +			+				
		5.00 +							
		370 - 00 + _							
NOT	res-	806 - 50 ◊ H	nt	Est. Total Co	ost	TOTAL	COST	806.50	
		mes mad	de to Ex	in's crea	it cam	1		-	
	0.00	T	10 01	1713 0.0.	040		-		
				, t					
Cont	act:		Date:				-		
Quot	ed By:				Dept. Director Dir. Nursing	*			
Buye	er.		E.T.A.		Dir. Clinical Service				
					CFO S		\rightarrow		
					Administrator	un A			

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account STEVE BROCK



Account Inquiries:

Toll Free: 1-(800)-248-4553 International: 1-(904)-954-7314

International: 1-(904)-954-7314 TDD/TTY: 1-(877)-505-7276 Account Number: XXXX-XXXX-XXXX-1615

Summary of Account Activity

Total Activity \$78.00

Send Notice of Billing Errors and Customer Service Inquiries to: CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.						
Credit Limit	\$5,000					
Cash Advance Limit	\$0					
Statement Closing Date	05/03/2025					
Days in Billing Period	30					

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location					Amount
			************	NO	TICE MEMO ITEM(S) LIST	ED BELOW	******	******		
04/24	04/23	8699	75418235113227597039935	1	AMERICAN HOSPITAL LA		IL	60606	USA	78.00
					****	********	** TOTA	L AMOUNT C	F MEMO	TEM(S): \$78.00

APPROVED ON

MAY 09 2025

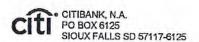
BY COUNTY AUDITOR

1900

Pd. 5/28/25 Confirmation # DWR-03456324

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2



Account Number Statement Closing Date XXXX-XXXX-1615 May 03, 2025

> Not an invoice. For your records only.

STEVE BROCK 202 S ANN ST, STE A PORT LAVACA TX 77979-4204

MEMORIAL MEDICAL CENTER PURCHASE ORDER

	815 N. VIRGINIA ST. PORT LAVACA, TX PHONE: (361) 552-6 FAX: (361) 552-0	77979 5713	Ship To: 815 N. VIRGINIA ST. PORT LAVACA, TX 77979 PHONE: (361) 552-6713 FAX: (361) 552-0312				
Vendor N	Iame:	itcloans	Date: 5	17/2	1024	5	
Vendor A	ddress:				7 7		
			P.O. #				
Vendor P	hone #:		Account #				
Vendor Fa	ax #:		. Initiated By:	40			
Date Requir	ed	Expense # Department		Deliver To	-	Form # 9401	
Line Qty No.	. Catalog Number	Description		Unit Cost	Unit Meas.	Extended Cost	
1 _	- []	American Hosp 2023 Estimated of Depreciable for Caitlen Cle	Val ASSOC			78.00	
2		2023 Estimated	d Usekneline	2			
3		of Depreciable	Hosp Asset	_			
4		for Caitlen Cle	verser				
5			-0				
6							
7	70.00						
8	78 · 00 + _ 78 · 00						
9			1				
10							
NOTES:	Est. Freight	Est. Tota	al Cost	TOTAL	. COST_	78.00	
-			1317				
	-		,		-		
Contact: Quoted By:		Date:	Dept. Director	· ·	-		
Buyer:		E.T.A.	Dir. Clinical Services CFOAdministrator	28			

MSKESSON

MEMORIAL MEDICAL CENTER

815 N VIRGINIA STREET

PORT LAVACA TX 77979

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

As of: 05/09/2025

Customer INV SuppID:

DC: 8115

Territory:

Page: 002

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 05/09/2025 Mail to:

Page: 002 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

P

F

632536 Date: 05/09/2025

PLEASE CHECK ANY ITEMS NOT PAID (~)

Customer: 632536 Date: 05/09/2025

Billing Date

Company: 8000

Due Date

Receivable National Account 632536 Number

Reference

Description

Cash Discount

Amount (gross)

P

Amount (net)

Receivable Number

PF column legend:

P = Past Due Item,

F = Future Due Item,

blank = Current Due Item

National Acct 632536 MEMORIAL MEDICAL CENTER TOTAL:

Subtotals:

USD 29.03

Future Due:

Past Due:

0.00

If Paid By 05/13/2025,

Pay This Amount:

USD 28.45

Due If Paid On Time:

USD Disc lost if paid late: 28.45

0 58

Last Payment 08/07/2017

0.00 2,451.97

If Paid After 05/13/2025,

Pay this Amount:

29.03 USD Due If Paid Late:

USD

29.03

APPROVED ON

28 - 45 + 28 . 45 0

MAY 1 2 2025

MSKESSON

STATEMENT

Company: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

As of: 05/09/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

Customer: 835434

Date: 05/09/2025

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 05/09/2025 Mail to: Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 05/09/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	count 632536 Order Reference	Description	Cash Discount	Amount P (gross) F	Amount P Receivabl (net) F Number	е
Customer Numi	ber 835434 CVS	PHCY 8923/MEM MC	PHS		77.		/	
05/07/2025	05/13/2025	7567043292	4078368	115Invoice	0.58	29.03	28.45 √ 756704:	3292
PF column lege	nd: P = Past	Due Item, F = Future	Due Item, blank =	Current Due Item				
TOTAL: Cus	tomer Number 83	5434 CVS PHCY 8923/	MEM MC PHS		Ann - A			
			Subtotals:		29.03 USD			
Future Due:		0.00					Due If Paid On Time:	
			If Paid By 05/13	2025,			USD	28.45
Past Due:		0.00	If Paid By 05/13: Pay This Amount	and the second s	28.4	5 USD	USD Disc lost if paid late:	28.45
Past Due:		0.00		and the second s	28.4	5 USD		28.45 0.58
Past Due:		0.00 197.91			28.4	5 USD		

APPROVED ON

MAY 1 2 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS



STATEMENT

Statement Number: Date: 05-09-2025

69709826

AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101

DEA: RA0289276 866-451-9655

WALGREENS #12494 340B MEMORIAL MEDICAL CENTER 1302 N VIRGINIA ST PORT LAVACA TX 77979-2509 **Customer Number** 100135284 / 037028186 Terms

Sat - Fri Due in 7 days

AMERISOURCEBERGEN PO Box 905223 **CHARLOTTE NC 28290-5223**

Summary Not Yet Due: 0.00 Current: 1,237.02 Past Due: 0.00 Total Due: 1,237.02 Account Balance: 1,237.02

Accoun	t A	cti	vity
--------	-----	-----	------

Document	Due	Reference	Purchase Order	Document	Original	Last Receipt	Amount Received	Balance
Date	Date	Number	Number	Туре	Amount		0.00	1 115054
05-05-2025	05-16-2025	3213987842	7009579339	Invoice	1,152.54		0.00	1,152.54
05-05-2025	05-16-2025	3213987843	7009586799	Invoice	28.56		0.00	28.56
05-05-2025	05-16-2025	3213987844	7009580851	Invoice	23.78		0.00	23.78
05-08-2025	05-16-2025	3214395106	7009608908	Invoice	3.58		0.00	3.58
05-09-2025	05-16-2025	3214527501	7009615431	Invoice	28.56		0.00	28.56

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,237.02	0.00	0.00	0.00	0.00	0.00	0.0

Thank You for Your Payment Date Amount 05-09-2025 (2,655.46) APPROVED ON

MAY 1 2 2025

CALHOUN COUNTY TEXAS

Reminders **Due Date** Amount 1,237.02 05-16-2025 Total Due: 1,237.02





STATEMENT

Statement Number: 69726554 Date: 05-09-2025

AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336

DEA: RA0316958 866-451-9655

Serviced By:

Customer:

WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389

Customer Number 100566356 / 100566356 Terms

Sat - Fri Due in 7 days

AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740

Summary Not Yet Due: 0.00 Current: 1,557.98 Past Due: 0.00 Total Due: 1,557.98 Account Balance: 1,557.98

Account Activity

Processing Number 0100000, 95750063

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	F	Balance
05-05-2025	05-16-2025	3213974829	7009577841	Invoice	288.87		0.00	1	288.87
05-05-2025	05-16-2025	3213975851	7009586029	Invoice	263.79		0.00	~	263.79
05-06-2025	05-16-2025	3214175626	7009602502	Invoice	0.63		0.00	1	0.63
05-09-2025	05-16-2025	3214461718	7009616009	Invoice	1,001.62		0.00	/	1,001.62
05-09-2025	05-16-2025	3214568841	7009624482	Invoice	3.07		0.00	1	3.07

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,557.98	0.00	0.00	0.00	0.00	0.00	0.0

APPROVED ON

MAY 1 2 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Reminders **Due Date** Amount 05-16-2025 1,557.98 Total Due: 1,557.98



MNO 4	RONO LOCA	EAST	NO DEPA	0 91	MINI C	LIMNO	CLMISUF	CHIAD7	AMT Q	MTP PAYEE	PAYTO	EVECD EVETP	FIRSTNAME	LASTNAME	CODE	VOID	PREMIST	HINDET PHYNO
4811	76360	2	72	0	2025	86000488	1000	5/5/2025	-\$50,000.00	1 HOUSTON METHODIST SUGAR LAND HOSPITAL	P	418	0		RB	T	3/10/2025	3/12/2025 7605451
4819	76360	2	72	0	2025	93002129	1000	5/5/2025	-\$26,495.10	1 HOUSTON METHODIST SUGAR LAND HOSPITAL	P	485	0		INLM	T	3/10/2025	3/12/2025 7605451
5038	76351	2	58	3	2025 10	07001785		5/5/2025	\$70.00	1 PALACIOS COMMUNITY MEDICAL CEN	P	406	0		ER	F	4/7/2025	4/7/2025 7606980
5040	76351	3	21	1	2025	73001107		5/5/2025	\$51.76	1 SINGLETON ASSOCIATES PA	P	189	0		ERD	F	2/27/2025	2/27/2025 7416804
5041	76351	3	11	0	2025 10	07001418		5/5/2025	\$123.02	1 ORTHOLONESTAR PLLC	P	431	0		SFS	F	8/26/2024	8/26/2024 8421366
5042	76351	3	72	0	2025 12	20000041		5/5/2025	\$183.60	1 TMH PHYSICIAN ASSOCIATES, PLLC	P	728	0		TELM	F	2/27/2025	2/27/2025 300520
5043	76351	3	74	0	2025	52001011		5/5/2025	\$208.00	1 SOUTHERN GROUP ANESTHESIA PLLC	P	172	0		AB	F	1/18/2025	1/18/2025 8442776
5045	76351	3	57	2	2025	99001691		5/5/2025	\$360.46	1 EMERGENCY MEDICINE SERVICES OF TX, PC	P	189	0		ERD	F	3/31/2025	3/31/2025 922417
5046	76351	3	22	3	2025 10	07001348		5/5/2025	\$482.75	1 PHYSICIAN MANAGEMENT SERVICES OF TEXAS	P	172	0		AB	F	4/15/2025	4/15/2025 842167
5047	76351	3	45	1	2025	71001302		5/5/2025	\$1,092.35	1 CENTENE MGMT CORP	P	406	0		ER	F	7/18/2024	7/18/2024 742770
5048	76360	2	72	0	2025	65000644		5/5/2025	\$74.67	1 TMH PHYSICIAN ASSOCIATES, PLLC	P	177	0		OV	F	2/19/2025	2/19/2025 300520
5049	76360	2	29	0	2025 11	14000040		5/5/2025	\$256.20	1 SEAN K OSULLIVAN MD DABR	P	172	0		AB	F	3/4/2025	3/4/2025 742765
5050	76360	3	53	0	2025 11	15000478		5/5/2025	\$43.22	1 TD EYECARE, PLLC	P	457	0		OVS	F	3/18/2025	3/18/2025 260467
5051	76360	3	51	1	2025	91000887		5/5/2025	\$91.16	1 ESS OF PORT LAVACA LLC	P	189	0		ERD	F	1/29/2025	1/29/2025 815248
5052	76360	3	51	3	2025 9	91000900		5/5/2025	\$91.16	1 ESS OF PORT LAVACA LLC	P	189	0		ERD	F	1/31/2025	1/31/2025 815248
5054	76360	3	30	1	2025 1	15000187		5/5/2025	\$138.39	1 TCPSO	P	177	0		OV	F	2/11/2025	2/11/2025 260834
5055	76360	3	33	0	2025	98001134		5/5/2025	\$432.84	1 PROFICIO SURGICAL ASSISTANTS LLC	P	178	0		SO	F	12/31/2024	12/31/2024 471208
									\$3,699.58									

TOTAL CHECKS \$3,699.58
TOTAL VOIDS -\$76,495.10
TOTAL TO FUND \$3,699.58



APPROVED ON

MAY 1 2 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- May 5, 2025 - May 11, 2025

					CPS	race T we
5/9/2025 HPHG LLC PT 5/9/2025 HEALTHEQUE 5/9/2025 EXPERTPAY E 5/9/2025 AMERISOURC 5/9/2025 MEMORIAL M 5/8/2025 PAY PLUS ACH 5/6/2025 PAY PLUS ACH 5/6/2025 PAY PLUS ACH 5/6/2025 FDMS FDMS F 5/5/2025 MERCHANT B 5/5/2025 FDMS FDMS F 5/5/2025 FDMS FDMS F 5/5/2025 FDMS FDMS F	Bank Description HTrans 67240296 101000690234487 P LAVA MemMedCtr PtLav 11312265003 TY INC HealthEqui 1356888 91000017 XPERTPAY 746003411 91000012748129 EE BERG PAYMENTS 0100007768 2100002 HEDICAL PAYROLL 746003411 113122650 HTrans 67097184 101000699039875 P HTrans 66779604 101000697488226 P HTrans 66549912 101000695874169 P PRUG AUTO ACH ACH06504871 910000128 PYMT 052-1601830-000 4100012831410 HTrans 66333618 101000694221648 P MANKCD DISCOUNT 971160913887 910000 MANKCD INTERCHNG 971160913887 91000 MANKCD FEE 971160913887 9100017067 PANKCD FEE 971160910883 91000017067 PYMT 052-2182545-000 4100012254957 PYMT 052-2182557-000 4100012254951	- 3rd Party Payor Fee - Health Insurance Cla - EmpDeduct/Employ -Child Support Payme - 340B Drug Program - Payroll - 3rd Party Payor Fee - 3rd Party Payor Fee - 3rd Party Payor Fee - 340B Drug Program - Credit Card Machine - 3rd Party Payor Fee - Credit Card Processi - Credit Card Machine	olm Payments er Contribut ent Expense Expense Lease Fee Ing Fee Ing Fee Ing Fee Ing Fee Ing Fee Ing Fee Ing Fee Ing Fee Ing Fee Ing Fee Ing Fee Ing Fee Ing Fee	= 26,07.25	Amount 981.27 41,602.00 1,112.00 524.54 2,655.46 368,786.72 6.23 31.65 209.44 197.91 100.56 365.03 19.95 170.61 168.85 9.95 75.67 45.64 161.77	981.27 + 001 6.23 + 102 31.65 + 209.44 + 100.56 + 1.329.15 0 (NIC SUPPLE 524.54 + 524.54 + 524.54 + 75.67 + 45.64 + 181.77 + 335.53
Memorial Medical Center						365.03 +
	PRO	OSPERITY BANK				19.95 +
ELECTRONIC T	RANSFERS FOR OPERATING ACCOUNT ESTIMA	TED ACHS		1:		170 - 61 +
Date 5/20/2025 - WEBFILE TAX	Description C PYMT DD	- Sales Tax	417,277.70 41,602.00 1,112.00	· _	Amount 2,462.87	168 • 85 + 9 • 95 + 734 • 39 •
180	APPROVED ON	May 12, 2025	2 · 655 · 46 368 · 786 · 72 197 · 91	= =	2,462.87	1,329.15 +
Steve Brock, CFO	MERIUVEU UIX	11121 321 2222	2 - 9 2 3 - 6 1	•		524 . 54 +
Memorial Medical Center	MAY 1 2 2025			-		335.53 +
	(111)		2.923.61	a .		734 . 39 +
	CALHOUN COUNTY TEXAS		0 • 0 0	· ·		2 • 923 • 61 0

業 COMPTROLLER.TEXAS.GOV



O Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 04/30/2025 (2504)

Taxpayer ID: User ID:

Reference Number:

Date and Time of Filing:

05/09/2025, 03:00:04 PM

Electronic Check State Amount: \$1,865.81

Amount to Pay: \$2,462.87 Electronic Check: \$2,462.87 Taxpayer Name:

MEMORIAL MEDICAL CENTER

Taxpayer Address:

815 N VIRGINIA ST PORT LAVACA, TX

77979-3025

IP Address

Entered By: Caitlin Clevenger

Email Address:

cclevenger@mmcportlavaca.com

Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Local Amount: \$597.06

Payment Reference Number:

Trace Number:

Type of Bank Account: Checking

Accountholder Name:

Memorial Medical Center Operating

Bank Routing Number: Bank Account Number

Payment Effective Date: 05/20/2025

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return?

No

No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker

Export Certifications?

LOCATION SUMMARY

Loc#	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	30,003	30,003	0.00	30,003	1,875.19	30,003	0.02	600.06
SubTotal	30,003	30,003	0	30,003	1,875.19	30,003		600.06
Total Tax	for Locations							2,475.25
			Total	Tax Due:				\$2,475.25
			Timely Filing D	Discount:				- \$12.38
			Bala	nce Due:				\$2,462.87
			Pending Pa	ayments:				-\$0.00
		Total Amou	nt Due and P	ayable:				\$2,462.87

(State amount due is \$1,865.81) (Local amount due is \$597.06)

	N	Memorial Medical Center Transfer Request
Amount:	1,000,000.00	Date: 5/12/2025
From Account:	Nexbank Money Market	APPROVED ON
To Account:	Operating	MAY 1 2 2025
-	wheeler Total and the commence and the commence of	CALHOUN COUNTY, TEXAS
Explanation:		
	TRANSFER FUNDS FROM NEXBANK MONE	Y MARKET TO PROSPERITY OPERATING
Requested by:	Caitlin Clevenger	Date: 5/12/2025
Authorized by:	_ 3 2	Date: 5/12/25

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RECEIVED BY THE COUNTY AUDITOR ON

MAY 0 8 2025

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

Pay Code

ap_open_invoice.template

Vendor# /Vendor Name

05/09/2025

14:27

11828

SOLERA WEST HOUSTON

Invoice# Comment 050125

Tran Dt Inv Dt Due Dt Check Dt Pay 05/07/202 05/01/202 05/30/202

Class

Gross 3,561.50 Discount 0.00 No-Pay Net 3,561.50 0.00

050125AB

15. PMt. du 05/09/202 05/01/202 05/30/202 mma 1,885,50

OPE 0.00

error 0.00 1,885.50

Vendor Totals: Number Name

11828

SOLERA WEST HOUSTON

Gross 5,447.00

Discount 0.00 No-Pay 0.00

Net 5,447.00

0

Gross

Report Summary Discount

No-Pay

Net

Grand Totals:

APPROVED ON

5,447.00

0.00

0.00

5,447.00

MAY 08 2025

CALHOUN COUNTY, TEXAS Chu# 208938 COUNTY AUDITOR ON

MAY 0 8 2025

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

0

ap_open_invoice.template

Vendor Name Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

05/08/2025

09:20

Vendor#

Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net 050525 05/07/202 05/05/202 05/30/202 0.00 0.00 5,656.50 5,656.50 15. pmt dep. error mmc 050625A 05/07/202 05/06/202 05/30/202 0.00 0.00 1,648.22 1,648.22 1) 21 1,880.20 0.00 0.00 1,880.20 050625 05/07/202 05/06/202 05/30/202 1 ,

Net Vendor Totals: Number Name Gross Discount No-Pay BROADMOOR AT CREEKSIDE PARK 9,184.92 0.00 0.00 9,184.92

Report Summary

No-Pay Net Grand Totals: Discount Gross 9,184.92 0.00 0.00 9,184.92

APPROVED ON

MAY 08 2025

CALHOUN COUNTY, TEXAS Chu# 208935

COUNTY AUDITOR ON

MAY 0 8 2025

05/08/2025 09:21

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

Class Pay Code

Vendor# / Vendor Name

11836 GOLDENCREEK HEALTHCARE

UU	GOLDLIAGITE	LINTILALII	IOAITE							
1	Invoice#	Comment	Tran Dt Inv Dt		Check Dt Pay	Gross	Discount	No-Pay	Net	./
4	021925A	1	05/07/202 02/19/2			14,300.00	, 0.00	0.00	14,300.00	٧
1		10	s. pmt of	ep. 11	HO MM	10 Opt	inerr	96		
J	021925		05/07/202 02/19/2	202 05/30/202		5,304.40	0.00	0.00	5,304.40	1
		1 4						.1		
1	050125		05/07/202 05/01/2	202 05/30/202		2,460.04	0.00	0.00	2,460.04	1
	222122	L (0.00	1/	_,,,	
1	050625		05/07/202 05/06/2	002 05/30/202		940.97	0.00	0.00	940.97	1
,	000020	* 1	OGIGITE OZ GOLGGIZ	-02 00/00/202		340.37	0.00	1 1	040.57	-
	Vendor Totals	: Number 1	Vame			Gross	Discount	No-Pay	Net	
			GOLDENCREEK HEA	THOADE		23.005.41	0.00	0.00	23.005.41	
		11000	JULUENUMEEN HEA	LIDUARE		23.005.41	0.00	0.00	23.005.41	

Report Summary

Grand Totals: APPROVED ON

Gross 23,005.41 Discount 0.00

No-Pay 0.00

23,005.41

Net

ap_open_invoice.template

0

MAY 08 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS CNC# 2080134

RECEIVED BY THE COUNTY AUDITOR ON

MAY 0 8 2025

05/08/2025

09:33

Vendor#

Vendor Name

....

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

Class Pay Code

13004 V TUSCANY VILLAGE Invoice# Comment No-Pay Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount Net 4,638.17 043025 04/30/202 04/30/202 05/30/202 4,638.17 0.00 0.00 pont due into cot in error 021925A 05/07/202 02/19/202 05/30/202 3,778.67 Y 3,778.67 0.00 0.00 J 021925 0.00 13,500.00 05/07/202 02/19/202 05/30/202 13,500.00 0.00 050125 05/07/202 05/01/202 05/30/202 2,304.50 2,304.50 0.00 0.00 11 050525C 05/07/202 05/05/202 05/30/202 84.45 84.45 0.00 0.00 . 1 050525B 2,244.00 05/07/202 05/05/202 05/30/202 2,244.00 0.00 0.00 . . 050525 143.30 05/07/202 05/05/202 05/30/202 143.30 0.00 0.00 ·L J 050525A 05/07/202 05/05/202 05/30/202 0.00 143.00 🗸 143.00 0.00 22,919.03 050625 05/07/202 05/06/202 05/30/202 0.00 22,919.03 0.00 1 3 050125AB 05/08/202 05/01/202 05/30/202 26,769.04 26,769.04 0.00 0.00 vi Vendor Totals: Number Net Name Gross Discount No-Pay TUSCANY VILLAGE 13004 76,524.16 0.00 0.00 76,524.16 Report Summary Grand Totals: Gross Discount No-Pay Net

0.00

0.00

APPROVED ON

76,524.16

MAY 08 2025

CALHOUN COUNTY AUDITOR TEXAS
UNTIFF 2080139

0

ap_open_invoice.template

76,524.16

COUNTY AUDITOR ON MAY 0.8 2025

05/08/2025

09:22

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 05/30/2025

Pay Code Class

Vendor# Vendor Name
12792 ✓ LAVACA BAY NURSING AND REHAB

12792

92	V	LAVACA DAT	NUMSING A	NO HENAB									
		Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
	J	043025		04/30/20	2 04/30/2	02 05/30/20)2		42,649.55	0.00	0.00	42,649.55	\
	,		105	Pmt	. O	ep 1	10	mr	nc opt	ines	ror		
,	/	043025A				02 05/30/20			310.97	0.00	0.00	310.97	1
											10		
1		050525		05/07/20	2 05/05/2	02 05/30/20)2		8,799.00	0.00	0.00	8,799.00	~
~	/	050625		05/07/20	2 05/06/2	02 05/30/20)2		3,264.00	0.00	0.00	3,264.00	1
											1 /	4	
		Vendor Totals	: Number N	ame					Gross	Discount	No-Pay	Net	

Report Summary

Grand Totals:

Gross 55,023.52

LAVACA BAY NURSING AND REHAB

Discount 0.00

No-Pay 0.00

0.00

55,023.52

Net 55,023.52

55,023.52

0.00

ap_open_invoice.template

0

APPROVED ON

MAY 08 2025

BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS Uniust 208937

Memorial Medical Center Nursing Home UPL Weekly Cantex Transfer Prosperity Accounts

5/12/2025 Today's Previous Account Beginning Pending Beginning Amount to Be Transferred to Nursing Nursing Home Balance Transfer-Out Transfer-in Balance Home 34,591.01 **Ashford Gardens** 25,679.59 22,667.42 34,591.01 37,603.18 Bank Balance 37,603.18 Variance Leave in Balance 100.00 Wellpoint Y7 Interim Allocation Routing Information for Ashford Gardens: 2,912.17 Ashford Health Care Center Ltd Co JP Morgan Chase Bank Adjust Balance/Transfer Amt 34,591.01 Broadmoor 57,896.88 3,280.50 7,572.00 62.188.38 8,385.80 Bank Balance 62,188.38 Variance Leave in Balance 100.00 53,702.58 Wellpoint Y7 Interim Allocation Adjust Balance/Transfer Amt 8.385.80 Crescent 69,217.98 32,261.76 2,095.00 39,051.22 39,051.22 Bank Balance Variance Leave in Balance 100.00 Wellpoint Y7 Interim Allocation 36.856.22 Adjust Balance/Transfer Amt 2.095.00 Fort Bend 1,177.94 1,277.94 1,177.94 17,156.48 1,277.94 Bank Balance Variance Leave in Balance 100.00 Adjust Balance/Transfer Amt 1,177.94 Solera at W Houston 125,210.63 21,398.75 126.388.91 22,577.03 22,577.03 Bank Balance 126,388.91 Variance APPROVED ON Leave in Balance 100.00 57,793.29 Weilpoint Y7 Interim Allocation 34,591.01 + MAY 1 2 2025 Molin Comp 1 Y7 recon 45,918.59 8 . 385 . 80 + ra at West Houston / Fort Bend / Broadmoor: 1,177.94 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS 22.577.03 + Adjust Balance/Transfer Amt 22,577.03 66 : 731 : 78 ◊ TOTAL TRANSFERS 66,731.78 Approved: Nate: Only balances of over \$5,000 will be transferred to the nursing home Steve Brock, CFO 5/12/2025

Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

					MMC PORTION			1
and the second second	100000000000000000000000000000000000000	2023	Aunute	0,00,0	0.000.00	0/00/50	QIPP TI	NH PORTION
Ashford Gardens 5/8/2025 MANAGEANDNET1718 MNS PMNT 000000000000093 41	Transfer-Out	Transfer-in 3,000.00	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP II	3,000.00
5/7/2025 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	15.824.54	221212						
5/7/2025 1261	6,842.88	wait.						20.005.01
\$/7/2025 PNC-ECHO HCCLAIMPMT 746003411 41000125596061 \$/7/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41		30,895.01 696.00	1					30,895 01 696 00
5/7/2025 MANAGEANDRE 1/18 MMS PMM 00000000003341	22,667.42	34,591.01						34,591.01
Deliver Delive	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	MMC PORTION QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
Broadmoor 5/9/2025 AARP Supplementa HCCLAIMPMT 746003411 124384	Transfer-Out	5.447.00	Qirr/conip2	QIFF/Comp 2	Qirr/Comps	цитусыприадари	- Qur	5,447.00
5/7/2025 301	3,280.50						-	1
5/5/2025 MANAGEANDNET1718 MNS PMNT 000000000004293 41		2,125.00						2,125 00
							-	
	,		1					
	3,280.50	7,572.00	J .		14			7,572.00
				0/00/5 2 24	MMC PORTION			
	Transfer-Out /	Transfer-In	QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/7/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	29,542.59	Transier-in	- Compa	a mpr	di i i dampa	2		
5/7/2025 391	2,719.17						-	
5/7/2025 Deposit		1,885.50						1,885.50
5/7/2025 AARP Supplementa HCCLAIMPMT 746003411 124384		209.50						209 50
							-	
		1						
	32,261.76	2,095.00		-				2,095.00
					MMC PORTION			
				QIPP/Comp 2, 34	miner our ion		- 11	
Fort Bend	Transfer-Out	Transfer-In	QIPP/Comp1	& Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/8/2025 MANAGEANDNET1718 MNS PMNT 00000000004294 41	-1	1,111.89						1,111.89
5/7/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	14,852.84							
5/7/2025 270 5/7/2025 Deposit	2,303.64 📈	66.05						66.05
3/1/2023 Depusit		00.05	1				-	
		-	1					-
	17,156.48	1,177.94			•		·	1,177.94
					MMC PORTION			
			10000	QIPP/Comp 2, 3 4			- 535	The Trans
Solera at West Houston	Transfer-Out	Transfer-In	QIPP/Comp1	& Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
5/9/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000163		426.87						426.87
5/8/2025 Deposit	2	2,499.04						2,499.04 419.00
5/8/2025 AARP Supplementa HCCLAIMPMT 746003411 124384 5/7/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III	18,050.21	419.00						419.00
5/7/2025 WHE OUT CARTEX HEACTH CARE CENTERS III	3,348.54							
5/7/2025 Deposit		1,466.50						1,466.50
5/7/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000114	1.	14,311.09						14,311.09
5/6/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000148		3,454.53						3,454.53
	21,398.75	22,577.03	4					22,577.03
TOTALS		68,012.98			•			68,012.98

Account	٨	la	m	e
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ACCOUNT Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,292,670.88	\$1,248,541.41	\$1,292,670.88	\$1,566,673.86
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$37,603.18 V	√ \$37,603.18	\$37,603.18	\$37,603.18
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$62,188.38 ✓	\$62,188.38	\$62,188.38	\$56,741.38
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$39,051.22 √	√ \$39,051.22	\$39,051.22	\$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$126,388.91 🗸	√ \$131,836.88	\$126,388.91	\$125,962.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,277.94 √	\$1,277.94	\$1,277.94	\$1,277.94
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$256,853.87 🗸	\$263,536.73	\$256,853.87	\$234,538.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,493.63	\$5,493.63	\$5,493.63	\$5,493.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,196.22 🗸	\$17,196.22	\$17,196.22	\$11,485.42
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.56 ✓	\$101.56	\$101.56	\$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$292,381.85 ✓	\$292,381.85	\$292,381.85	\$289,974.81
*3407 MMC -NH TUSCANY VILLAGE	\$158,461.23 V	\$166,966.54	\$158,461.23	\$154,473.41
*2998 MMC -MONEY MARKET FUND	\$66,247.68	\$66,247.68	\$66,247.68	\$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$64.82	\$64.82	\$64.82	\$64.82
Total Balance	\$2,355,981.37	\$2,332,488.04	\$2,355,981.37	\$2,589,689.42

Memorial Medical Center Nursing Home UPL Weekly Nexion Transfer **Prosperity Accounts** 5/12/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	J Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing
Golden Creek		279,746.64	170,845.41	147,952.64		256,853.87	147,952.64
					Bank Balance	256,853.87	7
					Variance		
					Leave in Balance	100.00	
					Superior Y7 Comp 1 Interim Allocation	108,403.35	
					April Interest	397.88	
Routing Information for Nexion Health at Gold							
Wells Forgo Bank, N.A.							
					Adjust Balance/Transfer Amt	147,952.64	
Note: Only balances of Note 2: Each account i				en account.	Approved: 83		
					Steve Brock, CFO		5/12/2025

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					MINICPURITOR			
olden Creek	Transfer-Out	Transfer.in	OIPP/Comp1	QIPP/Comp 2	OIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
5/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000281121	Transact-Cut	8,501.60	dir. / compa	Cirry comp 2	qui i / compo	undpre .	4	8,501.60
5/9/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001807		1.813.80						1,813.80
5/9/2025 Am Health TX PAYMENT 21531 84307030009770		12,000.00						12,000.00
5/8/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43		1,587.76						1,587.76
5/8/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001529		6,303.29					*	6,303.29
5/7/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	170,845.41 🗸							
5/7/2025 Deposit		96,500.06						96,500.06
5/7/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43		5,123.53						5,123.53
5/7/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001336		3,201.00					-	3,201.00
5/7/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2		2,405.40						2,405.40
5/5/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43		1,551.00						1,551.00
S/5/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43		1,336.20					-	1,336.20
5/5/2025 TSY5/TRANSFIRST CR CD DEP 543684555876917 43		158.00						158.00
5/5/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001665		7,471.00	1					7,471.00
			√					
	170,845.41	147,952.64						147,952.64

Account	Name
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Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,292,670.88	\$1,248,541.41	\$1,292,670.88	\$1,566,673.86
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$37,603.18	\$37,603.18	\$37,603.18	\$37,603.18
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$62,188.38	\$62,188.38	\$62,188.38	\$56,741.38
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$39,051.22	\$39,051.22	\$39,051.22	\$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$126,388.91	\$131,836.88	\$126,388.91	\$125,962.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,277.94	\$1,277.94	\$1,277.94	\$1,277.94
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$256,853.87	\$263,536.73	\$256,853.87	\$234,538.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,493.63	\$5,493.63	\$5,493.63	\$5,493.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,196.22	\$17,196.22	\$17,196.22	\$11,485.42
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.56	\$101.56	\$101.56	\$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$292,381.85	\$292,381.85	\$292,381.85	\$289,974.81
*3407 MMC -NH TUSCANY VILLAGE	\$158,461.23	\$166,966.54	\$158,461.23	\$154,473.41
*2998 MMC -MONEY MARKET FUND	\$66,247.68	\$66,247.68	\$66,247.68	\$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$64.82	\$64.82	\$64.82	\$64.82
Total Balance	\$2,355,981.37	\$2,332,488.04	\$2,355,981.37	\$2,589,689.42

Memorial Medical Center Nursing Home UPL Weekly HMG Transfer Prosperity Accounts 5/12/2025

Nursing Home Guif Pointe Plaza-Private Pay	Account Number	Previous Beginning Balance 24,067.34	Transfer-Out 23,967.34	Transfer-in	Cks Cleared	Pending Deposits		Today's Beginning Balance 17.196.22	-	Amount to Be Transferred to Nursing Home 17,096.22
Guit Pointe Pisza- Private Pey		24,067.34	23,967.34	17,096.22			Bank Balance Variance Leave in Balance	17,196.22 17,196.22 100.00	~	17,096.22
		Previous	J	1			Adjust Balance/Transfer Amt	17,096.22		Amount to Be
Nursing Home	Account	Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance		Transferred to Nursing Home
Guif Pointe Plaza-Medicare/Medicald		101.56	•			•	Bank Balance Variance	101.56 101.56	,	
							Leave in Balance Adjust Balance/Transfer Amt	1.56		
Routing Information for Gulf Pointe Plaza:					3	TOTAL TRANSFER	5	•		
Note: Only balances of over \$5,000 will be	transferred to t	he nursing home				1	Approved: S			
Note: Only balances of over \$5,000 will be Note 2: Each account has a base balance o						1	Approved: Steve Brock, CFO			

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CALHOUN COUNTY, TEXAS

	and a second				MMC PORTION			
				QIPP/Comp		QIPP/Comp4		
Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	QIPP/Comp1	2	QIPP/Comp3	&Lapse	QIPP TI	NH PORTION
5/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000281381	- 1	5,710.80						5,710.8
5/7/2025 WIRE OUT HMG Rockport SNF, LP -Commerical	23,967.34							
5/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000205430		1,747.07						1,747.0
5/7/2025 HNB - ECHO HCCLAIMPMT 746003411 440000205430		1,695.95					-	1,695.9
5/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000258640		7,942.40					-	7,942.4
	J		1					
	23,967.34	17,096.22	4	-	-		-	17,096.2
					MMC PORTION			
				QIPP/Comp		QIPP/Comp4		
Gulf Pointe Plaza-Medicare/Medicald	Transfer-Out	Transfer-In	QIPP/Comp1	and the second second	QIPP/Comp3	The second secon	QIPP TI	NH PORTION
No Activity			/				:	
	-				-			

Account I	Vame
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Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,292,670.88	\$1,248,541.41	\$1,292,670.88	\$1,566,673.86
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$37,603.18	\$37,603.18	\$37,603.18	\$37,603.18
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$62,188.38	\$62,188.38	\$62,188.38	\$56,741.38
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$39,051.22	\$39,051.22	\$39,051.22	\$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$126,388.91	\$131,836.88	\$126,388.91	\$125,962.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,277.94	\$1,277.94 \$1,277.94 \$1,277.94		\$1,277.94
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$256,853.87	\$263,536.73	\$256,853.87	\$234,538.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,493.63	\$5,493.63	\$5,493.63	\$5,493.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,196.22	\$17,196.22	\$17,196.22	\$11,485.42
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.56	\$101.56	\$101.56	\$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$292,381.85	\$292,381.85	\$292,381.85	\$289,974.81
*3407 MMC -NH TUSCANY VILLAGE	\$158,461.23	\$166,966.54	\$158,461.23	\$154,473.41
*2998 MMC -MONEY MARKET FUND	\$66,247.68	\$66,247.68	\$66,247.68	\$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$64.82	\$64.82	\$64.82	\$64.82
Total Balance	\$2,355,981.37	\$2,332,488.04	\$2,355,981.37	\$2,589,689.42

Memorial Medical Center Nursing Home UPL Weekly Tuscany Transfer Prosperity Accounts 5/12/2025

Nursing Home Reginning Balance Transfer-Out Transfer-In Cks Cleared Deposits Today's Beginning Balance Nursing Home 135,172.00 130,056.66 153,345.89

Tuscany Village 135,172.00 130,056.66 153,345.89 Bank Balance Variance 158,461.23

Leave in Balance 100.00
Q1 QIPP Recon 5,015.34

Note: Only balances of over \$5,000 will be transferred to the nursing home.

Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

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MAY 1 2 2025

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				N	MC PORTION	ı		
Tuscany Village	Transfer-Out	Transfer-In	100	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
5/9/2025 HNB - ECHO HCCLAIMPMT 746003411 440000280587	- 1	3,987.82						3,987.82
5/7/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	130,056.66						•	
5/7/2025 Deposit		123,544.71						123,544.71
5/7/2025 Deposit		4,603.50						4,603.50
5/6/2025 HNB - ECHO HCCLAIMPMT 746003411 440000258640		11,776.40						11,776.40
5/5/2025 HNB - ECHO HCCLAIMPMT 746003411 440000295704		9,433.46	1				-	9,433.46
			1				-	
	130,056.66 🌙	153,345.89			-			153,345.89

Account	Name
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riododine manie					
*4357 MEMORIAL MEDICAL - OPERATING	\$1,292,670.88		\$1,248,541.41	\$1,292,670.88	\$1,566,673.86
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$37,603.18		\$37,603.18	\$37,603.18	\$37,603.18
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$62,188.38		\$62,188.38	\$62,188.38	\$56,741.38
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$39,051.22		\$39,051.22	\$39,051.22	\$39,051.22
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$126,388.91		\$131,836.88	\$126,388.91	\$125,962.04
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$1,277.94		\$1,277.94	\$1,277.94	\$1,277.94
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$256,853.87		\$263,536.73	\$256,853.87	\$234,538.47
*4551 CAL CO INDIGENT HEALTHCARE	\$5,493.63		\$5,493.63	\$5,493.63	\$5,493.63
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$17,196.22		\$17,196.22	\$17,196.22	\$11,485.42
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$101.56		\$101.56	\$101.56	\$101.56
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$292,381.85		\$292,381.85	\$292,381.85	\$289,974.81
*3407 MMC -NH TUSCANY VILLAGE	\$158,461.23)	\$166,966.54	\$158,461.23	\$154,473.41
*2998 MMC -MONEY MARKET FUND	\$66,247.68		\$66,247.68	\$66,247.68	\$66,247.68
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$64.82		\$64.82	\$64.82	\$64.82
Total Balance	\$2,355,981.37		\$2,332,488.04	\$2,355,981.37	\$2,589,689.42

Memorial Medical Center Nursing Home UPL Weekly HSLTransfer Prosperity Accounts 5/12/2025

		~							
Nursing Home	Account Number	Previous Beginning Balance	√ Transfer-Out	√ Transfer-in	Cks Cleared	Pending Medicare Repayment		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Lavaca Bay Nursing and Rehab		121,642.30	65.81	170,805.36			Bank Balance Variance Leave in Balance	292,381.85 292,381.85	No Transfer
						Superior	Y7 Comp 1 Interim Allocation	142,236.95	λ
							April Interest	469.35	
							Adjust Balance/Transfer Amt	149,575.55	
Note: Only balances of over \$5,000 will be Note 2: Each account has a base balance of							Approved: Approved: Michelle Cumberland, Controlle	,	5/12/2025

APPROVED ON MAY 1 2 2025 CALHOUN COUNTY TEXAS

5/9/2025 NOVITAS SOL	UTION HCCLAIMPMT 676481 420000163
5/9/2025 HUMANA INS	CO HCCLAIMPMT 74710644 8300005191
5/9/2025 HOSPICE OF S	SOUTH Payments NF 113122650026826
5/8/2025 Deposit	
5/7/2025 HARLAND CL	ARKE CHK ORDERS 2DMZ337402212R5 91
5/7/2025 Deposit	
5/7/2025 NDC SWEEP F	FAC 02330 56009680009421 SWEEP FR
5/7/2025 NOVITAS SOL	UTION HCCLAIMPMT 676481 420000114
5/6/2025 Deposit	
5/6/2025 NOVITAS SOL	UTION HCCLAIMPMT 676481 420000148
5/5/2025 NOVITAS SOL	UTION HCCLAIMPMT 676481 420000117

Transfer-Out		Transfer-In	QIPP/Comp1	QIPP/Comp 2	QJPP/Comp3	QIPP/Comp4&Lapse	QIPPTI	NH PORTION
-		1,061.49						1,061.4
		128.24						128.2
		1,217.31						1,217.3
	J	21,977.98						21,977.98
65.81	•							
		2,582.84						2,582.8
		25,346.93						25,346.93
114		2,885.76						2,885.7
		22,785.41						22,785.4
		92,393.70						92,393.70
		425.70						425.7
	1		1					
65.81	_	170,805.36	4				-	170,805.36

,

Account Name

\$1,292,670.88		\$1,248,541.41	\$1,292,670.88	\$1,566,673.86
\$37,603.18		\$37,603.18	\$37,603.18	\$37,603.18
\$62,188.38		\$62,188.38	\$62,188.38	\$56,741.38
\$39,051.22		\$39,051.22	\$39,051.22	\$39,051.22
\$126,388.91	115-00-1	\$131,836.88	\$126,388.91	\$125,962.04
\$1,277.94		\$1,277.94	\$1,277.94	\$1,277.94
\$256,853.87		\$263,536.73	\$256,853.87	\$234,538.47
\$5,493.63		\$5,493.63	\$5,493.63	\$5,493.63
\$17,196.22		\$17,196.22	\$17,196.22	\$11,485.42
\$101.56		\$101.56	\$101.56	\$101.56
\$292,381.85	7	\$292,381.85	\$292,381.85	\$289,974.81
\$158,461.23		\$166,966.54	\$158,461.23	\$154,473.41
\$66,247.68		\$66,247.68	\$66,247.68	\$66,247.68
\$64.82		\$64.82	\$64.82	\$64.82
\$2,355,981.37		\$2,332,488.04	\$2,355,981.37	\$2,589,689.42
	\$37,603.18 \$62,188.38 \$39,051.22 \$126,388.91 \$1,277.94 \$256,853.87 \$5,493.63 \$17,196.22 \$101.56 \$292,381.85 \$158,461.23 \$66,247.68 \$64.82	\$37,603.18 \$62,188.38 \$39,051.22 \$126,388.91 \$1,277.94 \$256,853.87 \$5,493.63 \$17,196.22 \$101.56 \$292,381.85 \ \$158,461.23 \$66,247.68 \$64.82	\$37,603.18 \$62,188.38 \$62,188.38 \$39,051.22 \$126,388.91 \$1,277.94 \$1,277.94 \$256,853.87 \$263,536.73 \$5,493.63 \$17,196.22 \$101.56 \$292,381.85 \$158,461.23 \$166,966.54 \$66,247.68 \$64.82 \$64.82	\$37,603.18 \$37,603.18 \$37,603.18 \$62,188.38 \$62,188.38 \$62,188.38 \$39,051.22 \$39,051.22 \$39,051.22 \$126,388.91 \$131,836.88 \$126,388.91 \$1,277.94 \$1,277.94 \$1,277.94 \$256,853.87 \$263,536.73 \$256,853.87 \$5,493.63 \$5,493.63 \$5,493.63 \$17,196.22 \$17,196.22 \$17,196.22 \$101.56 \$101.56 \$101.56 \$292,381.85 \$292,381.85 \$158,461.23 \$166,966.54 \$158,461.23 \$66,247.68 \$66,247.68 \$64.82 \$64.82 \$64.82