FY 2019

| On this the                           | 22nd        | day of                                | April                             | 2019,     | the C       | Commssione  | rs' Court, with th | ne following I | members being p   | resent                                |   |
|---------------------------------------|-------------|---------------------------------------|-----------------------------------|-----------|-------------|-------------|--------------------|----------------|-------------------|---------------------------------------|---|
|                                       |             | Roger Harmo                           | n                                 |           | _           | Count       | ty Judge           |                |                   | APR 22 2019                           |   |
|                                       |             | Rick Bailey                           | ••                                |           | -           |             | nissioner Pct #1   |                |                   |                                       |   |
|                                       |             | Kenny Howel                           | I                                 |           | -           | Comn        | nissioner Pct #2   |                |                   | Approved thuo O suspine the Court     | ) |
|                                       |             | Jerry D. String                       |                                   |           | -           |             | nissioner Pct #3   |                |                   | Annrova                               | ı |
|                                       |             | Larry Woolle                          | У                                 |           | -           | Comn        | nissioner Pct #4   |                |                   | Approve(                              | 5 |
| The following                         | g procee    | dings were ha                         | d, to-wit:                        |           |             |             |                    |                |                   |                                       |   |
| THA<br>Johnson Cou                    |             |                                       | ore, on Se                        | otember   | 24, 20      | 018 the Cou | rt heard and app   | roved the bu   | idget for the yea | r 2019 for                            |   |
|                                       |             | on proper appl<br>d. The transfe      |                                   |           |             |             |                    | existing bud   | lget surplus to a | budget of a                           |   |
| The                                   | followin    | g transfers to                        | said budg                         | et are he | reby        | authorized: |                    |                |                   |                                       |   |
| Department                            | Name:       | <del></del>                           |                                   |           |             | Purchasing  |                    |                | Department #:     | 4090                                  | _ |
| TRANSFER <u>F</u>                     | ROM:        |                                       |                                   |           |             |             |                    |                |                   |                                       |   |
| ACCOLIN                               | IT NU INAD  | IED NIANAE                            |                                   |           |             | ٨٥٥٥١       | INT NUMBER         |                |                   | AMOUNT                                |   |
|                                       | ileum Pro   | ER NAME                               |                                   |           |             |             | 90-53400-GG        |                |                   | 625.00                                |   |
| relio                                 | neum riv    | Juucis                                |                                   |           |             | 0100 40     | 30 33-100 03       | <del></del>    | <del></del>       |                                       |   |
|                                       |             |                                       |                                   |           |             |             |                    |                |                   |                                       |   |
|                                       |             |                                       |                                   |           |             |             |                    |                |                   |                                       |   |
|                                       |             | <del></del>                           |                                   |           |             |             |                    |                |                   |                                       |   |
| <del> </del>                          |             |                                       |                                   |           |             |             |                    |                | -                 |                                       | _ |
|                                       |             | <del></del>                           |                                   |           | ,           | TOTAL TRA   | NSFERRED FROM      | <u></u><br>1:  |                   | \$625.00                              |   |
| TRANSFER T                            | o:          |                                       |                                   |           |             |             |                    |                | <del></del>       |                                       | = |
|                                       |             |                                       | •                                 |           |             |             |                    |                |                   |                                       |   |
|                                       |             | SER NAME                              |                                   |           |             | ACCOL       | INT NUMBER         |                |                   | AMOUNT                                |   |
| Dues                                  | & Confe     | rences                                |                                   |           |             | 0100-40     | )90-54100-GG       |                | <del></del>       | 625.00                                | - |
|                                       |             | · · · · · · · · · · · · · · · · · · · |                                   |           |             | * .         |                    |                |                   | · · · · · · · · · · · · · · · · · · · | _ |
| <u></u>                               | <del></del> |                                       |                                   |           |             | ·           |                    |                |                   |                                       |   |
|                                       | <del></del> | ****                                  |                                   |           |             |             |                    |                |                   |                                       |   |
| · · · · · · · · · · · · · · · · · · · |             |                                       |                                   |           |             |             |                    |                | -01-200-0         |                                       | _ |
|                                       |             |                                       |                                   |           |             |             |                    |                |                   |                                       |   |
|                                       |             |                                       |                                   |           |             | TOTAL TR    | ANSFERRED TO:      |                | =                 | \$625.00                              | = |
| EXPLANATIO                            |             |                                       |                                   |           |             |             |                    |                |                   |                                       |   |
| To cover bud                          | dget sho    | rtage - transfe                       | r from 4/8                        | court sl  | ould        | have been f | or \$1,000 instea  | d of \$375     |                   |                                       |   |
|                                       |             |                                       | · · · · · · · · · · · · · · · · · |           |             |             | ,                  |                |                   | · · · · · · · · · · · · · · · · · · · |   |
| Department                            | : Head:     |                                       |                                   |           | · · · · · · |             |                    | <del>_</del>   | Date:             |                                       | _ |
| THE COUNT                             | Y OF JOH    | INSON                                 |                                   |           |             | ROUND       | DOLLARS ONLY       |                |                   |                                       |   |
|                                       |             |                                       |                                   |           |             |             |                    |                |                   |                                       |   |
| BY:                                   | ム           | adn g                                 | Hw                                | me        | <u>n</u>    | )           |                    |                |                   |                                       |   |
|                                       |             | Roger Ha                              | mon, Cour                         | ty Judge  |             |             | _ <del>_</del>     |                |                   |                                       |   |
| Date received                         | d by the C  | ounty Judge's O                       | ffice:                            |           |             |             | Date Red           | ceived by Bu   | dget Coordinator  | :                                     |   |

FY 2019 2019, the Commssioners' Court, with the following members being presentationers Court On this the April 22nd day of APR 22 2019 County Judge Roger Harmon Commissioner Pct #1 Rick Bailey **Approve** Kenny Howell Commissioner Pct #2 Jerry D. Stringer Commissioner Pct #3 Commissioner Pct #4 Larry Woolley The following proceedings were had, to-wit: THAT WHEREAS, theretofore, on September 24, 2018 the Court heard and approved the budget for the year 2019 for Johnson County, and WHEREAS, on proper application, the Commissioners' Court has transferred an existing budget surplus to a budget of a similar kind and fund. The transfer does not increase the total of the budget. The following transfers to said budget are hereby authorized: S.T.O.P. Special Crimes Unit Department #: 6800 Department Name: TRANSFER FROM: **AMOUNT ACCOUNT NUMBER NAME ACCOUNT NUMBER** 754.00 1110-6800-54200-LE Telephone TOTAL TRANSFERRED FROM: \$754.00 TRANSFER TO: **AMOUNT ACCOUNT NUMBER ACCOUNT NUMBER NAME** Auto/Property Insurance 1110-6800-54061-LE 754.00 \$754.00 **TOTAL TRANSFERRED TO: EXPLANATION:** Inadequate budget for auto insurance policy Date: Department Head: THE COUNTY OF JOHNSON **ROUND DOLLARS ONLY** Roger Harmon, County Judge

Date Received by Budget Coordinator:

Date received by the County Judge's Office:

FY 2019 Commissioners Court

| On this the        | 22nd       | day of          | April                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2019, the Commssioners' Court, with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ı the following members being |                                        |
|--------------------|------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|
|                    |            | 5               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Co. attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | APR <b>22</b> 2019                     |
|                    |            | Roger Harn      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - County Judge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 44                            | Approved                               |
|                    |            | Rick Bailey     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul> <li>Commissioner Pct #</li> <li>Commissioner Pct #</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | Whhiosec                               |
|                    |            | Kenny How       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | • •                                    |
|                    |            | Jerry D. Str    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Commissioner Pct #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                        |
|                    |            | Larry Wool      | ley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - Commissioner Pct #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i>1</i> 4                    |                                        |
| The followin       | g procee   | edings were     | had, to-wit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                        |
| THA<br>Johnson Cou |            |                 | ofore, on Sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | otember 24, 2018 the Court heard and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | pproved the budget for the ye | ear 2019 for                           |
|                    |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e Commissioners' Court has transferred increase the total of the budget.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | an existing budget surplus to | a budget of a                          |
| The                | followir   | ng transfers    | to said budg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | et are hereby authorized:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                        |
| Department         | : Name:    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Medical Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Department #:                 | 6430                                   |
| TRANSFER <u>F</u>  | ROM:       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                        |
| ACCOUN             | IT NI IME  | SER NAME        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACCOUNT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | AMOUNT                                 |
|                    | & Confe    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0100-6430-54100-PH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | 800.00                                 |
| Dues               | a come     | rences          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0100-0430-34100-111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | 000.00                                 |
| <del></del>        |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>                   |                                        |
| <del></del>        |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                        |
|                    |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                        |
| <del></del>        |            | <del> </del>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | ,                                      |
| <del></del>        | - 2        |                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TOTAL TRANSFERRED FRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | \$800.00                               |
| TRANSFER T         | <u>o</u> : |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =                             |                                        |
|                    |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                        |
|                    |            | ER NAME         | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ACCOUNT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | AMOUNT                                 |
| Vehicle Re         | pair & N   | laintenance     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0100-6430-54500-PH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | 800.00                                 |
|                    |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del>.</del> –                |                                        |
|                    |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | ************************************** |
|                    |            |                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                        |
|                    |            |                 | Name of the last o | <del>a de la gradia de la composito de la composit</del> | <del></del>                   |                                        |
|                    |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>                   |                                        |
|                    |            |                 | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TOTAL TRANSFERRED TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ō:                            | \$800.00                               |
|                    |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                        |
| EXPLANATIO         |            | مامد، کم معمد ا | :alaa:-a+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                        |
| 10 cover une       | expected   | cost of ven     | icie mainten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ance and repairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                        |
| Department         | Head:      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date:                         |                                        |
| THE COUNT          | V OE IOU   | INICONI         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DOLIND DOLLARS ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | v                             |                                        |
| THE COUNT          | i or joh   | NOUN            | . \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ROUND DOLLARS ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>1</u>                      |                                        |
| BY:                | く          | <del>oa</del> w | tto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hunem )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                        |
|                    |            | Roger H         | larmon, Coun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ty Judge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                        |
| Date received      | l hu tha C | ounts ludge!-   | Offica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | . Data ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Received by Budget Coordinate | or:                                    |
| Date received      | a by the C | outry Judge s   | Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | received by budget coordinate | VI                                     |

FY 2019

| On this the                           | 22nd                                                                             | day of                     | April        | 2019, the Con                        | nmssioners' Court, with the fol                  | llowing members being                   | present<br>Commissioners Court |
|---------------------------------------|----------------------------------------------------------------------------------|----------------------------|--------------|--------------------------------------|--------------------------------------------------|-----------------------------------------|--------------------------------|
|                                       |                                                                                  | Roger Harm                 | non          | -                                    | County Judge                                     |                                         | ADD AA novo                    |
|                                       |                                                                                  | Rick Bailey                |              | -                                    | Commissioner Pct #1                              |                                         | APR <b>22</b> 2019             |
|                                       |                                                                                  | Kenny How<br>Jerry D. Stri |              | -                                    | Commissioner Pct #2 Commissioner Pct #3          |                                         | <b>A</b>                       |
|                                       |                                                                                  | Larry Wooll                | -            | -                                    | Commissioner Pct #4                              |                                         | Approv                         |
| The followin                          | g procee                                                                         | edings were l              | had, to-wit: |                                      |                                                  |                                         | •                              |
| THA<br>Johnson Cou                    |                                                                                  |                            | ofore, on Se | otember 24, 2018                     | the Court heard and approve                      | d the budget for the yea                | ar 2019 for                    |
|                                       |                                                                                  |                            |              | e Commissioners<br>increase the tota | 'Court has transferred an exise alof the budget. | ting budget surplus to a                | budget of a                    |
| The                                   | followin                                                                         | ng transfers t             | o said budg  | et are hereby aut                    | horized:                                         |                                         |                                |
| Department                            | Name:                                                                            | <del></del> -              |              | 18th [                               | District Court                                   | Department #:                           | 4360                           |
| TRANSFER <u>F</u>                     | ROM:                                                                             |                            |              |                                      |                                                  |                                         |                                |
| ACCOUN                                | IT NUMP                                                                          | BER NAME                   |              |                                      | ACCOUNT NUMBER                                   |                                         | AMOUNT                         |
|                                       |                                                                                  | blications                 |              |                                      | 0100-4360-53120-AJ                               |                                         | 3,000.00                       |
| · · · · · · · · · · · · · · · · · · · |                                                                                  |                            | _            |                                      |                                                  |                                         |                                |
|                                       |                                                                                  | -                          | <del>-</del> | <del></del>                          |                                                  |                                         |                                |
| <del></del>                           |                                                                                  | ·                          | _            | <del></del>                          | <del></del>                                      |                                         |                                |
|                                       |                                                                                  |                            |              |                                      |                                                  | *************************************** |                                |
|                                       |                                                                                  |                            | <del>-</del> |                                      |                                                  |                                         |                                |
|                                       |                                                                                  |                            |              | ŤC                                   | TAL TRANSFERRED FROM:                            | -                                       | \$3,000.00                     |
| TRANSFER <u>T</u>                     | <u>O</u> :                                                                       |                            |              |                                      |                                                  |                                         |                                |
| ACCOUN                                | IT NUMB                                                                          | ER NAME                    |              |                                      | ACCOUNT NUMBER                                   |                                         | AMOUNT                         |
|                                       |                                                                                  | Attorneys                  | -            |                                      | 0100-4360-55810-AJ                               |                                         | 3,000.00                       |
|                                       |                                                                                  |                            | _            | •                                    |                                                  |                                         | 1                              |
|                                       |                                                                                  |                            | -            |                                      |                                                  |                                         |                                |
|                                       |                                                                                  |                            |              |                                      | ······································           |                                         |                                |
|                                       | <del></del>                                                                      |                            |              | <del> </del>                         |                                                  |                                         |                                |
|                                       |                                                                                  |                            | _            | •                                    |                                                  | _                                       |                                |
|                                       |                                                                                  |                            | _            | <del></del> 7                        | OTAL TRANSFERRED TO:                             | <del></del>                             | \$3,000.00                     |
|                                       |                                                                                  |                            |              |                                      |                                                  |                                         |                                |
| EXPLANATIO                            |                                                                                  | <b></b>                    |              |                                      |                                                  |                                         |                                |
| To cover bud                          | iget shoi                                                                        | tage                       |              |                                      |                                                  |                                         |                                |
| Department                            | Head:                                                                            | •                          |              |                                      |                                                  | Date:                                   |                                |
| THE COUNTY                            | Y OF JOH                                                                         | NSON                       |              |                                      | ROUND DOLLARS ONLY                               |                                         |                                |
|                                       |                                                                                  |                            | 16           |                                      |                                                  |                                         |                                |
| BY:                                   | く                                                                                | oan.                       | at the       | ( manua                              |                                                  |                                         |                                |
|                                       |                                                                                  | Roger Ha                   | armon, Coun  | ty Judge                             |                                                  |                                         |                                |
| <b>.</b>                              |                                                                                  |                            | 0.00         |                                      |                                                  |                                         |                                |
| Date received                         | Date received by the County Judge's Office: Date Received by Budget Coordinator: |                            |              |                                      |                                                  |                                         | r:                             |

## **Approved**

### **MEMORANDUM OF DONATION**

### KNOW ALL MEN BY THESE PRESENTS:

Comes now <u>American Legion Post 624 Mansfield, TX</u> hereafter known as Donor and Johnson County, Texas, hereafter known as Johnson County.

Whereas Johnson County is a political subdivision of the State of Texas within Johnson County; and

Whereas Johnson County is authorized to act and does act by and through the Commissioners Court of Johnson County, pursuant to V.T.C. A., Local Government Code Section 81.032 to accept donations of property.

### THEREFORE:

Donor does hereby donate and transfer to Johnson County the property described below:

Financial contribution in the form of a check for the amount of \$600. The contribution donated is to apply towards the purchase of a K-9 bullet proof vest. Joint entities which include American Legion Auxiliary and American Legion Riders have fundraised for this donation to honor the memory of Tim Vogt and his love for animals.

Property donated is not subject to return to the Donor by Johnson County.

For a donation to be accepted, such donation, subsequent to being offered, must be accepted and approved by the Commissioners Court of Johnson County in an open session of the Commissioners Court of Johnson County.

Donor, by executing this Memorandum of Donation agrees and understands that this document contains all terms of the donation and this is not a contract.

American Legion Post 624 Mansfield, TX

Printed Name of Donor (If Company or Business Entity)

Tiffany Pendergrass

Printed Name of Donor's Authorized Agent

Signature of Donor or Donor's Authorized Agent

4/9/2019

Date

# Approved and Accepted by: Commissioners Court

 $\frac{04/22/19}{\text{Date}}$ 

|                                   | nnson County Judge<br>no, abstained                                                                     |
|-----------------------------------|---------------------------------------------------------------------------------------------------------|
| Rick Bailey, Comm. Pct. #1 Voted: | Kenny Howell, Comm. Pct. #2 Voted:yes,no,abstained  Larry Woolley, Comm. Pct. #4 Voted:yes,no,abstained |

Becky Ivey, County Clerk

| Department Name:                     | County Judge's Office                                                      |           |                        |       |  |  |
|--------------------------------------|----------------------------------------------------------------------------|-----------|------------------------|-------|--|--|
| Seminar Name:                        | 2019 TAC Legislative Conference                                            |           |                        |       |  |  |
| Purpose:                             | Continuing Education                                                       |           |                        |       |  |  |
| Place:                               | Austin, TX                                                                 |           |                        |       |  |  |
| Date:                                | September 4-6, 2019                                                        |           |                        |       |  |  |
| Who Will Be Attendi<br>Roger Harmon  | ing:                                                                       |           |                        |       |  |  |
|                                      |                                                                            |           |                        |       |  |  |
| This Training                        | / Seminar is necessary for                                                 | the fo    | llowing reasons:       |       |  |  |
| X Required con                       | tinuing education                                                          | X         | Job training           |       |  |  |
| Improve wor                          | k performance                                                              |           | Required certification |       |  |  |
| Attach Regist                        | ration Form and Complet                                                    | e the f   | ollowing information:  |       |  |  |
| Amount of regis                      | stration \$ 230.00                                                         | Date      | e registration is due  |       |  |  |
| Return che                           | ck to department head                                                      |           |                        |       |  |  |
| X Request T                          | reasurer to mail check with re                                             | gistratio | on                     |       |  |  |
| If an advance is                     | If an advance is requested, attach a completed Johnson County Travel Form. |           |                        |       |  |  |
| Deptartment Head Signature:          |                                                                            |           |                        |       |  |  |
| *SEND FORM TO COUNTY JUDGE'S OFFICE* |                                                                            |           |                        |       |  |  |
| RECEIVED B                           | Y COUNTY JUDGE'S OF                                                        | FICE      |                        | DATE: |  |  |
| APPROVED B                           | Y COMMISSIONER'S COU                                                       | JRT: _    |                        | DATE: |  |  |

| Department Name:   | <u>Furchasing</u>                       |                                 |          |  |  |  |
|--------------------|-----------------------------------------|---------------------------------|----------|--|--|--|
| Seminar Name:      | Public Purchasing 101                   |                                 |          |  |  |  |
| Purpose:           | improve knowledge & work performance    |                                 |          |  |  |  |
| Place:             | Austin, Texas                           | O                               |          |  |  |  |
| Date:              | 5/21 - 5/22                             |                                 |          |  |  |  |
| Who Will Be Attend | ing:                                    |                                 |          |  |  |  |
| Tannah m           | alot-                                   |                                 |          |  |  |  |
| This Training      | g/ Seminar is necessary f               | or the following reasons:       |          |  |  |  |
| $\chi$ Require     | d continuing education                  | X Job training                  |          |  |  |  |
| Improve            | e work performance                      | Required certificat             | ion      |  |  |  |
| Attach Regis       | tration Form and Compl                  | lete the following information: | <u>.</u> |  |  |  |
| Amount of regi     | stration \$ 435.00                      | Date registration is due        |          |  |  |  |
| Return cl          | heck to department head                 |                                 |          |  |  |  |
| Request            | Treasurer to mail check with            | registration                    |          |  |  |  |
| If an advance is   | s requested, attach a complet           | ted Johnson County Travel Form. |          |  |  |  |
| Deptartment Head S | Signature:                              | for m Groom                     |          |  |  |  |
| *SEND FOR          | M TO COUNTY JUDG                        | E'S OFFICE*                     |          |  |  |  |
| RECEIVED E         | BY COUNTY JUDGE'S (                     | OFFICE                          | DATE:    |  |  |  |
| APPROVED I         | APPROVED BY COMMISSIONER'S COURT: DATE: |                                 |          |  |  |  |
|                    |                                         |                                 |          |  |  |  |

# **DRIGINAL**

| Department Name:                | Constable Precinct One                   |                        |                 |  |  |  |
|---------------------------------|------------------------------------------|------------------------|-----------------|--|--|--|
| Seminar Name:                   | 75th Annual Justice of the Peace         | and Constable Confe    | rence           |  |  |  |
| Purpose:                        | Training                                 |                        |                 |  |  |  |
| Place:                          | South Padre Island                       |                        |                 |  |  |  |
| Date:                           | 06/24/2019 - 06/28/2019                  |                        |                 |  |  |  |
| Who Will Be Attended Matt Wylie | ing:                                     | Donnie Riddell         |                 |  |  |  |
|                                 |                                          |                        |                 |  |  |  |
| This Training                   | / Seminar is necessary for the fol       | lowing reasons:        |                 |  |  |  |
| XXX Required                    | continuing education XX                  | XX Job training        |                 |  |  |  |
| XXX Improve                     | work performance                         | Required certification | n               |  |  |  |
| Attach Regist                   | ration Form and Complete the fo          | llowing information:   |                 |  |  |  |
| Amount of regis                 | stration \$ 200 each (400) Total         | Date registrat         | ion is due ASAP |  |  |  |
| Return ch                       | eck to department head                   |                        |                 |  |  |  |
| XXXRequest Ti                   | reasurer to mail check with registration | 1                      |                 |  |  |  |
| If an advance is                | requested, attach a completed Johnson    | n County Travel Form.  |                 |  |  |  |
| Deptartment Head Signature:     |                                          |                        |                 |  |  |  |
|                                 |                                          |                        |                 |  |  |  |
| *SEND FORM                      | *SEND FORM TO COUNTY JUDGE'S OFFICE*     |                        |                 |  |  |  |
| RECEIVED B                      | Y COUNTY JUDGE'S OFFICE                  |                        | DATE:           |  |  |  |
| APPROVED B                      | Y COMMISSIONER'S COURT:                  |                        | DATE:           |  |  |  |

# ORIGINAL <u>Training / Seminar Approval Form</u>

| Department Name:                     | Sheriff's Office  2019 National Law Enforcement and Corporate Crimes Convention |                            |  |  |  |  |  |
|--------------------------------------|---------------------------------------------------------------------------------|----------------------------|--|--|--|--|--|
| Seminar Name:                        |                                                                                 |                            |  |  |  |  |  |
| Purpose:                             | Training                                                                        |                            |  |  |  |  |  |
| Place:                               | Frisco, Texas                                                                   |                            |  |  |  |  |  |
| Date:                                | August 7-9, 2019                                                                |                            |  |  |  |  |  |
| Who Will Be Attendi<br>Danny Rogers  | ing:                                                                            |                            |  |  |  |  |  |
| This Tusining                        | / Coming a in accessory for the following                                       | ng voosons.                |  |  |  |  |  |
|                                      | / Seminar is necessary for the followi                                          | b training                 |  |  |  |  |  |
| ·                                    |                                                                                 | -                          |  |  |  |  |  |
| Improve                              | work performance                                                                | Required certification     |  |  |  |  |  |
| Attach Regist                        | ration Form and Complete the follow                                             | ing information:           |  |  |  |  |  |
| Amount of regis                      | stration \$ 295.00 Date regis                                                   | tration is due PO# 19-2157 |  |  |  |  |  |
| Return ch                            | eck to department head                                                          |                            |  |  |  |  |  |
| Request 7                            | reasurer to mail check with registration                                        |                            |  |  |  |  |  |
| If an advance is                     | requested, attach a completed Johnson Cou                                       | inty Travel Form.          |  |  |  |  |  |
| Deptartment Head Signature:          |                                                                                 |                            |  |  |  |  |  |
| *SEND FORM TO COUNTY JUDGE'S OFFICE* |                                                                                 |                            |  |  |  |  |  |
| RECEIVED B                           | Y COUNTY JUDGE'S OFFICE                                                         | DATE:                      |  |  |  |  |  |
| APPROVED E                           | SY COMMISSIONER'S COURT:                                                        | DATE:                      |  |  |  |  |  |

| Department Name:                             | JP1                                                            |                                     |  |  |  |  |  |
|----------------------------------------------|----------------------------------------------------------------|-------------------------------------|--|--|--|--|--|
| Seminar Name:                                | Mentally Ill Bridging The Gap                                  |                                     |  |  |  |  |  |
| Purpose: Training                            |                                                                |                                     |  |  |  |  |  |
| Place:                                       | Georgetown                                                     |                                     |  |  |  |  |  |
| Date:                                        | 7-18 <sup>th</sup> -19 <sup>th</sup> -2019                     |                                     |  |  |  |  |  |
| Who Will Be Attendi<br>Ronald McBroom        | ing:                                                           |                                     |  |  |  |  |  |
|                                              | -                                                              |                                     |  |  |  |  |  |
|                                              | This Training/ Seminar is necessary for the following reasons: |                                     |  |  |  |  |  |
| ·                                            | d continuing education x Jowerk performance                    | Db training  Required certification |  |  |  |  |  |
| Attach Regist                                | ration Form and Complete the foll                              | owing information:                  |  |  |  |  |  |
| Amount of regis                              | stration \$ free0 Date re                                      | egistration is due                  |  |  |  |  |  |
| Return ch                                    | eck to department head                                         |                                     |  |  |  |  |  |
| Request T                                    | reasurer to mail check with registration                       |                                     |  |  |  |  |  |
| If an advance is                             | requested, attach a completed Johnson                          | County Travel Form.                 |  |  |  |  |  |
| Deptartment Head Signature: Fond R. Mr Brown |                                                                |                                     |  |  |  |  |  |
| *SEND FORM                                   | M TO COUNTY JUDGE'S OFFIC                                      | CE*                                 |  |  |  |  |  |
| RECEIVED B                                   | Y COUNTY JUDGE'S OFFICE                                        | DATE:                               |  |  |  |  |  |
| APPROVED B                                   | Y COMMISSIONER'S COURT:                                        | DATE:                               |  |  |  |  |  |

| Department Name:                            | JP1                                          |                                |           |  |  |
|---------------------------------------------|----------------------------------------------|--------------------------------|-----------|--|--|
| Seminar Name:                               | Impaired Driver Symp                         | osium                          |           |  |  |
| Purpose:                                    | Training                                     |                                |           |  |  |
| Place:                                      | Austin                                       |                                |           |  |  |
| Date:                                       | 7-25 <sup>th</sup> -26th <sup>th</sup> -2019 |                                |           |  |  |
| Who Will Be Attend<br>Ronald McBroom        | ing:                                         |                                |           |  |  |
|                                             |                                              |                                |           |  |  |
|                                             | / Seminar is necessary fo                    |                                |           |  |  |
| Require                                     | d continuing education                       | x Job training                 |           |  |  |
| Improve                                     | work performance                             | Required certification         | ation     |  |  |
| Attach Regist                               | ration Form and Comple                       | ete the following information  | <u>n:</u> |  |  |
| Amount of regi                              | stration \$ free0                            | Date registration is due       |           |  |  |
| Return ch                                   | eck to department head                       |                                |           |  |  |
| Request 7                                   | Treasurer to mail check with                 | registration                   |           |  |  |
| If an advance is                            | requested, attach a complete                 | ed Johnson County Travel Form. |           |  |  |
| Deptartment Head Signature: Consul Rhe Russ |                                              |                                |           |  |  |
| *SEND FOR                                   | M TO COUNTY JUDGE                            | c's office*                    |           |  |  |
| RECEIVED B                                  | Y COUNTY JUDGE'S O                           | FFICE                          | DATE:     |  |  |
| APPROVED E                                  | BY COMMISSIONER'S CO                         | OURT:                          | DATE:     |  |  |

| Department Name:                     | Sheriff's Office                                   |                                  | APR 5'19 PM 3:51 |  |  |
|--------------------------------------|----------------------------------------------------|----------------------------------|------------------|--|--|
| Seminar Name:                        | Advanced School Reso                               | urce Officers Course             |                  |  |  |
| Purpose:                             | Training                                           |                                  |                  |  |  |
| Place:                               | Austin, Texas                                      |                                  |                  |  |  |
| Date:                                | July 22-25, 2019                                   |                                  |                  |  |  |
| Who Will Be Attend<br>Charles Grover | ing:                                               |                                  |                  |  |  |
| Christopher Cox                      |                                                    |                                  |                  |  |  |
| Elizabeth Clark                      |                                                    |                                  |                  |  |  |
|                                      |                                                    |                                  |                  |  |  |
| This Training                        | g/ Seminar is necessary f                          | or the following reasons:        |                  |  |  |
| Require                              | d continuing education                             | XX Job training                  |                  |  |  |
| XX Improve w                         | XX Improve work performance Required certification |                                  |                  |  |  |
| Attach Regis                         | tration Form and Comp                              | lete the following information:  |                  |  |  |
| Amount of regi                       | stration \$ 345.00                                 | Date registration is due PO# 19- | 1789             |  |  |
| Return cl                            | heck to department head                            |                                  |                  |  |  |
| Request '                            | Treasurer to mail check with                       | registration                     |                  |  |  |
| If an advance is                     | s requested, attach a complet                      | ted Johnson County Travel Form.  | //.              |  |  |
| Deptartment Head S                   | Signature:                                         | MD. Hemse                        |                  |  |  |
| *SEND FOR                            | M TO COUNTY JUDG                                   | E'S OFFICE*                      |                  |  |  |
| RECEIVED F                           | BY COUNTY JUDGE'S (                                | OFFICE I                         | DATE:            |  |  |
| APPROVED I                           | BY COMMISSIONER'S C                                | OURT:I                           | DATE:            |  |  |



| Department Name:                          | Extension / 665                                  |                                 |  |  |  |  |
|-------------------------------------------|--------------------------------------------------|---------------------------------|--|--|--|--|
| Seminar Name:                             | District 8 4-H Livestock & Meat Judging C        | Contests                        |  |  |  |  |
| Purpose:                                  | Supervise 4-H members participating in co        | ontests and set-up of contests. |  |  |  |  |
| Place:                                    | College Station, TX                              |                                 |  |  |  |  |
| Date:                                     | 4/26/19 - 4/27/19                                |                                 |  |  |  |  |
|                                           | Who Will Be Attending: Kristen Clark, CEA - 4-H  |                                 |  |  |  |  |
|                                           |                                                  |                                 |  |  |  |  |
| This Training                             | / Seminar is necessary for the following reas    | sons:                           |  |  |  |  |
| Require                                   | d continuing education xx Job training           | g                               |  |  |  |  |
| Improve                                   | work performance Require                         | ed certification                |  |  |  |  |
| Attach Regist                             | ration Form and Complete the following inf       | ormation:                       |  |  |  |  |
| Amount of regis                           | stration \$ 0 Date registration                  | is due                          |  |  |  |  |
| Return check                              | to department head                               |                                 |  |  |  |  |
| Request Trea                              | surer to mail check with registration            |                                 |  |  |  |  |
| If an advance is                          | requested, attach a completed Johnson County Tra | evel Form.                      |  |  |  |  |
| Deptartment Head Signature: Kristen Clark |                                                  |                                 |  |  |  |  |
| *SEND FOR                                 | *SEND FORM TO COUNTY JUDGE'S OFFICE*             |                                 |  |  |  |  |
| RECEIVED B                                | RECEIVED BY COUNTY JUDGE'S OFFICE DATE:          |                                 |  |  |  |  |
| APPROVED B                                | APPROVED BY COMMISSIONER'S COURT: DATE:          |                                 |  |  |  |  |

| Department Name:                                                           | JUSTICE OF THE PEACE PRECINCT THREE                            |                                      |       |  |  |  |  |
|----------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------|-------|--|--|--|--|
| Seminar Name:                                                              | TJCJA 2019 EDUCATION AND TECHNOLOGY CONFERENCE                 |                                      |       |  |  |  |  |
| Purpose:                                                                   | CONTINUING TRAINING                                            |                                      |       |  |  |  |  |
| Place:                                                                     | EMBASSY SUITES 1001 E. MCCARTY LN SAN MARCOS TX 78666          |                                      |       |  |  |  |  |
| Date:                                                                      | MAY 28 <sup>TH</sup> , 2019 TO MAY 31 <sup>ST</sup> , 2019     |                                      |       |  |  |  |  |
| Who Will Be Attend JUDGE PAT JAC                                           | <del></del>                                                    |                                      |       |  |  |  |  |
|                                                                            | z/ Seminar is necessary for d continuing education             | the following reasons:  Job training |       |  |  |  |  |
| Improve                                                                    | rove work performance Required certification                   |                                      | on    |  |  |  |  |
| Attach Registration Form and Complete the following information:           |                                                                |                                      |       |  |  |  |  |
| Amount of reg                                                              | Amount of registration \$ 125.00 Date registration is due ASAP |                                      |       |  |  |  |  |
| Return c                                                                   | Return check to department head                                |                                      |       |  |  |  |  |
| Request                                                                    | Request Treasurer to mail check with registration              |                                      |       |  |  |  |  |
| If an advance is requested, attach a completed Johnson County Travel Form. |                                                                |                                      |       |  |  |  |  |
|                                                                            |                                                                |                                      |       |  |  |  |  |
| *SEND FORM TO COUNTY JUDGE'S OFFICE*                                       |                                                                |                                      |       |  |  |  |  |
| RECEIVED I                                                                 | BY COUNTY JUDGE'S OF                                           | FFICE                                | DATE: |  |  |  |  |
| APPROVED                                                                   | BY COMMISSIONER'S CO                                           | URT:                                 | DATE: |  |  |  |  |

| Department Name: YUVCHUSING                                                |                                     |  |  |  |  |  |
|----------------------------------------------------------------------------|-------------------------------------|--|--|--|--|--|
| Seminar Name: Texas Public                                                 | Texas Public Purchasing Association |  |  |  |  |  |
| Purpose: Training                                                          | Training                            |  |  |  |  |  |
| Place: Corpus Chris                                                        | Corpus Christi, Texas               |  |  |  |  |  |
| Date: 6-12-19 -                                                            | 6-12-19 to 6-14-19                  |  |  |  |  |  |
| Who Will Be Attending: Shaw                                                | Donna White                         |  |  |  |  |  |
|                                                                            |                                     |  |  |  |  |  |
| This Training/ Seminar is necessary for the following reasons:             |                                     |  |  |  |  |  |
| Required continuing education                                              | Job training                        |  |  |  |  |  |
| Improve work performance                                                   | Required certification              |  |  |  |  |  |
| Attach Registration Form and Complete the following information:           |                                     |  |  |  |  |  |
| Amount of registration \$ 750.00 I                                         | Date registration is due            |  |  |  |  |  |
| Return check to department head                                            |                                     |  |  |  |  |  |
| Request Treasurer to mail check with regist                                | ration                              |  |  |  |  |  |
| If an advance is requested, attach a completed Johnson County Travel Form. |                                     |  |  |  |  |  |
| Deptartment Head Signature: Ralph M Gro-                                   |                                     |  |  |  |  |  |
| *SEND FORM TO COUNTY JUDGE'S OFFICE*                                       |                                     |  |  |  |  |  |
| RECEIVED BY COUNTY JUDGE'S OFFIC                                           | E DATE:                             |  |  |  |  |  |
| APPROVED BY COMMISSIONER'S COURT                                           | : DATE:                             |  |  |  |  |  |

| Department Name:                                                                                              | Extension/251                                                          |                          |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------|--|--|--|--|
| Seminar Name:                                                                                                 | Food Protection Management Agent Training                              |                          |  |  |  |  |
| Purpose:                                                                                                      | Job Training                                                           |                          |  |  |  |  |
| Place:                                                                                                        | College Station, TX                                                    |                          |  |  |  |  |
| Date:                                                                                                         | 5/13/19 - 5/16/19                                                      |                          |  |  |  |  |
| Who Will Be Attendi<br>Keely McCrady, C<br>Health                                                             | ing: EA-Family & Consumer                                              |                          |  |  |  |  |
| This Training/ Seminar is necessary for the following reasons:  Required continuing education xx Job training |                                                                        |                          |  |  |  |  |
| Improve work performance                                                                                      |                                                                        | Required certification   |  |  |  |  |
| Attach Regist                                                                                                 | ration Form and Complete the                                           | e following information: |  |  |  |  |
| Amount of regis                                                                                               | Amount of registration \$ 65.00 P.O. #19-1573 Date registration is due |                          |  |  |  |  |
| Return check                                                                                                  | c to department head                                                   |                          |  |  |  |  |
| x Request Tre                                                                                                 | easurer to mail check with registrat                                   | ion                      |  |  |  |  |
| If an advance is requested, attach a completed Johnson County Travel Form.                                    |                                                                        |                          |  |  |  |  |
| Deptartment Head S                                                                                            | ignature: <u>Kristen Clark</u>                                         |                          |  |  |  |  |
| *SEND FORM TO COUNTY JUDGE'S OFFICE*                                                                          |                                                                        |                          |  |  |  |  |
| RECEIVED B                                                                                                    | Y COUNTY JUDGE'S OFFIC                                                 | E DATE:                  |  |  |  |  |
| APPROVED E                                                                                                    | SY COMMISSIONER'S COURT                                                | DATE:                    |  |  |  |  |

# **)RIGINAL**

## **Training / Seminar Approval Form**

| Department Name:       | Sheriff's Office                              |                             |       |  |  |
|------------------------|-----------------------------------------------|-----------------------------|-------|--|--|
| Seminar Name:          | 33rd Annual Texas Jail Association Conference |                             |       |  |  |
| Purpose:               | Training                                      |                             |       |  |  |
| Place:                 | Renaissance Austin Hotel, Austin, Texas       |                             |       |  |  |
| Date:                  | May 12-17, 2019                               |                             |       |  |  |
| Who Will Be Attending: |                                               | Captain David Blankenship   |       |  |  |
| This Trainin           | g/ Seminar is necessary for the               | following reasons:          |       |  |  |
| Requir                 | ed continuing education                       | X Job training              |       |  |  |
| X Improve v            |                                               |                             |       |  |  |
| Attach Regis           | tration Form and Complete the                 | following information:      |       |  |  |
| Amount of reg          | istration \$260.00 Date registra              | ation is due April 26, 2019 |       |  |  |
| Return                 | n check to department head                    |                             |       |  |  |
| XX Request Ti          | reasurer to mail check with registrati        | on                          |       |  |  |
| If an advance i        | s requested, attach a completed John          | son County Travel Form.     |       |  |  |
| Dept. Head Si          | gnature: Slam /                               | ling                        |       |  |  |
| *SEND FOR              | M TO COUNTY JUDGE'S OF                        | FICE*                       |       |  |  |
| RECEIVED I             | BY COUNTY JUDGE'S OFFICE                      | B .                         | DATE: |  |  |
| APPROVED I             | BY COMMISSIONER'S COURT:                      |                             | DATE: |  |  |

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