AGENDA ITEM
CA 7

# Travel Approval Form

**Department:** Road and Bridge-Precinct 1

**Event Name:** Tobacco Administration Advisory Committee

**Location:** Austin, TX

**Event Dates:** 10.30.26

**Purpose:**

- ☐ Required Continuing Education/Certification
- ☐ Job Training
- ☑ Other: Committee Meeting

Court Decision:
This section to be completed by County Judge's Office




7.27.2026

**Name of Attendees:**

Rick Bailey

No agenda at this time.

**Required Documents Checklist:**

✶✶ **Same-Day Travel - Commissioners Court Approval is not required** ✶✶

**Overnight Travel**

- ☑ Travel Approval Form
- ☑ Registration Information or Confirmation
- ☐ Itinerary, Agenda, or Breakdown
- ☑ Hotel Information, Confirmation, or Hotel Reservation Request Form

**For Out of State Travel, please also include:**

- ☐ Cost Estimation Breakdown for Trip with Airfare, Rental Car, Meals, Hotel, Etc.
- ☐ Narrative as to why the Out of State Travel is necessary

**Signature of Elected Official/Department Head:** Rick Bailey

**Archived:** Friday, July 10, 2026 8:48:14 AM
**From:** Suton,Amira (DSHS)
**Sent:** Thu, 2 Jul 2026 18:36:50
**To:** Keri Disney-Story Joe A. Gonzalez Jonny Hipp (jonny.hipp@nchdcc.org) Kasey Posey Administrative Assistant to Kelly Traylor Keli Pack Kelly Traylor (ktraylor@cocherokee.org) Lisa Russell Senior Executive Asst. to Russell Tippin Maegen A. Garner Mark Beauchamp (Mark.Beauchamp@co.wichita.tx.us) Meggie Garcia Ms. Garner Admin Melissa Quintanilla Executive Assistant for Jonny F. Hipp Rick Bailey Ruben J. Vogt Russell Tippin Sandra Santos Assistant to Commissioner Joe A. Gonzalez Stephanie McDonald ( Stephanie.mcdonald@centralhealth.net) Steven Salazar Admin for Ms. McDonald Susan Henderson Ms. Nikitin Assistant Nikitin, Victoria
**Cc:** Garza,Jodi (DSHS) Birdwell,Gretchen (DSHS) Whitney.Blanton@ttstc.texas.gov ttstc.legal@ttstc.texas.gov Khan,Farhan (HHSC/DSHS) Nora.Arredondo@ttstc.texas.gov DSHS Tobacco
**Subject:** RE: Save the Date for Tobacco Settlement Permanent Trust Account Administration Advisory Committee Meeting
**Importance:** Normal
**Sensitivity:** None

---

CAUTION: This email originated from outside of the Johnson County email system.
Use care when opening links or attachments. Report suspicious emails.

Dear Administration Advisory Committee (AAC) members,

The **Tobacco Settlement Permanent Trust Account** (TSPTA) **Administration Advisory Committee** (AAC) **meeting** will be held on: Fri. **October 30, 2026, at 10:00 a.m. CST.**

- Please note that the **Texas Treasury Safekeeping Trust Company** (TTSTC) **and the Department of State Health Services** (DSHS) will be presenting at this meeting. The TTSTC will provide the Tobacco distribution dollar amount in March 2027.

**AAC Committee Members**: *According to statute, the committee may act only on the affirmative votes of eight members. You are strongly encouraged to take part to ensure that we have a quorum.*

Please feel free to contact me via email at Amira.Suton@dshs.texas.gov or DSHSTobacco@dshs.texas.gov, if you have any questions. In case you have difficulties attending the meeting please call me on (512) 364-4028.

We look forward to seeing you in October. Thank you.

Kind Regards,
Amira

Amira Suton, BA HCM
Tobacco Settlement Distribution Program Coordinator
Tobacco Settlement Distribution Program | Texas DSHS
FCMB/Office of the Chief Financial Officer
Texas Department of State Health Services
PO Box 149347 MC 7923
Austin, TX 78714-9347
DSHSTobacco@dshs.texas.gov

## RESERVATION INFORMATION

| | |
|---|---|
| Confirmation Number | **63604688** |
| Arrival | **10-29-26** |
| Departure | **10-30-26** |
| No. of Guests | **1/ 0** |
| No. of Rooms | **1** |

## RATE INFORMATION

| | |
|---|---|
| Room Description | **1 King Bed Non-Smoking** |
| Rate Plan | **98.00** |
| Additional Rate Details | **17% Tax** |

## GUEST INFORMATION AND BOOKING REQUIREMENTS

| | |
|---|---|
| Name | **Rick Bailey** |
| Address | **9500 Valley View Trl**<br>**Rio-Vista 76093-3140**<br>**United States** |
| Membership Type | **PC** |
| Membership Number | **220554994** |
| Email | **kpack@johnsoncountytx.org** |
| Phone Number | **8176481356** |
| Credit Card Type | **American Express** |

**Cancellation Policy:Reservation should be cancelled 24 hours prior to arrival by 6pm to avoid cancellation fees.**

**Thank you for choosing the HOLIDAY INN AUSTIN. We look forward to having you as our guest.**

---

**Best regards,**

**Reservations Office**