

**Minutes of
Clay County Board of Supervisors
Regular Meeting
Monday, October 5, 2020 at 9:00 a.m.**

BE IT REMEMBERED a regular meeting of the Clay County Board of Supervisors was held at the Clay County Courthouse, West Point, Mississippi, on Monday, October 5, 2020 at 9:00 a.m.

PRESENT:

Luke Lummus, Supervisor District 2, Presiding
Lynn D. Horton, Supervisor District 1
R.B. Davis, Supervisor District 3
Shelton Deanes, Supervisor District 4
Joe Chandler, Supervisor District 5

Eddie Scott, Clay County Sheriff
Amy G. Berry, Clay County Chancery Clerk
Angela Turner Ford, Board Attorney

County Residents

The following proceedings were had:

CALL TO ORDER/INVOCATION

The meeting was called to order by Clay County Sheriff Eddie Scott. The welcome was given by Supervisor Lummus with invocation given by Supervisor Joe Chandler.

ADOPTION OF AGENDA

Supervisor Davis moved to adopt the agenda as presented.

The motion was seconded by Supervisor Deanes.

(Exhibit "A")

AMENDMENT OF AGENDA

Supervisor Chandler moved to amend the agenda as presented.

The motion was seconded by Supervisor Deanes.

AUTHORIZE AND APPROVE THE CLAIMS DOCKET FOR PAYMENT FOR THE MONTH OF OCTOBER 2020

Supervisor Deanes moved to authorize and approve of the Claims Docket as presented for the month of October 2020 for payment.

The motion was seconded by Supervisor Horton.

(Exhibit "B")

AUTHORIZE AND APPROVE PAYMENT TO THE FLOOD PLAIN COORDINATOR, RANDY JONES, FOR SERVICES RENDERED FOR THE MONTH OF SEPTEMBER 2020 IN THE AMOUNT OF \$686.78

Supervisor Deanes moved to authorize and approve payment to the Flood Plain Coordinator, Randy Jones, for services rendered for the month of September 2020 in the amount of \$686.78.

The motion was seconded by Supervisor Davis.

(Exhibit "C")

MITZI THOMPSON OF EAST MISSISSIPPI COMMUNITY COLLEGE ADDRESSED THE BOARD AND INTRODUCED DR COURTNEY TAYLOR, THE NEWLY HIRED EXECUTIVE DIRECTOR OF THE COMMUNIUNIVERSITY UNIVERSITY

Dr. Taylor shared her ideas and excitement for the future of the CommuniUniversity and encouraged the Board if they had any concerns or needed and information on the CommuniUniversity to please contact her. She gave her business card and distributed other information on the CommuniUniversity to the Board.

AUTHORIZE AND APPROVE OF THE COUNTY BEING A RECIPIENT OF FEDERAL GRANT FUNDS FROM THE *CENTER FOR TECH AND CIVIC LIFE (CTCL)* IN THE AMOUNT OF \$21,210.00 FOR THE NOVEMBER 2020 PRESIDENTIAL ELECTION EXPENSES

Supervisor Davis moved to authorize and approve of the County being recipient of federal grant funds from the *Center for Tech and Civic Life (CTCL)* in the amount of \$21,210.00 to be used exclusively to offset COVID Safety and Preventative costs incurred in the November 2020 Presidential Election.

The motion was seconded by Supervisor Horton.

(Exhibit "D")

AUTHORIZE AND APPROVE THE SHERIFF TO APPLY FOR THE SPIRIT OF BLUE GRANT AND FOR GRANT FUNDS TO BE UTILIZED TO PURCHASE INVESTIGATIVE EQUIPMENT

Supervisor Deanes moved to authorize and approve the Sheriff to apply for the Spirit of Blue Grant and for grant funds to be used to fund 100% of the purchase of investigative equipment.

The motion was seconded by Supervisor Horton.

(Exhibit "E")

AUTHORIZE AND APPROVE THE SHERIFF TO ACCEPT THE \$10,000 GRANT FUNDS AS AWARDED TO THE CLAY COUNTY SHERIFF'S DEPARTMENT FROM THE FOUR COUNTY FOUNDATION TO BE USED TOWARDS THE PURCHASE OF A DRONE AIRCRAFT AND ACCESSORIES AS OUTLINED IN THE GRANT APPLICATION

Supervisor Horton moved to authorize and approve the Sheriff to accept the \$10,000 grant funds as awarded to the Clay County Sheriff's department from the Four County Foundation to be used towards the purchase of a Drone Aircraft and Accessories as outlined in the grant application.

The motion was seconded by Supervisor Davis.

(Exhibit "F")

AUTHORIZE AND APPROVE THE AMENDED 2019 PROJECT SAFE NEIGHBOR (PSN) GRANT APPLICATION WHICH INCREASED THE FUNDING FOR THE GRANT FROM \$56,500.00 TO \$63,416.00

Supervisor Davis moved to authorize and approve the amended 2019 Project Safe Neighbor (PSN) Grant Application which increased the funding for the grant from \$56,500.00 to \$63,416.00.

The motion was seconded by Supervisor Horton.

(Exhibit "G")

AUTHORIZE AND APPROVE THE CHANCERY CLERK TO ENTER INTO A 48 MONTH COPIER AGREEMENT ON STATE CONTRACT WITH IT RAY COMPANY FOR A COLORED COPIER IN THE COURT DEPARTMENT IN THE VAULT

Supervisor Davis moved to authorize and approve the Chancery Clerk to enter into a 48-month copier agreement on state contract with IT RAY COMPANY for a colored copier in the court department in the vault in the Chancery Clerk's office.

The motion was seconded by Supervisor Horton.

(Exhibit "H")

AUTHORIZE AND APPROVE PAYMENT TO THE GOLDEN TRIANGLE LINK FOR INVOICES AS PRESENTED FOR PAYMENT IN THE AMOUNT OF \$155.00 FOR SPECIAL SERVICES AND FOR THE CLERK TO BILL THE CITY OF WEST POINT FOR THEIR ONE HALF PORTION

Supervisor Deanes moved to authorize and approve payment to the Golden Triangle Link invoices as presented for payment in the amount of \$155.00 for the Special Services and for the Clerk to bill the City of West Point for their one-half portion.

The motion was seconded by Supervisor Davis.

(Exhibit "I")

AUTHORIZE AND APPROVE TO SEND A RESOLUTION TO THE TOMBIGBEE RIVER VALLEY WATER MANAGEMENT DISTRICT TO CLEAN OUT THE PORTION OF HOULKA CREEK AROUND THE WOOTEN/HAAAS PROPERTY

Supervisor Deanes moved to authorize and approve for a Resolution to be sent to the Tombigbee River Valley Water Management District to clean out the portion of the Houlika Creek around the Wooten/Haas property.

The motion was seconded by Supervisor Horton.

(Exhibit "J")

AUTHORIZE AND APPROVE OF EIGHT (8) AMENDED HOMESTEAD APPLICATIONS TO BE REMITTED TO THE MS DEPARTMENT OF REVENUE

Supervisor Davis moved for eight (8) amended Homestead Applications to be remitted to the MS Department of Revenue.

The motion was seconded by Supervisor Horton.

(Exhibit K")

AUTHORIZE AND APPROVE TO GO INTO CLOSED SESSION

Supervisor Davis moved to go into closed session.

The motion was seconded by Supervisor Horton.

AUTHORIZE AND APPROVE TO GO FROM CLOSED SESSION TO EXECUTIVE SESSION AS ALLOWED UNDER SECTION 25-41-7 OF *THE MISSISSIPPI CODE OF 1972* TO DISCUSS A POTENTIAL LITIGATION MATTER

Supervisor Horton moved to authorize and approve to go from closed session to executive session as allowed under Section 25-41-7 of *the Mississippi Code of 1972* to discuss a potential litigation matter.

The motion was seconded by Supervisor Davis.

AUTHORIZE AND APPROVE TO COME OUT OF EXECUTIVE SESSION

Supervisor Davis moved to authorize and approve to come out of executive session.

The motion was seconded by Supervisor Horton.

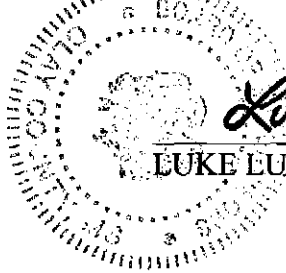
RECESSING

Supervisor Deanes moved to recess until Thursday, October 8, 2020, at 9:00 a.m., at the Clay County Courthouse.

The motion was seconded by Supervisor Davis.

ALL MOTIONS CARRIED UNANIMOUSLY UNLESS OTHERWISE INDICATED

SO ORDERED, this the 5th day of October, 2020



Luke Lummus
LUKE LUMMUS, PRESIDENT

ATTEST:

Amy G. Berry
AMY G. BERRY, CHANCERY CLERK
CLERK OF THE BOARD

EXHIBIT A



**Clay County Board of Supervisors
Agenda for Meeting
Monday, October 5, 2020, at 9:00 a.m.**

- Call to Order
- Welcome and Prayer
- Adopt and Amend the Agenda
- Authorize and Approve the Claims Docket
- Authorize and approve to pay Randy Jones in the amount of \$686.78 for services as Flood Plain Coordinator for the month of September 2020
- Mitzi Thompson, *East Mississippi Community College*
Dr. Courtney Taylor, *Executive Director of The Communiuniversity & Workforce Development*
 - Introduction and Update
- Mae Brewer, *Election Commissioner*
 - Authorize and approve to approve the Election Commissioners to receive a federal Grant from the Center for Tech and Civic Life (CTCL) in the amount of \$21, 210.00
- Eddie Scott, *Sheriff*
 - Authorize and approve the amended grant application for the 2019 Project Safe Neighbor (PSN) Grant
- Amy G. Berry, *Chancery Clerk*
 - Consider and approve copier rental agreement in Chancery Clerk's office
 - Authorize and approve payment on LINK invoice in the amount of \$155.00 and for the Clerk to bill the City for reimbursement for one half
 - Authorize and send resolution to the TRVWMD on the Houlika Creek project – portion around the Wooten property and Haas Property
 - Authorize and approve 8 Homestead Amended Applications FY2020
- Authorize and approve to go into Executive Session regarding a matter of potential litigation as allowed under Section 25-41-7, of the Mississippi Code.
- Recess until Thursday, October 8, 2020, at 9:00 a.m.

Amendments:

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EXHIBIT B

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EX 9 00

1/18/2021 CLAY COUNTY
11:34:34 CLAIMS SUMMARY FOR: 10/2020
FOR THE PERIOD ENDED OCTOBER 05, 2020

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CLAIM #	VENDOR NAME	AMOUNT	
14	CITY OF COLUMBUS	480.00	
18	J P'S EQUIPMENT	1810.00	
19	J P'S EQUIPMENT	895.00	
20	SERVICEMASTER RESTORATION	1428.00	VOIDED
22	CASH & CARRY CLEANERS	30.00	
23	CASH & CARRY CLEANERS	20.00	
24	CASH & CARRY CLEANERS	15.00	
25	AUTO-CHLOR SYSTEMS	206.95	
26	MS EXTENSION ASSOC OF FAMILY	120.00	
27	MISSISSIPPI ASSOC OF COUNTY	100.00	
28	AIRGAS SOUTH	191.74	
29	MISSISSIPPI VITAL RECORDS	74.00	
30	MISSISSIPPI VITAL RECORDS	87.00	
31	DIXIE NET	215.00	
32	SHRED MANAGERS	60.00	
33	DIVERSIFIED COMPANIES, LLC	1500.00	
34	GOVEASE AUCTION LLC	3580.67	
35	MS SUPREME COURT	200.00	
36	NORTH MS MEDICAL CENTER	180.00	
37	CASH & CARRY CLEANERS	30.00	
38	ROSE DRUG COMPANY	173.40	
39	CASH & CARRY CLEANERS	15.00	
40	CASH & CARRY CLEANERS	20.00	
41	JOHANNA RICE, LLC	162.00	
53	FUELMAN	907.33	
59	WEST POINT SCHOOLS	57.89	
60	CITY OF WEST POINT	21.05	
61	SHERWIN-WILLIAMS OF WEST POINT	2387.16	
62	GARY'S PAWN & GUN SHOP	13.49	
63	GARY'S PAWN & GUN SHOP	912.80	
64	GALLS INCORPORATED	306.99	
65	QUILL CORPORATION	699.99	
66	QUILL CORPORATION	249.99	
67	ULINE	992.53	
69	SAM'S CLUB	252.29	
70	LAWRENCE PRINTING COMPANY, INC	167.95	
71	LAWRENCE PRINTING COMPANY, INC	160.60	
72	LAWRENCE PRINTING COMPANY, INC	161.14	
73	LAWRENCE PRINTING COMPANY, INC	161.14	
74	LAWRENCE PRINTING COMPANY, INC	281.05	
75	METAL CRAFT ID PLATES & LABELS	244.24	
76	JIM'S AUTO PARTS, WEST POINT	34.99	
81	ALLMOND PRINTING	300.00	
82	ABSOLUTE PRINT SOLUTIONS	985.84	
83	ABSOLUTE PRINT SOLUTIONS	1632.79	

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84 REFRIGERATION SUPPLY COMPANY	452.63
85 A & H ELECTRICAL/REFRIGERATION	30.00
86 QUILL CORPORATION	188.86
87 NEWELL PAPER COMPANY	1909.94
88 WALMART COMMUNITY BRC	34.88

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CLAIM #	VENDOR NAME	AMOUNT
89	SAFEGUARD BUSINESS SYSTEMS	2011.82
90	REFRIGERATION SUPPLY COMPANY	286.80
91	OFFICE SUPPLY HUT	60.49
92	WOOD FRUITTICHER GROCERY CO	3300.92
93	QUILL CORPORATION	150.43
94	QUILL CORPORATION	19.18
95	QUILL CORPORATION	236.40
96	SUNFLOWER STORE	100.00
97	US FOOD SERVICE	2369.13
98	WALMART COMMUNITY BRC	61.62
99	NEWELL PAPER COMPANY	183.48
100	QUILL CORPORATION	699.99
101	QUILL CORPORATION	29.99
102	QUILL CORPORATION	249.99
103	QUILL CORPORATION	13.00
104	QUILL CORPORATION	350.96
105	JIM'S AUTO PARTS, WEST POINT	204.09
106	R J YOUNG COMPANY	103.30
107	BELLSOUTH / ATT	34.40
108	DATA SYSTEMS MANAGEMENT, INC	2759.00
109	MS STATE MEDICAL EXAMINER	1000.00
110	MS INDUSTRIAL WASTE DISPOSAL	248.10
111	MS INDUSTRIAL WASTE DISPOSAL	67.00
112	ALLEN, ALLEN, BREELAND & ALLEN	770.00
113	SOUTHERN TELECOMMUNICATIONS	522.64
115	SOUTHERN TELECOMMUNICATIONS	74.82
116	MELISSA GRIMES	41.40
117	MS STATE UNIV. EXTENSION SERV	1309.26
118	GOLDEN TRIANGLE PL & DEV DIST	4926.65
120	FUELMAN	22.05
121	QUILL CORPORATION	131.96
122	QUILL CORPORATION	387.98
123	QUILL CORPORATION	100.93
124	QUILL CORPORATION	161.89
125	SALEEM ALI, MD	200.00
126	ANGELA GIBSON, NP	200.00
127	AMY G. BERRY - FEES	156.00
128	AMY G. BERRY - FEES	156.00
129	CLAY COUNTY MEDICAL CENTER	628.97
130	CLAY COUNTY MEDICAL CENTER	69.09

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132	SHERWIN-WILLIAMS OF WEST POINT	80.77
133	AXON ENTERPRISE INC/TASER	414.00
134	CASH & CARRY CLEANERS	15.00
135	CASH & CARRY CLEANERS	20.00
136	CASH & CARRY CLEANERS	30.00
138	ROBERT HARRELL, JR.	750.00
155	FUELMAN	1012.41
219	FRANKLIN TELEPHONE COMPANY	2749.24
220	R J YOUNG COMPANY	153.44
222	NEWELL PAPER COMPANY	809.96
223	LOWNDES COUNTY SHERIFF'S DEPT	1440.00
224	ALLMOND PRINTING	240.00

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CLAIM #	VENDOR NAME	AMOUNT	
229	JIM'S AUTO PARTS, WEST POINT	302.12	
230	JIM'S AUTO PARTS, WEST POINT	317.91	
232	EMERSON ANIMAL HOSPITAL	194.20	
233	VISTAR CORPORATION	803.90	
234	OFFICE SUPPLY HUT	141.36	
235	DELTA COMPUTER SYSTEMS, INC	80.00	
236	MTS/ MY TRANSPORT SERVICES	175.00	
237	MAE BREWER	85.10	
238	GEORGE HUBERT CASTON	48.88	
239	TOMMY D. BRYAN	34.50	
245	CITY OF WEST POINT	1934.59	
246	CITY OF WEST POINT	766.98	
247	WEST POINT SCHOOLS	5320.11	
248	WEST POINT SCHOOLS	2109.19	
249	LINDA IVY	28.75	
250	SAWANA WALKER	50.60	
252	CARDMEMBER SERVICE	448.20	
253	LEIGH B PETTIT	34.50	
254	S.E. CHICKASAW WATER ASSOC.	20.00	
255	GOLDEN TRIANGLE WATER	32.50	
256	ITC DELTACOM, INC	861.53	VOIDED
257	URGENT TEAM WEST POINT CENTER	140.00	
260	CITY WATER & LIGHT DEPT.	224.25	
261	CITY WATER & LIGHT DEPT.	36.75	
263	COMCAST CABLE	133.61	
264	NORTH MS MEDICAL CLINIC	200.00	
265	KIM HOOD	46.00	
266	ABSOLUTE PRINT SOLUTIONS	63.41	
267	QUILL CORPORATION	14.38	
268	QUILL CORPORATION	28.99	
269	QUILL CORPORATION	169.55	
271	QUILL CORPORATION	32.97	
272	QUILL CORPORATION	11.99	

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273	QUILL CORPORATION	54.64
274	SHERWIN-WILLIAMS OF WEST POINT	1378.79
275	FUELMAN	84.56
276	FUELMAN	847.40
278	RWJ CONSULTING, LLC	686.78
279	ADMINISTRATIVE OFFICE OF COURT	7769.33
280	CASH & CARRY CLEANERS	30.00
281	CASH & CARRY CLEANERS	15.00
282	CASH & CARRY CLEANERS	20.00
283	FORERUNNER TECHNOLOGIES	96.00
284	ORKIN- TUPELO, MS	57.50
285	ORKIN- TUPELO, MS	39.60
286	ORKIN- TUPELO, MS	100.00
287	ORKIN- TUPELO, MS	88.55
288	ORKIN- TUPELO, MS	56.00
289	ORKIN- TUPELO, MS	81.33
305	DRUG FREE WORKPLACES, INC	44.00
306	DRUG FREE WORKPLACES, INC	69.00
307	COMCAST CABLE	149.64

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308	AMY G. BERRY - FEES	156.00	
317	RUSS WALKER	160.00	
318	SECURITY SOLUTIONS, LLC	276.00	
320	TOTAL LAWN CARE	610.00	
321	TOTAL LAWN CARE	150.00	
322	TOTAL LAWN CARE	120.00	
324	TOTAL LAWN CARE	395.00	
325	SHERWIN-WILLIAMS OF WEST POINT	367.35	
326	PHILLIP'S HARDWARE	2012.98	
327	NEWELL PAPER COMPANY	224.40	
328	MAGNOLIA BUSINESS SYSTEMS, INC	189.61	
329	MAGNOLIA BUSINESS SYSTEMS, INC	246.78	
330	MAGNOLIA BUSINESS SYSTEMS, INC	88.10	
331	MAGNOLIA BUSINESS SYSTEMS, INC	190.77	
332	MAGNOLIA BUSINESS SYSTEMS, INC	292.40	
333	MAGNOLIA BUSINESS SYSTEMS, INC	133.75	
334	MAGNOLIA BUSINESS SYSTEMS, INC	165.59	
335	MAGNOLIA BUSINESS SYSTEMS, INC	151.25	
336	MAGNOLIA BUSINESS SYSTEMS, INC	314.43	
337	MAGNOLIA BUSINESS SYSTEMS, INC	172.39	
338	MAGNOLIA BUSINESS SYSTEMS, INC	35.72	
339	MAGNOLIA BUSINESS SYSTEMS, INC	79.10	
340	MAGNOLIA BUSINESS SYSTEMS, INC	104.39	
341	MAGNOLIA BUSINESS SYSTEMS, INC	219.87	
342	SERVICEMASTER RESTORATION	1428.00	VOIDED
344	JAMES E. MCMILLIAN	150.00	

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345 C SPIRE WIRELESS	47.19
346 C SPIRE WIRELESS	102.94
347 C SPIRE WIRELESS	43.19
349 C SPIRE WIRELESS	797.42
352 INSIGHT PUBLIC SECTOR, INC.	516.84
353 INSIGHT PUBLIC SECTOR, INC.	516.84
424 NESCO ELECTRICAL & LIGHTING CO	56.66
426 COMMUNITY COUNSELING	375.00
427 CITY WATER & LIGHT DEPT.	744.11
428 ATMOS ENERGY	144.01
429 ATMOS ENERGY	48.86
430 ATMOS ENERGY	35.25
432 MISS. ASSOC. OF SUPERVISORS	1800.00
434 COMCAST CABLE	220.09
435 FOUR-COUNTY ELEC POWER ASSN	35.00
436 FOUR-COUNTY ELEC POWER ASSN	35.00
437 FOUR-COUNTY ELEC POWER ASSN	53.00
438 FOUR-COUNTY ELEC POWER ASSN	61.00
439 FOUR-COUNTY ELEC POWER ASSN	106.00
440 FOUR-COUNTY ELEC POWER ASSN	57.00
441 FOUR-COUNTY ELEC POWER ASSN	185.00
442 FOUR-COUNTY ELEC POWER ASSN	47.00
443 FOUR-COUNTY ELEC POWER ASSN	77.00
444 FOUR-COUNTY ELEC POWER ASSN	237.00
445 FOUR-COUNTY ELEC POWER ASSN	42.00
446 FOUR-COUNTY ELEC POWER ASSN	57.00

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447 FOUR-COUNTY ELEC POWER ASSN	138.00
448 FOUR-COUNTY ELEC POWER ASSN	49.00
449 FOUR-COUNTY ELEC POWER ASSN	88.00
450 FOUR-COUNTY ELEC POWER ASSN	32.69
453 SILOAM WATER DISTRICT	25.00
454 SILOAM WATER DISTRICT	25.00
455 SILOAM WATER DISTRICT	25.00
457 TEC	22.58
458 LEXIS NEXIS RISK DATA MNGTMENT	606.69
459 FUELMAN	25.11
460 FUELMAN	954.39
462 ABSOLUTE PRINT SOLUTIONS	215.94
463 WALMART COMMUNITY BRC	24.98
464 WALMART COMMUNITY BRC	30.40
465 BANCORP SOUTH	4347.01
470 WALMART COMMUNITY BRC	78.51
471 QUILL CORPORATION	154.90
472 QUILL CORPORATION	183.37
473 QUILL CORPORATION	19.18

474	QUILL CORPORATION	22.59
475	QUILL CORPORATION	12.29
476	QUILL CORPORATION	184.56
478	NEWELL PAPER COMPANY	67.50
479	MAGNOLIA BUSINESS SYSTEMS, INC	30.00
480	MAGNOLIA BUSINESS SYSTEMS, INC	79.10-
483	BIGHAM TRUCKING	500.00
484	ATMOS ENERGY	50.68
485	CITY WATER & LIGHT DEPT.	2714.03
486	CITY WATER & LIGHT DEPT.	6952.80
487	CITY WATER & LIGHT DEPT.	1671.36
488	CITY WATER & LIGHT DEPT.	415.58
489	CITY WATER & LIGHT DEPT.	2122.75
490	CITY WATER & LIGHT DEPT.	124.92
491	AT & T	229.64
492	NEWELL PAPER COMPANY	546.75
493	NEWELL PAPER COMPANY	190.75
494	AMY G. BERRY - FEES	156.00
495	AMY G. BERRY - FEES	156.00
497	ELECTION SYSTEMS & SOFTWARE	1255.00
498	MISS. CIRCUIT CLERK'S ASSOC.	1000.00
499	COMCAST CABLE	189.64
500	U. S. POSTMASTER	92.00
503	ROSE DRUG COMPANY	85.89
504	ATMOS ENERGY	64.14
505	SHERWIN-WILLIAMS OF WEST POINT	1407.38
506	QUILL CORPORATION	49.47
537	LOCAL GOVERNMENT RECORDS OFFIC	216.50
639	CLAY CO.DEPT./SOCIAL SERVICES	316.67
640	DISTRICT ATTORNEY'S OFFICE	175.00
641	GOLDEN TRIANGLE AREA	2583.33
642	INSURANCE CLEARING ACCOUNT	1710.02
643	HEALTH DEPT. OF CLAY COUNTY	3791.67

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CLAIM #	VENDOR NAME	AMOUNT
644	M & L BUILDING, LLC	400.00
645	COMMUNITY COUNSELLING SERVICE	2000.00
646	NATIONAL GUARD OF MISSISSIPPI	200.00
647	RESERVE ACCOUNT	2000.00
648	CLAY COUNTY SWCD OFFICE	800.00
649	UNITED POSTAL SERVICE	625.00
650	VICTIM WITNESS PROGRAM	1632.89
651	VICTIM WITNESS PROGRAM	443.70
652	GOLDEN TRIANGLE DEVELOPMENT	87500.00
653	LYON INSURANCE AGENCY, INC	58279.00
654	TANYA WEST	500.00
655	MISSISSIPPI PUBLIC ENTITY	14787.00

9960

656 MARLIN M STEWART III 1125.00
657 MARLIN M STEWART III 375.00
658 GOLDEN TRIANGLE DEVELOPMENT 155.00

*** FUND TOTALS *** 001 GENERAL COUNTY

301846.71

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CLAIM # VENDOR NAME AMOUNT

68 WALMART COMMUNITY BRC 144.72
231 N.MS. COCA COLA BOTTLING CO. 326.25
262 COMCAST CABLE 99.44
433 COMCAST CABLE 105.09

*** FUND TOTALS *** 040 SHERIFF'S INMATE CANTEEN

675.50

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CLAIM # VENDOR NAME AMOUNT

533 TOMBIGBEE REGIONAL LIBRARY 4974.99

*** FUND TOTALS *** 095 SPECIAL LIBRARY LEVY

4974.99

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CLAIM # VENDOR NAME AMOUNT

77 ECONO SIGNS OF TUPELO 12.00
78 ECONO SIGNS OF TUPELO 24.00
79 ECONO SIGNS OF TUPELO 24.00
80 ECONO SIGNS OF TUPELO 12.00
114 SOUTHERN TELECOMMUNICATIONS 262.53
221 NEWELL PAPER COMPANY 61.16
270 QUILL CORPORATION 419.89
316 BELLSOUTH / ATT 3466.00
425 AT&T 107.00
456 TEC 2.36
466 BANCORP SOUTH 3013.85
467 HANCOCK BANK 2866.94

*** FUND TOTALS *** 097 E911 FUND

10271.73

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CLAIM # VENDOR NAME AMOUNT

319 WEST GROUP PAYMENT CENTER 388.95

*** FUND TOTALS *** 104 LAW LIBRARY

388.95

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CLAIM # VENDOR NAME AMOUNT

323 TOTAL LAWN CARE	105.00	
343 LONNIE DAVIDSON	200.00	
348 C SPIRE WIRELESS	28.20	
469 MS DEVELOPMENT AUTHORITY	2497.54	
*** FUND TOTALS *** 114 VOLUNTEER FIRE DEPARTMENT		2830.74
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FOR THE PERIOD ENDED OCTOBER 05, 2020		
CLAIM # VENDOR NAME	AMOUNT	
468 MS DEVELOPMENT AUTHORITY	2993.38	
*** FUND TOTALS *** 116 INSURANCE REBATE MONIES		2993.38
1/18/2021 CLAY COUNTY		PAGE 13
11:34:34 CLAIMS SUMMARY FOR: 10/2020		APCSCPR
FOR THE PERIOD ENDED OCTOBER 05, 2020		
CLAIM # VENDOR NAME	AMOUNT	
359 CALVIN AUTO SALES	125.00	
362 PHILLIP'S HARDWARE	49.99	
*** FUND TOTALS *** 151 DISTRICT 1 ROAD		174.99
1/18/2021 CLAY COUNTY		PAGE 14
11:34:34 CLAIMS SUMMARY FOR: 10/2020		APCSCPR
FOR THE PERIOD ENDED OCTOBER 05, 2020		
CLAIM # VENDOR NAME	AMOUNT	
17 GOLDEN TRIANGLE TIRE SVC LLC	144.99	
164 PHILLIP'S HARDWARE	191.19	
167 CINTAS	31.20	
309 GOLDEN TRIANGLE WATER	32.50	
310 CITY WATER & LIGHT DEPT.	36.75	
311 GEORGE'S TIRE SERVICE	25.50	
415 JIM'S AUTO PARTS, WEST POINT	323.81	
416 JIM'S AUTO PARTS, WEST POINT	229.00	
417 JIM'S AUTO PARTS, WEST POINT	30.48	
418 JIM'S AUTO PARTS, WEST POINT	119.46	
419 JIM'S AUTO PARTS, WEST POINT	49.47	
420 CARQUEST AUTO PARTS, INC.	1.93	
421 JIM'S TIRE COMPANY	75.00	
477 WHITE OIL CO., INC. & TIRE CTR.	1122.80	
551 FOUR-COUNTY ELEC POWER ASSN	299.00	
565 G & O SUPPLY CO, INC	960.00	
566 G & O SUPPLY CO, INC	647.88	
569 WARREN PAVING	413.98	
570 WARREN PAVING	542.39	
572 MS INDUSTRIAL WASTE DISPOSAL	100.88	
*** FUND TOTALS *** 152 DISTRICT 2 ROAD		5378.21
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11:34:34 CLAIMS SUMMARY FOR: 10/2020		APCSCPR
FOR THE PERIOD ENDED OCTOBER 05, 2020		

CLAIM #	VENDOR NAME	AMOUNT
21	INGRAMS GARAGE	287.50
169	JUSTIN TIPTON	45.00
172	C & S AUTO ELECTRIC	110.00
190	ADRIAN BORST	50.00
191	NEXAIR, LLC	129.44
192	PHILLIP'S HARDWARE	24.57
193	GEORGE'S TIRE SERVICE	276.00
194	GEORGE'S TIRE SERVICE	226.00
195	CARQUEST AUTO PARTS, INC.	54.96
196	CARQUEST AUTO PARTS, INC.	29.49
228	G & O SUPPLY CO, INC	560.00
354	INGRAMS GARAGE	352.30
373	C SPIRE WIRELESS	47.19
374	HENRY BACKHOE & DIRT SERVICE	300.00
481	CARQUEST AUTO PARTS, INC.	39.95
552	FOUR-COUNTY ELEC POWER ASSN	76.00
553	CARQUEST AUTO PARTS, INC.	443.63
554	CARQUEST AUTO PARTS, INC.	285.17-
555	CARQUEST AUTO PARTS, INC.	168.86
556	CARQUEST AUTO PARTS, INC.	147.72-
557	FOUR-COUNTY ELEC POWER ASSN	47.60
558	SILOAM WATER DISTRICT	25.00
559	GRAY'S TIRE SERVICE	358.74

*** FUND TOTALS *** 153 DISTRICT 3 ROAD

3219.34

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CLAIM #	VENDOR NAME	AMOUNT
197	PHILLIP'S HARDWARE	85.43
198	KNOX GROCERY LLC	33.43
199	KNOX GROCERY LLC	47.05
200	KNOX GROCERY LLC	37.06
201	KNOX GROCERY LLC	43.47
202	KNOX GROCERY LLC	59.72
203	KNOX GROCERY LLC	103.97
204	ARAMARK UNIFORM SERVICES INC	25.96
205	45 TRUCK AND TRAILER REPAIR	135.67
206	GIBSON EQUIPMENT REPAIR	20.30
207	GIBSON EQUIPMENT REPAIR	88.00
208	GIBSON EQUIPMENT REPAIR	53.36
209	NEXAIR, LLC	129.44
210	ARAMARK UNIFORM SERVICES INC	25.96
211	BACCO MATERIALS, INC.	240.63
212	PHILLIP'S HARDWARE	300.30
213	CINTAS	10.84
387	RACKLEY OIL COMPANY, INC	689.15
388	KNOX GROCERY LLC	7.99

389	PHILLIP'S HARDWARE	3.99
390	ARAMARK UNIFORM SERVICES INC	25.96
393	JIM'S AUTO PARTS, WEST POINT	33.28
394	JIM'S AUTO PARTS, WEST POINT	45.97
395	JIM'S AUTO PARTS, WEST POINT	199.38
396	JIM'S AUTO PARTS, WEST POINT	68.99
397	RACKLEY OIL COMPANY, INC	3926.25
402	C SPIRE WIRELESS	47.19
403	ARAMARK UNIFORM SERVICES INC	25.96
404	45 TRUCK AND TRAILER REPAIR	168.34
538	FOUR-COUNTY ELEC POWER ASSN	137.00
539	FOUR-COUNTY ELEC POWER ASSN	39.00
540	FOUR-COUNTY ELEC POWER ASSN	78.13
541	SILAM WATER DISTRICT	25.00
543	FOUR-COUNTY ELEC POWER ASSN	47.60
544	CARQUEST AUTO PARTS, INC.	265.99
545	CARQUEST AUTO PARTS, INC.	4.50
546	CARQUEST AUTO PARTS, INC.	29.46
547	CARQUEST AUTO PARTS, INC.	8.75
548	HANCOCK BANK	1158.98
549	TIGRETT STEEL & SUPPLY	70.10
560	GIBSON EQUIPMENT REPAIR	56.60
561	GIBSON EQUIPMENT REPAIR	23.72
660	GARRY CUNNINGHAM	720.00

*** FUND TOTALS *** 154 DISTRICT 4 ROAD
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FOR THE PERIOD ENDED OCTOBER 05, 2020

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CLAIM #	VENDOR NAME	AMOUNT
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214	PRESTON DOBBS TRUCKING AND	770.00
215	45 TRUCK AND TRAILER REPAIR	135.67
216	THOMPSON MACHINERY	53.65
218	BACCO MATERIALS, INC.	719.65
376	SUN CREEK WATER ASSN.	17.00
377	PARKER BROTHERS, INC.	133.48
378	JIM'S AUTO PARTS, WEST POINT	89.66
379	JIM'S AUTO PARTS, WEST POINT	328.45
380	JIM'S AUTO PARTS, WEST POINT	6.99
381	JIM'S AUTO PARTS, WEST POINT	88.26
382	CLAY COUNTY CO-OP	252.59
383	45 TRUCK AND TRAILER REPAIR	168.34
385	CHICKASAW EQUIPMENT CO.	326.65
386	C SPIRE WIRELESS	40.59
588	JUSTIN TIPTON	991.84
589	JUSTIN TIPTON	991.84
590	JUSTIN TIPTON	351.97
591	JUSTIN TIPTON	340.00
592	JUSTIN TIPTON	882.50
593	JUSTIN TIPTON	280.00

100

0.0 2100

594 SCOTT PETROLEUM CORP.	171.09
596 HANCOCK BANK	1158.99
597 FOUR-COUNTY ELEC POWER ASSN	135.00
598 FOUR-COUNTY ELEC POWER ASSN	47.60
599 CARQUEST AUTO PARTS, INC.	40.00
600 CARQUEST AUTO PARTS, INC.	21.05
601 CARQUEST AUTO PARTS, INC.	5.95
602 CARQUEST AUTO PARTS, INC.	37.90
603 CARQUEST AUTO PARTS, INC.	289.95
604 CARQUEST AUTO PARTS, INC.	375.90
605 CARQUEST AUTO PARTS, INC.	40.23
606 CARQUEST AUTO PARTS, INC.	8.39
607 CARQUEST AUTO PARTS, INC.	365.74
608 VICTOR AVANT	60.00
609 METROPOLITAN COMPOUNDS, INC.	997.50
610 RACKLEY OIL COMPANY, INC	290.95
611 GOLDEN TRIANGLE TIRE SVC LLC	28.00
614 BACCO MATERIALS, INC.	1221.49

*** FUND TOTALS *** 155 DISTRICT 5 ROAD

12264.86

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CLAIM #	VENDOR NAME	AMOUNT
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139 FUELMAN	176.88
140 G & O SUPPLY CO, INC	460.32
141 PHILLIP'S HARDWARE	102.10
142 ARAMARK UNIFORM SERVICES INC	150.14
143 PHILLIP'S HARDWARE	159.99
144 GEORGE'S TIRE SERVICE	40.80
145 GEORGE'S TIRE SERVICE	40.80
146 GEORGE'S TIRE SERVICE	20.40
147 GOLDEN TRIANGLE TIRE SVC LLC	29.99
148 GOLDEN TRIANGLE TIRE SVC LLC	65.00
149 GOLDEN TRIANGLE TIRE SVC LLC	43.98
150 45 TRUCK AND TRAILER REPAIR	135.67
151 H & R AGRI-POWER	11.75
152 H & R AGRI-POWER	54.13
153 H & R AGRI-POWER	39.28
154 RACKLEY OIL COMPANY, INC	1469.90
156 PRESTON DOBBS TRUCKING AND	616.00
157 ECONO SIGNS OF TUPELO	247.88
158 PRESTON DOBBS TRUCKING AND	66.00
159 ECONO SIGNS OF TUPELO	247.88
160 SOUTHERN TELECOMMUNICATIONS	38.22
161 FUELMAN	152.29
162 ARAMARK UNIFORM SERVICES INC	46.88
168 PRESTON DOBBS TRUCKING AND	66.00
170 IVY SAW & MOWER	29.95
171 IVY SAW & MOWER	14.95

173	CARQUEST AUTO PARTS, INC.	43.38
174	CARQUEST AUTO PARTS, INC.	14.44
175	CARQUEST AUTO PARTS, INC.	24.16
176	CARQUEST AUTO PARTS, INC.	56.15
177	CARQUEST AUTO PARTS, INC.	56.61
178	CARQUEST AUTO PARTS, INC.	22.38
179	CARQUEST AUTO PARTS, INC.	12.79-
180	CARQUEST AUTO PARTS, INC.	11.35
181	CARQUEST AUTO PARTS, INC.	74.77
290	BACCO MATERIALS, INC.	473.66
291	PHILLIP'S HARDWARE	59.99
292	ARAMARK UNIFORM SERVICES INC	39.53
293	COLUMBUS WHOLESALE TIRE	246.59
294	CITY WATER & LIGHT DEPT.	66.57
295	JIM'S AUTO PARTS, WEST POINT	33.48
296	JIM'S AUTO PARTS, WEST POINT	12.97
297	KELLOGG HARDWARE & APPLIANCE	8.79
298	PHILLIP'S HARDWARE	4.26
299	WALMART COMMUNITY BRC	64.89
300	FUELMAN	235.39
301	COLD MIX, INC.	2005.52
302	CLAY COUNTY CO-OP	8.03
303	C SPIRE WIRELESS	47.19
304	45 TRUCK AND TRAILER REPAIR	168.34
355	O'REILLY AUTO PARTS	9.28
356	GEORGE'S TIRE SERVICE	40.80

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CLAIM #	VENDOR NAME	AMOUNT
357	TERRY'S GARAGE AND REPAIR	202.33
358	GOLDEN TRIANGLE TIRE SVC LLC	15.99
360	GEORGE'S TIRE SERVICE	20.40
363	CARQUEST AUTO PARTS, INC.	158.89
364	CARQUEST AUTO PARTS, INC.	25.00
365	CARQUEST AUTO PARTS, INC.	108.55
366	CARQUEST AUTO PARTS, INC.	47.39
367	CARQUEST AUTO PARTS, INC.	36.28
368	CARQUEST AUTO PARTS, INC.	13.80
369	CARQUEST AUTO PARTS, INC.	55.39
370	CARQUEST AUTO PARTS, INC.	14.92
371	CARQUEST AUTO PARTS, INC.	25.88
372	CARQUEST AUTO PARTS, INC.	11.79
423	WARREN PAVING	679.65
482	COLUMBUS WHOLESALE TIRE	333.68
574	WILLIE EVANS	47.01
575	FOUR-COUNTY ELEC POWER ASSN	47.60
576	FOUR-COUNTY ELEC POWER ASSN	124.00
577	FUELMAN	184.09

578	CARQUEST AUTO PARTS, INC.	35.05
579	CARQUEST AUTO PARTS, INC.	22.41
580	CARQUEST AUTO PARTS, INC.	12.67
581	CARQUEST AUTO PARTS, INC.	61.23
582	CARQUEST AUTO PARTS, INC.	37.52
583	ARAMARK UNIFORM SERVICES INC	39.53
584	BACCO MATERIALS, INC.	708.34
585	HANCOCK BANK	1158.99
586	COLUMBUS WHOLESALE TIRE	80.75
587	PHILLIP'S HARDWARE	331.98
615	GEORGE'S TIRE SERVICE	114.75
616	GEORGE'S TIRE SERVICE	113.00
617	G & O SUPPLY CO, INC	883.32
618	SUNFLOWER STORE	9.18
619	SUNFLOWER STORE	9.18
620	SUNFLOWER STORE	9.18
621	SUNFLOWER STORE	6.88
622	SUNFLOWER STORE	9.18
623	SUNFLOWER STORE	9.18
624	SUNFLOWER STORE	9.18
625	SUNFLOWER STORE	12.84
626	SUNFLOWER STORE	9.18
627	SUNFLOWER STORE	9.18
628	SUNFLOWER STORE	4.59
629	SUNFLOWER STORE	9.18
630	SUNFLOWER STORE	12.84
631	SUNFLOWER STORE	9.18
632	SUNFLOWER STORE	9.18
633	SUNFLOWER STORE	10.01
634	SUNFLOWER STORE	9.18
635	SUNFLOWER STORE	12.84
636	SUNFLOWER STORE	9.18
637	SUNFLOWER STORE	4.59

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CLAIM # VENDOR NAME AMOUNT

638 SUNFLOWER STORE 4.59

*** FUND TOTALS *** 161 DISTRICT 1 BRIDGE

14283.61
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CLAIM # VENDOR NAME AMOUNT

49 CLAY COUNTY CO-OP 370.00
50 JIM'S AUTO PARTS, WEST POINT 51.98
51 JIM'S AUTO PARTS, WEST POINT 91.70
131 JIM'S AUTO PARTS, WEST POINT 22.58
163 PRESTON DOBBS TRUCKING AND 539.00

165 ECONO SIGNS OF TUPELO	293.12	
166 WILLIAMS EQUIPMENT & SUPPLY	687.65	
240 JIM'S AUTO PARTS, WEST POINT	51.49	
241 JIM'S AUTO PARTS, WEST POINT	29.99	
242 JIM'S AUTO PARTS, WEST POINT	28.98	
312 ORMAN'S WELDING & FAB., INC.	961.60	
313 HENRY BACKHOE & DIRT SERVICE	75.00	
314 HENRY BACKHOE & DIRT SERVICE	400.00	
315 C SPIRE WIRELESS	32.46	
361 GOLDEN TRIANGLE TIRE SVC LLC	28.00	
496 WARREN PAVING	220.99	
567 ERGON ASPHALT & EMULSIONS	11318.46	
568 ERGON ASPHALT & EMULSIONS	14105.78	
571 WARREN PAVING	1974.49	
573 FOUR-COUNTY ELEC POWER ASSN	47.60	
*** FUND TOTALS *** 162 DISTRICT 2 BRIDGE		31330.87
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CLAIM # VENDOR NAME	AMOUNT	
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227 RACKLEY OIL COMPANY, INC	3192.42	
*** FUND TOTALS *** 163 DISTRICT 3 BRIDGE		3192.42
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CLAIM # VENDOR NAME	AMOUNT	
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391 GEORGE'S TIRE SERVICE	108.00	
392 PRESTON DOBBS TRUCKING AND	2079.00	
398 PRESTON DOBBS TRUCKING AND	1841.00	
399 CHICKASAW EQUIPMENT CO.	220.29	
400 PRAIRIE MILLS FEED & FARM, LLC	800.00	
401 PRAIRIE MILLS FEED & FARM, LLC	187.00	
542 TRACTOR SUPPLY CREDIT PLAN	248.95	
562 GIBSON EQUIPMENT REPAIR	74.74	
563 GIBSON EQUIPMENT REPAIR	6.39	
564 GIBSON EQUIPMENT REPAIR	51.13	
*** FUND TOTALS *** 164 DISTRICT 4 BRIDGE		5616.50
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CLAIM # VENDOR NAME	AMOUNT	
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217 PHILLIP'S HARDWARE	359.98	
384 CHICKASAW EQUIPMENT CO.	963.36	
595 HANCOCK BANK	1867.01	
612 G & O SUPPLY CO, INC	2142.12	
613 RACKLEY OIL COMPANY, INC	3369.20	
*** FUND TOTALS *** 165 DISTRICT 5 BRIDGE		8701.67

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CLAIM #	VENDOR NAME	AMOUNT
413	B & M PAVING COMPANY, INC.	12833.00
414	B & M PAVING COMPANY, INC.	23230.00
***	FUND TOTALS *** 173 D-3 ROAD CONSTRUCTION - USE TAX	36063.00

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CLAIM #	VENDOR NAME	AMOUNT
182	ERGON ASPHALT & EMULSIONS	11727.34
183	WARREN PAVING	1776.06
184	WARREN PAVING	4597.01
185	WARREN PAVING	2251.01
186	WARREN PAVING	1194.16
187	WARREN PAVING	1894.97
188	WARREN PAVING	629.05
189	WARREN PAVING	1277.73
225	ERGON ASPHALT & EMULSIONS	11650.18
226	ERGON ASPHALT & EMULSIONS	9651.37
251	BUTLER SNOW ATTORNEYS	8000.00
375	PRESTON DOBBS TRUCKING AND	1078.00
405	ERGON ASPHALT & EMULSIONS	11990.49
406	ERGON ASPHALT & EMULSIONS	11782.96
407	ERGON ASPHALT & EMULSIONS	11782.96
408	WARREN PAVING	6342.10
409	WARREN PAVING	4590.10
410	BURNS DIRT CONSTRUCTION INC.	1167.01
411	B & M PAVING COMPANY, INC.	21412.00
412	B & M PAVING COMPANY, INC.	10720.00
422	WARREN PAVING	636.76

*** FUND TOTALS *** 333 DISTRICT 3 B&I CONSTRUCTION - 2020 ISSUANC
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136151.26
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CLAIM #	VENDOR NAME	AMOUNT
15	AUTOZONE LLC	6.82
16	AUTOZONE LLC	87.74
42	PHILLIP'S HARDWARE	6.78
43	PHILLIP'S HARDWARE	28.00
44	PHILLIP'S HARDWARE	9.78
45	PHILLIP'S HARDWARE	10.56
46	PHILLIP'S HARDWARE	7.56
47	PHILLIP'S HARDWARE	11.56
48	PHILLIP'S HARDWARE	12.95
52	FUELMAN	538.02

54 JIM'S AUTO PARTS, WEST POINT	312.60
55 JIM'S AUTO PARTS, WEST POINT	29.37
56 JIM'S AUTO PARTS, WEST POINT	139.99
57 JIM'S AUTO PARTS, WEST POINT	18.99
58 JIM'S AUTO PARTS, WEST POINT	24.97
119 FUELMAN	570.57
137 PHILLIP'S HARDWARE	6.76
243 JIM'S AUTO PARTS, WEST POINT	47.99
244 JIM'S AUTO PARTS, WEST POINT	32.97
258 PHILLIP'S HARDWARE	45.36
259 PHILLIP'S HARDWARE	27.96
277 FUELMAN	472.38
350 COREY HERRING, INC.	15063.46
351 COREY HERRING, INC.	281.52
431 GTR SOLID WASTE MGMT AUTHORITY	4462.35
451 FOUR-COUNTY ELEC POWER ASSN	60.00
452 SILOAM WATER DISTRICT	25.00
461 FUELMAN	458.63
501 GEORGE'S TIRE SERVICE	256.00
502 GOLDEN TRIANGLE TIRE SVC LLC	52.99
507 SUNFLOWER STORE	9.18
508 SUNFLOWER STORE	9.18
509 SUNFLOWER STORE	9.18
510 SUNFLOWER STORE	9.18
511 SUNFLOWER STORE	18.36
512 SUNFLOWER STORE	9.18
513 SUNFLOWER STORE	13.77
514 SUNFLOWER STORE	18.36
515 SUNFLOWER STORE	9.18
516 SUNFLOWER STORE	13.77
517 SUNFLOWER STORE	9.18
518 SUNFLOWER STORE	9.18
519 SUNFLOWER STORE	18.36
520 SUNFLOWER STORE	13.77
521 SUNFLOWER STORE	29.52
522 SUNFLOWER STORE	17.17
523 SUNFLOWER STORE	22.95
524 SUNFLOWER STORE	22.95
525 SUNFLOWER STORE	18.36
526 SUNFLOWER STORE	19.26
659 GOLDEN TRIANGLE PL & DEV DIST	5520.91
*** FUND TOTALS *** 400 SANITATION	
1/18/2021 CLAY COUNTY	
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CLAIM # VENDOR NAME	AMOUNT
527 MS DEPT OF PUBLIC SAFETY	500.00
528 MS DEPT OF PUBLIC SAFETY	555.50
529 MS DEPT OF PUBLIC SAFETY	50.00

28930.58
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536 GOLDEN TRIANGLE CRIME STOPPERS 87.50
550 STATE TREASURER 14248.50
*** FUND TOTALS *** 650 JUDICIAL ASSESSMENT CLEARING FUND 15441.50
1/18/2021 CLAY COUNTY
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CLAIM # VENDOR NAME AMOUNT

534 EAST MS COMMUNITY COLLEGE 12289.27

*** FUND TOTALS *** 690 EMJC MAINTENANCE 12289.27
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CLAIM # VENDOR NAME AMOUNT

532 EAST MISS. COMMUNITY COLLEGE 7844.22

*** FUND TOTALS *** 692 EMCC CAPITAL IMPROVEMENT CAMPAIGN 7844.22
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CLAIM # VENDOR NAME AMOUNT

531 EAST MISS. COMMUNITY COLLEGE 6711.22

*** FUND TOTALS *** 697 VO-TECH MAINTENANCE 6711.22
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CLAIM # VENDOR NAME AMOUNT

530 EAST MISS. COMMUNITY COLLEGE 5926.74

*** FUND TOTALS *** 698 VO-TECH CAPITAL 5926.74
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CLAIM # VENDOR NAME AMOUNT

535 TOMBIGBEE RIVER WTR MGMT DIST 7756.92

*** FUND TOTALS *** 699 TOMBIGBEE RIVER VALLEY WATER MGMT.DIST. 7756.92
*** DOCKET TOTALS *** 674607.05

674607.05

I CERTIFY THAT THE BOARD HAS EXAMINED EACH CLAIM ON THE OCTOBER, 2021
DOCKET AND THE BILLS THEY REPRESENT AND FINDS EACH OF THE ABOVE DUE AND
PAYABLE AND DIRECT THE CLERK TO ISSUE WARRANTS ON THE RESPECTIVE FUNDS.
THIS THE 05TH DAY OF OCTOBER 2021



PRESIDENT

EXHIBIT C

RWJ Consulting, LLC

September 2020 - Clay County Floodplain Administration
September 7, 2020 - October 5, 2020

Clay County Board of Supervisors

Attn: The Honorable Luke Lummus, President

P.O. Box 915 West Point, MS 39773

ITEM	HOURS	*MILEAGE	TOTAL
09/16/20 Conference, research, travel, letter Davis (Berk & Cassandra Smith) Towncreek Road, West Point, MS 39773	1.0 @ \$24.00=\$24.00 1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/18/20 Conference, research, travel, letter Melton Bottom Road, West Point, MS 39773	1.0 @ \$24.00=\$24.00 1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/21/20 Conference, research, travel, letter Morris Ledbetter (Ruth Ledbetter) Charlie Shelton Road, West Point, MS 39773	1.0 @ \$24.00=\$24.00 1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/23/20 Conference, research, travel, letter Richard Moseley (Frank Moseley Estate) Section Road, West Point, MS 39773	1.0 @ \$24.00=\$24.00 1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/23/20 Conference, research, travel, letter Brandon McNamee (Christopher & Londa Lebrun) Pinkerton Road, West Point, MS 39773	1.0 @ \$24.00=\$24.00 1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
09/23/20 Conference, research, travel, letter Fred Ward (John Wesley Jefferson Estate) 1425 Pruitt Road, West Point, MS 39773	1.0 @ \$24.00=\$24.00 1.0 @ \$48.00=\$48.00	See Attachment	\$72.00
10/01/20 Conference, research, travel, letter Willie Robinson, 1550 Melton Bottom Road, West Point, MS 39773	1.0 @ \$24.00=\$24.00 0.5 @ \$48.00=\$24.00	See Attachment	\$48.00
09/03/20 - 10/05/20 Travel Driving time, report and copies for Board of Supervisors, Tax Assessor, Property Owners, & MEMA	2.9 @ \$24.00=\$69.60 2.0 @ \$48.00=\$96.00	85.8 @ \$0.48=\$41.18 See Attachment	\$206.78
TOTALS	\$645.60	\$41.18	\$686.78

¹ Driving time billed at half technical/research rate. Copies of correspondence, research, and letters are attached.

Respectfully Submitted:



Please mail to: **RWJ Consulting, LLC**
P.O. Box 1294
West Point, Mississippi 39773

RWJ/rj
Encl as

EXHIBIT D

110



CENTER FOR
TECH AND
CIVIC LIFE

September 24, 2020

Clay County, Mississippi

Circuit Clerk

P.O. Box 364

West Point, MS 39773

Dear Mae W. Brewer,

I am pleased to inform you that based on and in reliance upon the information and materials provided by Clay County, the Center for Tech and Civic Life ("CTCL"), a nonprofit organization tax-exempt under Internal Revenue Code ("IRC") section 501(c)(3), has decided to award a grant to support the work of Clay County ("Grantee").

The following is a description of the grant:

AMOUNT OF GRANT: \$21,210.00 USD

PURPOSE: The grant funds must be used exclusively for the public purpose of planning and operationalizing safe and secure election administration in Clay County in 2020 ("Purpose").

Before CTCL transmits these funds to Grantee, CTCL requires that Grantee review and sign this agreement ("Grant Agreement") and agree to use the grant funds in compliance with the Grant Agreement and with United States tax laws and the laws and regulations of your state and jurisdiction ("Applicable Laws"). Specifically, by signing this letter Grantee certifies and agrees to the following:

1. Grantee is a local government unit or political subdivision within the meaning of IRC section 170(c)(1).
2. This grant shall be used only for the Purpose described above, and for no other purposes.

///

3. Grantee has indicated that the amount of the grant shall be expended on the following specific election administration needs: Personal protective equipment (PPE) for staff, poll workers, or voters, Poll worker recruitment funds, hazard pay, and/or training expenses, Polling place rental and cleaning expenses for early voting or Election Day, and Temporary staffing. Grantee may allocate grant funds among those needs, or to other public purposes listed in the grant application, without further notice to or permission of CTCL.
4. Grantee shall not use any part of this grant to make a grant to another organization, except in the case where the organization is a local government unit or political subdivision within the meaning of IRC section 170(c)(1) or a nonprofit organization tax-exempt under IRC section 501(c)(3), and the subgrant is intended to accomplish the Purpose of this grant. Grantee shall take reasonable steps to ensure that any such subgrant is used in a manner consistent with the terms and conditions of this Grant Agreement, including requiring that subgrantee agrees in writing to comply with the terms and conditions of this Grant Agreement.
5. The grant project period of June 15, 2020 through December 31, 2020 represents the dates between which covered costs may be applied to the grant. The Grantee shall expend the amount of this grant for the Purpose by December 31, 2020.
6. Grantee is authorized to receive this grant from CTCL and certifies that (a) the receipt of these grant funds does not violate any Applicable Laws, and (b) Grantee has taken all required, reasonable and necessary steps to receive, accept and expend the grant in accordance with the Purpose and Applicable Law.
7. The Grantee shall produce a brief report explaining and documenting how grant funds have been expended in support of the activities described in paragraph 3. This report shall be sent to CTCL no later than January 31, 2021 in a format approved by CTCL and shall include with the report a signed certification by Grantee that it has complied with all terms and conditions of this Grant Agreement.
8. This grant may not supplant previously appropriated funds. The Grantee shall not reduce the budget of the Circuit Clerk ("the Election Department") or fail to appropriate or provide previously budgeted funds to the Election Department for the term of this grant. Any amount supplanted, reduced or not provided in contravention of this paragraph shall be repaid to CTCL up to the total amount of this grant.
9. CTCL may discontinue, modify, withhold part of, or ask for the return all or part of the grant funds if it determines, in its sole judgment, that (a) any of the above terms and conditions of this grant have not been met, or (b) CTCL is required to do so to comply with applicable laws or regulations.
10. The grant project period of June 15, 2020 through December 31, 2020 represents the dates between which covered costs for the Purpose may be applied to the grant.

★
CENTER FOR TECH & CIVIC LIFE
233 N. MICHIGAN AVE., SUITE 1800
CHICAGO, IL 60601
HELLO@TECHANDCIVICLIFE.ORG

PAGE 7

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Your acceptance of and agreement to these terms and conditions and this Grant Agreement is indicated by your signature below on behalf of Grantee. Please have an authorized representative of Grantee sign below, and return a scanned copy of this letter to us by email at grants@techandciviclelife.org.

On behalf of CTCL, I extend my best wishes in your work.

Sincerely,

Tiana M. Johnson

Tiana Epps Johnson

Executive Director

Center for Tech and Civic Life

GRANTEE

By: *Mae Brewer*

Title: *Election Commissioner*

Date: *Sept. 25, 2020*

CENTER FOR TECH & CIVIC LIFE
233 N. MICHIGAN AVE., SUITE 1800
CHICAGO, IL 60601

HELLO@TECHANDCIVICLELIFE.ORG

PAGE 2

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EXHIBIT E

Caitlyn Wilson

From: JotForm <noreply@jotform.com>
Sent: Monday, September 28, 2020 9:04 AM
To: cwilson@claysheriffms.org
Subject: We have received your response for
Attachments: Spirit of Blue Grant Consideration Fo

100% Funded grant

Want to see if we
can get approval.

-Caitlyn

Dear Applicant,

Thank you for submitting your preliminary grant enrollment request contained below for your reference.

I have attached a form for you to review and complete that will help us learn more about your agency, your situation and the unfunded safety equipment or training needs you are seeking assistance for. Once we receive this completed form back (simply send by email), you will be entered into our active database and you'll be matched with any opportunities to fund your request.

You can also download the form [here](#).

Though we desire to help as many agencies as possible, the requests for consideration that we receive far exceed the funds we currently have available. You will be contacted if and when your grant request is actively being pursued or we need more information to guide us in structuring a grant for you. While this process takes place we would encourage you to pursue any and all alternative methods of getting your needs met, to include working with your local governing authority's budgeting process, engaging with your community for support and contacting other granting organizations, as our current funding allows us to grant to less than 5% of those agencies in our active database each year.

Thank you again for your submission and we'll look forward to receiving your completed consideration form when you have it ready.

Ryan T. Smith
Executive Director
Spirit of Blue Foundation
585.662.9032
ryan.smith@spiritofblue.org



SPIRIT OF BLUE
PROTECTING OUR NATION'S LAW ENFORCEMENT

Grant Enrollment

Agency Name	Clay County Sheriff's Office
State	Mississippi
Head of Agency	Sheriff Eddie Scott

Number of Sworn Officers	24
Name	Caitlyn Wilson
Phone Number	(662) 4942896
Email	cwilson@claysheriffms.org
What are your top unfunded safety needs?	We need equipment for our investigations department for when they are out in the field along with our patrol unit as well for staying safe in our rural community of Clay County, Mississippi.

Now create your own JotForm - It's free!

[Create a JotForm](#)



SAFETY GRANT PROGRAM ELIGIBILITY

Thank you for your agency's interest in being considered for a Spirit of Blue Safety Equipment or Training Grant. Attached to this sheet is a submission form that will aid you in submitting information for consideration. While we are not able to approve all requests that are received, we review all submissions for their potential impact on officer safety, financial hardship of the agency and the Foundation's ability to meet those needs with its resources and partnerships.

QUALIFYING SAFETY CATEGORIES

All requested equipment or training must have a clearly articulated Officer Safety impact. The Spirit of Blue has defined 15 safety categories that it will grant towards:

Protecting Life	Ballistic Protection, Medical Supplies, Safety Training, Traffic Awareness and Sensory Protection
Projecting Force	Lethal Force Options, Less-Lethal Force Options, Target Acquisition, Illumination and Firearms Accessories
Creating Advantage	Operational Gear, Communications, Footwear/Apparel, Intelligence Gathering and Security Solutions

GRANT FULFILLMENT

The Spirit of Blue rarely provides a cash award to a receiving agency. Instead, the Foundation will coordinate with the manufacturer, distributor or provider of the good or service being awarded and will donate the product or service to the receiving agency. Agencies who receive a Spirit of Blue grant are generally ineligible to receive additional grant funding for a two (2) year period.

PROCESS DURATION

Agencies that submit for consideration will remain in the Spirit of Blue database indefinitely. There is no need to re-apply, but agencies may update their need statements as their situations change. Grants are awarded year-round based on availability of funds and coordinating partner support. Grants are not fulfilled until they are officially accepted by the agency, which may include approval from their local governing authority (city council, county commission, etc.). This process can take as short as a few weeks and has taken up to 12-18 months for some agencies to obtain. The Spirit of Blue will work with agencies to navigate their individual process for acceptance. A grant will not be withdrawn once awarded, unless the agency's local governing authority refuses the award or the grant is not accepted within 24 months of its award.

Spirit of Blue Foundation
54 Enwright Drive | Fairport, NY 14450
(585) 662-9032 – rsmith@spiritofblue.com



Agency Name:

Agency Point of Contact:

Point of Contact Phone:

Point of Contact Email:

Agency Address:

Number of Sworn Officers:

Head of Agency Name:

Prioritized list of un-funded safety needs (with item quantities, detail and associated costs as available):

1.

2.

3.

4.

5.

Agency Description:

Spirit of Blue Foundation
54 Enwright Drive | Fairport, NY 14450
(585) 662-9032 – rsmith@spiritofblue.com



Funding Situation:

[REDACTED]

Other Information to demonstrate merit or for consideration:

[REDACTED]

Spirit of Blue Foundation
54 Enwright Drive | Fairport, NY 14450
(585) 662-9032 – rsmith@spiritofblue.com

Caitlyn Wilson

From: JotForm <noreply@jotform.com>
Sent: Tuesday, September 29, 2020 9:06 AM
To: cwilson@claysheriffms.org
Subject: Spirit of Blue has received your message from Caitlyn Wilson

Thank you for contacting Spirit of Blue with your message. We strive to respond to all emails within 48 hours. If you haven't already, please consider joining our Annual Membership Program so you too can play a role in protecting law enforcement officers nationwide.

Ryan T. Smith
Executive Director
Spirit of Blue Foundation

Contact Us

Name	Caitlyn Wilson
Address	Street Address: P.O. Box 142 Street Address Line 2: 348 West Broad Street City: West Point State / Province: Mississippi Postal / Zip Code: 39773
Phone Number	(662) 4942896
Email	cwilson@claysheriffms.org
Message	I wanted to ask about if we do this grant. Is there a money limit we have to ask for or how exactly does this work for you all??

Thanks!

Now create your own JotForm - It's free!

[Create a JotForm](#)

Caitlyn Wilson

From: Ryan T. Smith <ryan.smith@spiritofblue.org>
Sent: Tuesday, September 29, 2020 11:56 PM
To: cwilson@claysheriffms.org
Subject: RE: Contact Us - Caitlyn Wilson

Caitlyn,

Thanks for reaching out with your question. I have actually been to West Point, MS before back in 2016 and 2018 on visits to Mossy Oak. Lovely town.

The majority of our grants are between \$1,000-\$5,000 and are focused exclusively on officer safety equipment. If it doesn't make an officer more safe we won't grant for it. If you have questions about what qualifies I would be happy to talk to you on the phone to discuss prior to your submitting your application.

Thank you,

Ryan T. Smith | *Executive Director*
Spirit of Blue Foundation | Portland, OR
585.662.9032 | ryan.smith@spiritofblue.org



SPIRIT OF BLUE
PROTECTING OUR NATION'S LAW ENFORCEMENT

From: Caitlyn Wilson <noreply@jotform.com>
Sent: Tuesday, September 29, 2020 7:06 AM
To: ryan.smith@spiritofblue.org
Subject: Re: Contact Us - Caitlyn Wilson

Contact Us

Name	Caitlyn Wilson
Address	Street Address: P.O. Box 142 Street Address Line 2: 348 West Broad Street City: West Point State / Province: Mississippi Postal / Zip Code: 39773
Phone Number	(662) 4942896
Email	cwilson@claysheriffms.org
Message	I wanted to ask about if we do this grant. Is there a money limit we have to ask for or how exactly does this work for you all??

Thanks!

You can [edit this submission](#) and [view all your submissions](#) easily.

JotForm. Anywhere. Anytime.



[Do not show this anymore \(X\)](#)

EXHIBIT F

Caitlyn Wilson

From: Emily Bratton <BrattonE@4county.org>
Sent: Thursday, September 24, 2020 2:23 PM
To: Caitlyn Wilson
Cc: 4CountyFoundation
Subject: Clay County Sheriff's Department - 4-County Foundation Award Letter 09.24.2020
Attachments: Clay County Sheriff's Department [3rd app] 4-County Foundation Award Letter 09.24.20.pdf

Good afternoon – I hope this finds you well. I am pleased to advise the 4-County Foundation's Board of Directors recently met and granted the Clay County Sheriff's Department \$10,000 (the Foundation's maximum allowable amount) to be used toward the purchase of the Drone Aircraft and Accessories, as outlined in the funding application. Attached is a letter containing additional information on this award, as well as other pertinent information. Thank you for your interest in the 4-County Foundation, and congratulations again for your award. We appreciate you and all you do to help keep Clay County safe.

Emily Bratton

Executive Assistant to the CEO

email: emily.bratton@4county.org

Phone: 662-327-8900, extension 701



PO Box 351

Columbus, MS 39703

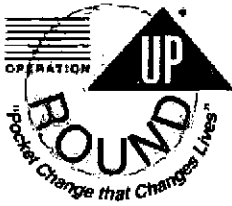
www.4county.org

1-800-431-1544 (toll free)

662-327-8900 (main)

662-327-8790 (fax)

We were awarded
the full \$10K grant
by 4-County.
By Nov. 19th need to
know who all will be
there on Dec. 3@ Noon



4-County Foundation, Inc.
P.O. Box 351
Columbus, MS 39703
(662) 327-8900
4countyfoundation@4county.org



September 24, 2020

Via Email: cwilson@claysheriffms.org

Ms. Caitlyn Wilson, Investigations Assistant
Clay County Sheriff's Department
PO Box 142
West Point, MS 39773

Dear Ms. Wilson:

Thank you for your recent funding application to the 4-County Foundation. On behalf of the 4-County Foundation's Board of Directors, I am pleased to advise the Clay County Sheriff's Department is being awarded \$10,000 (the Foundation's maximum allowable amount) to be applied toward the purchase of the Drone Aircraft Bundle and Accessories as outlined in your funding request – **Congratulations!**

You and/or a representative from the Clay County Sheriff's Department and its SWAT/SRT Team are invited to receive these funds and participate in a brief photo session with the Foundation's Board on **Thursday, December 3, 2020 beginning at 12:00 noon***, in the lobby of 4-County's Corporate Center (5265 South Frontage Road, Columbus). We ask that you email your attendance information to 4countyfoundation@4county.org by no later than November 19th so we can plan accordingly.

****PLEASE NOTE: Due to ongoing COVID restrictions, it is possible the December 3rd ceremony will need to be cancelled or rescheduled. We will be in touch if this becomes necessary.***

The funds you are receiving were made available through the generosity of 4-County EPA members who participate in the **Operation Roundup®** program. To assure members' contributions are being utilized in the manner intended, grant recipients are asked to report back to the 4-County Foundation on use of the funds awarded, and the impact made, by completing a **POST GRANT REPORT FORM**, which will be included with your award check. The Post Grant Report and supporting documentation must be returned to the Foundation by its due date before future funding requests can be considered. Copies of receipts and cancelled checks must be legible.

Congratulations again! **If you need to receive your funds prior to December 3rd**, or if you've any questions on any of the above, please let us know.

Sincerely,

Emily Bratton

Emily Bratton
Executive Assistant

EXHIBIT G

126

-- 31

Caitlyn Wilson

From: Chris Mauser <chris.mauser@motorolasolutions.com>
Sent: Thursday, September 03, 2020 10:46 AM
To: acumming@claysheriffms.org; jeremybell23@gmail.com; cwilson@claysheriffms.org
Cc: karl.arndt@motorolasolutions.com
Subject: Updated WatchGuard/Motorola Quote
Attachments: CIY Cnty MS S-O (10) V-300 BNDLES EL-5 (1).pdf

Team,

Please find the updated quote. We moved you to the newer body camera and added a server with WiFi for your vehicles and the station.

Also added spare batteries and home docks for charging.

Thank you,
Chris

Your privacy is important to us. That is why we have taken appropriate measures to ensure the data you provide to us is kept secure. To learn more about how we process your personal information, how we comply with applicable data protection laws, and care for the security and privacy of your personal data, please review our Privacy Policy. If you have any questions related to data protection and compliance with applicable laws, please contact us at our Security Operations Center at 1-800-674-4357.

5/23/20 Approved Applicat. Submission
\$ 56,520.00

Dept. of Pub. Safety had some
de-obligated grant funds -
increased the funding on this grant
to

\$ 63,416.00 -

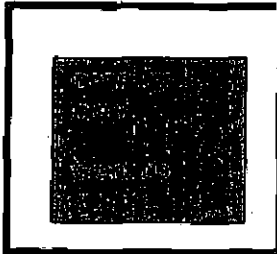
need you to Approve this.
Amended Application



STATE OF MISSISSIPPI

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING

STATE APPLICATION SUMMARY



1. Applicant (Name, Address, Zip, Phone, Email) Clay County Sheriff Sheriff Eddie Scott P.O. Box 142, West Point, MS 39773 W: (662) 494-2896 P: (662) 295-5441 escottclaysheriff@gmail.com	2. Project Director (Name, Address, Zip, Phone) Caitlyn Wilson, Investigations Assistant P.O. Box 142, West Point, MS 39773 W: (662) 494-2896 P: (662) 397-1022 cwilson@claysheriffms.org	3. Financial Officer (Name, Title, Address, Zip, Phone) Captain Jeremy Bell P.O. Box 142 West Point, MS 39773 W: (662) 494-2896 P: (662) 295-420 Jeremybell23@gmail.com
---	---	---

4. Project Title FY 2019 Project Safe Neighborhood	5. DUNS Number: 079117719 Tax ID. Number: 64-6000252
6. Type of Application <input checked="" type="checkbox"/> Initial <input type="checkbox"/> 2 nd Yr. or <input type="checkbox"/> Yr. Funding <input type="checkbox"/> Continuation of Grant No.	7. Desired Project Duration 12 Months Start Date: July 1 st 2020 End Date: June 30 th 2021

8. Brief Project Summary (required)
Funds provided will aid in providing the Clay County Sheriff's Office with uniforms and professional car camera systems duo through the WatchGuard company.

9. Budget Category	Requested
a. Personnel	
b. Fringe Benefits	
c. Equipment	\$63,416.00
d. Travel	
e. Operating Expense	
f. Contractual Services	
g. Miscellaneous	
Total Project Budget	

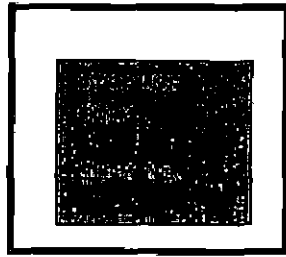
10. Source of Funds	Federal	%	St/Local Match	%	Total	%
Requested Budget	\$63,416.00	100		0	\$63,416.00	100

11. Number of pages in this application

Chief Administrative Officer (Signature and Date) 9-17-20
Chief Administrative Officer (Type or Print) LUKE CUMMINS
Project Director (Signature and Date) 9/15/2020
Financial Officer (Signature and Date) 9/15/2020



STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING



PROJECT PLAN AND SUPPORTING DATA

PART I. STATEMENT OF PROBLEM

Clay County has a population of 19,136 citizens according to the July 2019 Census which consists of multiple industrial and commercial factories, adding to the overall county numbers. Not only do these factories contribute to the continual rise in population, but they generate thousands of visitors and out of county workers on a daily basis. A major highway, HWY 45, creates a corridor from Mobile, Alabama to Green Bay, Wisconsin. This causes an immense population increase during peak hours of the day. Due to all of these factors, Clay County Sheriff's Office has begun to see an increase in the frequency of calls for service on every shift which also increases each officer's safety risk. This raises the likelihood for equipment use, and their interaction within the public community. As the increase of civilian travelers continues to grow, our county's deputies are placed into more extreme situations and forced to respond without proper equipment. Clay County, Mississippi has a 62.5% African American demographic. Young African American males have the most elevated homicide victimization rate of any other race or gender group. Homicides involving firearms have been the leading death for African American males ages 15 to 19 since 1969. Also, Clay County has up to 37% White American demographic, as well as Hispanic which make up 0.2% in the population. The Clay County Sheriff's Office is applying for funding for the Watch Guard 4RE / Vista body camera and in car camera system duo.

Our deputies must be professional to help bring order to Clay County. The department aims for consistency through uniform and professional equipment to accomplish this goal. All of our deputies currently have a working body camera; but it is reliant on the deputies to hit the button and turn on the camera. There have been occurrences which the officer has neglected to turn on the body camera due to the need for quick reactions or emergency situations. Recordings are needed to capture the truth of incidents and what happened during their personal interactions with the community one-on-one. Having automatic body cameras is crucial to our department. This will enable us to make sure body cameras are on at all times without having to push a button. Additionally, these cameras provide a second view from the in-car camera by facing forward out the front window. This will greatly help with public and safety issues for our deputies while in the field.

This all in one system supports the 4RE body camera and in-car camera system. The cost for the system is not cheap, \$63,416.00. Sole funding by the department to equip cars exceeds the current budget. The department has selected this system because of its Panoramic X2 HD camera, which dramatically expands the 4RE's wide coverage in front of the patrol car by combining two cameras in one compact, rugged housing. Project Safe Neighborhoods goal is to create safer neighborhoods by reducing the gun violence and sustaining reduction. Data collected by the FBI shows firearms were used in 68 percent of murders, 41 percent of robbery offenses, and 21 percent aggravated assaults nationwide. We believe once the body camera and in car camera system are installed in all ten cars, it will help to reduce some of these violent crimes including but not limited to aggravated assault, homicides, shooting into

assaults nationwide. We believe once the body camera and in car camera system are installed in all ten cars, it will help to reduce some of these violent crimes including but not limited to aggravated assault, homicides, shooting into dwellings, DUI's, Burglaries, and personal interaction with the community. Burglary in the State of Mississippi since 2019 now falls under violent crime and day for day sentencing.

Methamphetamine use is also a huge problem in our rural community of Clay County, Mississippi. More powerful, more addictive, and easier to produce than crack cocaine – has become a major drug of choice in the urban, suburban, and rural communities. Long term solutions to gun violence must include a comprehensive approach to reducing the number of youths involved in gangs. When developing a comprehensive gun violence reduction plan, communities should seek consensus on the primary issues. Starting the primary objectives is sufficient to allow accountability and to monitor progress. Goals and objectives need to be revised over time as an affected community gains wisdom and experience.

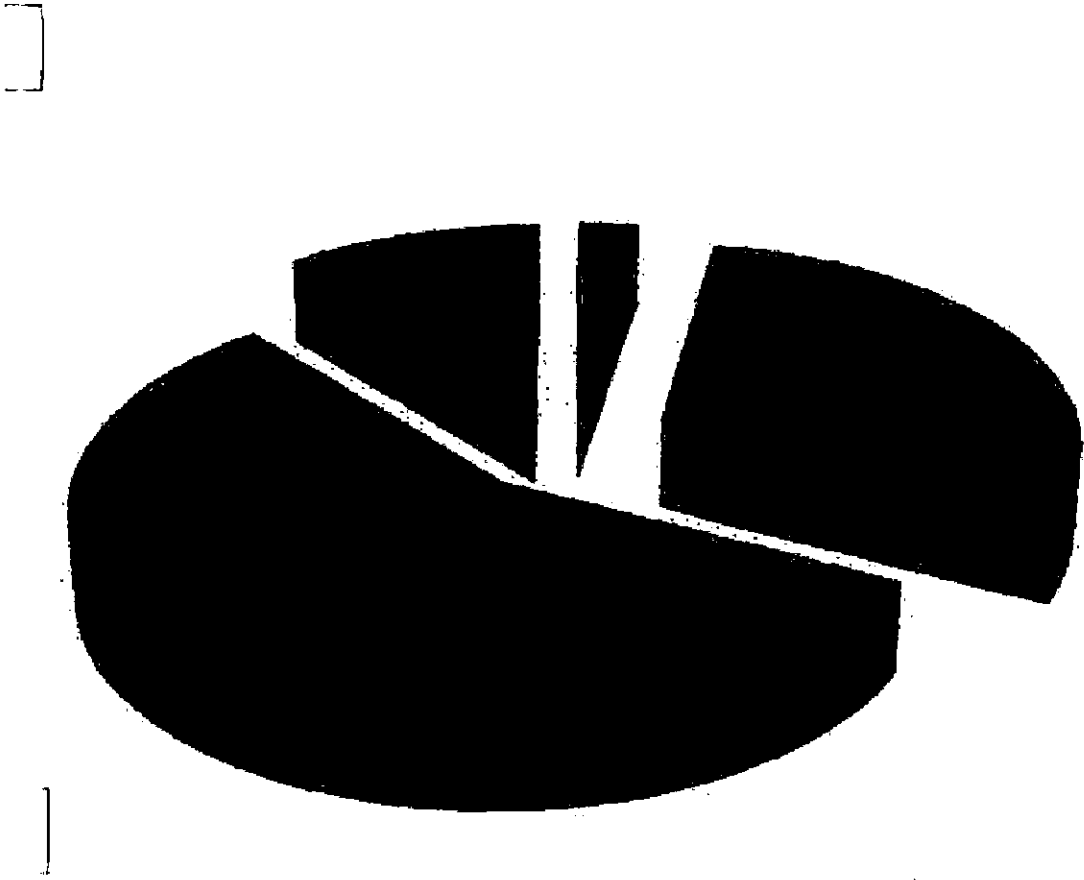
In 2018 to 2019 alone, the Clay County Sheriff Office has seen an increase in Aggravated Assault, Shooting into Dwelling, Armed Robbery, and also DUI's. Below is a Table showing the increase from 2018-2019.

TITLE	2018	2019
Armed Robbery:	0	3
Aggravated Assault:	7	15
Shooting into Dwelling:	0	1
DUI's:	26	33
Burglary	0	2

We believe implementing the body camera and in-car camera system will help us document more than one side of the story for court-based cases. Likewise, citizens will begin to reciprocate immediately by seeing these updated body cameras which have hands-free recording, couple with the in-car camera. Citizens are more likely to reciprocate by being more compliant and feel safe with having body cameras and in care cameras as a means to show the truth of the situation. This should also help with decreasing officer complaints as well by citizens. By having a hands-free body camera our officers are less likely to be put in a situation where they will not have time to push the body camera button and activate it to start recording when needed. It will continuously record in the "background" no matter the situation.

MDOC Gang Affiliation Composition

The following chart depicts the composition of the four core gangs and the 6,122 gang members – 56% of the core gang population is attributed to the Gangster Disciples, followed by the Vice Lords with 30%; Simon City Royals with 11% and finally the Latin Kings with 3%. (MSAIC 2010 Gang Threat Assessment)



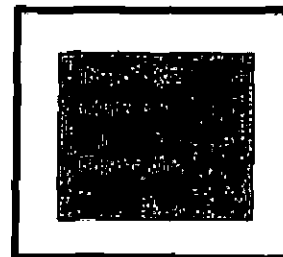
Latin Kings - Blue
Vice Lords - Red
Gangster Disciples – Green
Simon City Royals- Purple

1. National Institute of Justice. September 2015. "New Perspective in Policing" Kennedy, 1997,2008).
2. National Institute of Justice. September 2015. "New Perspective in Policing" Dalton, 2002.



STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING

BUDGET CATEGORY



BUDGET CATEGORY	REQUESTED BUDGET	
A. PERSONNEL:		
TOTAL PERSONNEL		
B. FRINGE		
2. FICA Match		
3. Retirement Match		
4. Other		
TOTAL FRINGE		
C. EQUIPMENT	\$63,416	
TOTAL EQUIPMENT	\$63,416	
D. TRAVEL		
2. Commercial Carrier		
3. Meals		
4. Lodging		
5. Other		
TOTAL TRAVEL		
E. OPERATING EXPENSE		
2. Rental		
3. Printing and Reproduction		
4. Communications (Telephone, Postage)		
5. Other		
TOTAL OPERATIONAL EXPENSES		
F. CONTRACTUAL SERVICES		
2. Contracts w/Organizations		
TOTAL CONTRACTUAL SERVICES		
G. MISCELLANEOUS		
2. Training Materials		
3. Other		
TOTAL MISCELLANEOUS		
H. TOTAL PROJECT BUDGET	\$63,416.00	

SUMMARY FUNDING DATA

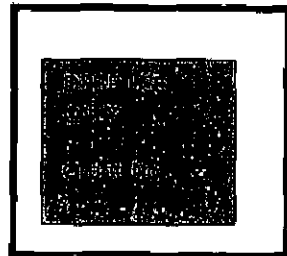
	Federal	%	State/Local	%	TOTAL	%
REQUESTED BUDGET	\$63,416.00	100		0	\$63,416.00	100
APPROVED BUDGET						

Budget Prepared By: Caitlyn Wilson, Investigations Asst. & Captain Jeremy Bell



STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING

BUDGET NARRATIVE



PART VI:

The Clay County Sheriff's Office will obtain the best price available by utilizing all dealers in the market of law enforcement equipment sales. Using input from the Sheriff and deputies, we have prioritized the items to purchase and excluded items from the final request for funding. The request for 4RE/ VISTA body camera and in-car cameras will help provide the safety for both citizens and deputies within the course of their daily work. We will inventory all items and complete all budget requirements set forth by the Project Safe Neighborhood office. The Clay County Sheriff's Office is requesting funding for the purchase of on duty body cameras and in-car camera systems as an item needed for daily use while on duty. We are requesting a budget of \$63,416.00 being Grant Funded. All quotes are based on current market pricing. We have made all discounts available as well in our budget narrative above and also provided the quote given to us by WatchGuard.

PROJECT ABSTRACT

Clay County Sheriff's Office is applying for funding to help our deputies with a more uniform and professional appearance. We are requesting funds in the amount of \$63,416.00 for the 4RE / VISTA body camera and in car system duo. The in-car camera will be the Panoramic X2 HD camera, which dramatically expands the 4RE's wide coverage in front on the patrol car by combining two cameras in one compact and rugged housing system.

This project will help to fund the Clay County Sheriff's Office and also help the citizen of Clay County which has a population of 19,136 citizens according to the July 7, 2019 census. We have heavy traffic during the day for industrial and commercial factories, but Clay County also generates thousands of visitors and out of county workers on a daily basis. A major highway, HWY 45, connects north and south Mississippi. So during certain hours of the day there is a peak in population during peak hours of the day. We want our deputies to have adequate equipment and also be uniform during their daily duties on patrol.

These in-car cameras and body cameras will help decrease violent crimes, gun crimes, and DUI's, while also documenting more than one side of the story for court-based cases. For instance, this will aid investigators in viewing a complaint lodged against a deputy, without having to substantiate hearsay. The camera footage of the deputy may be reviewed to see what took place, instead of from a "he said - she said" standpoint. Not only does the department benefit from the updated body cameras with hands-free recording, coupled with the in-car camera, but the community does as well. These cameras have a continuous record in the "background" no matter the situation.

Body worn cameras and in-car camera systems have been viewed as one way to address these challenges and improve law enforcement practices more generally. The technology will be mounted on the officer's chest area, offering real-time information when used by officers on patrol or transporting an inmate. Another added benefit of body-worn cameras is the ability to provide law enforcement with a surveillance tool to promote officer safety, efficiency, and aid in the prevention of crime. The in-car camera's ability to record in real-time will also help show another perspective of officer contact with members of the community and other assignments.

Our evaluation of this program, if funded, will come directly from the ten deputies who have been issued the equipment. We believe with an updated uniformed and professional body camera including an in-car camera system our deputies will feel more confident and safer in their daily work. Using updated equipment creates an opportunity to help reduce violent crimes, make citizens feel safe in interactions with our deputies, and help aid in court related documentation. Morale in the department will greatly improve as a result of equipment being provided to deputies rather than dealing with out of date or malfunctioning equipment.



4RE/VISTA Price Quote

CUSTOMER: Clay County Sheriff's Department

ISSUED: 9/3/2020 10:37 AM

EXPIRATION: 10/3/2020 10:00 AM

TOTAL PROJECT ESTIMATED AT:
\$86,000.00

ATTENTION: Caitlyn Wilson

SALES CONTACT: Douglas Armstrong

PHONE: (662) 494-2896

DIRECT: (469) 342-8968

E-MAIL:

E-MAIL:
doug.armstrong@motorolasolutions.com

V300 Proposal

VISTA HD Cameras and Options

Part Number	Detail	Qty	Direct	Discount	Total Price
VIS-300-VTS-KIT	Transfer Station II Kit, Incl. Power & AC Cables, Label and Docs	1.00	\$1,495.00	\$0.00	\$1,495.00
VIS-300-CHG-001	V300, USB Dock, D300, Desktop Charge/Upload Kit Incl. Power and USB Cables	10.00	\$95.00	\$0.00	\$950.00
VIS-300-BAT-RMV	V300, Battery, Removable and Rechargeable, 3.8V, 4180mAh	10.00	\$99.00	\$4.00	\$950.00
4RE-STD-GPS-RV2	V300 and 4RE System Bundle. Includes 4RE Standard DVR Camera System with integrated 200GB automotive grade hard drive, ZSL camera, 16GB USB removable thumb drive, rear facing cabin camera, GPS, hardware, cabling and your choice of mounting bracket. It will also include the V300 Continuous Use Wearable Camera with 12 hours continuous HD recording, one camera mount, 128 GB of storage, Wi-Fi docking base, Power over Ethernet Smart Switch	10.00	\$5,550.00	\$0.00	\$55,500.00

VISTA HD Warranties

Part Number	Detail	Qty	Direct	Discount	Total Price
WAR-300-CAM-1ST	Warranty, V300 1st Year (Months 1-12) Included	10.00	\$0.00	\$0.00	\$0.00

Evidence Library 4 Web Software and Licensing

Part Number	Detail	Qty	Direct	Discount	Total Price
KEY-EL505RV-001	Evidence Library, Web Server Site License Key	1.00	\$1,000.00	\$0.00	\$1,000.00
SFW-4RE-DEV-FEE	Evidence Library, 4RE Annual Device License & Support Fee	10.00	\$195.00	\$0.00	\$1,950.00
SFW-BWC-DEV-FEE	Evidence Library, VISTA/V300 Annual Device License & Support Fee	10.00	\$195.00	\$0.00	\$1,950.00

Shipping and Handling

Part Number	Detail	Qty	Direct	Discount	Total Price
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415 E. Exchange Parkway • Allen, TX • 75002
Toll Free (800) 605-6734 • Main (972) 423-9777 • Fax (972) 423-9778
www.WatchGuardVideo.com



4RE/VISTA Price Quote

Freight	Shipping/Handling and Processing Charges	1.00	\$420.00	\$0.00	\$420.00
					\$64,215.00

4RE and VISTA Proposal

4RE In-Car System and Options

Part Number	Detail	Qty	Direct	Discount	Total Price
CAM-4RE-PAN-NHD	Additional Front Camera, 4RE, HD Panoramic	10.00	\$200.00	\$0.00	\$2,000.00

Wireless Video Transfer and Networking Options

Part Number	Detail	Qty	Direct	Discount	Total Price
4RE-WRL-KIT-101	4RE In-Car 802.11n Wireless Kit, 5GHz (2.4 GHz is available by request)	10.00	\$200.00	\$0.00	\$2,000.00
WAP-MIK-CON-802	WiFi Access Point, Configured, MikroTik, 802.11n, 5GHz, SXT, AP	1.00	\$250.00	\$0.00	\$250.00

WatchGuard Video Technical Services

Part Number	Detail	Qty	Direct	Discount	Total Price
Freight	Shipping/Handling and Processing Charges	1.00	\$130.00	\$0.00	\$130.00
					\$4,380.00

Technical Services Calculator

WatchGuard Video Technical Services

Part Number	Detail	Qty	Direct	Discount	Total Price
SVC-4RE-ONS-400	Tier 1 Onsite Installation. Includes Project Coordination, One Pre-Deployment IT Call, Provisioning of ELC and Azure AD, Install OS and SQL (if Purchased from WatchGuard), Limited EL Client Installations, Limited Configuring of 4RE Units, Limited MDC App Installations, Interview Room Configuration, Limited Configuration of Body Worn Cameras, Full Testing of WatchGuard Systems, Installation of Evidence Library, Training of Officer and Admin Staff, Limited Vehicle Install Inspections, Vendor Management, Support	1.00	\$5,000.00	\$2,500.00	\$2,500.00
					\$2,500.00

Server Hardware and Options

Server Hardware and Software

Part Number	Detail	Qty	Direct	Discount	Total Price
HDW-4RE-SRV-004	Server, EL5, Tower, 1-10 Concurrent Cars, 16TB, RAID 6, Windows 10, Keyboard, Monitor, Mouse	1.00	\$5,995.00	\$0.00	\$5,995.00

Shipping and Handling

Part Number	Detail	Qty	Direct	Discount	Total Price
Freight	Shipping/Handling and Processing Charges	1.00	\$0.00	\$0.00	\$0.00
					\$5,995.00

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4RE/VISTA Price Quote

4RE and VISTA Proposal

WatchGuard Video Technical Services

Part Number	Detail	Qty	Direct	Discount	Total Price
BRK-DV1-MIC-100	SPECIAL DISCOUNT	1.00	\$-11,090.00	\$0.00	\$-11,090.00

Shipping and Handling

Part Number	Detail	Qty	Direct	Discount	Total Price
Freight	Shipping/Handling and Processing Charges	1.00	\$0.00	\$0.00	\$0.00
					\$-11,090.00

Total Estimated Tax, may vary from State to State \$0.00

Configuration Discounts \$2,540.00

Additional Quote Discount \$0.00

Total Amount \$-8,550.00

NOTE: This is only an estimate for 4RE & VISTA related hardware, software and WG Technical Services. Actual costs related to a turn-key operation requires more detailed discussion and analysis, which will define actual back-office costs and any costs associated with configuration, support and installation. Please contact your sales representative for more details.

To accept this quotation, sign, date and return with Purchase Order: _____ DATE: _____

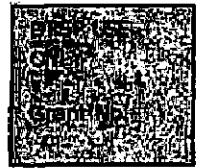
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STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING

BUDGET SUMMARY



BUDGET CATEGORY	REQUESTED BUDGET	DPSE USE ONLY APPROVED BUDGET
A. PERSONNEL:		
TOTAL PERSONNEL		
B. FRINGE		
2. FICA Match		
3. Retirement Match		
4. Other		
TOTAL FRINGE		
C. EQUIPMENT	\$66,000	
TOTAL EQUIPMENT	\$66,000	
D. TRAVEL		
2. Commercial Carrier		
3. Meals		
4. Lodging		
5. Other		
TOTAL TRAVEL		
E. OPERATING EXPENSE		
2. Rental		
3. Printing and Reproduction		
4. Communications (Telephone, Postage)		
5. Other		
TOTAL OPERATIONAL EXPENSES		
F. CONTRACTUAL SERVICES		
2. Contracts w/Organizations		
TOTAL CONTRACTUAL SERVICES		
G. MISCELLANEOUS		
2. Training Materials		
3. Other		
TOTAL MISCELLANEOUS		
H. TOTAL PROJECT BUDGET	\$66,000	

SUMMARY FUNDING DATA

	Federal	%	State/Local	%	TOTAL	%
REQUESTED BUDGET	\$66,000.00	100		0	\$66,000.00	100
APPROVED BUDGET						

Budget Prepared By: Caitlyn Wilson, Investigations Asst. & Captain Jeremy Bell



STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING
BUDGET NARRATIVE



PART VI:

Quantity	Item	Unit Cost	Total Cost	Discount
V300 VISTA HD CAMERAS & OPTIONS				
1	Transfer Station II kit, Incl. Power & AC Cables, Label and Docs	\$1,495.00	\$1,495.00	\$0.00
10	V300, USB Dock, D300, Desktop Charge/Upload Kit incl. Power and USB Cables	\$95.00	\$950.00	\$0.00
10	V300, Battery, Removable and Rechargeable, 3.8V, 4180mAh	\$99.00	\$950.00	\$4.00
10	V300 and 4RE System Bundle. Includes 4RE Standard DVR Camera System w/ Integrated 200GB automotive grade hard drive, ZSL camera, 16GB USB removable thumb drive, rear facing cabin camera, GPS, hardware, cabling and your choice of mounting bracket. It will also include the V300 Continuous HD recording, one camera mount, 128 GB of storage, Wi-Fi docking base, Power over Ethernet Smart Switch	\$5,550.00	\$55,500.00	\$0.00
VISTA HD Warranties				
10	Warranty, V300 1 st year (months 1-12) included	\$0.00	\$0.00	\$0.00
Evidence Library 4 Web Software and Licensing				
1	Evidence Library, Web server Site License Key	\$1,000.00	\$1,000.00	\$0.00
10	Evidence Library, 4RE Annual Device License & Support Fee	\$195.00	\$1,950.00	\$0.00
10	Evidence Library, VISTA/V300 Annual Device License & Support Fee	\$195.00	\$1,950.00	\$0.00

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Quantity	Item	Unit Cost	Total Cost	Discount
	Shipping and Handling			
1	Shipping/Handling and Processing Charges	\$420.00	\$420.00	\$0.00
			TOTAL: \$64,215.00	
	4RE and VISTA Proposal			
	4RE In-Car System and Options			
10	Additional front camera, 4RE, HD Panoramic	\$200.00	\$2,000.00	\$0.00
	Wireless Video Transfer and Networking Options			
10	4RE In-Car 802. 11n Wireless kit, 5GHz (2.4 GHz Is available by request)	\$200.00	\$2,000.00	\$0.00
1	WiFi Access Point, Configured, MikroTik, 802. 11n, 5GHz, SXT, AP	\$250.00	\$250.00	\$0.00
	WatchGuard Video Technical Services			
1	Warranty, 4RE, In-car, 1 st year (months 12)	\$130.0	\$130.00	\$0.00
			TOTAL: \$ 4,380.00	
	Technical Services Calculator			
	WatchGuard Video Technical Services			
1	Tier 1 Onsite Installation. Includes Project Coordination, One pre-Deployment IT Call, Provisioning of ELC and Auzure AD, Install OS And SQL (if Purchsed from WatchGuard), Limited EL Client Installations, Limited configuring of 4RE Units, Limited MDC APP Installations, Interview Room Configuration, Limited configuration of Body Worn Cameras, Full Testing of WatchGuard systems, Installation of Evidence Library, Training of Officer and Admin Staff, Limited vehicle install inspections, Vendor Management , Support.	\$5,000	\$2,500.00	\$2,500.00

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Quantity	Item	Unit Cost	Total Cost	Discount
Server Hardware and Options				
Server Hard and Software				
1	Server, EL5, Tower, 1-10 Concurrent Cars, 16 TB RAID 6, Windows 10, Keyboard, Monitor, Mouse	\$5,995.00	\$5,995.00	\$0.00
Shipping and Handling				
1	Shipping/Handling and processing charges	\$0.00	\$0.00	\$0.00
TOTAL: \$5,995.00				
WatchGuard Video Technical Services				
1	SPECIAL DISCOUNT	\$-11,090.00	\$-11,090.00	\$-11,090.00
1	Shipping/ Handling and Processing Charges:	\$0.00	\$0.00	\$0.00
	Total estimated Tax, may vary from State to State	\$0.00	\$0.00	\$0.00
CONFIGURATION DISCOUNTS :				\$2,500.00
	Additional Quote Discount			\$0.00
TOTAL AMOUNT:				\$66,000.00

EXHIBIT H

RENTAL AGREEMENT
FOR USE BY MISSISSIPPI AGENCIES & GOVERNING AUTHORITIES
AND VENDORS
 (applicable to equipment rental transactions)

This Rental Agreement (hereinafter referred to as Agreement) is entered into by and between Clay County Chancery Clerk's Office (hereinafter referred to as Customer), and J T Ray Company (hereinafter referred to as Vendor). This Agreement becomes effective upon signature by Customer and Vendor, and shall take precedence over all agreements and understanding between the parties. Vendor, by its acceptance hereof, agrees to rent to Customer, and Customer, by its acceptance hereof, agrees to rent from Vendor, the equipment, including applicable software and services to render it continually operational, listed in Exhibit A, which is attached hereto and incorporated herein.

1. CUSTOMER ACCOUNT ESTABLISHMENT:

- A. A separate Vendor Customer Number will be required for each specific customer/installation location.
- B. The Customer is identified as the entity on the first line of the "bill-to" address. All invoices and notices of changes will be sent to the "bill-to" address in accordance with Paragraph 8 herein.
- C. Ship-to and/or Installed-at address is the location to which the initial shipment of equipment/supplies will be made and the address to which service representatives will respond. Subsequent shipments of supplies for installed equipment will also be delivered to the "installed-at" address unless otherwise requested.
- D. Unless creditworthiness for this Customer Number has been previously established by Vendor, Vendor's Credit Department may conduct a credit investigation for this Agreement. Notwithstanding delivery of equipment, Vendor may revoke this Agreement by written notice to the Customer if credit approval is denied within thirty (30) days after the date this Agreement is accepted for Vendor by an authorized representative.

2. EQUIPMENT SELECTION, PRICES, AND AGREEMENT: The Customer has selected and Vendor agrees to provide equipment, including applicable software and services to render it continually operational, identified on Exhibit A attached to this Agreement. The specific prices, inclusive of applicable transportation charges, are as set forth on the attached Exhibit A. The parties understand and agree that the Customer is exempt from the payment of taxes.

3. SHIPPING AND TRANSPORTATION: Vendor agrees to pay all non-priority, ground shipping, transportation, rigging and drayage charges for the equipment from the equipment's place of manufacture to the installation address of the equipment as specified under this Agreement. If any form of express shipping method is requested, it will be paid for by Customer.

4. RISK OF LOSS OR DAMAGE TO EQUIPMENT: While in transit, Vendor shall assume and bear the entire risk of loss and damage to the equipment from any cause whatsoever. If, during the period the equipment is in Customer's possession, due to gross negligence of the customer, the equipment is lost or damaged, then, the customer shall bear the cost of replacing or repairing said equipment.

5. DELIVERY, INSTALLATION, ACCEPTANCE, AND RELOCATION:

- A. **DELIVERY:** Vendor shall deliver the equipment to the location specified by Customer and pursuant to the delivery schedule agreed upon by the parties. If, through no fault of the Customer, Vendor is unable to deliver the equipment or software, the prices, terms and conditions will remain unchanged until delivery is made by Vendor. If, however, Vendor does not deliver the equipment or software within ten (10) working days of the delivery due date, Customer shall have the right to terminate the order without penalty, cost or expense to Customer of any kind whatsoever.
- B. **INSTALLATION SITE:** At the time of delivery and during the period Vendor is responsible for maintenance of the equipment, the equipment installation site must conform to Vendor's published space, electrical and environmental requirements; and the Customer agrees to provide, at no charge, reasonable access to the

equipment and to a telephone for local or toll free calls.

- C. **INSTALLATION DATE:** The installation date of the equipment shall be that date as is agreed upon by the parties, if Vendor is responsible for installing the equipment.
- D. **ACCEPTANCE:** Unless otherwise agreed to by the parties, Vendor agrees that Customer shall have ten (10) working days from date of delivery and installation, to inspect, evaluate and test the equipment to confirm that it is in good working order.
- E. **RELOCATION:** Customer may transfer equipment to a new location by notifying Vendor in writing of the transfer at least thirty (30) calendar days before the move is made. If Vendor is responsible for maintenance of the equipment, this notice will enable Vendor to provide technical assistance in the relocation efforts, if needed, as well as to update Vendor's records as to machine location. There will be no cessation of rental charges during the period of any such transfer. The Vendor's cost of moving and reinstalling equipment from one location to another is not included in this Agreement, and Customer agrees to pay Vendor, and receipt of invoice of Vendor's charges with respect to such moving of equipment, which will be billed to Customer in accordance with Vendor's standard practice then in effect for commercial users of similar equipment or software and payment remitted in accordance with Paragraph 8 herein.

- 6. **RENTAL TERM:** The rental term for each item of equipment shall be that as stated in the attached Exhibit A. If the Customer desires to continue renting the equipment at the expiration of the original rental agreement, the Customer must enter into a new rental agreement which shall be separate from this Agreement. There will be no automatic renewals allowed. There shall be no option to purchase.

- 7. **OWNERSHIP:** Unless the Customer has obtained title to the equipment, title to the equipment shall be and remain vested at all times in Vendor or its assignee and nothing in this Agreement shall give or convey to Customer any right, title or interest therein, unless purchased by Customer. Nameplates, stencils or other indicia of Vendor's ownership affixed or to be affixed to the equipment shall not be removed or obliterated by Customer.

- 8. **PAYMENTS:**

- A. **INVOICING AND PAYMENTS:** The charges for the equipment, software or services covered by this Agreement are specified in the attached Exhibit A. Charges for any partial month for any item of equipment shall be prorated based on a thirty (30) day month. Vendor shall submit an invoice with the appropriate documentation to Customer.

- 1. **E-PAYMENT:** The Vendor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. The Customer agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies", Section 31-7-301, *et seq.* of the 1972 Mississippi Code Annotated, as amended, which generally provides for payment of undisputed amounts by the agency within forty-five (45) days of receipt of the invoice.

- 2. **PAYMODE:** Payments by state agencies using Mississippi's Accountability System for Government Information and Collaboration (MAGIC) shall be made and remittance information provided electronically as directed by the State. The State, may at its sole discretion, require the Vendor to submit invoices and supporting documentation electronically at any time during the term of this Agreement. These payments shall be deposited into the bank account of the Vendor's choice. The Vendor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

- B. **METER READINGS:** If applicable, the Customer shall provide accurate and timely meter readings at the end of each applicable billing period on the forms or other alternative means specified by Vendor. Vendor shall have the right, upon reasonable prior notice to Customer, and during Customer's regular business hours, to inspect the equipment and to monitor the meter readings. If Customer meter readings are not received in the time to be agreed upon by the parties, the meter readings may be obtained electronically or by other means or may be estimated by Vendor subject to reconciliation when the correct meter reading is received by Vendor.

C.

COPY CREDITS: If applicable, if a copier is being rented, the Customer will receive one (1) copy credit for each copy presented to Vendor which, in the Customer's opinion, is unusable and also for each copy which

was produced during servicing of the equipment. Copy credits will be issued only if Vendor is responsible for providing equipment services or maintenance services (except time and materials maintenance). Copy credits will be reflected on the invoice as a reduction in the total copy volume, except for run length plans which will be credited at a specific copy credit rate as shown on the applicable price list.

9. **USE OF EQUIPMENT:** Customer shall operate the equipment according to the manufacturer's specifications and documented instructions. Customer agrees not to employ or use additional attachments, features or devices on the equipment or make changes or alterations to the equipment covered hereby without the prior written consent of Vendor in each case, which consent shall not be unreasonably withheld.
10. **MAINTENANCE SERVICES, EXCLUSIONS, AND REMEDIES:**
 - A. **SERVICES:** If Vendor is responsible for providing equipment services, maintenance services (except for time and materials), or warranty services: (1) Vendor shall install and maintain the equipment and make all necessary adjustments and repairs to keep the equipment in good working order. (2) Parts required for repair may be used or reprocessed in accordance with Vendor's specifications and replaced parts are the property of Vendor, unless otherwise specifically provided on the price lists. (3) Services will be provided during Customer's usual business hours. (4) If applicable, Customer will permit Vendor to install, at no cost to Customer, all retrofits designated by Vendor as mandatory or which are designed to insure accuracy of meters.
 - B. **EXCLUSIONS:** The following is not within the scope of services: (1) Provision and installation of optional retrofits. (2) Services connected with equipment relocation. (3) Installation/removal of accessories, attachments or other devices. (4) Exterior painting or refinishing of equipment. (5) Maintenance, installation or removal of equipment or devices not provided by Vendor. (6) Performance of normal operator functions as described in applicable Vendor operator manuals. (7) Performance of services necessitated by accident; power failure; unauthorized alteration of equipment or software; tampering; service by someone other than Vendor; causes other than ordinary use; interconnection of equipment by electrical, or electronic or mechanical means with noncompatible equipment; or failure to use operating system software. If Vendor provides, at the request of the Customer, any of the services noted above, the Customer may be billed by Vendor at a rate not to exceed the Master State Prices Agreement between the Vendor and the State of Mississippi, or in the absence of such agreement at the then current time and materials rates.
 - C. **REMEDIES:** If during the period in which Vendor is providing maintenance services, Vendor is unable to maintain the equipment in good working order, Vendor will, at no additional charge, provide either an identical replacement or another product that provides equal or greater capabilities.
11. **HOLD HARMLESS:** To the fullest extent allowed by law, Vendor shall indemnify, defend, save and hold harmless, protect, and exonerate the Customer and the State of Mississippi, its Commissioners, Board Members, officers, employees, agents, and representatives from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever, including, without limitation, court costs, investigative fees and expenses, and attorneys' fees, arising out of or caused by Vendor and/or its partners, principals, agents, employees, and/or subcontractors in the performance of or failure to perform this Agreement. In the Customer's sole discretion, Vendor may be allowed to control the defense of any such claim, suit, etc. In the event Vendor defends said claim, suit, etc., Vendor shall use legal counsel acceptable to the Customer; Vendor shall be solely liable for all reasonable costs and/or expenses associated with such defense and the Customer shall be entitled to participate in said defense. Vendor shall not settle any claim, suit, etc., without the Customer's concurrence, which the Customer shall not unreasonably withhold.
12. **ALTERATIONS, ATTACHMENTS, AND SUPPLIES:**
 - A. If Customer makes an alteration, attaches a device or utilizes a supply item that increases the cost of services, Vendor will either propose an additional service charge or request that the equipment be returned to its standard configuration or that use of the supply item be discontinued. If, within five (5) days of such proposal or request, Customer does not remedy the problem or agree in writing to do so within a reasonable amount of time, Vendor shall have the right to terminate this Agreement as provided herein. If Vendor believes that an alteration, attachment or supply item affects the safety of Vendor personnel or equipment users, Vendor shall notify Customer of the problem and may withhold maintenance until the problem is remedied.

B. Unless Customer has obtained title to the equipment free and clear of any Vendor security interest, Customer may not remove any ownership identification tags on the equipment or allow the equipment to become fixture to real property.

13. **ASSIGNMENT:** The Vendor shall not assign, subcontract or otherwise transfer in whole or in part, its right or obligations under this Agreement without prior written consent of the Customer. Any attempted assignment or transfer without said consent shall be void and of no effect.

14. **GOVERNING LAW:** This Agreement shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws provisions, and any litigation with respect thereto shall be brought in the courts of said state. The Vendor shall comply with applicable federal, state, and local laws and regulations.

15. **NOTICE:** Any notice required or permitted to be given under this Agreement shall be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt requested, to the party to whom notice should be given at the address set forth below. Notice shall be deemed given when actually received or when refused. The parties agree to promptly notify each other in writing of any change of address.

For the Vendor:

Name TALMADGE RAY
Title ACCOUNT EXECUTIVE
Address 2022 US 45 SUITE C
City, State, & Zip Code COLUMBUS, MS 39705

For the Customer:

Name AMY BERRY
Title Chancery Clerk
Address P.O. Box 815
City, State, & Zip Code West Point, MS 39773

16. **WAIVER:** Failure by the Customer at any time to enforce the provisions of this Agreement shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of this Agreement or any part thereof or the right of the Customer to enforce any provision at any time in accordance with its terms.

17. **CAPTIONS:** The captions or headings in this Agreement are for convenience only, and in no way define, limit or describe the scope or intent of any provision or section of this Agreement.

18. **SEVERABILITY:** If any term or provision of this Agreement is prohibited by the laws of the State of Mississippi or declared invalid or void by a court of competent jurisdiction, the remainder of this Agreement shall be valid and enforceable to the fullest extent permitted by law.

19. **THIRD PARTY ACTION NOTIFICATION:** Vendor shall give Customer prompt notice in writing of any action or suit filed, and prompt notice of any claim made against Vendor by any entity that may result in litigation related in any way to this Agreement.

20. **AUTHORITY TO CONTRACT:** Vendor warrants that it is a validly organized business with valid authority to enter into this Agreement and that entry into and performance under this Agreement is not restricted or prohibited by any loan, security, financing, contractual or other agreement of any kind, and notwithstanding any other provision of this Agreement to the contrary, that there are no existing legal proceedings, or prospective legal proceedings, either voluntary or otherwise, which may adversely affect its ability to perform its obligations under this Agreement.

21. **RECORD RETENTION AND ACCESS TO RECORDS:** The Vendor agrees that the Customer or any of its duly authorized representatives at any time during the term of this Agreement shall have unimpeded, prompt access to and the right to audit and examine any pertinent books, documents, papers, and records of the Vendor related to the Vendor's charges and performance under this Agreement. All records related to this Agreement shall be kept by the Vendor for a period of three (3) years after final payment under this Agreement and all pending matters are closed unless the Customer authorizes their earlier disposition. However, if any litigation, claim, negotiation, audit or other action arising out of or related in any way to this Agreement has been started before the expiration of the three (3) year period, the records shall be retained for one (1) year after all issues arising out of the action are finally resolved. The Vendor agrees to reimburse the Customer any overpayment disclosed by any such audit arising out of or related in any way to this Agreement.

22. **EXTRAORDINARY CIRCUMSTANCES:** If either party is rendered unable, wholly or in part, by reason of strikes, accidents, acts of God, weather conditions or any other acts beyond its control and without its fault or negligence to complete

with any obligations or performance required under this Agreement, then such party shall have the option to suspend its obligations or performance hereunder until the extraordinary performance circumstances are resolved. If the extraordinary performance circumstances are not resolved within a reasonable period of time, however, the non-defaulting party shall have the option, upon prior written notice, of terminating the Agreement.

23. **TERMINATION:** This Agreement may be terminated as follows: (a) Customer and Vendor mutually agree to the termination, or (b) If either party fails to comply with the terms and conditions of this Agreement and that breach continues for thirty (30) days after the defaulting party receives written notice from the other party, then the non-defaulting party has the right to terminate this Agreement. The non-defaulting party may also pursue any remedy available to it in law or in equity. Upon termination, all obligations of Customer to make payments required hereunder shall cease.
24. **AVAILABILITY OF FUNDS:** It is expressly understood and agreed that the obligation of the Customer to proceed under this Agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, either through the failure of the federal government to provide funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which funds were provided or if funds are not otherwise available to the Customer, the Customer shall have the right upon ten (10) working days written notice to the Vendor, to terminate this Agreement without damage, penalty, cost or expenses to the Customer of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.
25. **MODIFICATION OR RENEGOTIATION:** This Agreement may be modified, altered or changed only by written agreement signed by the parties hereto. The parties agree to renegotiate the Agreement if federal, state and/or the Customer's revisions of any applicable laws or regulations make changes in this Agreement necessary.
26. **WARRANTIES:** Vendor warrants that the equipment, when operated according to the manufacturer's specifications and documented instructions, shall perform the functions indicated by the specifications and documented literature. Vendor may be held liable for any damages caused by failure of the equipment to function according to specifications and documented literature published by the manufacturer of the equipment.
27. **E-VERIFY COMPLIANCE:** If applicable, the Vendor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, Section 71-11-1, *et seq.* of the Mississippi Code Annotated (Supp. 2008), and will register and participate in the status verification system for all newly hired employees. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. The Vendor agrees to maintain records of such compliance and, upon request of the State and approval of the Social Security Administration or Department of Homeland Security, where required, to provide a copy of each such verification to the Customer. The Vendor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws of these warranties, the breach of which may subject the Vendor to the following: (1) termination of this Agreement and ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such cancellation/termination being made public, or (2) the loss of any license, permit, certification or other document granted to the Vendor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year, or (3) both -- in the event of such cancellation/termination, the Vendor would also be liable for any additional costs incurred by the Customer due to the contract cancellation or loss of license or permit.
28. **HARD DRIVE SECURITY:** Vendor must properly format the hard drive, deleting all information, or replace the hard drive with a new hard drive prior to storing or re-selling the equipment. The Customer may request to retain the hard drive for a nominal fee. Vendor will supply written notification to the Customer that all data has been made inaccessible. This notification must be provided with forty-five (45) days of the equipment being returned to the Vendor.
29. **ENTIRE AGREEMENT:** This Agreement constitutes the entire agreement of the parties with respect to the equipment, software or services described herein and supersedes and replaces any and all prior negotiations, understandings and agreements, written or oral, between the parties relating hereto. No terms, conditions, understandings, usages of the trade, course of dealings or agreements, not specifically set out in this Agreement or incorporated herein, shall be effective or relevant to modify, vary, explain or supplement this Agreement.
30. **TRANSPARENCY:** This Agreement, including any accompanying exhibits, attachments, and appendices, is subject

the "Mississippi Public Records Act of 1983," codified as Section 25-61-1 et seq., Mississippi Code Annotated and exceptions found in Section 79-23-1 of the Mississippi Code Annotated (1972, as amended). In addition, this Agreement is subject to provisions of the Mississippi Accountability and Transparency Act of 2008 (MATA), codified in Section 27-104-151 of the Mississippi Code Annotated (1972, as amended). Unless exempted from disclosure due to a court-issued protective order, this Agreement is required to be posted to the Department of Finance and Administration's independent agency contract website for public access. Prior to posting the Agreement to the website, any information identified by the Vendor as trade secrets, or other proprietary information including confidential vendor information, or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes will be redacted. A fully executed copy of this Agreement shall be posted to the State of Mississippi's accountability website at: <http://www.transparency.mississippi.gov>.

31. **COMPLIANCE WITH LAWS:** The Vendor understands that the Customer is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, state or local laws. All such discrimination is unlawful and the Vendor agrees during the term of the Agreement that the Vendor will strictly adhere to this policy in its employment practices and provision of services. The Vendor shall comply with, and all activities under this Agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, as now existing and as may be amended or modified.

For the faithful performance of the terms of this Agreement, the parties have caused this Agreement to be executed by their undersigned representatives.


Witness my signature this the 29th day of September, 2020.

Vendor: IT Ray Company

By: 
Authorized Signature


Printed Name: Talmadge Ray

Title: Account Executive

WITNESS: 

Witness my signature this the 5th day of October, 2020

Customer: Clay County Chancery Clerk's Office

By: 
Authorized Signature

Printed Name: Amy G. Berry

Title: Chancery Clerk

WITNESS: _____

EXHIBIT A
RENTAL AGREEMENT
FOR USE BY
MISSISSIPPI Agencies AND VENDORS
(Applicable to Equipment Rental Transactions)

The following, when signed by the Customer and the Vendor shall be considered to be a part of the Rental Agreement between the parties.

State Contract Number: 8200050619

Vendor Company Name: IT RAY COMPANY

Customer Agency Name: Clay County Chancery Clerk's Office

Bill to Address: PO Box 815 West Point, MS 39773

Ship to Address: 205 Court St. West Point, MS 39773

Description of Equipment, Software, or Services

Price

\$149.00

48 MONTH FMV LEASE FOR KONICA MINOLTA BIZHUB
C360i DUAL SCAN DOCUMENT FEEDER, DK-516,
SURGE PROTECTOR

Delivery Schedule and Installation Date:

Rental Term: 48 MONTHS

Start Date: 10/15/2020

End Date: 10/15/2024

Modifications: FULL SERVICE CONTRACT - \$0.0099 PER BLACK AND WHITE IMPRESSION AND \$0.055 PER COLOR IMPRESSION. INCLUDES ALL PARTS, LABOR, AND SUPPLIES (TONER, DRUM, ETC.) DOES NOT INCLUDE PAPER AND STAPLES.



Vendor Signature

Customer Signature

EXHIBIT I



Invoice

Date	Invoice #
9/17/2020	256779

PO Box 1328
Columbus, MS 39703

Bill To
Clay County Board of Supervisors PO Box 815 West Point, MS 39773

Item Code	Description	Amount
Clay County Reimbursement	Jones Walker 1043437	155.00

Dues and Trust fees to Golden Triangle Development Link may be deductible as a necessary business expense for income tax purposes. However, the portion of your dues and Trust fees used to fund lobbying activities is not deductible. For the year, that portion is 10%. The Link's dues and Trust fees are not deductible as charitable contribution.

Total	\$155.00
-------	----------

JONES WALKER LLP
Alabama, Arizona, District of Columbia, Florida
Georgia, Louisiana, Mississippi, New York, Texas

FED. I.D.# 72-0445111

VIA EMAIL: MWILSON@GTRLINK.ORG

AUGUST 31, 2020
INVOICE NO. 1043437

RE: GENERAL PROJECT ADVICE - CLAY COUNTY

FILE NO. 140681-02

FOR PROFESSIONAL SERVICES RENDERED:

DATE	INIT	ACTION		HOURS
07/08/20	CSP	TELEPHONE CONFERENCE WITH J. HIGGINS AND M. FISACKERLY RE REQUESTED RESPONSE TO QUESTIONS FROM SOLAR COMPANIES FOR COUNTY ROAD ROW FOR SOLAR FARM COLLECTION LINE INSTALLATION.	.20	93.00 <i>All 3 conf \$31.00 each</i>
07/10/20	CSP	PER REQUEST FROM J. HIGGINS RE REQUESTED RESPONSE TO QUESTIONS FROM SOLAR COMPANIES FOR COUNTY ROAD ROW FOR SOLAR FARM COLLECTION LINE INSTALLATION, REVIEW APPLICABLE AG OPINIONS AND STATUTES AND PREPARE AND EMAIL LIST OF ISSUES AND GUIDANCE TO PROVIDE TO SOLAR COMPANIES RE SAME.	.80	372.00 <i>All 3 conf \$124.00 each</i>

TOTAL HOURS: 1.00

TOTAL FEES: \$465.00

-----TIME AND FEE SUMMARY-----			
-----TIMEKEEPER-----	RATE	HOURS	FEES
CHRISTOPHER S. PACE	465.00	1.00	465.00
TOTALS		1.00	465.00

Code 6361 612 1652

TOTAL COSTS: Approval *[Signature]* \$0.00
Approval *[Signature]*

GOLDEN TRIANGLE DEVELOPMENT LINK
AUGUST 31, 2020
VOICE NO.: 1043437
FILE NUMBER: 140681-02

PAGE 2

TOTAL FEES AND COSTS: \$465.00

GOLDEN TRIANGLE DEVELOPMENT LINK

PAGE 3

AUGUST 31, 2020

VOICE NO.: 1043437

FILE NUMBER: 140681-02

FILE NAME: GENERAL PROJECT ADVICE - CLAY COUNTY

*** REMITTANCE COPY ***

TOTAL FEES:	\$465.00
TOTAL COSTS:	\$0.00
LESS CREDITS:	\$0.00
TOTAL CURRENT FEES AND COSTS DUE	----- \$465.00

BALANCE DUE ON PRIOR INVOICES:

DATE	INVOICE NO.	BALANCE
09/27/18	953974	\$2679.50
04/30/19	981259	\$850.00

TOTAL PRIOR INVOICES DUE:	----- \$3,529.50
---------------------------	---------------------

TOTAL AMOUNT DUE:	=====
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PLEASE SEND PAYMENT AND REMITTANCE COPY TO:

JONES WALKER LLP
201 St. Charles Ave. - 50th Floor
New Orleans, Louisiana 70170-5100

155

EXHIBIT J

NO. _____

**IN THE MATTER OF REQUESTING THE TOMBIGBEE RIVER VALLEY WATER
MANAGEMENT DISTRICT TO ASSIST IN THE DEBRIS CLEANOUT OF HOULKA
CREEK AND TRIBUTARIES**

Supervisor Deanes offered and moved the adoption of the following resolutions,

RESOLUTION

WHEREAS, there is an urgent need of a debris cleanout in the Houlika Creek and any connecting tributaries as located in Sections 26, 27, 34, and 35 Township 15, Range 5 in Clay County, Mississippi; and

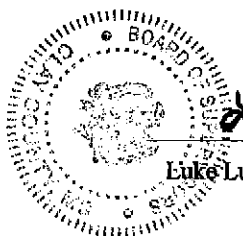
WHEREAS, without immediate attention taken toward this problem, considerable damage to property may result; and

WHEREAS, Clay County, Mississippi is without sufficient resources with which to perform such task.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of Clay County, Mississippi, that the Board hereby requests the Tombigbee River Valley Water Management District to perform the above stated tasks in Clay County, Mississippi as within their means to do so.

Supervisor Horton seconded the motions and with all members present and saying "AYE", the President declared the motion carried and resolution adopted.

SO ORDERED, this the 5th day of October, 2020.



Luke Lummus

Luke Lummus, President

ATTEST:

Amy G. Berry

Amy G. Berry, Chancery Clerk
Clerk of the Board of Supervisors

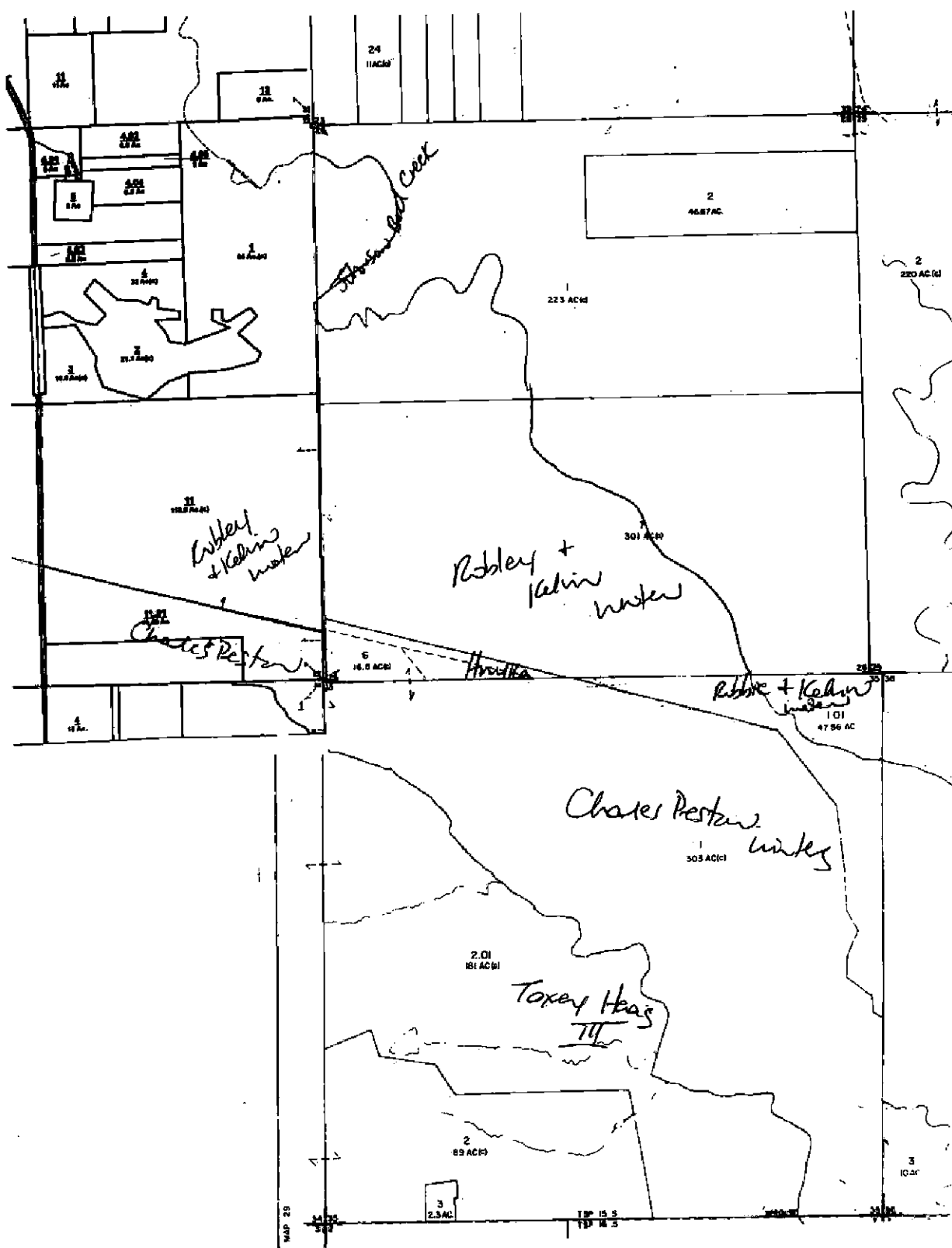


EXHIBIT K



610011071908

Mississippi Homestead Application

Year 2020 County # 13

Amended

1. Name of Taxpayer Last, F, MI	ROBERTSON MARY	SSN		Municipality Code	000
2. Name of Spouse Last, F, MI		SSN		School District Code	S1321
3. Physical Address of Taxpayer	1702 N WOOD FOREST	City	WEST POINT	State	MS
				Zip	397730000

4. <u>2</u> Exemption 1 - Regular 2 - Over 65 DOB <u>9/10/1946</u> 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add	5. <u>2</u> Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. <u>1</u> Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. <u>1</u> Additional Use 1 - None 2 - Rent 3 Rooms <u> </u> or # Apts <u> </u> 3 - Business Type Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>00</u> Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 050 28 0210100	<u>1</u>	2.30				175/129	4/20/1987
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1.		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will ☐ with will ☒B. Check one if Applicable: Deed ☐ Gift ☐ Other ☐From (name): HUGH ROBERTSONFrom (name): Who was my (relationship): HUSBAND Date of Death 9/12/2018Date filed with Chancery Clerk: Whose title was acquired by: Deed ☐ Gift ☐ Other ☐

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Year: Book No. / Page No.: Full Price \$ Down Payment \$

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐B. has/have complied with the income tax laws of this state. Yes ☒ No ☐C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 6LIST TAG NUMBERS: KAYY16 CYA2330 CYA2331 CYA2333 CY13636

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☒ NONE ☐ PART ☐Application is a: first time ☐ renewal (no change) ☐ replacement w/change ☒The applicant herein has, IN PERSON, attested to and signed this application before me, this the 18th day of June 2020

(Must be signed by tax assessor, deputy or notary)

© Data Systems Management, Inc. 2013

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above:

By: [Signature] (usual signature of applicant)By: Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31(e)

DEPARTMENT OF REVENUE

100



610011071908

Mississippi Homestead Application

Year 2020 County # 13

1. Name of Taxpayer (Last, F, MI)	ROBERTSON MARY	SSN	587-84-7883	Municipality Code	000
2. Name of Spouse (Last, F, MI)		SSN		School District Code	S1321
3. Physical Address of Taxpayer	1702 N WOOD FOREST	City	WEST POINT	State	MS
				Zip	397730000

4. <u>2</u> Exemption 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg 8 Add B <u>9/10/1946</u>	5. <u>2</u> Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. <u>1</u> Title 1 - Fee 2 - Dec Joint 3 - Non Dec Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. <u>1</u> Additional Use 1 - None 2 - Rent # Rooms <u> </u> or # Apts <u> </u> 3 - Business Type Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>00</u> Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 050 28 0210100	<u>1</u>	2.30				175/129	4/20/1987
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1.		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): Without will ☒ with will ☐From (name): HUGH ROBERTSONwho was my (relationship): HUSBAND Date of Death 9/12/2018whose title was acquired by: Deed ☐ Gift ☐ Other ☐Year: Book No. / Page No.: B. Check one if Applicable: Deed ☐ Gift ☐ Other ☐From (name): Date filed with Chancery Clerk:

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ Down Payment \$

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐B. has/have complied with the income tax laws of this state. Yes ☒ No ☐C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 6LIST TAG NUMBERS: KAYY16 CYA2330 CYA2331 CYA2333 CY13636

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☒ NONE ☐ PART ☐Application is a: first time ☐ renewal (no change) ☐ replacement w/change ☒The applicant herein has, IN PERSON, attested to and signed this application before me, this 18th day of June, 2020.

(must be signed by tax assessor, deputy or notary)

© Data Systems Management, Inc. 2015

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Mary H. Robertson
(usual signature of applicant)

By:
Attorney - Agent - Guardian
If signed by anyone other than self or spouse, attach copy of authority.
Section 27-33-31(1)

CHANCERY CLERK



Mississippi Homestead Application

 Year **2019** County # **13**
Amended

610011071908

1.	Name of Taxpayer Last, F, MI	COLLINS ANNETTE PARSON	SSN		Municipality Code	000
2.	Name of Spouse Last, F, MI		SSN		School District Code	51321
3.	Physical Address of Taxpayer	1509 DR SEARS RD	City	WEST POINT	State	MS
					Zip	397730000

4.	2 Exemption 1 - Regular 2 - Over 65 DOB <u>7/11/1954</u> 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add	5.	4 Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Custody of minor child Occupy marital home	6.	1 Title 1 - Fee 2 - Dec Joint 3 - Non Dec Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7.	1 Additional Use 1 - None 2 - Rent # Rooms <u> </u> or # Apts <u> </u> 3 - Business Type <u> </u> Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	00 Adjoining County #						

9.	Parcel Number (list dwellings first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1.	050 21	0120000	2.20				194/48	3/12/1992
2.								
3.								
4.								
5.								

10.	Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs. Same Residence Different Residence, Same Property Non-occupying Joint Owner
1.	OVER 65
2.	
3.	

11.	Property was acquired by:
A.	Inheritance (check one): Without will <input type="checkbox"/> with will <input type="checkbox"/> From (name): <u> </u> who was my (relationship): <u> </u> Date of Death <u> </u> whose title was acquired by: Deed <input type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> Year: <u> </u> Book No. / Page No.: <u> </u>
B.	Check one if Applicable: Deed <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> From (name): <u>DIVORCED FROM HUSBAND</u> Date filed with Chancery Clerk: <u>3/12/1992</u> If purchased, Section 27-33-21(f) and 27-33-31(1) require: Full Price \$ <u> </u> Down Payment \$ <u> </u>

12.	In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property
A.	claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B.	has/have complied with the income tax laws of this state. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C.	has/have complied with the road and bridge privilege tax laws of this state. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? <u>1</u>
	LIST TAG NUMBERS: <u>CYA9791</u>

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY	I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.
ELIGIBILITY: FULL <input checked="" type="checkbox"/> NONE <input type="checkbox"/> PART <input type="checkbox"/> Application is a: First time <input type="checkbox"/> renewal (no change) <input type="checkbox"/> replacement w/change <input checked="" type="checkbox"/>	<u>Annette Parson</u> (usual signature of applicant)
The applicant hereby test, IN PERSON, attested to and signed this application before me, this <u>23rd</u> day of <u>June</u> , <u>2020</u> (must be signed by tax assessor, deputy or notary)	By: <u> </u> Attorney - Agent - Guardian If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31(a)



610011071908

Mississippi Homestead Application

Year **2019** County # **13**

1.	Name of Taxpayer Last, F, MI	COLLINS ANNETTE PARSON	SSN	[REDACTED]	Municipality Code	000
2.	Name of Spouse Last, F, MI		SSN		School District Code	S1321
3.	Physical Address of Taxpayer	1509 DR SEARS RD	City	WEST POINT	State MS	Zip 397730000

<p>4. 2 Exemption</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>- Regular</p> <p>- Over 65</p> <p><u>7/11/1954</u></p> </div> <div style="width: 45%;"> <p>3 - S/RR Act Disabled</p> <p>4 - Dis. Plan</p> <p>5 - Dav</p> <p>6 - Combination reg & Add</p> </div> </div>	<p>5. 4 Marital Status</p> <p style="text-align: right;"> 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single </p> <p>If Separated check the following</p> <p style="text-align: center;">File joint income tax return</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Custody of minor child</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Occupy marital home</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>6. 1 Title</p> <p>1 - Fee</p> <p>2 - Occ Joint</p> <p>3 - Non Occ Joint</p> <p>4 - Life Est.</p> <p>5 - Undiv Est.</p> <p>6 - Lease Expires</p> <p>_____</p> <p>7 - Trust</p>	<p>7. 1 Additional Use</p> <p>1 - None</p> <p>2 - Rent</p> <p># Rooms _____ or # Apts _____</p> <p>3 - Business</p> <p>Type _____</p> <p>Full-time business of owner?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8. 00 Adjoining County #</p>			

[illegible]

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1. OVER 65		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will with will

From (name): _____

who was my (relationship): _____ Date of Death _____

whose title was acquired by: Deed Gift Other

Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed ☒ Gift Other

From (name): **DIVORCED FROM HUSBAND**

Date filed With Chancery Clerk: **3/12/1992**

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ _____ Down Payment \$ _____

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐

B. has/have complied with the income tax laws of this state. Yes ☒ No ☐

C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1

LIST TAG NUMBERS: CYA9791

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-52 and 27-33-55 impose penalties on persons who violate the Homestead Exemption Laws of 1946, False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL X NONE PART

Application is a: first time ☐ renewal (no change) ☐ replacement w/change ☒

The applicant herein has, IN PERSON, stated to and signed this application before me, this the 23rd day of June 2020.

(must be signed by tax assessor, deputy or notary)

© Data Systems Management, Inc. 2013

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

[Signature]
(usual signature of applicant)

By: _____
Attorney - Agent - Guardian
If signed by anyone other than self or spouse, attach copy of authority.
Section 27-33-31(c) CHANCERY CLERK



610011071908

Mississippi Homestead Application

Year 2020County # 13

1. Name of Taxpayer Last, F, MI	GABLE DANIEL SCOTT	SSN	626-61-2206	Municipality Code	000
2. Name of Spouse Last, F, MI	GABLE KATHRYN COLLINS	SSN	597-22-5580	School District Code	S1321
3. Physical Address of Taxpayer	5512 BARTON FERRY RD	City	WEST POINT	State	MS
				Zip	397730000

4. <u>1</u> Exemption 1 - Regular 2 - Over 65 DOB <u>11/13/1976</u> 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add	5. <u>1</u> Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. <u>1</u> Title 1 - Fee 2 - Dec Joint 3 - Non Dec Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. <u>1</u> Additional Use 1 - None 2 - Rent # Rooms <u> </u> or # Apts <u> </u> 3 - Business Type <u> </u> Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>00</u> Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book & / Page #	DATE ACQUIRED
1. 057 02	0010200	0011100	11.84			303/71	10/31/2019
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1.		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): Without will ☐ with will ☐

From (name):

who was my (relationship):

Date of Death

whose title was acquired by: Deed ☐ Gift ☐ Other ☐

Year:

Book No. / Page No.:

B. Check one if Applicable: Deed ☒ Gift ☐ Other ☐From (name): BROWN MICHAEL & APRILDate filed with Chancery Clerk: 10/31/2019

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ 167000 Down Payment \$ 33400

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐B. has/have complied with the income tax laws of this state. Yes ☒ No ☐C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐

Must furnish all tag numbers of privately owned vehicles in your possession.

How many vehicles possessed? 4LIST TAG NUMBERS: CY3232 CYA9625 CYB4053 CY13017

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☒ NONE ☐ PART ☐Application is a: first time ☒ renewal (no change) ☐ replacement w/change ☐The applicant herein has, IN PERSON, attested to and signed this application before me, this the 3rd day of April, 2020

Must be signed by tax assessor, deputy or notary)

©Data Systems Management, Inc. 2013

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Daniel Gable
(usual signature of applicant)

By:

Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority.
Section 27-33-31(f)

DEPARTMENT OF REVENUE



610011071908

Mississippi Homestead Application
Year 2020 County # 13

1.	Name of Taxpayer GABLE DANIEL SCOTT	SSN [REDACTED]	Municipality Code 000
2.	Name of Spouse GABLE KATHRYN COLLINS	SSN [REDACTED]	School District Code S1321
3.	Physical Address of Taxpayer 5512 BARTON FERRY RD	City WEST POINT	State MS Zip 397730000

4. 1 Exemption 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add 11/13/1976	5. 1 Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. 1 Title 1 - Fee 2 - Dec Joint 3 - Non Dec Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. 1 Additional Use 1 - None 2 - Rent # Rooms <input type="text"/> or # Apts <input type="text"/> 3 - Business Type <input type="text"/> Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---	---	---

8.	00	Adjoining County #
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9. Parcel Number (list dwellings first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 057 02	0010200	11.84				303/71	10/31/2019
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse.	If undivided estate, list heirs.
Same Residence Different Residence, Same Property Non-occupying Joint Owner	
1.	
2.	
3.	

11. Property was acquired by:

A. Inheritance (check one): without will ☐ with will ☐

From (name): _____

Who was my (relationship): _____ Date of Death _____

Whose title was acquired by: Deed ☐ Gift ☐ Other ☐

Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed ☒ Gift ☐ Other ☐

From (name): **BROWN MICHAEL & APRIL**

Date filed with Chancery Clerk: **10/31/2019**

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ **167000** Down Payment \$ **33400**

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
B. has/have complied with the income tax laws of this state.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
C. has/have complied with the road and bridge privilege tax laws of this state.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? **4**

LIST TAG NUMBERS: **CY3232 CYA9625 CYB4053 CY13017**

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☒ NONE ☐ PART ☐

Application is at first time ☒ renewal (no change) ☐ replacement w/change ☐

The applicant herein has, IN PERSON, attested to and signed this application before me, this the **3rd** day of **April** 2020

[Signature]
(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

[Signature: Daniel Gable]
(usual signature of applicant)

By: _____

Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority.

Section 27-33-31(f) **CHANCERY CLERK**

© Data Systems Management, Inc. 2013



Mississippi Homestead Application

Year 2020 County # 13

1. Name of Taxpayer Last, F, MI	RANDLE THEODIS ANTHONY	SSN		Municipality Code	024
2. Name of Spouse Last, F, MI		SSN		School District Code	S1321
3. Physical Address of Taxpayer	124 CROWELL ST	City	WEST POINT	State	MS
				Zip	397730000

4. <u>1</u> Exemption 1 - Regular 2 - Over 65 DOB <u>3/24/1958</u> 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add	5. <u>5</u> Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. <u>1</u> Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. <u>1</u> Additional Use 1 - None 2 - Rent # Rooms <u> </u> or # Apts <u> </u> 3 - Business Type Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>00</u> Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 083B311D	0510000	<u>1</u>				167/578	3/11/1985
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1.		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): Without will ☐ with will ☐

From (name):

who was my (relationship):

Date of Death

whose title was acquired by: Deed ☐ Gift ☐ Other ☐

Year:

Book No. / Page No.:

B. Check one if Applicable: Deed ☒ Gift ☒ Other ☐

From (name):

Date filed with Chancery Clerk:

If purchased, Section 27-35-21(f) and 27-35-31(1) require:

Full Price \$

Down Payment \$

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐B. has/have complied with the income tax laws of this state. Yes ☒ No ☐C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐

Must furnish all tag numbers of privately owned vehicles in your possession.

How many vehicles possessed? 2LIST TAG NUMBERS: CYB0607 CYA9765

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-35-31, 27-35-57 and 27-35-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(1). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☐ NONE ☐ PART ☒Application is a: first time ☒ renewal (no change) ☐ replacement w/change ☐The applicant herein has, IN PERSON, attested to and signed this application before me, this 31st day of March 2020

(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Theodore Randle
(usual signature of applicant)

By:

Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority. Section 27-35-31(e)

DEPARTMENT OF REVENUE



610011071908

Mississippi Homestead Application

Year 2020 County # 13

1. Name of Taxpayer Last, F. MI RANDLE THEODIS ANTHONY	SSN [REDACTED]	Municipality Code 024
2. Name of Spouse Last, F. MI	SSN	School District Code S1321
3. Physical Address of Taxpayer 124 CROWELL ST	City WEST POINT	State MS Zip 397730000

4. <u>1</u> Exemption - Regular - Over 65 <u>3/24/1958</u> 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination res & Add	5. <u>5</u> Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. <u>1</u> Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. <u>1</u> Additional Use 1 - None 2 - Rent # Rooms <u> </u> or # Apts <u> </u> 3 - Business Type Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>00</u> Adjoining County #			

9. Parcel Number (list dwelling first) 083B311D	Number of Parcels Listed Below: 0540000	<u>1</u> # of Acres	In City	Join Home	In 5 Miles	Book # / Page # 167/578	DATE ACQUIRED 3/11/1985
1.							
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.	Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1.			
2.			
3.			

11. Property was acquired by:

A. Inheritance (check one): without will ☐ with will ☐

From (name):

who was my relationship): Date of Death

whose title was acquired by: Deed ☐ Gift ☐ Other ☐

Year: Book No. / Page No.:

B. Check one if Applicable: Deed ☒ Gift ☒ Other ☐From (name): Elizabeth RandleDate filed with Chancery Clerk: 3/11/85

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ Down Payment \$

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal residential of Mississippi and this is the primary home. Yes ☒ No ☐B. has/have complied with the income tax laws of this state. Yes ☒ No ☐C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐

Must furnish all tag numbers of privately owned vehicles in your possession.

How many vehicles possessed? 2LIST TAG NUMBERS: CYB0607 CYA9765

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 4051c(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☐ NONE ☐ PART ☒Application is a: first time ☒ renewal (no change) ☐ replacement w/change ☐The applicant herein has, IN PERSON, attested to and signed this application before me, this the 31st day of March 2020

(Must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Theodore Randle

(Usual signature of applicant)

By:

Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31(i)

CHANCERY CLERK



610011071908

Mississippi Homestead Application

Year 2020 County # 13

1. Name of Taxpayer Last, F, MI	COOPERHOOD DAVID	SSN	[REDACTED]	Municipality Code	024
2. Name of Spouse Last, F, MI		SSN	[REDACTED]	School District Code	S1321
3. Physical Address of Taxpayer	788 LONE OAK RD	City	WEST POINT	State	MS
				Zip	397730000

4. <input checked="" type="checkbox"/> Exemption	5. <input checked="" type="checkbox"/> Marital Status	6. <input checked="" type="checkbox"/> Title	7. <input checked="" type="checkbox"/> Additional Use
1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add DOB 3/17/1962	1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	1 - None 2 - Rent 3 Rooms or 3 Apts 3 - Business Type Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <input type="checkbox"/> 00 Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 081A2088	0080000					297/423	2/23/2018
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.

Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1. NEW LIFE ESTATE		
2. DEED IN 2018		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will <input type="checkbox"/> with will <input type="checkbox"/> From (name): _____ who was my (relationship): _____ Date of Death: _____ whose title was acquired by: Deed <input type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> Year: _____ Book No. / Page No.: _____	B. Check one if Applicable: Deed <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/> From (name): MC&J INVESTMENTS LLC Date filed with Chancery Clerk: 7/25/2017 If purchased, Section 27-35-21(f) and 27-33-31(1) require: Full Price \$ 100000 Down Payment \$ _____
--	---

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. has/have complied with the income tax laws of this state.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. has/have complied with the road and bridge privilege tax laws of this state.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1

LIST TAG NUMBERS: CYP435

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
 Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice
 Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 485(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☒ NONE ☐ PART ☐
 Application is a: first time ☒ renewal (no change) ☐ replacement w/change ☐
 The applicant herein has, IN PERSON, attested to and signed this application before me, on the 8th day of January 2020
 (must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.
 (Usual signature of applicant)

By: _____
 Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority.
 Section 27-33-31(c)

DEPARTMENT OF REVENUE

168

Year **2020** County # **13**

670071073908

1.	Name of Taxpayer Last, F. MI	CARSON SETH WILLIAMS SR	SSN [REDACTED]	Municipality Code	000
2.	Name of Spouse Last, F. MI		SSN	School District Code	S1321
3.	Physical Address of Taxpayer	33909 HWY 50 E	City WEST POINT	State MS	Zip 397730000

<p>4. 1 Exemption</p> <p>- Regular 3 - S/RR Act Disabled - Over 65 4 - Dis. Plan 5 - Dav <u>11/29/1994</u> 6 - Combination res & Add</p>	<p>5. 5 Marital Status</p> <p>IF Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single</p>	<p>6. 1 Title</p> <p>1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires</p> <p>_____</p> <p>7 - Trust</p>	<p>7. 1 Additional Use</p> <p>1 - None 2 - Rent # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8. 00 Adjoining County #</p>				

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	1	# of Acres	In City	Join Home	In 5 Miles	Book & / Page #	DATE ACQUIRED
1. 086 13 0210000			2.79				301/599	4/25/2019
2.								
3.								
4.								
5.								

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1.		
2.		
3.		

A. Inheritance (check one): without will with will

From image:

Who was my [relationship]:	Date of Death:
-----------------------------------	-----------------------

whose title was acquired by: Deed Gift Other

Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed ☒ Gift ☐ Other ☐

From (name): **JESSIE LOUISE ARNOLD**

Date filed with Chancery Clerk: 4/25/2019

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ **125000** Down Payment \$ _____

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐

B. has/have complied with the income tax laws of this state. Yes ☒ No ☐

C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1

LIST TAG NUMBERS: **CYB4878 CY12599**

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL X NONE PART

Application is a: first time ☒ renewal (no change) ☐ replacement w/change ☐

The applicant herein has, IN PERSON, attested to and signed this application before me, this the 27th day of March 2020

(must be signed by the assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

(usual signature of applicant)

By: _____ Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority.
 Section 27-53-31(a) CHANGERN, CLERK

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CHANCERY CLERK



610011071908

Mississippi Homestead Application

Year 2020 County # 13

1. Name of Taxpayer Last, F, MI	CARSON SETH WILLIAMS SR	SSN	[REDACTED]	Municipality Code	000
2. Name of Spouse Last, F, MI		SSN	[REDACTED]	School District Code	S1321
3. Physical Address of Taxpayer	33909 HWY 50 E	City	NEST POINT	State	MS
				Zip	397730000

4. <u>1</u> Exemption 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dav 6 - Combination res & Add DOB <u>11/29/1994</u>	5. <u>5</u> Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. <u>1</u> Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. <u>1</u> Additional Use 1 - None 2 - Rent # Rooms <u> </u> or # Apts <u> </u> 3 - Business Type <u> </u> Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>00</u> Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	% of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. <u>086 13</u>	<u>0210000</u>	<u>2.79</u>				<u>301/599</u>	<u>4/25/2019</u>
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1.		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will ☐ with will ☐

From (name):

who was my (relationship): Date of Death

whose title was acquired by: Deed ☐ Gift ☐ Other ☐

Year: Book No. / Page No.:

B. Check one if Applicable: Deed ☒ Gift ☐ Other ☐From (name): JESSIE LOUISE ARNOLDDate filed with Chancery Clerk: 4/25/2019

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ 125000 Down Payment \$

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐B. has/have complied with the income tax laws of this state. Yes ☒ No ☐C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1LIST TAG NUMBERS: CYB4878 CY12599

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-51, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☒ NONE ☐ PART ☐Application is a: first time ☒ renewal (no change) ☐ replacement w/change ☐The applicant herein has, IN PERSON, attested to and signed this application before me, this the 27th day of March, 2020

(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

(usual signature of applicant)

By:

Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority.
Section 27-33-31(c)

DEPARTMENT OF REVENUE

Year **2020** County # **13**

610011071908

1.	Name of Taxpayer Last, F. MI	GLUSENKAMP SCOTT W	SSN	307-92-7042	Municipality Code	000
2.	Name of Spouse Last, F. MI	GLUSENKAMP SHERI	SSN		School District Code	S1321
3.	Physical Address of Taxpayer	357 WINDY RIDGE RD	City	WEST POINT	State	MS
					Zip	397730000

4.	<u>2</u> Exemption	5.	<u>1</u> Marital Status	6.	<u>1</u> Title	7.	<u>1</u> Additional Use
1 - Regular 2 - Over 65 3 - S/R/R Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add		1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>		1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust		1 - None 2 - Rent # Rooms ___ or # Apts ___ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	<u>00</u> Adjoining County #						

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	1	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 063C 02A	0140700		16.83				207/512	9/29/1995
2.								
3.								
4.								
5.								

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list helrs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1. OVER 65		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will ☒ with will ☐

B. Check one if Applicable: Deed ☒ Gift ☐ Other ☐

From (name):

From (name):

who was my (relationship):

Date of Death

Date filed with Chancery Clerk:

whose title was acquired by: Deed Gift Other

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Year: _____

Book No. / Page No.: _____

Full Price \$ _____ Down Payment \$ _____

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐

B. has/have complied with the income tax laws of this state. Yes ☒ No ☐

C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐

Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? -

LIST TAG NUMBERS: **CYA6298** **CY11941**

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946, False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL X NONE PART

Application is a: first time renewal (no change) replacement w/change X

The applicant herein has, ~~IN PERSON~~, attested and signed this application before me, this the ~~27th~~ day of ~~January~~, 2020

(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 2 of the year stated above.

x Scott Blusenberry

By: _____
Attorney - Agent - Guardian
If signed by anyone other than self or spouse, attach copy of authority.
Section 27-85-31(c) DEPARTMENT OF REVENUE

Minata Systems Management, Inc. 2013

171



610011071908

Mississippi Homestead Application

Year 2020 County # 13

1. Name of Taxpayer Last, F, MI	GLUSENKAMP SCOTT W	SSN	[REDACTED]	Municipality Code	000
2. Name of Spouse Last, F, MI	GLUSENKAMP SHERI	SSN	[REDACTED]	School District Code	S1321
3. Physical Address of Taxpayer	357 WINDY RIDGE RD	City	WEST POINT	State	MS
				Zip	397730000

4. <u>2</u> Exemption 1 - Regular 2 - Over 65 DOB <u>12/28/1954</u> 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add	5. <u>1</u> Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. <u>1</u> Title 1 - Fee 2 - Dec Joint 3 - Non Dec Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. <u>1</u> Additional Use 1 - None 2 - Rent # Rooms <u> </u> or # Apts <u> </u> 3 - Business Type Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>00</u> Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	1	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 063C 02A	0140700		16.83				207/512	9/29/1995
2.								
3.								
4.								
5.								

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1. OVER 65		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): Without Will ☐ with Will ☐

From (name):

who was my (relationship): Date of Death

whose title was acquired by: Deed ☐ Gift ☐ Other ☐

Year: Book No. / Page No.:

B. Check one if Applicable: Deed ☒ Gift ☐ Other ☐

From (name):

Date filed with Chancery Clerk:

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ Down Payment \$

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐B. has/have complied with the income tax laws of this state. Yes ☒ No ☐C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐

Must furnish all tag numbers of privately owned vehicles in your possession.

How many vehicles possessed? -

LIST TAG NUMBERS: CYA6298 CY11941

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1966. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes last due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 485(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☒ NONE ☐ PART ☐Application is a: first time ☐ renewal (no change) ☐ replacement w/change ☒

The applicant herein has been personally attested to and signed this application before me, this the 27th day of January 2020

(Must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Scott Glusen Kamp
(usual signature of applicant)

By:

Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority.
Section 27-33-31(e)

CHANCERY CLERK



610011071908

Mississippi Homestead Application

Year 2020 County # 13

1.	Name of Taxpayer Last, F, MI	WILLIAMS HOSEAH MONTA	SSN		Municipality Code	024
2.	Name of Spouse Last, F, MI	WILLIAMS REKESHA	SSN		School District Code	51321
3.	Physical Address of Taxpayer	59 LOWRY CIRCLE	City	WEST POINT	State	MS
					Zip	397730000

4. <u>1</u> Exemption	5. <u>1</u> Marital Status	6. <u>1</u> Title	7. <u>1</u> Additional Use
- Regular - Over 65 <u>2/27/1979</u> 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add	1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	1 - None 2 - Rent # Rooms <u> </u> or # Apts <u> </u> 3 - Business Type <u> </u> Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>00</u> Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 092A224A	0280000					280/578	7/30/2013
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1. SIGNING FOR 100%		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one):	without will <input type="checkbox"/> with will <input type="checkbox"/>	B. Check one if Applicable: Deed <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/>
From (name):		From (name): <u>CHRISTOPHER POLLAND</u>
who was my (relationship):	Date of Death <u> </u>	Date filed with Chancery Clerk: <u>7/30/2013</u>
whose title was acquired by: Deed <input type="checkbox"/> Gift <input type="checkbox"/> Other <input type="checkbox"/>		If purchased, Section 27-33-21(f) and 27-33-31(1) require:
Year: <u> </u>	Book No. / Page No.: <u> </u>	Full Price \$ <u>80000</u> Down Payment \$ <u> </u>

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. has/have complied with the income tax laws of this state.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. has/have complied with the road and bridge privilege tax laws of this state.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Must furnish all tag numbers of privately owned vehicles in your possession.	How many vehicles possessed? <u>1</u>

LIST TAG NUMBERS: CY6241

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☒ NONE ☐ PART ☐Application is as: First time ☐ renewal (no change) ☐ replacement w/change ☒The applicant herein has, IN PERSON, attested to and signed this application before me, this 27th day of March 2020

(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Hoseah Williams
 (usual signature of applicant)

By: _____
 Attorney - Agent - Guardian
 If signed by anyone other than self or spouse, attach copy of authority.
 Section 27-33-31(c)

DEPARTMENT OF REVENUE



Mississippi Homestead Application

Year 2020 County # 13

1.	Name of Taxpayer Last, F. MI	WILLIAMS HOSEAR MONTA	SSN	[REDACTED]	Municipality Code	024
2.	Name of Spouse Last, F. MI	WILLIAMS REKESHA	SSN	[REDACTED]	School District Code	S1321
3.	Physical Address of Taxpayer	59 LOWRY CIRCLE	City	WEST POINT	State	MS
					Zip	397730000

4. <u>1</u> Exemption 1 - Regular 2 - Over 65 DOB <u>2/27/1979</u> 3 - S/RR Act Disabled 4 - Dis. Plan 5 - Dev 6 - Combination reg & Add	5. <u>1</u> Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/>	6. <u>1</u> Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est. 6 - Lease Expires 7 - Trust	7. <u>1</u> Additional Use 1 - None 2 - Rent # Rooms <u> </u> or # Apts <u> </u> 3 - Business Type <u> </u> Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>00</u> Adjoining County #			

9. Parcel Number (list dwelling first)	Number of Parcels Listed Below:	# of Acres	In City	Join Home	In 5 Miles	Book # / Page #	DATE ACQUIRED
1. 092A224A	0280000	<u>1</u>				280/578	7/30/2013
2.							
3.							
4.							
5.							

10. Location, name, and relationship to applicant of joint owners(s) other than spouse. If undivided estate, list heirs.		
Same Residence	Different Residence, Same Property	Non-occupying Joint Owner
1. SIGNING FOR 100%		
2.		
3.		

11. Property was acquired by:

A. Inheritance (check one): without will ☐ with will ☐

From (name):

who was my (relationship): Date of Death

whose title was acquired by: Deed ☐ Gift ☐ Other ☐

Year: Book No. / Page No.:

B. Check one if Applicable: Deed ☒ Gift ☐ Other ☐From (name): CHRISTOPHER POLLANDDate filed with Chancery Clerk: 7/30/2013

If purchased, Section 27-33-21(f) and 27-33-31(1) require:

Full Price \$ 80000 Down Payment \$

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant's of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes ☒ No ☐B. has/have complied with the income tax laws of this state. Yes ☒ No ☐C. has/have complied with the road and bridge privilege tax laws of this state. Yes ☒ No ☐Must furnish all tag numbers of privately owned vehicles in your possession. How many vehicles possessed? 1LIST TAG NUMBERS: CY6241

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to U.S.C. § 405(c)(2)(C)(i). Any applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL ☒ NONE ☐ PART ☐Application is a: first time ☐ renewal (no change) ☐ replacement w/change ☒The applicant herein has, IN PERSON, attested to and signed this application before me, this the 27th day of March, 2020

(Must be signed by notary, deputy or notary)

©Data Systems Management, Inc. 2015

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Hosear Williams
(usual signature of applicant)

By:

Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority.
Section 27-33-31(e)

CHANCERY CLERK



Clay County Board of Supervisors

Post Office Box 815
West Point, Mississippi 39773
Telephone: (662) 494-3313
Facsimile: (662) 492-4059
E-mail: supervisors@claycounty.ms.gov

District 1
Lynn D. Horton
District 2
Luke Lummus
District 3
R.B. Davis
District 4
Shelton Deanes, President
District 5
Joe D. Chandler

January 15, 2021

Ms. Debra McDonald, Tax Analyst
MSDOR Industrial Exemptions
Post Office Box 1033
Jackson, MS 39215

Re: *Amended Mississippi Homestead Applications
of Clay County, Mississippi for 2020*

Dear Ms. McDonald:

Enclosed please find Amended Mississippi Homestead Applications of Clay County, Mississippi for 2020.

If there is anything further that I need to provide to you at this time, please advise.

Very truly yours

Amy G. Berry, Chancery Clerk of Clay
County, Mississippi and Clerk of the
Board of Supervisors of Clay County,
Mississippi

Enclosures

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