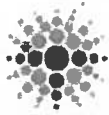


Third quarter
Johnson City Chamber of Commerce Hot Funds

July		
Phone		
Payroll-Senior Visitor	24.22 times 120 hours	\$ 2,906.40
Payroll-Assistant Visitor	18.84 times 50 hours	\$ 942.00
Insurance-paid for the year	6 months of insurance-non was billed last quarter	\$ 228.37
	This is really supposed to be \$624.48 but it would take us over the amount owed us for the total	
		\$ 4,076.77
August		
Phone		
Payroll-Senior Visitor	\$24.22 times 120 Hours	\$ 2,906.40
Payroll-Assistant Visitor	18.84 times 44 hours	\$ 828.96
Rent	Total was \$1300. This is for 6 months of rent	\$ 1,200.00
Total		\$ 4,935.36
September		
Phone		\$ 36.87
Payroll-Senior Visitor	\$24.22 times 120 Hours	\$ 2,906.40
Payroll-Assistant Visitor	18.84 times 49 hours	\$ 923.16
Total		\$ 3,866.43
Total		\$ 12,878.56



Texas Security General
INSURANCE AGENCY, LLC.

TEXAS SECURITY GENERAL INSURANCE AGENCY, LLC
18545 Sigma Road, Suite 101
San Antonio, TX 78258
(210) 764-1233 Fax: (800) 714-7110

NBP023Y1398

Quote is valid until 7/30/2023

Re: **Johnson City Chamber of Commerce**
Renewal of: NBP1558580C - Expiration Date: 7/30/2023

To: Phillips Insurance Agency

Attn: Commission: 10 %

From: Renewal Quotes

policy@txsecgen.com / (210) 764-1233

Please bind effective: 07/30/2023
Insured email address: info@johnsoncitytexaschamber.com
Insured phone number: 830-868-7684
Confirm optional coverages:
<input checked="" type="checkbox"/> Do not include any optional coverages.
<input type="checkbox"/> Include the following optional coverages from Section V (Taxes & Fees may apply to optional premium if purchased)
<input type="checkbox"/> Option 1 - (add: *\$4.00) - Terrorism Coverage *See Terrorism Section for Exact Pricing and Terms

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

BUSINESSOWNERS POLICY INFORMATION	
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
COVERAGE PART	PREMIUM
Businessowners	\$395.00
Management Liability Coverages	\$885.00
PLEASE REFER TO THE EXCESS LIABILITY QUOTE #CUP023Y2967 IF HIGHER LIMITS OF LIABILITY ARE DESIRED.	
TOTAL PREMIUM DUE TO CARRIER	\$1,280.00
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$150.00
TOTAL AMOUNT DUE	\$1,430.00

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

A. Prior To Bind Requirements:

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Professional Requirements

- A completed Confirmation of Material Information Form (attached) signed and dated by the president or chairman.
- These terms are valid as long as all of the questions are answered 'NO'. If any questions are answered 'YES',
- please submit the form along with details to the home office for review and revised renewal terms.

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!
- If a notice of claim is received by the Insured or United States Liability Insurance Group between the date of this quote letter and the expiration date of the policy, United States Liability Insurance Group retains the right to require a complete renewal submission and re-underwrite the terms and conditions.
- Risk may be eligible for a reduction in premium if the applicant has been in business for more than 3 years at the current location.
- This renewal offer includes coverage for Blanket Special Events. Please advise if there are any changes in the number and/or the number of attendees for the upcoming term as this may effect rating/pricing.
- Blanket event coverage is included. Please review endorsement BP-165 for event limitations.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 100 East Main St, Johnson City, TX 78636

Construction: Frame / Protection Class: 1

Property Coverage

Perils: Special

Coverage	Limit	Deductible	Valuation	Rate	Premium
Business Personal Property	\$5,000	\$1,000	Replacement Cost		Included
Business Income and Extra Expense	\$50,000	N/A	Not Applicable		Included

Property Coverage Premium for Location #1: \$50 MP

Coverages automatically provided by Businessowners coverage form

Business Personal Property - automatic increase	25% during peak season	Business Personal Property at newly acquired locations	\$100,000
Business Personal Property not at premises	\$10,000	Outdoor Property (including trees, shrubs, and plants)	\$500 per tree/shrub/plant - \$2,500 total limit
Exterior Building Glass	Up to Business Personal Property	Signs attached to the Building	\$1,000
Increased Cost of Construction	\$10,000 - Only when Building coverage with Replacement Cost is provided	Valuable Papers & Records	\$10,000 (\$5,000 not at premises)
Accounts Receivable	\$10,000 (\$5,000 not at premises)	Personal Effects	\$2,500
Forgery and Alteration	\$2,500	Money Orders and Counterfeit Paper Currency	\$1,000
Fire Department Service Charge	\$1,000		

Warranted Property Conditions

- All electric is on functioning and operational circuit breakers [P-6]
- Functioning and operational smoke/heat detectors in all units or occupancies [P-5]

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Liability Coverage

Description	Fire Code	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Chamber of Commerce - Not-For-Profit only	0702	41668	Total Area	1,200	0.000	190.512	\$0	\$229
				Per 1,000 Total Area				
Blanket Special Events Liability - Non-Profit Organizations		00041	Flat	Flat	0.000	50.000	\$0	\$50
Additional Insured - Managers or Lessors of Premises		49950	Additional Insured	1	0.000	50.000	\$0	\$50
				Per Additional Insured				

Liability Coverage Premium for Location #1: \$345 MP

Management Liability Coverages

Description	Retention (each claim)	Premium
Directors and Officers Liability	\$0	\$698
Employment Practices Liability	\$0	\$187

Management Liability Coverages Premium for Location #1: \$885

Total for Location: \$1,280

III. LIABILITY LIMITS OF INSURANCE

BUSINESSOWNERS GENERAL LIABILITY

Liability and Medical Expense	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

DIRECTORS & OFFICERS LIABILITY

Claims Made Limit	\$1,000,000
-------------------	-------------

EMPLOYMENT PRACTICES LIABILITY

Claims Made Limit	\$1,000,000
Optional Additional Limit- Must be less than or equal to D&O limit.	

IV. REQUIRED FORMS & ENDORSEMENTS

Non Profit Management Liability Endorsements

DO-100	(05/17) Directors and Officers Coverage Part	DO-283	(05/17) Data and Security Plus Endorsement
DO-101	(05/17) Employment Practices Coverage Part	DO-290	(05/17) Fair Labor Standards Act Endorsement - Defense Costs and Indemnity Coverage
DO-211	(05/17) Insurance Operations Exclusion	*DO-314	(03/21) Biometric Information Exclusion
DO-274	(05/17) Punitive Damages Limit of Liability	DO-GTC	(05/17) General Terms and Conditions

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Common Endorsements

BP0003	(01/10) Businessowners Coverage Form	BP-58	(05/07) Animal Exclusion
BP0118	(11/13) Texas Changes	BP-59	(02/13) Exclusion - Athletic Activity Or Sport Participants
BP0402	(01/06) Additional Insured - Managers Or Lessors Of Premises	BP-60	(05/07) Exclusion For Bleacher Collapse
BP0417	(01/10) Employment-Related Practices Exclusion	BP-65	(05/07) Exclusion For Mechanical Rides
BP0524	(01/15) Exclusion Of Certified Acts Of Terrorism	BP-88	(04/06) Expanded Definition of Bodily Injury
BP-107	(04/08) Actual Cash Value Definition	BP-95	(05/07) Exclusion For Climbing, Rebounding And Interactive Games And Devices
BP-11	(05/04) Exclusion - Fiduciary Liability and Financial Services	BP-96	(05/07) Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices
BP-115	(07/08) Protective Devices Or Services Provisions	BP-97	(05/07) Exclusion For Event Vendor/Exhibitor & Contractor
BP-15	(07/04) Business Income and Extra Expense Limit	IL N 102	(09/19) Texas Flood Insurance Disclosure Notice
BP1505	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included	Jacket	(07/19) Policy Jacket
BP-152	(01/13) Separation of Insureds Clarification Endorsement	L-622TX	(03/11) Molestation Or Abuse Exclusion
BP1560	(02/21) Cyber Incident Exclusion	Notice-CyberIncidentExcl-BP	(01/21) Cyber Incident Exclusion Endorsement - Advisory Notice to Policyholder
BP-165	(05/18) Exclusion - Specific Activities, Events or Conditions or Over 2,500 People	*NTE	(12/20) Notice of Terrorism Exclusion
BP-168	(11/11) Exclusion - Injury To Performers Or Entertainers	RM TX Notice	(03/19) Notice to Policyholders - Texas
BP-179 NBP	(12/17) Amendment of Liquor Liability Exclusion	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
BP-193	(08/14) Limits Of Insurance Under Multiple Coverage Parts	TX Legal Notice	(05/15) Texas Disclosure - Legal Suit Against Us
BP-201	(09/16) Coverage Extension - Education Services	TX Notice Excl	(10/14) Advisory Notice To Texas Policyholders
BP-48	(05/16) Exclusion - Asbestos, Lead Contamination, Absolute Pollution, Mold, Fungus, Bacteria, Virus And Organic Pathogen	TX NOTICE USLI	(12/21) Important Notice
BP-49	(11/07) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos and Lead		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account.

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Additional Premium
Option 1 Terrorism Coverage	\$4.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of 1.00% of the total applicable premium. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

United States Liability Insurance Group

1190 Devon Park Drive, Wayne, PA 19087

Phone (888) 523-5545 Fax (610) 687-0080

Insured: Johnson City Chamber of Commerce

Policy #: NBP1558580C

Non Profit Professional Liability **Confirmation of Material Information Form** **for Renewal Policies Only**

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

1. Does the most recent 12-month revenue figure exceed **\$1,000,000**. YES NO

If yes, please advise the most recent 12-month revenue figure: \$ _____.
Please submit the most recent 12-month financial statements if this revenue amount is greater than \$2,000,000.

2. Does the insured have a negative fund balance as of the most recent 12-month financial statement? (Fund Balance = Total Assets - Total Liabilities)

If yes, please submit an explanation for the negative fund balance along with the most recent 12-month financial statement.

3. Does the total number of employees exceed **25**. (Part time and seasonal employees are counted as 1/2 each.)

If yes, please provide the number of current employees: _____.

4. Have there been any material changes in the scope of operations, including but not limited to mergers, dissolutions, change in subsidiaries, or acquisitions that have not already been reported?

5. Has there been or is there an anticipated reduction of employees greater than 10% in the past/next 12 months (if the total change is 5 employees or less, answer "No")?

6. Has your mailing or location address changed during the last year? If so, please provide your current address.

Mailing: _____

Location: _____

7. Insured Email Address: _____

I certify the above is true and representative to the best of my knowledge.

Signature of President or Chairperson

Date

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Applicant Name (Print)

Named Insured

Authorized Signature

Date

NOTICE OF TERRORISM EXCLUSION

You were notified that under the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 ("The Act"), that you had a right to purchase insurance coverage for losses arising out of acts of terrorism, as *defined in Section 102(1) of the Act*.

You opted not to purchase this coverage.

The War and/or Terrorism Exclusion that is a part of this policy is therefore in full force and effect.

This Endorsement modifies insurance provided under the following:

NON PROFIT MANAGEMENT LIABILITY POLICY

BIOMETRIC INFORMATION EXCLUSION

This endorsement amends the following **Coverage Parts**, if purchased and attached to this **Policy**:

Directors and Officers Coverage Part (DO-100), Section III, DEFINITIONS; and
Employment Practices Liability Coverage Part (DO-101), Section II, DEFINITIONS; and
Fiduciary Liability Coverage Part (DO-102), Section II, DEFINITIONS

are amended by the addition of the following:

Biometric Identifier(s) means a retina or iris scan, fingerprint, voiceprint, deoxyribonucleic acid (DNA), scan of hand or face geometry, or any physical, physiological, biological or behavioral characteristic of an individual, or anything else that could be perceived as biologically unique to an individual.

Biometric Information means any **Confidential Employee Information**, or any other information, regardless of how it is captured, converted, stored, or shared, based on an individual's **Biometric Identifier(s)** used to identify an individual.

The Employment Practices Coverage Part (DO-101), Section II. DEFINITIONS, **Wrongful Employment Act**, is deleted in its entirety and replaced by the following:

Wrongful Employment Act means any actual or alleged:

1. violation of any federal, state or local laws (whether statutory or common) prohibiting discrimination in employment based on a person's race, color, religion, creed, genetic information, age, gender or gender identity, disability, marital status, national origin, pregnancy, HIV status, sexual orientation or preference, any protected military status, or any other status that is protected pursuant to any such laws;
2. **Harassment**;
3. **Retaliation**;
4. wrongful: termination, dismissal or discharge of employment, whether actual or constructive;

5. wrongful: demotion; denial of tenure; failure or refusal to hire or promote; denial of seniority; failure to employ; or wrongful or negligent employee reference;
6. wrongful employment-related: misrepresentation; defamation, humiliation, libel or slander; negligent evaluation; wrongful discipline; wrongful deprivation of career opportunity; negligent retention, supervision, hiring or training; emotional distress, mental anguish, invasion of privacy or false imprisonment; but only when alleged as part of a **Claim** for an act described in 1. through 5. above;
7. wrongful failure to adopt or enforce consistent employment-related corporate workplace policies and procedures arising from 1. through 6. above;
8. breach of any express or implied contract, including any contract arising out of any personnel manual, employee handbook, policy statement or other representation;

committed or allegedly committed by an **Organization** or by an **Individual Insured** while acting in his or her capacity as such by any means including the internet, social media, email, or telecommunications systems.

The Directors and Officers Coverage Part (DO-100), Section IV, EXCLUSIONS, A. and Employment Practices Liability Coverage Part (DO-101), Section III, EXCLUSIONS, Subsection B. and Fiduciary Liability Coverage Part (DO-102), Section III, EXCLUSIONS, Subsection B.;

are amended by the addition of the following;

Biometric Information

violation of any law that regulates or restricts the collection, maintenance, storage, use, safeguarding, handling, retention, disposal, notifications, disclosures or authorizations related to **Biometric Information**; or any actual or alleged unauthorized collection, maintenance, storage, use, safeguarding, handling, retention, disposal, notifications, disclosures or authorizations of **Biometric Information**, or any other improper use thereof.

All other terms and conditions of this **Policy** remain unchanged. This endorsement is part of your **Policy** and takes effect on the effective date of your **Policy** unless another effective date is shown.



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

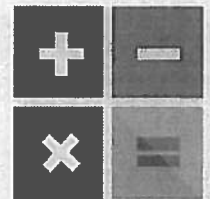


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!

Johnson City Texas Chamber of Commerce

Payroll details report

From Jul 01, 2023 to Sep 30, 2023 for all employees from all locations

Pay date	Name	Hours	Gross pay	Other pay	Employee taxes & deductions	Net pay	Employer taxes & contributions	Total payroll cost
Total		664.02h	\$15,112.50		Employee taxes Federal Income Tax Social Security Medicare	\$12,568.71	Total Employer taxes FUTA Employer Social Security Employer Medicare Employer TX SUI Employer TX Employment and Training Investment Assessment	\$16,288.70
		520.02h	\$12,952.50		-\$2,543.79		\$1,176.20	
			\$0.00		-\$1,387.68		\$12.96	
		144h	\$2,160.00		-\$936.98		\$936.98	
		Adjusted gross	\$15,112.50		-\$219.13		\$219.13	
09/29/2023	Gay, Shannon	20h	\$300.00		Employee taxes FIT SS Med	\$277.05	Total Employer taxes FUTA SS Med TX SUI TX ETIA	\$325.74
09/16 - 09/30	L	20h	\$300.00		\$0.00		\$25.74	
Direct deposit			\$300.00		-\$18.60		\$1.80	
					-\$4.35		\$18.60	
							\$4.35	
							\$0.69	
							\$0.30	
09/29/2023	Giron, Frances	86.67h	\$2,158.75		Employee taxes FIT SS Med	\$1,762.33	Total Employer taxes FUTA SS Med TX SUI TX ETIA	\$2,323.89
09/16 - 09/30	A	86.67h	\$2,158.75		-\$396.42		\$165.14	
Direct deposit			\$0.00		-\$231.28		\$0.00	
			\$2,158.75		-\$133.84		\$133.84	
					-\$31.30		\$31.30	
							\$0.00	
							\$0.00	

Pay date	Name	Hours	Gross pay	Other pay	Employee taxes & deductions	Net pay	Employer taxes & contributions	Total payroll cost
09/15/2023	Gay, Shannon L	30h	\$450.00		Employee taxes FIT SS Med	\$415.57	Total Employer taxes FUTA SS Med TX SUI TX ETIA	\$488.61
09/01 - 09/15		30h	\$450.00		\$0.00			
Direct deposit			\$450.00		-\$27.90 -\$6.53			
09/15/2023	Giron, Frances A	86.67h	\$2,158.75		Employee taxes FIT SS Med	\$1,762.32	Total Employer taxes FUTA SS Med TX SUI TX ETIA	\$2,323.90
09/01 - 09/15		86.67h	\$2,158.75		-\$231.28			
Direct deposit			\$0.00		-\$133.85 -\$31.30			
08/31/2023	Gay, Shannon L	20h	\$300.00		Employee taxes FIT SS Med	\$277.05	Total Employer taxes FUTA SS Med TX SUI TX ETIA	\$325.74
08/16 - 08/31		20h	\$300.00		\$0.00			
Direct deposit			\$300.00		-\$18.60 -\$4.35			
08/31/2023	Giron, Frances A	86.67h	\$2,158.75		Employee taxes FIT SS Med	\$1,762.33	Total Employer taxes FUTA SS Med TX SUI TX ETIA	\$2,323.89
08/16 - 08/31		86.67h	\$2,158.75		-\$231.28			
Direct deposit			\$0.00		-\$133.84 -\$31.30			
08/31/2023	Vickers, Deborah	5h	\$75.00		Employee taxes FIT SS Med	\$69.26	Total Employer taxes FUTA SS Med TX SUI TX ETIA	\$81.44
08/16 - 08/31		5h	\$75.00		-\$5.74			
Direct deposit			\$75.00		\$0.00 -\$4.65 -\$1.09			

Pay date	Name	Hours	Gross pay	Other pay	Employee taxes & deductions	Net pay	Employer taxes & contributions	Total payroll cost
08/15/2023	Gay, Shannon	6h	\$90.00		Employee taxes	\$83.12	Total	\$97.72
08/01 - 08/15	L	6h	\$90.00		FIT		Employer taxes	\$7.72
Direct deposit			\$90.00		SS		FUTA	\$0.54
					Med		SS	\$5.58
							Med	\$1.30
							TX SUI	\$0.21
							TX ETIA	\$0.09
08/15/2023	Giron, Frances	86.67h	\$2,158.75		Employee taxes	\$1,762.32	Total	\$165.15
08/01 - 08/15	A	86.67h	\$2,158.75		FIT		Employer taxes	\$165.15
Direct deposit			\$0.00		SS		FUTA	\$0.00
			\$2,158.75		Med		SS	\$133.84
							Med	\$31.31
							TX SUI	\$0.00
							TX ETIA	\$0.00
08/15/2023	Vickers, Deborah	14h	\$210.00		Employee taxes	\$193.94	Total	\$228.01
08/01 - 08/15	L	14h	\$210.00		FIT		Employer taxes	\$18.01
Direct deposit			\$210.00		SS		FUTA	\$1.26
					Med		SS	\$13.02
							Med	\$3.04
							TX SUI	\$0.48
							TX ETIA	\$0.21
07/31/2023	Gay, Shannon	20h	\$300.00		Employee taxes	\$277.05	Total	\$325.74
07/16 - 07/31	L	20h	\$300.00		FIT		Employer taxes	\$25.74
Direct deposit			\$300.00		SS		FUTA	\$1.80
					Med		SS	\$18.60
							Med	\$4.35
							TX SUI	\$0.69
							TX ETIA	\$0.30
07/31/2023	Giron, Frances	86.67h	\$2,158.75		Employee taxes	\$1,762.33	Total	\$165.14
07/16 - 07/31	A	86.67h	\$2,158.75		FIT		Employer taxes	\$165.14
Direct deposit			\$0.00		SS		FUTA	\$0.00
			\$2,158.75		Med		SS	\$133.84
							Med	\$31.30
							TX SUI	\$0.00
							TX ETIA	\$0.00

Pay date	Name	Hours	Gross pay	Other pay	Employee taxes & deductions	Net pay	Employer taxes & contributions	Total payroll cost
07/14/2023	Gay, Shannon	20h	\$300.00		Employee taxes FIT	\$277.05	Total Employer taxes	\$325.74
07/01 - 07/15	L	20h	\$300.00		SS	\$0.00	FUTA	\$25.74
Direct deposit			\$300.00		Med	-\$18.60	SS	\$1.80
						-\$4.35	Med	\$18.60
							TX SUI	\$4.35
							TX ETIA	\$0.69
								\$0.30
07/14/2023	Giron, Frances	86.67h	\$2,158.75		Employee taxes	\$1,762.32	Total	\$165.15
07/01 - 07/15	A	86.67h	\$2,158.75		FIT	-\$396.43	Employer taxes	\$165.15
Direct deposit			\$0.00		SS	-\$231.28	FUTA	\$0.00
			\$2,158.75		Med	-\$133.85	SS	\$133.85
						-\$31.30	Med	\$31.30
							TX SUI	\$0.00
							TX ETIA	\$0.00
07/05/2023	Vickers, Deborah	0h	\$0.00		Employee taxes	\$0.00	Total	-\$8.10
07/05 - 07/05			\$0.00				Employer taxes	-\$8.10
							TX SUI	-\$8.10
07/05/2023	Vickers, Deborah	9h	\$135.00		Employee taxes	\$124.67	Total	\$19.69
06/16 - 06/30		9h	\$135.00		FIT	-\$10.33	Employer taxes	\$19.69
Direct deposit			\$135.00		SS	\$0.00	FUTA	\$0.81
					Med	-\$8.37	SS	\$8.37
						-\$1.96	Med	\$1.96
							TX SUI	\$8.41
							TX ETIA	\$0.14



Due: Sun, Oct 1, 2023

Total: \$36.87

Bill# 45341 Customer# 1580

**Johnson City Chamber of Commerce
100 East Main St
Johnson City, TX 78636**

**Remit to:
OIT, LLC
14028 NW 82nd Ave
Miami Lakes, FL 33016**

Subject to the terms and conditions of your agreement with OIT, any and all invoice disputes must be made in writing to billing@oit.co within thirty (30) days of the date of this invoice. OIT will not have any responsibility related to or arising from any dispute received more than thirty (30) days after the date of this invoice. Failing to submit a dispute as provided for above shall constitute a waiver by you of any rights you may have under the agreement regarding such dispute.

Thank you for your business. Requests to cancel services must provide 30 days advance notice as per the contract terms. Requests to remove services will take effect on the next billing cycle.
For questions or concerns please contact us at the following:
Billing inquiries - billing@oit.co
Support requests - support@oit.co
Or call (844) OIT.VOIP
Canada HST/GST Number: 742403306

Your account has been enrolled for auto debit via credit/debit card. Please do not send further payment unless advised to do so.

Summary

Balance Information	
Previous Balance	36.08
Payments Received - Thank you!	(36.08)
Balance Forward	
New Charges	
Recurring Charges	24.50
Taxes and Surcharges	12.37
Total New Charges	36.87
Total Amount Due	36.87

Payments

Description	Date	Amount
Payment Received, Thank you!	09/01/23	(36.08)
Subtotal		(\$36.08)

Recurring Charges

jcchamber: Telephone Number: jcchamber

100 East Main St Johnson City, TX 78636

Description	Start	End	Rate	Qty	Amount
Bundled Seat	10/01/23	10/31/23	24.50	1	24.50
Subtotal					\$24.50

Taxes and Surcharges

9-1-1 EQUALIZATION FEE	.06
CAPITAL AREA PC 9-1-1 FEE	.50
CITY SALES TAX	.49
COST RECOVERY SURCHARGE	1.18
COUNTY SALES TAX	.17
E-911	4.95
FEDERAL COST RECOVERY FEE	.38
FEDERAL UNIVERSAL SERVICE FEE	2.14
STATE SALES TAX	2.03
TX UNIVERSAL SERVICE	.46
UTILITY GROSS RECEIPTS ASSESSMENT	.01
Subtotal	\$12.37

Management Reports

Location Summary

Location	Usage	Monthly	OneTime	SubTotal
100 East Main St		24.50		24.50
Misc Usage			1.18	1.18
	0.00	24.50	1.18	25.68

Usage by Category

Description	Calls	Minutes	Charge
Usage - LD - International	1	1.00	
Usage - LD - Interstate	18	24.00	
Usage - LD - Intralata	23	41.40	
Usage - LD - Intrastate	35	103.20	
Usage - Local	9	23.80	
	86	193.40	0.00

Usage Summary by Service

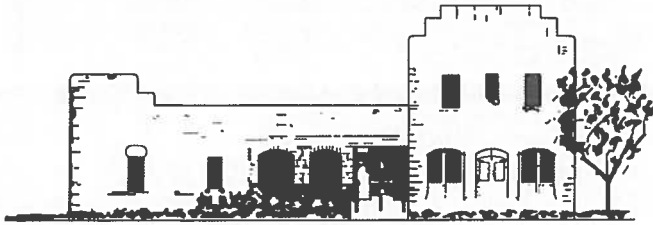
Name	Period	Total Calls	Average Rate	Minutes	Amount
Hosted Voice - jcchamber	09/01/23 - 09/30/23	86		193.40	
		86	0.00	193.40	0.00

Call Details

830.868.7684

#	Date	Time	Other#	Location	Mins	Amt
1	09/05/23	12:06P	830.330.0750	JOHNSON CITY, TX	1.00	.00
2	09/05/23	12:08P	214.883.1939	GRAND PRAIRIE (DALLAS), TX	1.00	.00
3	09/05/23	02:33P	800.901.4027	Nanp Tollfree	.10	.00
4	09/06/23	02:04P	707.304.8832	SANTA ROSA, CA	1.00	.00
5	09/07/23	10:04A	210.380.5222	SAN ANTONIO, TX	1.00	.00
6	09/07/23	01:57P	936.581.0326	HUNTSVILLE, TX	1.30	.00
7	09/07/23	03:13P	786.706.1439	MIAMI, FL	1.00	.00
8	09/07/23	04:08P	830.730.0606	NEW BRAUNFELS, TX	1.20	.00
9	09/07/23	04:11P	830.730.0606	NEW BRAUNFELS, TX	1.00	.00
10	09/07/23	04:30P	817.538.1338	ARLINGTON, TX	1.80	.00
11	09/07/23	05:24P	830.265.7118	MARBLE FALLS, TX	1.00	.00
12	09/08/23	02:11P	787.349.6665	SAN JUAN, PR	1.00	.00
13	09/11/23	10:52A	830.265.7118	MARBLE FALLS, TX	2.00	.00
14	09/11/23	11:27A	830.868.5277	JOHNSON CITY, TX	1.20	.00
15	09/12/23	11:16A	512.784.0246	AUSTIN, TX	1.00	.00
16	09/12/23	11:19A	830.868.5277	JOHNSON CITY, TX	4.10	.00
17	09/12/23	11:40A	509.220.6799	SPOKANE, WA	2.10	.00
18	09/12/23	11:41A	956.451.1355	MCALLEN, TX	1.00	.00
19	09/12/23	11:45A	956.451.1355	MCALLEN, TX	4.00	.00
20	09/12/23	12:28P	509.220.6799	SPOKANE, WA	1.00	.00
21	09/12/23	12:35P	512.784.0246	AUSTIN, TX	1.00	.00

22	09/12/23	12:48P	512.784.0246	AUSTIN, TX	1.00	.00
23	09/12/23	12:53P	512.784.0246	AUSTIN, TX	16.80	.00
24	09/12/23	01:41P	331.301.7563	AURORA, IL	1.00	.00
25	09/12/23	04:28P	830.688.3841	BANDERA, TX	2.00	.00
26	09/12/23	04:58P	830.428.4560	BOERNE, TX	1.00	.00
27	09/13/23	07:48A	239.323.9693	CAPE CORAL, FL	1.60	.00
28	09/13/23	11:08A	512.774.9701	AUSTIN, TX	3.20	.00
29	09/13/23	01:18P	502.706.2303	SULPHUR, KY	1.00	.00
30	09/13/23	06:02P	434.829.4086	EMPORIA, VA	1.00	.00
31	09/14/23	12:18P	936.676.3894	LUFKIN, TX	1.00	.00
32	09/14/23	03:20P	512.308.8646	BASTROP, TX	1.50	.00
33	09/15/23	09:42A	512.787.2192	SAN MARCOS, TX	1.00	.00
34	09/15/23	11:36A	726.238.3080	SAN ANTONIO, TX	1.00	.00
35	09/15/23	11:39A	512.787.2192	SAN MARCOS, TX	11.10	.00
36	09/15/23	12:00P	214.697.4008	GRAND PRAIRIE (DALLAS), TX	1.00	.00
37	09/15/23	12:15P	830.208.1162	CARRIZO SPRINGS, TX	1.30	.00
38	09/15/23	02:51P	936.334.4197	LIBERTY, TX	1.00	.00
39	09/15/23	04:49P	214.738.4762	GRAND PRAIRIE (DALLAS), TX	2.40	.00
40	09/18/23	11:18A	308.995.8234	HOLDREGE, NE	1.00	.00
41	09/18/23	03:28P	830.868.4469	JOHNSON CITY, TX	2.00	.00
42	09/19/23	10:35A	830.563.2588	BRACKETTVILLE, TX	1.00	.00
43	09/19/23	11:58A	210.803.9492	SAN ANTONIO, TX	11.70	.00
44	09/19/23	12:51P	512.431.8269	AUSTIN, TX	18.60	.00
45	09/19/23	02:02P	210.846.4733	SAN ANTONIO, TX	3.40	.00
46	09/19/23	04:12P	512.658.0023	AUSTIN, TX	3.00	.00
47	09/19/23	04:48P	817.480.5040	GLENDALE, TX	2.30	.00
48	09/20/23	09:55A	210.993.5533	SAN ANTONIO, TX	1.00	.00
49	09/20/23	10:52A	830.868.5277	JOHNSON CITY, TX	1.90	.00
50	09/20/23	11:14A	210.993.5533	SAN ANTONIO, TX	1.60	.00
51	09/20/23	02:51P	000.000.0000	Nanp Unknown	.50	.00
52	09/20/23	03:09P	830.330.4635	JOHNSON CITY, TX	1.00	.00
53	09/21/23	10:05A	512.667.2473	SAN MARCOS, TX	1.00	.00
54	09/21/23	10:56A	512.667.2473	SAN MARCOS, TX	3.00	.00
55	09/21/23	02:41P	830.220.8551	MARBLE FALLS, TX	2.00	.00
56	09/21/23	04:29P	830.868.7303	JOHNSON CITY, TX	7.00	.00
57	09/22/23	10:35A	317.779.2331	INDIANAPOLIS, IN	1.00	.00
58	09/22/23	11:24A	210.993.5533	SAN ANTONIO, TX	1.00	.00
59	09/22/23	11:35A	512.815.4323	AUSTIN, TX	1.00	.00
60	09/22/23	02:46P	830.868.5277	JOHNSON CITY, TX	3.60	.00
61	09/22/23	02:52P	830.868.5277	JOHNSON CITY, TX	2.00	.00
62	09/23/23	11:07A	903.269.0377	GREENVILLE, TX	1.00	.00
63	09/23/23	01:04P	903.269.0377	GREENVILLE, TX	1.00	.00
64	09/25/23	11:35A	508.552.4626	WORCESTER, MA	1.00	.00
65	09/25/23	12:58P	936.366.4319	LUFKIN, TX	4.50	.00
66	09/25/23	07:40P	726.900.4232	SAN ANTONIO, TX	1.00	.00
67	09/26/23	11:17A	830.998.9963	FREDERICKSBURG, TX	1.00	.00
68	09/26/23	11:18A	830.998.9963	FREDERICKSBURG, TX	1.20	.00
69	09/26/23	11:55A	912.247.6932	SAVANNAH, GA	1.40	.00
70	09/27/23	11:34A	415.786.8578	SAN FRANCISCO, CA	4.30	.00
71	09/27/23	12:10P	615.962.3490	MURFREESBORO, TN	3.90	.00
72	09/27/23	04:10P	512.672.9578	AUSTIN, TX	1.00	.00
73	09/27/23	04:25P	830.822.8752	NEW BRAUNFELS, TX	1.30	.00
74	09/28/23	12:15P	512.924.7447	AUSTIN, TX	1.60	.00
75	09/28/23	12:56P	772.919.2577	STUART, FL	1.00	.00
76	09/28/23	03:37P	830.346.5448	CASTROVILLE, TX	1.00	.00
77	09/28/23	06:21P	346.274.2604	HOUSTON, TX	1.70	.00
78	09/29/23	09:07A	800.900.1361	Nanp Tollfree	.10	.00
79	09/29/23	12:19P	210.602.9262	SAN ANTONIO, TX	1.00	.00
80	09/29/23	01:05P	281.359.8538	KINGWOOD, TX	3.90	.00
81	09/29/23	01:37P	737.251.1541	BURNET, TX	1.00	.00
82	09/29/23	03:34P	830.515.9800	NEW BRAUNFELS, TX	1.70	.00
83	09/30/23	11:09A	325.423.5181	LLANO, TX	1.00	.00
84	09/30/23	01:20P	940.762.9161	WOODSON, TX	4.50	.00
85	09/30/23	02:04P	325.423.5181	LLANO, TX	1.00	.00
86	09/30/23	07:57P	512.436.2878	AUSTIN, TX	1.00	.00
Subtotal					193.40	.00



Johnson City Bank

Contact us:
(830) 868-7131

MEMBER
FDIC



Branch:
JOHNSON CITY BANK
P.O. BOX 426
JOHNSON CITY TX 78636

Visit our website at:
www.j-cbank.com

JOHNSON CITY CHAMBER OF COMMERCE
PO BOX 485
JOHNSON CITY TX 78636-0485

Page 1 of 5

Statement Date: July 31, 2023

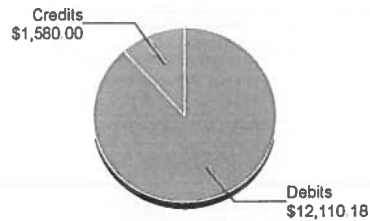
Account Number: 20012110

COMMERCIAL CHECKING

ACCOUNT ACTIVITY SUMMARY

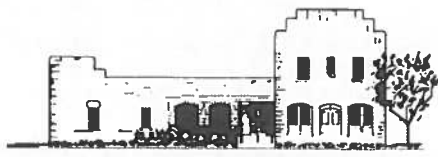
Statement period number of days	31
Average balance	\$50,964.36
Total service charge this period	\$0.00

Previous balance	06/30/2023	\$55,146.89
Deposits	10	\$1,580.00
Withdrawals	31	\$12,110.18
Ending balance	07/31/2023	\$44,616.71



TRANSACTIONS

Date	Description	Debits	Credits	Balance
06/30/2023	Previous Balance			\$55,146.89
07/03/2023	REGULAR DEPOSIT		\$300.00	\$55,446.89
07/05/2023	POS PYMT 07-04 ANTISPYWARE 866-9666254, CA VNT 2024 Recurring Debit	\$29.95		\$55,416.94
07/05/2023	PURCHASE 07-03 OIT LLC 305-9676756, FL VNT 2024 Recurring Debit	\$36.36		\$55,380.58
07/05/2023	PAYROLL JOHNSON CITY TEXAS CHA ACH DEBIT PAYROLL 17512386	\$124.67		\$55,255.91
07/05/2023	Check #2009	\$1,285.40		\$53,970.51
07/06/2023	POS PYMT 07-05 ANTISPYWARE 866-9666254, CA VNT 2024 Recurring Debit	\$39.95		\$53,930.56
07/06/2023	IRS JOHNSON CITY CHAMBER O ACH DEBIT USATAXPYMT 227358766232712	\$607.46		\$53,323.10
07/07/2023	INTUIT 93426955 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT 524771996132397		\$60.00	\$53,383.10
07/07/2023	INTUIT 92534845 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$1.99		\$53,381.11



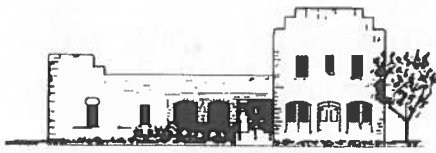
Johnson City Bank

JOHNSON CITY CHAMBER OF COMMERCE

Account Number: 20012110

TRANSACTIONS (continued)

Date	Description	Debits	Credits	Balance
07/10/2023	POS PYMT 07-08 ADOBE *ACROPRO SUBS 408-536-6000 , CA VNT 2024 Recurring Debit	\$21.64		\$53,359.47
07/10/2023	Check #2010	\$200.00		\$53,159.47
07/10/2023	IRS JOHNSON CITY CHAMBER O ACH DEBIT USATAXPYMT 227359166021640	\$569.96		\$52,589.51
07/11/2023	INTUIT 13601655 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT 524771996132397		\$320.00	\$52,909.51
07/11/2023	PURCHASE 07-10 OFFICE DEPOT #1079 800-463-3768 , TX VNT 2024	\$116.88		\$52,792.63
07/11/2023	INTUIT 13049995 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$10.28		\$52,782.35
07/12/2023	INTUIT 19420695 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT 524771996132397		\$80.00	\$52,862.35
07/12/2023	INTUIT 18797445 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$2.57		\$52,859.78
07/12/2023	IRS JOHNSON CITY CHAMBER O ACH DEBIT USATAXPYMT 227359366186796	\$20.66		\$52,839.12
07/14/2023	INTUIT 33686625 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT 524771996132397		\$160.00	\$52,999.12
07/14/2023	INTUIT 33004775 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$5.14		\$52,993.98
07/14/2023	PAYROLL JOHNSON CITY TEXAS CHA ACH DEBIT PAYROLL 17512386	\$277.05		\$52,716.93
07/14/2023	PAYROLL JOHNSON CITY TEXAS CHA ACH DEBIT PAYROLL 17512386	\$1,762.32		\$50,954.61
07/17/2023	INTUIT 40436415 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT 524771996132397		\$80.00	\$51,034.61
07/17/2023	PURCHASE 07-14 IN *JOHNSON CITY SIGN 830-8685277, TX VNT 2024	\$169.00		\$50,865.61
07/17/2023	INTUIT 39725585 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$2.57		\$50,863.04
07/18/2023	INTUIT 53701655 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT 524771996132397		\$240.00	\$51,103.04
07/18/2023	PURCHASE 07-18 AMZN Mktp US*DG41R2OL3 Amzn.com/bill, WA VNT 2024	\$877.78		\$50,225.26
07/18/2023	INTUIT 53259015 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$7.46		\$50,217.80
07/19/2023	IRS JOHNSON CITY CHAMBER O ACH DEBIT USATAXPYMT 227360066233120	\$607.48		\$49,610.32
07/20/2023	REGULAR DEPOSIT		\$140.00	\$49,750.32
07/20/2023	REGULAR DEPOSIT		\$60.00	\$49,810.32
07/24/2023	PURCHASE 07-23 INTUIT *QBooks Online CL.INTUIT.COM, CA VNT 2024 Recurring Debit	\$110.87		\$49,699.45
07/24/2023	Check #2014	\$430.00		\$49,269.45
07/24/2023	Check #2012	\$325.00		\$48,944.45
07/24/2023	Check #2013	\$400.00		\$48,544.45
07/25/2023	PURCHASE 07-24 IN *A-JOHN PORTABLE TO 800-262-3246 , CA VNT 2024	\$305.00		\$48,239.45
07/27/2023	PURCHASE 07-26 AMAZON.COM*T65 SEATTLE, WA MAC 2024	\$423.36		\$47,816.09
07/28/2023	REGULAR DEPOSIT		\$140.00	\$47,956.09
07/28/2023	Check #2016	\$1,300.00		\$46,656.09



Johnson City Bank

JOHNSON CITY CHAMBER OF COMMERCE

Account Number: 20012110

TRANSACTIONS (continued)

Date	Description	Debits	Credits	Balance
07/31/2023	PAYROLL JOHNSON CITY TEXAS CHA ACH DEBIT PAYROLL 17512386	\$277.05		\$46,379.04
07/31/2023	PAYROLL JOHNSON CITY TEXAS CHA ACH DEBIT PAYROLL 17512386	\$1,762.33		\$44,616.71

CHECKS

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
2009	07/05/23	\$1,285.40	2012 *	07/24/23	\$325.00	2014	07/24/23	\$430.00
2010	07/10/23	\$200.00	2013	07/24/23	\$400.00	2016 *	07/28/23	\$1,300.00

* Indicates Break In Sequence

Number of Checks 6

Total Amount of Checks \$3,940.40

DAILY BALANCE SUMMARY

Date	Amount	Date	Amount	Date	Amount
07/03/2023	\$55,446.89	07/12/2023	\$52,839.12	07/24/2023	\$48,544.45
07/05/2023	\$53,970.51	07/14/2023	\$50,954.61	07/25/2023	\$48,239.45
07/06/2023	\$53,323.10	07/17/2023	\$50,863.04	07/27/2023	\$47,816.09
07/07/2023	\$53,381.11	07/18/2023	\$50,217.80	07/28/2023	\$46,656.09
07/10/2023	\$52,589.51	07/19/2023	\$49,610.32	07/31/2023	\$44,616.71
07/11/2023	\$52,782.35	07/20/2023	\$49,810.32		

IMAGES

DEPOSIT TICKET
 Chamber of Commerce
 07/03/2023
 \$300.00
 Johnson City Bank

07/03/2023 \$300.00

2009
 Chamber of Commerce Johnson City Texas
 Operating Account
 100 E. Main Street, P. O. Box 405
 Johnson City, TX 78636
 PAY TO THE ORDER OF Quick Color \$1,285.40
 Johnson City Bank
 1102 7th 1431 #1
 Marble Falls, TX 78655
 Signature: *James Lee Hixon*

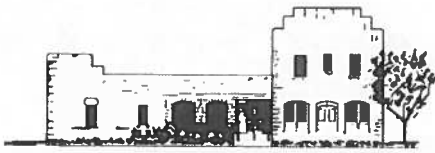
Check #2009 07/05/2023 \$1,285.40

2010
 Chamber of Commerce Johnson City Texas
 Operating Account
 100 E. Main Street, P. O. Box 405
 Johnson City, TX 78636
 PAY TO THE ORDER OF Fowler, CPA - Williams J. \$200.00
 Two hundred and 00/100 DOLLARS
 William J Fowler
 Fowler, CPA - Williams J.
 200 W. Avenue G
 Johnson City, TX 78636
 Signature: *James Lee Hixon*

Check #2010 07/10/2023 \$200.00

DEPOSIT TICKET
 Chamber of Commerce
 07/20/2023
 \$140.00
 Johnson City Bank

07/20/2023 \$140.00



Johnson City Bank

JOHNSON CITY CHAMBER OF COMMERCE

Account Number: 20012110

IMAGES (continued)

DEPOSIT TICKET	CASH	60.00	
Chamber of Commerce			
Operating Account			
1001 Main Street, P. O. Box 485			
Johnson City, TX 78636			
DATE: 07/13/2023			
			60.00
			60.00

MEMO: Johnson City Bank

Account # 20012110

07/20/2023 \$60.00

Chamber of Commerce Johnson City Texas
Operating Account
1001 Main Street, P. O. Box 485
Johnson City, TX 78636

Johnson City Bank
Account No. 20012110

2014

07/18/2023

PAY TO THE ORDER OF: Philip Martinez \$430.00

Four hundred thirty and 00/100

Philip Martinez
Don Philip Martinez
502 S. Ave. F
Johnson City, TX 78630

MEMO

Check #2014 07/24/2023 \$430.00

Chamber of Commerce Johnson City Texas
Operating Account
1001 Main Street, P. O. Box 485
Johnson City, TX 78636

Johnson City Bank
Account No. 20012110

2012

07/13/2023

PAY TO THE ORDER OF: Wescoast Consulting, Inc. \$325.00

Three hundred twenty-five and 00/100

Lois Wescoast
Wescoast Consulting, Inc.
2162 Pembroke Drive
Austin, TX 78748

MEMO

Check #2012 07/24/2023 \$325.00

Chamber of Commerce Johnson City Texas
Operating Account
1001 Main Street, P. O. Box 485
Johnson City, TX 78636

Johnson City Bank
Account No. 20012110

2013

07/18/2023

PAY TO THE ORDER OF: Kohleppel, Edward \$400.00

Four hundred and 00/100

Edward Kohleppel
Kohleppel, Edward

MEMO

Check #2013 07/24/2023 \$400.00

DEPOSIT TICKET	CASH	140.00	
Chamber of Commerce			
Operating Account			
1001 Main Street, P. O. Box 485			
Johnson City, TX 78636			
DATE: 07/28/2023			
			140.00
			140.00

MEMO: Johnson City Bank

Account # 20012110

07/28/2023 \$140.00

Chamber of Commerce Johnson City Texas
Operating Account
1001 Main Street, P. O. Box 485
Johnson City, TX 78636

Johnson City Bank
Account No. 20012110

2016

07/21/2023

PAY TO THE ORDER OF: Lyndon B. Johnson NHP \$1,300.00

One thousand three hundred and 00/100

Lyndon B. Johnson NHP
P. O. Box 329
Johnson City, TX 78636

MEMO

Check #2016 07/28/2023 \$1,300.00

Account Reconciliation Form

A. The ending balance shown on statement \$ _____

B. List deposits not shown on statement \$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

C. Total of lines B \$ _____

D. Add line C to line A \$ _____

E. List below all checks written and any withdrawals not posted on statement

Check #	\$ Amount	Check #	\$ Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

F. Total of Column E \$ _____

G. Subtract line F from line D \$ _____

H. The ending balance in your check register \$ _____

I. List deposits, transfers or interest credited not already listed in your check register \$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

J. Total of lines I \$ _____

K. Add line J to line H \$ _____

L. List below all checks and charges not already reflected in your check register

Check #	\$ Amount	Check #	\$ Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

M. Total of Column L \$ _____

N. Subtract line M from line K \$ _____

The balances (Line "G" and Line "N" above) should agree. If not, recheck your entries from this statement and your check register. All deposits and credits are subject to final collection.

The following pertains to accounts established for personal, family or household purposes only.

For information regarding business and custodial accounts please refer to your account disclosure. Contact us if you have a specific question pertaining to your account.

In Case of Errors or Questions About Your Electronic Transfers

Direct inquiries to us at our address or telephone number printed on the front page of this statement if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within 3 business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

The information below is applicable to those Accounts which may be subject to an Interest Charge.

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us (on a separate sheet) at our address shown on the front page of this statement as soon as possible. In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing [or electronically]. You may call us, but if you do we are not required to investigate any potential errors, and

you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

PAYMENT INFORMATION - Please mail or deliver your payment to the financial institution at the address indicated on the reverse side hereof. Payments received on weekends and holidays will be credited the next business day. Payments received after your closing date will appear on your next statement. If the financial institution has been authorized to deduct the minimum payment from your Account, it will be deducted and credited to your Account as of the date shown on the reverse side hereof. To avoid additional INTEREST CHARGES, pay your balance in full. Please call the financial institution for the exact balance as the balance changes daily.

INTEREST CHARGE - The INTEREST CHARGE on your account is calculated by applying the different PERIODIC RATES to the appropriate range of the outstanding daily balance of your account. The outstanding daily balance is calculated by using the beginning balance of your account each day, adding any new advances or debits, and subtracting any payments or credits. The INTEREST CHARGE may be determined as follows:

1. Using the rate ranges, separate the outstanding daily balance into appropriate range amounts.
2. Multiply each outstanding daily balance by the applicable periodic rate.
3. Multiply each of these results by the number of days the applicable rate was in effect.
4. Add the results of step #3 together.

USE OF THE AVERAGE DAILY BALANCE - If the daily balances are not shown on your statement, the average daily balance may be used. The average daily balance is or can be multiplied by the number of days in the billing cycle and the periodic rate applied to the product to determine the amount of the interest charge. To calculate the average daily balance, all of the daily balances for the billing cycle are added up, and the total is divided by the number of days in the billing cycle. The INTEREST CHARGE is or may be determined as follows:

1. Multiplying each of the average balances by the number of days in the billing cycle (or if the daily rate varied during the cycle, by multiplying by the number of days the applicable rate was in effect).
2. Multiplying each of the results by the applicable periodic rate, and adding these products together.

Ashley Insurance Agency

PO Box 413, Blanco, TX 78606
110 E. Main Street, Johnson City, TX 78636
Phone: (830) 868-7484
704 Fourth Street, Blanco, Texas 78606
Phone: (830) 833-9955
Email: jashley@ashleyinsurancetx.com

06/22/2023

INVOICE

RE: Johnson City Chamber of Commerce

Policy Effective: 07/30/2023 – 07/30/2024

Packaged non-profit businessowner's policy with extension for event coverage and directors and officers insurance

Renewal of NBP1558580C

Annual Premium:	\$1430.00
-----------------	-----------

Balance Due:	\$1430.00
--------------	-----------

*All checks can be made payable to Ashley Insurance and mailed to PO Box 413, Blanco, TX 78606



Johnson City Bank

Contact us:
(830) 868-7131

MEMBER
FDIC



Branch:
JOHNSON CITY BANK
P.O. BOX 426
JOHNSON CITY TX 78636

Visit our website at:
www.j-cbank.com

JOHNSON CITY CHAMBER OF COMMERCE
PO BOX 485
JOHNSON CITY TX 78636-0485

Statement Date: August 31, 2023

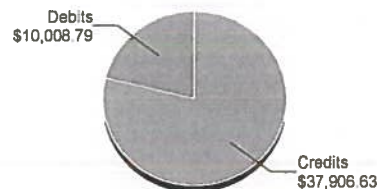
Account Number: 20012110

COMMERCIAL CHECKING

ACCOUNT ACTIVITY SUMMARY

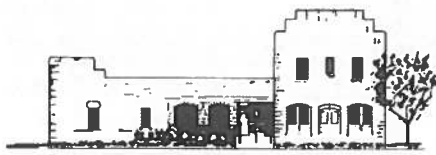
Statement period number of days	31
Average balance	\$70,273.82
Total service charge this period	\$0.00

Previous balance	07/31/2023	\$44,616.71
Deposits	17	\$37,906.63
Withdrawals	39	\$10,008.79
Ending balance	08/31/2023	\$72,514.55



TRANSACTIONS

Date	Description	Debits	Credits	Balance
07/31/2023	Previous Balance			\$44,616.71
08/01/2023	INTUIT 27475715 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT 524771996132397		\$60.00	\$44,676.71
08/01/2023	INTUIT 27247175 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$2.29		\$44,674.42
08/01/2023	Check #2011	\$200.00		\$44,474.42
08/02/2023	REGULAR DEPOSIT		\$120.00	\$44,594.42
08/02/2023	PURCHASE 08-02 LOWES MARKET # JOHNSON CITY , TX MAC 2024	\$3.49		\$44,590.93
08/03/2023	PURCHASE 08-03 USPS PO 484455 JOHNSON CITY , TX MAC 2024	\$7.84		\$44,583.09
08/04/2023	PURCHASE 08-03 OIT LLC 305-9676756, FL VNT 2024 Recurring Debit	\$36.52		\$44,546.57
08/04/2023	IRS JOHNSON CITY CHAMBER O ACH DEBIT USATAXPYMT 227361666091754	\$607.46		\$43,939.11
08/07/2023	FROM CLOSED ACCOUNT #20012403		\$35,134.63	\$79,073.74
08/09/2023	POS PYMT 08-08 ADOBE *ACROPRO SUBS 408-536-	\$21.64		\$79,052.10



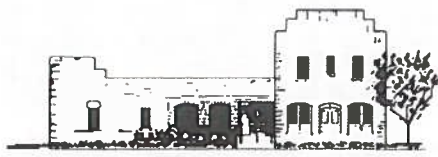
Johnson City Bank

JOHNSON CITY CHAMBER OF COMMERCE

Account Number: 20012110

TRANSACTIONS (continued)

Table with 5 columns: Date, Description, Debits, Credits, Balance. Rows include transactions from 08/10/2023 to 08/23/2023, such as 'INTUIT 89742575 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT' and 'PURCHASE 08-09 JOHNSON CITY SIGN SHOP'.



Johnson City Bank

JOHNSON CITY CHAMBER OF COMMERCE

Account Number: 20012110

TRANSACTIONS (continued)

Date	Description	Debits	Credits	Balance
08/23/2023	PURCHASE 08-22 AMZN Mkip US*TQ4DR7IY2 Amzn.com/bill, WA VNT 2024	\$17.99		\$75,869.21
08/23/2023	PURCHASE 08-22 Amazon.com*TQ9LP6U22 Amzn.com/bill, WA VNT 2024	\$72.30		\$75,796.91
08/23/2023	PURCHASE 08-23 INTUIT *QBooks Online CL.INTUIT.COM, CA VNT 2024 Recurring Debit	\$110.87		\$75,686.04
08/23/2023	PURCHASE 08-22 IN *A-JOHN PORTABLE TO 830- 8330272, TX VNT 2024	\$424.08		\$75,261.96
08/23/2023	INTUIT 59419405 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$7.71		\$75,254.25
08/25/2023	Check #2018	\$175.00		\$75,079.25
08/28/2023	INTUIT 78244345 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT 524771996132397		\$80.00	\$75,159.25
08/28/2023	INTUIT 80026935 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$2.57		\$75,156.68
08/28/2023	Check #2021	\$400.00		\$74,756.68
08/28/2023	Check #2020	\$430.00		\$74,326.68
08/28/2023	Check #2019	\$500.00		\$73,826.68
08/30/2023	INTUIT 91426485 JOHNSON CITY TEXAS CHA ACH CREDIT DEPOSIT 524771996132397		\$60.00	\$73,886.68
08/30/2023	REGULAR DEPOSIT		\$792.00	\$74,678.68
08/30/2023	POS PYMT 08-29 FS *inffuse.com 877-3278914, CA VNT 2024 Recurring Debit	\$53.20		\$74,625.48
08/30/2023	INTUIT 93267665 JOHNSON CITY TEXAS CHA ACH DEBIT TRAN FEE 524771996132397	\$2.29		\$74,623.19
08/31/2023	PAYROLL JOHNSON CITY TEXAS CHA ACH DEBIT PAYROLL 17512386	\$69.26		\$74,553.93
08/31/2023	PAYROLL JOHNSON CITY TEXAS CHA ACH DEBIT PAYROLL 17512386	\$277.05		\$74,276.88
08/31/2023	PAYROLL JOHNSON CITY TEXAS CHA ACH DEBIT PAYROLL 17512386	\$1,762.33		\$72,514.55

CHECKS

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
2011	08/01/23	\$200.00	2018	08/25/23	\$175.00	2020	08/28/23	\$430.00
2015 *	08/17/23	\$1,430.00	2019	08/28/23	\$500.00	2021	08/28/23	\$400.00
2017 *	08/14/23	\$297.51						

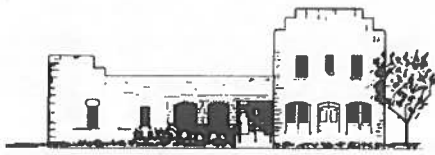
* Indicates Break In Sequence

Number of Checks 7

Total Amount of Checks \$3,432.51

DAILY BALANCE SUMMARY

Date	Amount	Date	Amount	Date	Amount
08/01/2023	\$44,474.42	08/09/2023	\$79,052.10	08/16/2023	\$77,582.08
08/02/2023	\$44,590.93	08/10/2023	\$79,079.53	08/17/2023	\$76,152.08
08/03/2023	\$44,583.09	08/11/2023	\$79,311.82	08/18/2023	\$75,622.05
08/04/2023	\$43,939.11	08/14/2023	\$79,246.60	08/21/2023	\$75,414.66
08/07/2023	\$79,073.74	08/15/2023	\$77,362.08	08/22/2023	\$75,647.20



Johnson City Bank

JOHNSON CITY CHAMBER OF COMMERCE

Account Number: 20012110

DAILY BALANCE SUMMARY (continued)

Date	Amount	Date	Amount	Date	Amount
08/23/2023	\$75,254.25	08/28/2023	\$73,826.68	08/31/2023	\$72,514.55
08/25/2023	\$75,079.25	08/30/2023	\$74,623.19		

IMAGES

Chamber Of Commerce Johnson City Texas
Operating Account
101 E. Main Street, P. O. Box 485
Johnson City, TX 78638

Johnson City Bank
Member FDIC
88-2209/1149

07/11/2023

PAY TO THE ORDER OF William J Fowler \$ 200.00

Two hundred and 00/100

William J Fowler
Fowler CPA, William J
328 Mandeville Dr.
Meadowdale, TX 78854

MEMO

#002011# 1114922090# #20012110#

Check #2011 08/01/2023 \$200.00

DEPOSIT TICKET

CASH

Chamber of Commerce
Johnson City, Texas
Operating Account
P.O. Box 485
Johnson City, TX 78638

DATE 08/02/2023

120.00

120.00

Johnson City Bank
Member FDIC
88-2209/1149

1114922090# #20012110#

08/02/2023 \$120.00

Chamber Of Commerce Johnson City Texas
Operating Account
101 E. Main Street, P. O. Box 485
Johnson City, TX 78638

Johnson City Bank
Member FDIC
88-2209/1149

08/07/2023

PAY TO THE ORDER OF City of Johnson City (AP) \$ 297.51

Two hundred ninety-seven and 51/100

City of Johnson City (AP)

MEMO

#002017# 1114922090# #20012110#

Check #2017 08/14/2023 \$297.51

DEPOSIT TICKET

CASH

Chamber of Commerce
Johnson City, Texas
Operating Account
P.O. Box 485
Johnson City, TX 78638

DATE 08/16/2023

220.00

220.00

Johnson City Bank
Member FDIC
88-2209/1149

1114922090# #20012110#

08/16/2023 \$220.00

Chamber Of Commerce Johnson City Texas
Operating Account
101 E. Main Street, P. O. Box 485
Johnson City, TX 78638

Johnson City Bank
Member FDIC
88-2209/1149

07/25/2023

PAY TO THE ORDER OF Jacob Ashley Agency \$ 1,430.00

One thousand four hundred thirty and 00/100

Jacob Ashley
Ashley Insurance Agency
110 E. Main St.
POB 413-Blanco, TX 78606
Johnson City, TX 78638

MEMO

#002015# 1114922090# #20012110#

Check #2015 08/17/2023 \$1,430.00

Chamber Of Commerce Johnson City Texas
Operating Account
101 E. Main Street, P. O. Box 485
Johnson City, TX 78638

Johnson City Bank
Member FDIC
88-2209/1149

08/11/2023

PAY TO THE ORDER OF Westcoast Consulting, Inc. \$ 175.00

One hundred seventy-five and 00/100

Loi Westcoast
Westcoast Consulting, Inc.
2103 Plumstead Drive
Austin, TX 78745

MEMO Invoice #1484

#002018# 1114922090# #20012110#

Check #2018 08/25/2023 \$175.00

Chamber Of Commerce Johnson City Texas
Operating Account
101 E. Main Street, P. O. Box 485
Johnson City, TX 78638

Johnson City Bank
Member FDIC
88-2209/1149

08/23/2023

PAY TO THE ORDER OF Kohlappel, Edward \$ 400.00

Four hundred and 00/100

Edward Kohlappel
Kohlappel, Edward

MEMO

#002021# 1114922090# #20012110#

Check #2021 08/28/2023 \$400.00

Chamber Of Commerce Johnson City Texas
Operating Account
101 E. Main Street, P. O. Box 485
Johnson City, TX 78638

Johnson City Bank
Member FDIC
88-2209/1149

08/27/2023

PAY TO THE ORDER OF Don Martinez \$ 430.00

Four hundred thirty and 00/100

Don Martinez
Don Martinez
520 E. Ave. F
Johnson City, TX 78638

MEMO

#002020# 1114922090# #20012110#

Check #2020 08/28/2023 \$430.00

Chamber Of Commerce Johnson City Texas
Operating Account
101 E. Main Street, P. O. Box 485
Johnson City, TX 78638

Johnson City Bank
Member FDIC
88-2209/1149

08/17/2023

PAY TO THE ORDER OF Tran Mifing Inc. \$ 500.00

Five hundred and 00/100

Sara Abbas
Tran Mifing Inc.
POB 2231
Johnson City, TX 78638

MEMO

#002019# 1114922090# #20012110#

Check #2019 08/28/2023 \$500.00

DEPOSIT TICKET

CASH

Chamber of Commerce
Johnson City, Texas
Operating Account
P.O. Box 485
Johnson City, TX 78638

DATE 08/28/2023

792.00

792.00

Johnson City Bank
Member FDIC
88-2209/1149

1114922090# #20012110#

08/30/2023 \$792.00

Account Reconciliation Form

A. The ending balance shown on statement \$ _____

B. List deposits not shown on statement \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

C. Total of lines B \$ _____

D. Add line C to line A \$ _____

E. List below all checks written and any withdrawals not posted on statement

Check #	\$ Amount	Check #	\$ Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

F. Total of Column E \$ _____

G. Subtract line F from line D \$ _____

H. The ending balance in your check register \$ _____

I. List deposits, transfers or interest credited not already listed in your check register \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

J. Total of lines I \$ _____

K. Add line J to line H \$ _____

L. List below all checks and charges not already reflected in your check register

Check #	\$ Amount	Check #	\$ Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

M. Total of Column L \$ _____

N. Subtract line M from line K \$ _____

The balances (Line "G" and Line "N" above) should agree. If not, recheck your entries from this statement and your check register. All deposits and credits are subject to final collection.

The following pertains to accounts established for personal, family or household purposes only.

For information regarding business and custodial accounts please refer to your account disclosure. Contact us if you have a specific question pertaining to your account.

In Case of Errors or Questions About Your Electronic Transfers

Direct inquiries to us at our address or telephone number printed on the front page of this statement if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within 3 business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

The information below is applicable to those Accounts which may be subject to an Interest Charge.

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us (on a separate sheet) at our address shown on the front page of this statement as soon as possible. In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing [or electronically]. You may call us, but if you do we are not required to investigate any potential errors, and

you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

PAYMENT INFORMATION - Please mail or deliver your payment to the financial institution at the address indicated on the reverse side hereof. Payments received on weekends and holidays will be credited the next business day. Payments received after your closing date will appear on your next statement. If the financial institution has been authorized to deduct the minimum payment from your Account, it will be deducted and credited to your Account as of the date shown on the reverse side hereof. To avoid additional INTEREST CHARGES, pay your balance in full. Please call the financial institution for the exact balance as the balance changes daily.

INTEREST CHARGE - The INTEREST CHARGE on your account is calculated by applying the different PERIODIC RATES to the appropriate range of the outstanding daily balance of your account. The outstanding daily balance is calculated by using the beginning balance of your account each day, adding any new advances or debits, and subtracting any payments or credits. The INTEREST CHARGE may be determined as follows:

1. Using the rate ranges, separate the outstanding daily balance into appropriate range amounts.
2. Multiply each outstanding daily balance by the applicable periodic rate.
3. Multiply each of these results by the number of days the applicable rate was in effect.
4. Add the results of step #3 together.

USE OF THE AVERAGE DAILY BALANCE - If the daily balances are not shown on your statement, the average daily balance may be used. The average daily balance is or can be multiplied by the number of days in the billing cycle and the periodic rate applied to the product to determine the amount of the interest charge. To calculate the average daily balance, all of the daily balances for the billing cycle are added up, and the total is divided by the number of days in the billing cycle. The INTEREST CHARGE is or may be determined as follows:

1. Multiplying each of the average balances by the number of days in the billing cycle (or if the daily rate varied during the cycle, by multiplying by the number of days the applicable rate was in effect).
2. Multiplying each of the results by the applicable periodic rate, and adding these products together.