

CITY OF STILLWATER, OKLAHOMA

FILED
NOV 21 2014
State Auditor & Inspector

SINKING FUND SCHEDULES

JUNE 30, 2014

AND

SINKING FUND

ESTIMATE OF NEEDS

FOR

FISCAL YEAR ENDING

JUNE 30, 2015

2014 SEP 12 P 1:35

PAYNE COUNTY
GLENNA CRAIG
COUNTY CLERK



Payne

CITY OF STILLWATER, OKLAHOMA

COUNTY OF PAYNE

We certify that the total assessed valuation of the property, subject to Ad Valorem taxes, Excluding Homestead Exemptions approved, in the Municipality as finally equalized and certified by the State Board of Equalization for the current year 2014-15 as follows:

REAL PROPERTY	<u>255,562,096.00</u>
PERSONAL PROPERTY	<u>27,453,195.00</u>
PUBLIC SERVICE PROPERTY	<u>5,717,639.00</u>
TOTAL	<u>288,732,930.00</u>

and that the assessed valuations herein certified have been used in computing the rates of mill levies and the proceeds thereof as aforesaid; and that having ascertained as aforesaid, the aggregate amount to be raised by Ad Valorem taxation, we thereupon made the levies therefor, as provided by law as follows:

GENERAL FUND _____ mills, BUILDING FUND _____ mills
SINKING FUND 4.16 mills, TOTAL 4.16 mills

We do hereby order the above levies to be certified forthwith by the Secretary of this Board to the County Assessor of Said County, in order that the County Assessor may immediately extend said levies upon the Tax Rolls for the Year 2014, without regard to and protest that may be filed against any levies, as required by 68 O. S. 1981, Section 2474. We further certify that the said appropriation and the mill-rate levies, as aforesaid, are within the limitation provided by law.

Dated this 1 day of Oct, 20 14

at Stillwater Oklahoma.

Nancy Lunde Member
[Signature] Chairman of the County Excise Board
Bethy [Signature] Member
[Signature] Secretary of the County Excise Board
 Attest: Glenna Craig



CITY OF STILLWATER, OKLAHOMA

SINKING FUND
COUNTY EXCISE BOARDS' APPROPRIATION OF INCOME AND REVENUES
2014-2015 ESTIMATE OF NEEDS

1. To Finance Approved Budget in Sum of (From Forms SF - 1 - Line 25)	<u>1,191,432.08</u>
Appropriation Other Than 19__ Tax	
2. Excess of Assets Over Liabilities (From Form SF - 1 - Line 17)	<u>46,744.99</u>
3. Other Deductions - Attach Explanation	<u>0.00</u>
4. Balance Required to Raise (Line 1 Less 2 & 3)	<u>1,144,687.09</u>
5. Add <u>5</u> % For Delinquent Tax	<u>57,234.35</u>
6. Gross Balance of Requirements Appropriated From Ad Valorem Tax	<u><u>1,201,921.44</u></u>

SINKING FUND
JUNE 30, 2014

Form SF-1

Line No.	Balance sheets	New Sinking Fund	
		Detail	Extension
1.	Cash balance (Form SF-2-Line 21)	308,443.42	
2.	Investments (Form SF-4, Col. 6)		
3.			
4.			
5.			
6.	Total Assets		\$308,443.42
Liabilities			
7.	Matured bonds outstanding (Form SF-3, Col. 19)	\$	
8.	Accrual on unmatured bonds (Form SF-3, Col.18)	0.00	
9.	Accrual on final coupons (Form SF-3, Col.27)		
10.	Unpaid interest coupons (Form SF-3, Col. 34)-Matured		
11.	Fiscal agency commission on above		
12.	Judgements and interest received not transferred	244,515.10	
13.	Unpaid interest coupons accrued (SF-3, Col. 35)-Unmatu	17,183.33	
14.			
15.			
16.	Total		\$261,698.43
17.	Excess of assets over Liabilities (SF-7-Line 2)		46,744.99
Estimate of Sinking Fund Needs - Next Year			
18.	Interest required on bonds (Form SF-3, Col. 29)	203,500.00	
19.	Accrual on bonds (Form SF-3, Col. 12)	810,000.00	
20.	Accrual on judgements (Form SF-5, Line 12a)	157,432.65	
21.	Interest accruals on judgements (Form SF-6, Line 12b)	20,499.43	
22.	Commissions - Fiscal agencies	0.00	
23.			
24.			
25.	Total Sinking Fund Provision (To SF-7, Line 1)	\$1,191,432.08	

CASH ACCT

SINKING FUND
STATEMENT OF CASH ACCOUNTS, DISBURSEMENTS AND BALANCES
For the Fiscal Year Ended June 30, 2014

Form SF-2

Line No.	Detail	New Sinking Fund	Extension
1.	Cash balance - Beginning of year	321,655.64	
2.	Investments liquidated during year (Form SF-4, Col. 3)	<u> </u>	
Receipts and Appointments			
3.	Current year ad valorem tax	1,272,319.94	
4.	Prior year's ad valorem tax	20,579.84	
5.	Resale property distribution		
6.	Interest on ad valorem tax	-	
7.	Accrued interest received on 2001 bond closing	-	
8.		<u> </u>	
9.	Total receipts and appointments		1,292,899.78
10.	Balance		1,614,555.42
Disbursements			
11.	Interest coupons paid (Form SF-3, Col. 33)	238,800.00	
12.	Bonds paid (Form SF-3, Col.16)	815,000.00	
13.	Commission paid fiscal agency	400.00	
14.	Judgement paid	220,066.00	
15.	Interest paid on judgements	31,846.00	
16.	Investments purchased (Form SF-4, Col.2)		
17.	Delinquency allowance for judgements	0	
18.		<u> </u>	
19.		<u> </u>	
20.	Total Disbursements		1,306,112.00
21.	Cash balance - End of Year		308,443.42
			(To Form SF-1, Line 1)

II. SINKING FUND SCHEDULES

Exhibit SF-3 Detailed Status of Bond and Coupon Indebtedness as of _____ and Accruals Thereon

1	2			3			4			HOW AND WHEN BONDS MATURED		7	Line No.
										5	6		
Purpose of Bond Issue	Date of Issue			Date of Sale by Delivery			Date of Maturing Begins			Amount of Each Uniform Maturity	Date of Final Maturity	Amount of Final Maturity	
	Mo.	Da.	Yr.	Mo.	Da.	Yr.	Mo.	Da.	Yr.	Mo.	Da.	Yr.	
2010 GO Refunding	4/8/10						06/1/11			810,000.00	6/1/21	350,000	1
													2
													3
													4
													5
													6
													7
													8
													9
													10
													11
													12
													13
													14
													15
													16
GRAND TOTAL										810,000		350,000	

II. SINKING FUND SCHEDULES (continued)

Exhibit SF-3 Detailed Status of Bond and Coupon Indebtedness as of _____ and Accruals Thereon

Line No.	8	9	10	11	Basis of accruals Contemplated on Net Collections or Better in Anticipation			Line No.
					12	13	14	
	Amount of Original Issue	Cancelled Funded or in Judgement or Delayed For Final Levy Year	Bond Issues accruing By Tax Levy	Years To Run	Normal Annual accrual	Tax Yrs. Run	accrual Liability To Date	
1	8,390,000			0	810,000	0	3,235,000	1
2								2
3					-			3
4					-			4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
GRAND TOTAL					810,000		3,235,000	

SINKING FUND SCHEDULES (continued)

Exhibit SF-3 Detailed Status of Bond and Coupon Indebtedness as of _____ and Accruals Thereon

Line No.	Basis of accruals Contmeplated on Net Collections or Better in Anticipation			18	Total Bonds Outstanding		
	Deductions From Total accruals				19	20	Line No.
	15	16	17				
	Bonds Paid Prior to 6-30-13	Bonds Paid During 2014	Matured Bonds Unpaid	Balance of Accrual Liability	Matured	Unmatured	
1	2,420,000	815,000		-		5,155,000	1
2		-		-		-	2
3				-		-	3
4				-		-	4
5	-	-					5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
GRAND TOTAL		815,000		-	-	5,155,000	

SINKING FUND SCHEDULES (continued)

Exhibit SF-3 Detailed Status of Bond and Coupon Indebtedness as of _____ and Accruals Thereon

Line No.	Coupon Computation		23	Requirement for Interest Ea After Last Tax Levy Year			27	28	29	Line No.
	21	22		24	25	26				
	First Next Coupon Due Mo Da Yr	% Int.	Terminal Interest To Accrue	Yrs. To Run	Accrue Eac Year	Tax Yrs. Run	Total Accrue To Date	Current Interes Earnings Through	Total Interest To Levy For Sum of cols. 25 & 28	
1								203,500.00	203,500.00	1
2								-	-	2
3									-	3
4									-	4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
GRAND TOTAL								203,500.00	203,500.00	

Exhibit SF-3 Detailed Status of Bond and Coupon Indebtedness as of _____ and Accruals Thereon

Line No.	Interest Earned But Unpaid _____		INTEREST COUPON ACCOUNT		Interest Earned But U _____		Line No.
	30	31	32	33	34	35	
	Matured	Unmatured	Interest Earnings Through _____	Coupons Paid Through _____	Mature	Unmatured	
1		19,900.00	236,083.33	238,800.00		17,183.33	1
2		-	-	-		-	2
3						-	3
4						-	4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
GRAND TOTAL		19,900.00	236,083.33	238,800.00		17,183.33	

To SF-2, Line 1 To SF-1, L To SF-1, Line 13

**City of Stillwater
Judgments
2014-15 Levy**

	Principal	Interest	Total Judgments	Allocation for Delinquent	Total
Year 12	40,916.31	2,148.11	43,064.42	2,153.22	45,217.64
Year 13	92,829.67	14,620.67	107,450.34	5,372.52	112,822.86
Year 14	23,686.67	3,730.65	27,417.32	1,370.87	28,788.18
Total	157,432.65	20,499.43	177,932.08	8,896.60	186,828.68

FORM CS-339-A

Send original and 5 copies to the Workers' Compensation Court

In re Claim of: (Please type or Print ALL information legibly)

WORKERS' COMPENSATION COURT
1915 NORTH STILES
OKLAHOMA CITY, OK 73105-4918

THIS SPACE FOR COURT USE ONLY

Claimant's Full Name (Injured Employee): STEPHEN H. HALL
Injured Employee's Social Security Number (LAST 4 DIGITS ONLY): XXX-XX-4607
Name of Employer: CITY OF STILLWATER
Employer's Insurance Carrier, Permit # for Court Approved Individual Self-Insured or Own Risk Group: OWN RISK #11364

WCC File Number: 2011-13492J
Date of Injury: 10-20-10

ORDER FILED

SEP 18 2013

Any person who commits workers' compensation fraud, upon conviction shall be guilty of a felony.

WORKERS' COMPENSATION COURT

COMPROMISE SETTLEMENT — Section 339(A) WC Code

This agreement is prepared and submitted pursuant to Section 339(A) of the Workers' Compensation Code, Title 85 of the Oklahoma Statutes. By signing below, each party affirms that they have read and understand its provisions, declares under penalty of perjury that all statements are true and accurate to the best of their knowledge and belief, and understands that the agreement, if approved by the Workers' Compensation Court, is conclusive, final and binding on all the parties involved.

By this agreement, the parties settle upon and determine (check one):

[X] ALL ISSUES AND MATTERS IN THE CLAIM (Settlement and Resolution of Claim With Full Release)

[] SOME, BUT NOT ALL, ISSUES AND MATTERS IN THE CLAIM — Attach appendix of all outstanding issues. The appendix is subject to approval by the Workers' Compensation Court. It MUST accompany the Form CS 339-A, and be dated and signed by all parties under penalty of perjury.

- 1. It is hereby agreed by and between the above named parties that the claimant alleges to have sustained a compensable accidental injury on or about October 20, 2010, while in the employ of the employer, causing the following injury (describe nature of injury) Left shoulder popped while dragging steel target at shooting range, and resulting in temporary total disability from 10/23/10 to 5/20/11, and to 12/17/12 to 7/1/13, or for a period of weeks, days, for which the claimant received \$4104.50 per week in compensation from the employer/insurance carrier. The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$ 771.00 for Temporary Total Disability and \$ 323.00 for Permanent Partial Disability/Permanent Partial Impairment.
2. A claim for compensation was filed by the claimant for the injury, or, if the claimant is not represented by an attorney, an Employer's First Notice of Injury (Form 2) was filed by the employer for the injury, and the Workers' Compensation Court has jurisdiction in this matter.
3. This is an agreement in which the claimant agrees to accept \$ 37,145.00 in full and final settlement of all claims for: (describe injury) left shoulder injury sustained as a result of the accident referred to above, including any claim by the claimant for past, present and future compensation for temporary total disability, temporary partial disability, permanent partial impairment or permanent total disability, statutory medical treatment, physical and vocational rehabilitation benefits, or loss of wage earning capacity, as a result of any and all injuries sustained in the accident. This sum is in addition to any previous amount(s) paid to the claimant, and any amount(s) for authorized, reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$ 37,145.00 shall be paid for permanent partial disability/permanent partial impairment (23 %) to whole man and \$ shall be paid for
4. For Social Security offset purposes, and if applicable, the claimant agrees to accept and the employer/carrier agrees to pay a lump sum of \$ for permanent impairment that will affect the claimant for the rest of the claimant's life. The claimant's remaining life expectancy is months. Therefore, even though paid in a lump sum, claimant's benefit (after deduction of attorney fees and expenses) shall be considered to be \$ a month for months, beginning
5. The sum of \$ 7,429.00 shall be deducted from this settlement and paid to the claimant's attorney pursuant to the workers' compensation laws of the state.
6. The employer/carrier agrees to pay all applicable Court costs, and all taxes and assessments to the Oklahoma Tax Commission, as follows: \$140.00 to the Workers' Compensation Court, taxed as costs in this matter, unless previously paid; the Special Occupational Health and Safety Tax in the sum of \$ 278.59, representing three-fourths of one percent (0.75%) of the compromise settlement amount, excluding medical payments and temporary total disability compensation; if a Court Approved OWN RISK employer or group self-insurance association, the Workers' Compensation Administration Fund Tax in the sum of \$ 742.90, representing 2% of the compromise settlement amount, and, if applicable by law, the appropriate Self-Insured Guaranty Fund Tax in the sum of \$, representing 1% of the compromise settlement amount; and, in addition to other amounts, if UNINSURED, a Multiple Injury Trust Fund assessment in the sum of \$, representing 5% of the compromise settlement amount.

STEPHEN H. HALL
CLAIMANT NAME — PLEASE PRINT
9204 W. ESECO RD, AGRA, OK 74824
CLAIMANT ADDRESS
CLAIMANT—SIGNATURE
NAME OF CLAIMANT ATTORNEY — PLEASE PRINT
CLAIMANT ATTORNEY — SIGNATURE

CITY OF STILLWATER
EMPLOYER NAME— PLEASE PRINT
DENNIS J. MCGRATH, ASST CITY ATTORNEY 19348
NAME OF EMPLOYER/CARRIER'S ATTORNEY — PLEASE PRINT OBA#
OWN RISK #11364
NAME OF EMPLOYER'S CARRIER OR OWN RISK GROUP — PLEASE PRINT
EMPLOYER/CARRIER ATTORNEY—SIGNATURE DATE 9-17-13

ORDER APPROVING COMPROMISE SETTLEMENT (FORM CS-339-A): The Workers' Compensation Court, having reviewed the evidence, files and records in this matter and being fully advised in the premises, approves the above Compromise Settlement, including attorney fees and the attached appendix to the Compromise Settlement, if any, which Compromise Settlement and appendix are incorporated herein by reference and made a part hereof. If a child support lien was filed in this workers' compensation case, the employer/carrier shall include the name of the person or government agency asserting the lien or any check for benefits to the claimant in excess of One Thousand Dollars (\$1,000.00). The employer/carrier shall comply with this order within twenty (20) days from the file stamped date of the order. In that event, and if the Compromise Settlement determined all issues and matters in the claim, this cause shall be fully and finally closed and resolved, and the Court divested of further jurisdiction over the matter.

DONE this 17 day of Sept 2013

Recorder's Mark: OS

A copy hereof was mailed by United States regular mail on this file-stamped date to all attorneys of record and unrepresented parties.

BY ORDER OF JUDGE OR COURT ADMINISTRATOR

FORM CS-339-A

Send original and 5 copies to the Workers' Compensation Court.

In re Claim of: (Please type or Print ALL information legibly)

**WORKERS' COMPENSATION COURT
1915 NORTH STILES
OKLAHOMA CITY, OK 73105-4918**

THIS SPACE FOR COURT USE ONLY

Claimant's Full Name (Injured Employee) PORTER, BRIAN L.
Injured Employee's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX- 9473
Name of Employer CITY OF STILLWATER
Employer's Insurance Carrier, Permit # for Court Approved Individual Self-Insured or Own Risk Group. Uninsured OWN RISK #11364

WCC File Number 2013-07577X
Date of Injury 6/13/2012

ORDER FILED
AUG 23 2013
WORKERS' COMPENSATION COURT

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.

COMPROMISE SETTLEMENT — Section 339(A) WC Code

This agreement is prepared and submitted pursuant to Section 339(A) of the Workers' Compensation Code, Title 85 of the Oklahoma Statutes. By signing below, each party affirms that they have read and understand its provisions, declares under penalty of perjury that all statements are true and accurate to the best of their knowledge and belief, and understands that the agreement, if approved by the Workers' Compensation Court, is conclusive, final and binding on all the parties involved.

By this agreement, the parties settle upon and determine (check one):

- ALL ISSUES AND MATTERS IN THE CLAIM** (Settlement and Resolution of Claim With Full Release) **SOME, BUT NOT ALL, ISSUES AND MATTERS IN THE CLAIM** — Attach appendix of all outstanding issues. The appendix is subject to approval by the Workers' Compensation Court. It MUST accompany the Form CS 339-A, and be dated and signed by all parties under penalty of perjury.

- It is hereby agreed by and between the above named parties that the claimant alleges to have sustained a compensable accidental injury on or about June 13, 2012, while in the employ of the employer, causing the following injury (describe nature of injury) Repetitive strain from daily actions as a dispatcher, and resulting in **temporary total disability** from December 12, 2012 to December 2, 2012 or for a period of 2 weeks, 2 days, for which the claimant received \$ 2099.97 in compensation from the employer/insurance carrier. The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$ 699.99 for Temporary Total Disability and \$ 323.00 for Permanent Partial Disability/Permanent Partial Impairment.
- A claim for compensation was filed by the claimant for the injury, or, if the claimant is not represented by an attorney, an Employer's First Notice of Injury (Form 2) was filed by the employer for the injury, and the Workers' Compensation Court has jurisdiction in this matter.
- This is an agreement in which the claimant agrees to accept \$ 16,150.00 in full and final settlement of all claims for: (describe injury) right shoulder and neck injury sustained as a result of the accident referred to above, including any claim by the claimant for past, present and future compensation for temporary total disability, temporary partial disability, permanent partial impairment or permanent total disability, statutory medical treatment, physical and vocational rehabilitation benefits, or loss of wage earning capacity, as a result of any and all injuries sustained in the accident. This sum is in addition to any previous amount(s) paid to the claimant, and any amount(s) for authorized, reasonable and necessary medical and rehabilitative expenses previously incurred by the claimant due to the injury. Of said sum, \$ 16,150.00 shall be paid for permanent partial disability/permanent partial impairment (10 %) to whole man and \$ _____ shall be paid for _____.
- For Social Security offset purposes, and if applicable, the claimant agrees to accept and the employer/carrier agrees to pay a lump sum of \$ _____ for permanent impairment that will affect the claimant for the rest of the claimant's life. The claimant's remaining life expectancy is _____ months. Therefore, even though paid in a lump sum, claimant's benefit (after deduction of attorney fees and expenses) shall be considered to be \$ _____ a month for _____ months, beginning _____.**
- The sum of \$ -0- shall be deducted from this settlement and paid to the claimant's attorney pursuant to the workers' compensation laws of the state.
- The employer/carrier agrees to pay all applicable Court costs, and all taxes and assessments to the Oklahoma Tax Commission, as follows: \$140.00 to the Workers' Compensation Court, taxed as costs in this matter, unless previously paid; the Special Occupational Health and Safety Tax in the sum of \$ 121.25, representing three-fourths of one percent (0.75%) of the compromise settlement amount, excluding medical payments and temporary total disability compensation; if a Court Approved OWN RISK employer or group self-insurance association, the Workers' Compensation Administration Fund Tax in the sum of \$ 323.00, representing 2% of the compromise settlement amount, and, if applicable by law, the appropriate Self-Insured Guaranty Fund Tax in the sum of \$ _____, representing 1% of the compromise settlement amount; and, in addition to other amounts, if UNINSURED, a Multiple Injury Trust Fund assessment in the sum of \$ _____, representing 5% of the compromise settlement amount.

BRIAN L. PORTER
CLAIMANT NAME — PLEASE PRINT
418 NORTH F STREET, YALE, OK 74085
CLAIMANT ADDRESS
Brian L. Porter
CLAIMANT—SIGNATURE
NAME OF CLAIMANT ATTORNEY — PLEASE PRINT
OBA #
CLAIMANT ATTORNEY — SIGNATURE
DATE

CITY OF STILLWATER
EMPLOYER NAME — PLEASE PRINT
DENNIS J. MCGRATH, ASST CITY ATTORNEY 19348
NAME OF EMPLOYER/CARRIER'S ATTORNEY — PLEASE PRINT OBA#
OWN RISK #11364
NAME OF EMPLOYER'S CARRIER OR OWN RISK GROUP — PLEASE PRINT
Dennis J. McGrath
EMPLOYER/CARRIER ATTORNEY—SIGNATURE
8-28-13
DATE

ORDER APPROVING COMPROMISE SETTLEMENT (FORM CS-339-A): The Workers' Compensation Court, having reviewed the evidence, files and records in this matter and being fully advised in the premises, approves the above Compromise Settlement, including attorney fees and the attached appendix to the Compromise Settlement, if any, which Compromise Settlement and appendix are incorporated herein by reference and made a part hereof. If a child support lien was filed in this workers' compensation case, the employer/carrier shall include the name of the person or government agency asserting the lien on any check for benefits to the claimant in excess of One Thousand Dollars (\$1,000.00). The employer/carrier shall comply with this order within twenty (20) days from the file stamped date of the order. In that event, and if the Compromise Settlement determined all issues and matters in the claim, this cause shall be fully and finally closed and resolved, and the Court divested of further jurisdiction herein.

DONE this _____ day of _____, 2013

Recorder's Initial: _____

A copy hereof was mailed by United States regular mail on this file-stamped date to all attorneys of record and unrepresented parties.

BY ORDER OF *Michael W. McJannet*
JUDGE OR COURT ADMINISTRATOR
08/26/11

- 3 -

THAT at time of injury, claimant's wages were sufficient to establish the rates of compensation at \$457.24 per week for temporary total disability and \$323.00 per week for permanent partial impairment.

- 4 -

THAT as a result of said injury, claimant sustained 11 percent permanent partial impairment to the LOW BACK (DISC ABNORMALITIES - EPIDURAL STEROID INJECTIONS - LOSS OF RANGE OF MOTION - LOSS OF STRENGTH - PERMANENT RESTRICTIONS - LOSS OF FUNCTION), for which claimant is entitled to compensation for 55 weeks at \$323.00 per week, or the total amount of \$17,765.00 of which 12 weeks have accrued and shall be paid in a lump sum of \$3,876.00.

- 5 -

THAT respondent and/or insurance carrier shall furnish claimant with a Vocational Rehabilitation Evaluation with LDH Consultants Inc., for which a separate order will be issued forthwith.

- 6 -

THAT respondent and/or insurance carrier shall pay all reasonable and necessary medical expenses incurred by claimant as a result of said injury.

- 7 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$3,876.00 and pay the balance of said award at the rate of \$323.00 per week until the total award of \$17,765.00 (less attorney fee) has been paid to claimant.

- 8 -

THAT respondent or insurance carrier shall pay court costs; Special Occupational Health and Safety Fund Tax shall be paid in the sum of \$133.24, representing three-fourths of one percent (0.75%). Respondent, if Own Risk, shall pay \$355.30 to the Workers' Compensation Administration Fund, representing two percent (2%) of the permanent disability award herein.

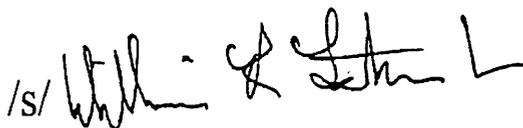
- 9 -

THAT pursuant to Title 85 O.S. Section 308, a final award fee of one hundred forty dollars (\$140.00) is taxed as a cost in this matter, and shall be paid by respondent.

- 10 -

THAT the sum of \$3,553.00 shall be deducted from the award herein and paid in lump sum to claimant's attorney as a fair and reasonable attorney fee; within twenty (20) days from the date of filing of this order, respondent or insurance carrier shall comply herewith.

BY ORDER OF:

/s/ 

WILLIAM R FOSTER, JUDGE

A copy of the above and foregoing Court Order was mailed, by regular or Certified United States Mail, on this filed stamped date to:

Claimant's Attorney: RICHARD A SHALLCROSS
1645 S CHEYENNE AVE
TULSA, OK 74119-4203

Respondent's Attorney: JOHN E DORMAN II
ASSISTANT CITY ATTORNEY
P O BOX 1449
STILLWATER, OK 74076-

I do hereby certify that the above and foregoing is a true and correct copy of the original order signed by the Judge herein. Witness by my hand and the official seal of this court on this date.

Kathrina Suplerson



Acting Court Clerk
June 9, 2014

City of Stillwater Oklahoma Notice of Budget Hearing for Fiscal Year 2015

A public hearing concerning the proposed 2014/2015 budget for the City of Stillwater, Stillwater Utilities Authority, Stillwater Public Works Authority, and Stillwater Economic Development Authority will be held Monday, May 19, 2014. The hearing will be conducted at the Municipal Building, 723 South Lewis, during the regular City Council meeting that begins at 5:30 p.m. and is televised on Suddenlink 23 and AT&T U-Verse. The meeting is open to the public and all citizens will have the opportunity to provide written or oral input regarding the proposed budget. Speaker request forms will be available prior to the meeting at City Hall and online at stillwater.org.

Resources	General Fund	Debt Service Fund	Rural Fire	CDBG Grants	Parks Grants	Comm Dev	Stormwater Mgmt	Transp	Park Donations	Transp Fund	G.M.Koch Donation	Police/Mun Bldg	Sell Insurance	Airport	SPWA	SEDA	SUA	TOTAL
Beginning Fund Balance	\$ 1,807,618	\$ 300,544	\$ 246,342	\$ -	\$ 1,039	\$ 17,997	\$ 183,048	\$ 181,244	\$ 153,880	\$ 384,055	\$ 50,922	\$ -	\$ 1,328,495	\$ 18,319	\$ 104,323	\$ 966,400	\$ 32,474,467	\$ 38,288,693
Sales Tax	30,000,000																	
Use Tax	1,300,000																	
Other Tax	2,185,000	1,315,000																
Grants	62,500																	
Fines and Forfeits	785,000		115,000															
Fees and Rentals	227,200																	
Parks & Rec Activity Fees	895,500																	
Interest	62,875																	
Antidamage	2,300																	
Licenses & Permits	257,500																	
Other	803,100																	
Stormwater Fees						270,000												
Electric																		
Water																		
Waste Management																		
Customer Service																		
Transfers In	17,854,812																	
Total Resources	\$ 56,303,405	\$ 1,615,544	\$ 361,342	\$ -	\$ 1,039	\$ 18,147	\$ 501,981	\$ 331,244	\$ 167,880	\$ 4,679,769	\$ 50,922	\$ -	\$ 7,700,000	\$ 3,500,170	\$ 104,323	\$ 3,738,350	\$ 114,374,353	\$ 193,448,269
Expenditures	362,645																	
City Manager	362,645																	
Information Technology	2,273,535																	
Human Resources	1,193,842	1,016,600																
Finance	1,122,147																	
Development Services	6,719,601							100,000	50,000									
Parks, Events and Recreation	4,295,549																	
Police	10,680,448		205,873															
Fire	6,937,626																	
Library	484,281																	
Legal	2,429,081																	
General Government	472,406																	
Stormwater																		
Airport																		
Environmental Services																		
Administration																		
Customer Service																		
Electric																		
Water																		
Waste Management																		
Wastewater																		
Transportation Debt	(1,195,010)																	
Indirect	18,986,219																	
Transfers Out	2,44,519																	
Total Expenditures	\$ 56,303,405	\$ 1,261,115	\$ 205,873	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Ending Fund Balance	\$ -	\$ 354,429	\$ 155,469	\$ -	\$ 1,039	\$ 18,147	\$ -	\$ 231,244	\$ 117,880	\$ 2,349,497	\$ 50,922	\$ -	\$ 1,000,000	\$ -	\$ 104,323	\$ 2,232,234	\$ 37,213,183	\$ 43,828,167