

FILED
NOV 05 2015
State Auditor & Inspector

CITY OF STILLWATER, OKLAHOMA 2015 AUG 21 A 10: 10

PAYNE COUNTY
GLENNA CRAIG
COUNTY CLERK

SINKING FUND SCHEDULES

JUNE 30, 2015

AND

SINKING FUND

ESTIMATE OF NEEDS

FOR

FISCAL YEAR ENDING

JUNE 30, 2016



CITY OF STILLWATER, OKLAHOMA

SINKING FUND
COUNTY EXCISE BOARDS' APPROPRIATION OF INCOME AND REVENUES
2015-2016 ESTIMATE OF NEEDS

1. To Finance Approved Budget in Sum of (From Forms SF - 1 - Line 25)	<u>1,132,843.36</u>
Appropriation Other Than 20__ Tax	
2. Excess of Assets Over Liabilities (From Form SF - 1 - Line 17)	<u>37,909.90</u>
3. Other Deductions - Attach Explanation	<u>0.00</u>
4. Balance Required to Raise (Line 1 Less 2 & 3)	<u>1,094,933.46</u>
5. Add __5__% For Delinquent Tax	<u>54,746.67</u>
6. Gross Balance of Requirements Appropriated From Ad Valorem Tax	<u><u>1,149,680.13</u></u>

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 2015-16 as follows:

REAL PROPERTY	<u>265,127,721.00</u>
PERSONAL PROPERTY	<u>31,739,147.00</u>
PUBLIC SERVICE PROPERTY	<u>7,588,519.00</u>
TOTAL	<u>304,455,387.00</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 3.78 mills, TOTAL 3.78 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 2016, 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 5 day of Oct, 20 15

at _____ Oklahoma.

Member

Chairman of the County Excise Board

Member
Attest: _____
Secretary of the County Excise Board



SINKING FUND
JUNE 30, 2015

Form SF-1

Line No.	Balance sheets	New Sinking Fund	
		Detail	Extension
1.	Cash balance (Form SF-2-Line 21)	230,325.31	
2.	Investments (Form SF-4, Col. 6)		
3.	_____	_____	
4.	_____	_____	
5.	_____	_____	
6.	Total Assets		\$230,325.31
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	177,932.08	
13.	Unpaid interest coupons accrued (SF-3, Col. 35)-Unmatured	14,483.33	
14.	_____	_____	
15.	_____	_____	
16.	Total		\$192,415.41
17.	Excess of assets over Liabilities (SF-7-Line 2)		37,909.90
Estimate of Sinking Fund Needs - Next Year			
18.	Interest required on bonds (Form SF-3, Col. 29)	171,117.00	
19.	Accrual on bonds (Form SF-3, Col. 12)	805,000.00	
20.	Accrual on judgements (Form SF-5, Line 12a)	149,106.33	
21.	Interest accruals on judgements (Form SF-6, Line 12b)	7,620.03	
22.	Commissions - Fiscal agencies	0.00	
23.	_____	_____	
24.	_____	_____	
25.	Total Sinking Fund Provision (To SF-7, Line 1)	\$1,132,843.36	

CASH ACCT

SINKING FUND
STATEMENT OF CASH ACCOUNTS, DISBURSEMENTS AND BALANCES
For the Fiscal Year Ended June 30, 2015

Form SF-2

Line No.	Detail	New Sinking Fund	Extension
1.	Cash balance - Beginning of year	308,443.42	
2.	Investments liquidated during year (Form SF-4, Col. 3)	_____	
Receipts and Appointments			
3.	Current year ad valorem tax	1,166,926.75	
4.	Prior year's ad valorem tax	16,070.14	
5.	Resale property distribution		
6.	Interest on ad valorem tax	-	
7.	Accrued interest received on 2001 bond closing	-	
8.			
9.	Total receipts and appointments	_____	1,182,996.89
10.	Balance		1,491,440.31
Disbursements			
11.	Interest coupons paid (Form SF-3, Col. 33)	206,200.00	
12.	Bonds paid (Form SF-3, Col.16)	810,000.00	
13.	Commission paid fiscal agency	400.00	
14.	Judgement paid	209,954.00	
15.	Interest paid on judgements	34,561.00	
16.	Investments purchased (Form SF-4, Col.2)	_____	
17.	Delinquency allowance for judgements	0	
18.		_____	
19.		_____	
20.	Total Disbursements		1,261,115.00
21.	Cash balance - End of Year		230,325.31
			(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			Line No.		
				5	6	7			
Purpose of Bond Issue	Date of Issue			Date of Maturing Begins	Amount of Each Uniform Maturity	Date of Final Maturity			Amount of Final Maturity
	Mo.	Da.	Yr.			Mo.	Da.	Yr.	
2010 GO Refunding	4/8/10		06/1/11	805,000.00	6/1/21	350,000	1		
							2		
							3		
							4		
							5		
							6		
							7		
							8		
							9		
							10		
							11		
							12		
							13		
							14		
							15		
							16		
GRAND TOTAL				805,000		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	
Purpose of Bond Issue	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	805,000	0	4,045,000	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					805,000		4,045,000	

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		Line No.
	Deductions From Total accruals				19	20	
	15	16	17				
	Bonds Paid Prior to 6-30-14	Bonds Paid During 2015	Matured Bonds Unpaid	Balance of Accrual Liability	Matured	Unmatured	
1	3,235,000	810,000		-		4,345,000	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		-	-	4,345,000	

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 Earnings 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 Each Year	Tax Yrs. Run	Total Accrued To Date	Current Interest Earnings Through	Total Interest To Levy For <u>Sum of cols. 25 & 28</u>	
1								171,117.00	171,117.00	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								171,117.00	171,117.00	

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 Unpaid _____		Line No.
	30	31	32	33	34	35	
	Matured	Unmatured	Interest Earnings Through _____	Coupons Paid Through _____	Matured	Unmatured	
1		17,183.33	203,500.00	206,200.00		14,483.33	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		17,183.33	203,500.00	206,200.00		14,483.33	

To SF-2, Line 11 To SF-1, Line 10 To SF-1, Line 13

**City of Stillwater
Judgments
2015-16 Levy**

	Principal	Interest	Total Judgments	Allocation for Delinquent	Total
Year 13	92,829.67	4,873.56	97,703.22	4,885.16	102,588.39
Year 14	23,686.67	2,487.10	26,173.77	1,308.69	27,482.46
Year 15	32,590.00	5,132.93	37,722.93	1,886.15	39,609.07
Total	149,106.33	12,493.58	161,599.92	8,080.00	169,679.91
Correction prior year	0.00	(4,873.55)	(4,873.55)	(243.68)	(5,117.23)
Total	149,106.33	7,620.03	156,726.37	7,836.32	164,562.68

FORM CS-339-A

Send original and 5 copies to the Court of Existing Claims.

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

**COURT OF EXISTING CLAIMS
1915 NORTH STILES
OKLAHOMA CITY, OK 73105-4918**

THIS SPACE FOR COURT USE ONLY
ORDER FILED
MAY 21 2015
COURT OF
EXISTING CLAIMS

Claimant's Full Name (Injured Employee) RICK E. HAUF
Injured Employee's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX-4257
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 2015-03233H
Date of Injury 6-24-2010

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 Court of Existing Claims, 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 24, 2010, while in the employ of the employer, causing the following injury (*describe nature of injury*) hearing loss in left ear and in right ear, and resulting in temporary total disability from - to - or for a period of 0 weeks, - days, for which the claimant received \$ 0.00 in compensation from the employer/insurance carrier. The claimant's average weekly wage before the injury entitles the claimant to a compensation rate of \$ 717.00 for Temporary Total Disability and \$ 359.00 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 Court of Existing Claims has jurisdiction in this matter.
- This is an agreement in which the claimant agrees to accept \$ 37,770.00 in full and final settlement of all claims for: (*describe injury*) hearing loss in left ear and right ear 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, \$ 17,770.50 shall be paid for permanent partial disability/permanent partial impairment (15 %) to TWO EARS and \$ 19,999.50 shall be paid for future hearing aid expenses.
- 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.
- THAT 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 of Existing Claims, taxed as costs in this matter, unless previously paid; the Special Occupational Health and Safety tax in the sum of \$ 283.27, 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, "pursuant to 85 O.S. § 407, as amended by Laws 2013, HB 2201, c. 254, § 49, eff. January 1, 2015, Respondent, if Own Risk, shall pay \$ 755.40 to the Workers' Compensation Administration Fund created by 85 O.S. § 407, to be used for the costs of administering the Workers' Compensation Code as applicable to the Oklahoma Workers' Compensation Court of Existing Claims, representing two percent (2%) of the compromise settlement amount; and if UNINSURED, a Multiple Injury Trust Fund assessment in the sum of \$ -, representing 5% of the compromise settlement amount.

RICK E. HAUF
CLAIMANT NAME — PLEASE PRINT

P.O. BOX 547, STILLWATER, OK 74076
CLAIMANT ADDRESS

Rick E. Hauf
CLAIMANT — SIGNATURE

5-14-2015
DATE

NAME OF CLAIMANT ATTORNEY — PLEASE PRINT
OBA #

CLAIMANT ATTORNEY — SIGNATURE
DATE

CITY OF STILLWATER
EMPLOYER NAME — PLEASE PRINT

DENNIS J. MCGRATH, DEPUTY CITY ATTORNEY
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
DATE

ORDER APPROVING COMPROMISE SETTLEMENT (FORM CS-339-A): The Court of Existing Claims, 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 therein.

DONE this 14 day of MAY, 2015

BY ORDER OF *Dennis J. McGrath*
JUDGE OR COURT ADMINISTRATOR

Reporter's Initials

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

FORM CS-339-A

Send original and 5 copies to the Court of Existing Claims.

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

COURT OF EXISTING CLAIMS
1915 NORTH STILES
OKLAHOMA CITY, OK 73105-4918

THIS SPACE FOR COURT USE ONLY
ORDER FILED
NOV 14 2014
COURT OF EXISTING CLAIMS

Claimant's Full Name (Injured Employee)
LISA K. MURRELL
Injured Employee's Social Security Number (LAST 4 DIGITS ONLY)
xxx-xx- 8473
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
2013-00162F
Date of Injury
02/15/13

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 Court of Existing Claims, 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 Court of Existing Claims. 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 FEBRUARY 15, 2013, while in the employ of the employer, causing the following injury (describe nature of injury) cumulative trauma, repetitive use to right hand, left hand and right shoulder performing duties of dispatcher...
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 Court of Existing Claims has jurisdiction in this matter.
3. This is an agreement in which the claimant agrees to accept \$60,000.00 lump sum in full and final settlement of all claims for: (describe injury) CUMULATIVE TRAUMA TO RIGHT HAND, LEFT HAND AND RIGHT SHOULDER DUE TO DISPATCHER DUTIES...
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.
5. The sum of \$12,000.00 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 Court of Existing Claims, taxed as costs in this matter, unless previously paid; the Special Occupational Health and Safety Tax in the sum of \$450.00, 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 \$1,200.00, 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.

LISA K. MURRELL
CLAIMANT NAME — PLEASE PRINT
3104 W. 31ST COURT, STILLWATER, OK 74074
CLAIMANT ADDRESS
[Signature]
CLAIMANT — SIGNATURE
PHILIP B. RYAN
DATE 12/16/13
NAME OF CLAIMANT ATTORNEY — PLEASE PRINT
[Signature]
CLAIMANT ATTORNEY — SIGNATURE
DATE 11-13-14

CITY OF STILLWATER
EMPLOYER NAME — PLEASE PRINT
DENNIS J. MCGRATH, DEPUTY 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
[Signature]
EMPLOYER/CARRIER ATTORNEY — SIGNATURE
DATE 11-13-14

ORDER APPROVING COMPROMISE SETTLEMENT (FORM CS-339-A): The Court of Existing Claims, 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 therein.

DONE this 13th day of November, 2014

BY ORDER OF [Signature]
JUDGE OR COURT ADMINISTRATOR

Reporter's Initials JB

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

CITY OF STILLWATER OKLAHOMA NOTICE OF BUDGET HEARING FOR FISCAL YEAR 2016 5/24

A public hearing concerning the proposed 2015/2016 budget for the City of Stillwater, Stillwater Utilities Authority, Stillwater Public Works Authority, and Stillwater Economic Development Authority will be held Monday, June 1, 2015. The hearing will be conducted at the Municipal Building, 723 S. Lewis, during the regular City Council meeting that begins at 5:30 p.m. and is televised on Suddenlink 23, AT&T U-Verse 99 and via live webcast. 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.

	General Fund	Debt Service Fund	Tourism & Convention Fund	Rural Fire	CDBG Grants	Parks Grants	Comm Dev Rehab	Stormwater Management	Transp Fee	Park Donations	Transp Fund	GM Koch Donation	Self Insurance	Airport	SPWA	SEDA	SUA	TOTAL
RESOURCES																		
Beginning Fund Balance	\$2,654,122	\$362,328	\$719,844	\$289,262	\$0	\$1,039	\$18,043	\$83,571	\$235,915	\$71,831	\$640,165	\$48,453	\$1,587,471	\$396,609	\$103,887	\$1,535,120	\$38,511,919	\$47,259,579
Sales Tax	30,300,000																	30,300,000
Use Tax	1,020,000																	1,020,000
Other Tax	2,330,000	1,050,000	800,000													0		4,180,000
Grants	49,100				0	0	0											49,100
Fines and Forfeits	773,000																	773,000
Fees and Rental	303,300			115,000					155,000	0				1,499,350				2,072,650
Parks & Rec Activity Fees	796,800																	796,800
Interest	62,825			0				0			0	200		1,500	0	250	170,000	234,825
Ambulance	800																	800
Licenses & Permits	255,100																	255,100
Other	914,375									73,800		1,236,155	5,100	0	168,300	1,343,501		3,691,231
Stormwater Fees								270,000										270,000
Electric																		44,594,206
Water																		13,850,100
Wastewater																		6,655,000
Waste Management																		4,835,000
Customer Service																		1,521,000
Transfers In	14,547,617							162,297			4,328,571		5,592,768	185,261		1,534,760	10,821,429	37,173,203
TOTAL RESOURCES	\$54,007,089	\$1,412,328	\$1,519,844	\$404,262	\$0	\$1,039	\$18,043	\$515,868	\$300,915	\$95,631	\$4,968,736	\$48,653	\$8,416,394	\$2,088,320	\$103,887	\$3,238,430	\$122,302,155	\$109,531,504
EXPENDITURES																		
City Manager	\$380,307																	\$380,307
Information Technology	1,935,048																	1,935,048
Human Resources	742,759																	742,759
Finance	1,308,230	979,200																2,287,430
Development Services	1,141,032																	1,141,032
Transportation	4,164,577								300,000		2,781,537							7,246,114
Operations	3,989,253																	3,989,253
Parks, Events and Recreation	2,609,480									85,631								2,695,111
Police	11,426,013											10,000						11,436,013
Fire	7,103,181			200,873														7,304,054
Library	1,355,644																	1,355,644
Legal	433,805																	433,805
General Government	1,356,639											7,416,394		0	1,835,751			10,608,784
Stormwater								470,928										470,928
Airport														2,036,817				2,036,817
Environmental Services																	203,513	203,513
Administration																		772,665
Customer Service																		1,358,967
Electric																		41,210,256
Water																		6,991,948
Wastewater																		3,652,279
Waste Management																		3,217,413
Fleet																		652,250
Transportation Debt																		1,954,844
Indirect/Direct	(1,195,010)							13,537						3,103				(1,178,370)
Transfers Out	17,256,131	186,829	1,231,259					31,403			2,173,886		0	48,400	0	28,267	16,217,028	37,173,203
TOTAL EXPENDITURES	\$54,007,089	\$1,166,029	\$1,231,259	\$200,873	\$0	\$0	\$0	\$515,868	\$300,000	\$85,631	\$4,955,423	\$10,000	\$7,416,394	\$2,088,320	\$0	\$1,864,018	\$26,231,163	\$150,072,067
Ending Fund Balance	\$0	\$246,299	\$288,585	\$203,389	\$0	\$1,039	\$18,043	\$0	\$90,915	\$10,000	\$13,313	\$38,653	\$1,000,000	\$0	\$103,887	\$1,374,412	\$46,070,992	\$49,459,527