

December 18, 2024

To Whom It May Concern:

I, Tina Johnson, herby authorize Amanda Hoover and Kelly Martin to sign the following documents for Muskogee County Health Department in my stead.

These documents include: Certificate of Contributions, Monthly Report of Officers, (2) check out of the check book distributing funds and Transmittal form to the state office.

This authorization is valid until December 31, 2025.

Sincerely,

Tina R. Johnson, MPH, RN

Regional Director

Assistant Deputy Commissioner

Adair, Cherokee, Haskell, McIntosh, Muskogee, Okfuskee, Okmulgee, and Sequoyah Counties.

Tinaj@health.ok.gov

Chairman

Member.

Member Jewy

County Cler

Adair

Cherokee

Haskell

McIntosh

Muskogee

Okfuskee

Okmulgee

Sequoyah

OSF FORM 3 (Revised 10/12 - Agency Custom)			AGENCY BUSINESS UNIT			270		CLAIM OF: MUSKOGEE 51 BOARD OF COUNTY COMMISSIONERS		
STATE OF OKLAHOMA			FOR AGEN				20, (2			
Notarized Claim Voucher							Vendor ID #	0000077012-	2-27	
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	OBJECT ACCOUNT				OBJECT AMOUNT		Address:	00		
							City, State, Zip	OK 74402		
								FO	D	
								\$5,23		
								Ψ0,20.	2.30	
	TOTAL	AMOUN			\$	Agency, Bd.,				
	OSF-AUDITED							ECTION BOARD		
ITEM	QNTY					4.D.T.O			AMOUNT PAID	
TIEM	QNIY					ARTICLE			PAID	
		FOR:	Pay Perio	d beginning:	10/1/2024	ending 10/3	31/2024			
	Muskogee County Election Board Secretary,						-			
					Kelly Gene	e Beach				
1	1	SALAF	RY		riony con			•	\$4,147.83	
2	1	FICA/MEDICARE (employer's portion) \$3								
3	1	UNEMPLOYMENT COMPENSATION								
5	1	HEAL	\$720.41							
6	1	RETIREMENT BENEFIT OTHER (specify) Life Insurance							\$9.32	
		STILLY (appenie) Life insurance								
			•							
				1			KLAHOM			
l h	ereby certi	fy that th	is claim con	ndies with the pro	ovisions of Title 26	Section 2-118 of the Okla	 homa Statutes. County	\$5,232.30		
I hereby certify that this claim complies with the provisions of Title 26 Section 2-118 of the Oklahoma Statutes. County Clerk TOTAL AMOUNT APPROVED									\$5,232.30	
The undersi	aned co	ntracto	r. vendor	individual	or duly sworn	agent, of lawful				
						further states that				
						een completed or	State Election E	Board		
					ations, orders, y refunds repres	requests, and all				
payment are		1401. 7	inant also	states that an						
1/ 01							Date			
	In	Claima	pt		Agency, Bd., or Div. Use					
State of Oklahoma County of Muskogee										
State of Oklai	ionia			County of	Musicogee					
Subscribed a	nd sworn	before	me	De	2314	_20	The dollar amount has been adjusted to comply with			
My Commission expires					20	SEAL	26 O.S. 2001, S		usted to comply with	
Notary Public (or Clerk or Judge)										

OSF FORM 3			l l	BUSINESS	070	CLAIM OF: MUSKOGEE 51					
(Revised 10/12 - Agency Custom)			AGENCY USE:	INIT	270	BOARD O	BOARD OF COUNTY COMMISSIONERS				
STATE OF OKLAHOMA		IOMA I OKA	OENOT OOL.			Vender ID #	0000077012-	2 27			
Notarized C	Claim Vou	icher				Vendor ib #	0000077012-	2-21	_		
OBJECT		ECT		OBJECT		Address:	P. O. Box 10	1008			
	ACCOUNT		AMOUNT	ACCOUNT	AMOUNT						
						City, State, Zip	Muskogee, C	uskogee, OK 74402			
								_			
							FO	<u>R</u>			
							\$5,23	2.30			
	TOTAL	AMOUNT			\$	Agency, Bd.,					
	OSF-AL	IDITED BY:				Comm., Dept.:	Comm., Dept.: STATE EL				
ITEM	QNTY				ARTICLE			AMOUNT PAID			
112.00	QIVII				ARTICLE			FAID	_		
		FOR: Pay F	Period beginning:	11/1/2024	ending 11/	30/2024					
		Mus	kogee								
		Wids	rogee	- County Liect	ion Board Secreta	ary,	п				
				Kelly Gene	Beach		\$4,147.83				
1	1		SALARY								
3	1 1		CARE (employer's MENT COMPENS					\$354.74			
4	1	HEALTH INS									
5	1	RETIREMEN	REMENT BENEFIT								
6	1	OTHER (spe	ecify) Life Insurar	nce		*********		\$9.32			
					TA.		7=				

						OKIAHOMA					
		4	20.0	Minne)	William .	TOTAL PAID		_		
I h	I ereby certi	fy that this clain	n complies with the pr	ovisions of Title 26	Section 2-118 of the Okla	ahoma Statutes. County	\$5,232.30				
			0	_		TOTAL AMOUNT	APPROVED	\$5,232.30			
					agent, of lawful	10					
					further states that een completed or	State Election Board					
					requests, and all						
		ract. Affiant	also states that an	y refunds represe	ented by this						
payment are	due.	\wedge \prime				Date					
	Kn	0/									
		Claimant				Agency, Bd., or Div. U	Jse				
State of Oklah	noma		County of	Muskogee							
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Subscribed ar	nd sworn	before me	ne 130 20 20			The dollar amou	usted to comply with				
My Commissi	on expire	s		20	SEAL	26 O.S. 2001, Section 2-118.					
Notary Public	(or Clerk	or Judge)									

OSF FORM (Revised 10/12		Custom)		BUSINESS	270	CLAIM OF: MUSKOGEE 51 BOARD OF COUNTY COMMISSIONERS				
STATE OF	OKLAH	OMA FOR AGE	ENCY USE:	INII		BOARD O	r COUNTY CC	DIVINISSIONER	13	
						Vendor ID #	0000077012-2-	27		
Notarized C	laim Vou	icher								
	OBJECT ACCOUNT			OBJECT		Address:	P. O. Box 100	8		
			AMOUNT ACCOUNT		AMOUNT					
						City, State, Zip	City, State, Zip Muskogee, OK 74402			
							FOR)R		
							\$5,232.	30		
	TOTAL	AMOUNT			\$	Agency, Bd.,				
		JDITED BY:				Comm., Dept.: STATE ELECTION BOARD				
						AMOUNT				
ITEM	QNTY				ARTICLE			PAID	X 12	
		FOR: Pay Per	iod beginning:	12/1/2024	ending 12/3	31/2024				
		TOR. Tay Tor	FOR: Pay Period beginning: 12/1/2024 ending 12/31/2024							
		Musko	ogee	County Elect	ion Board Secreta	ary,				
				Kally Carry	Darah					
1	1	SALARY		Kelly Gene	в Веасп	\$4,147.83				
2	1		RE (employer's	portion)				\$354.74		
3	1	in a small (employer a partient)								
4	1		EALTH INSURANCE							
5	1	RETIREMENT			1116	OUT OF MY		\$720.41 \$9.32		
6	1 OTHER (specify) Life Insurance							\$9.32		
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l he	I ereby certi	fy that this claim co	omplies with the pr	ovisions of Title 26	Section 2-118 of the Okla	homa Statutes. County		\$5,232.30		
			0			TOTAL AMOUNT	APPROVED	\$5,232.30		
The undersign	gned co	ntractor, vendo	or, individual,	or duly sworn	agent, of lawful					
					further states that	State Election B	loord	while the best of the second		
the work, services, or materials as shown by this claim have been completed or supplied in accordance with the plans, specifications, orders, requests, and all						State Election B	Oard			
				y refunds represe						
payment are	due.									
	1/	29		Date						
Claimant						Agency, Bd., or Div. Use				
State of Oklah	homa		County of	Muskogee						
Subscribed ar	nd sworn	before me	000	2310	20 2.					
							ınt has been adjus	ted to comply with		
My Commission expires20 SEAL					SEAL	26 O.S. 2001, Section 2-118.				
Notary Public	(or Clerk	or Judge)		277						