



OKLAHOMA
State Department
of Health

December 18, 2024

To Whom It May Concern:

I, Tina Johnson, hereby 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



23rd day of Dec 2024
Chairman [Signature]
Member [Signature]
Member [Signature]
Attest [Signature]
County Clerk

OSF FORM 3
(Revised 10/12 - Agency Custom)

AGENCY BUSINESS UNIT **270**

CLAIM OF: MUSKOGEE 51
BOARD OF COUNTY COMMISSIONERS

STATE OF OKLAHOMA

FOR AGENCY USE:

Vendor ID #000077012-2-27

Notarized Claim Voucher

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT
TOTAL AMOUNT		\$	
OSF-AUDITED BY:			

Address: P. O. Box 1008
City, State, Zip Muskogee, OK 74402

FOR
\$5,232.30

Agency, Bd.,
Comm., Dept.: **STATE ELECTION BOARD**

ITEM	QNTY	ARTICLE	AMOUNT PAID
		FOR: Pay Period beginning: <u>10/1/2024</u> ending <u>10/31/2024</u>	
		Muskogee County Election Board Secretary,	
		Kelly Gene Beach	
1	1	SALARY	\$4,147.83
2	1	FICA/MEDICARE (employer's portion)	\$354.74
3	1	UNEMPLOYMENT COMPENSATION	
4	1	HEALTH INSURANCE	
5	1	RETIREMENT BENEFIT	\$720.41
6	1	OTHER (specify) Life Insurance	\$9.32
TOTAL PAID			\$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



[Handwritten Signature]

The undersigned contractor, vendor, individual, or duly sworn agent, of lawful age, upon oath says that this claim is true and correct. Affiant further states that 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 other terms of the contract. Affiant also states that any refunds represented by this payment are due.

[Handwritten Signature]
Claimant

State of Oklahoma County of Muskogee

Subscribed and sworn before me Dec 23rd 2021

My Commission expires _____ 20____. SEAL

Notary Public (or Clerk or Judge) _____

State Election Board

Date

Agency, Bd., or Div. Use

The dollar amount has been adjusted to comply with 26 O.S. 2001, Section 2-118.

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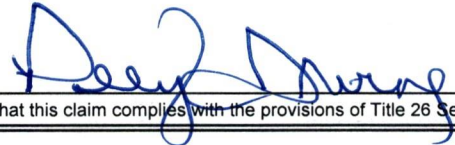
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FOR
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Comm., Dept.: **STATE ELECTION BOARD**

ITEM	QNTY	ARTICLE	AMOUNT PAID
		FOR: Pay Period beginning: <u>11/1/2024</u> ending <u>11/30/2024</u>	
		Muskogee County Election Board Secretary,	
		Kelly Gene Beach	
1	1	SALARY	\$4,147.83
2	1	FICA/MEDICARE (employer's portion)	\$354.74
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FOR
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Agency, Bd.,
Comm., Dept.: **STATE ELECTION BOARD**

ITEM	QNTY	ARTICLE	AMOUNT PAID
		FOR: Pay Period beginning: <u>12/1/2024</u> ending <u>12/31/2024</u>	
		Muskogee County Election Board Secretary,	
		Kelly Gene Beach	
1	1	SALARY	\$4,147.83
2	1	FICA/MEDICARE (employer's portion)	\$354.74
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