

Monica,

As per Auditor's Office staff request, please **REPLACE** the backup currently attached to AI-40129 (Consent Agenda - 08/2713) with the backup attached to this fax.

Thanks,

A handwritten signature in black ink, appearing to read "Mike Escaname". The signature is fluid and cursive, with a large initial "M" and "E".

Mike Escaname  
Health Dept.

10:03 AM  
08/26/13  
Cash Basis

**Hidalgo County Health Clinics  
Balance Sheet  
As of July 31, 2013**

	<u>Jul 31, 13</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Cash in Bank - FNB	-197.03
Cash on Hand	200.00
<b>Total Checking/Savings</b>	<u>2.97</u>
<b>Accounts Receivable</b>	
Due From GF Net Shortages	172.03
FNB Acct. Receivable	25.00
<b>Total Accounts Receivable</b>	<u>197.03</u>
<b>Total Current Assets</b>	<u>200.00</u>
<b>TOTAL ASSETS</b>	<u><u>200.00</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Long Term Liabilities</b>	
<b>Advances from General Fund</b>	
Advance to Edinburg Clinic	25.00
Advance to Elsa Clinic	25.00
Advance to Hidalgo Clinic	25.00
Advance to McAllen Clinic	25.00
Advance to Mission Clinic	25.00
Advance to Pharr Clinic	25.00
Advance to Pulmonary Clinic	25.00
Advance to Weslaco Clinic	25.00
<b>Total Advances from General Fund</b>	<u>200.00</u>
<b>Total Long Term Liabilities</b>	<u>200.00</u>
<b>Total Liabilities</b>	<u>200.00</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>200.00</u></u>

HCHD  
Prepared By: Sandhya  
Approved By: [Signature]  
Date: 8/26/13

Date 7/31/13 Page 1  
 Primary Account  
 CIF Number CAL259U  
 Enclosures 34

\*\*\*\*\*EXCLUDE-Cycle  
 21069 1.1380 EX 0.000 77 2 284  
 COUNTY OF HIDALGO  
 HEALTH DEPARTMENT-HEALTH CLIN  
 C/O EDUARDO OLIVAREZ  
 2810 S. HWY. 281  
 EDINBURG TX 78539

Don't get scammed! Help protect yourself and your family from falling prey by staying alert and understanding how scam artists work. Visit [webfnb.com/fraud\\_alert](http://webfnb.com/fraud_alert) for more details.

Checking Account

Account Title: COUNTY OF HIDALGO  
 HEALTH DEPARTMENT-HEALTH CLIN  
 C/O EDUARDO OLIVAREZ

Attention Customers: If you do not want the bank to pay items that will overdraw your account, please notify us by calling 1-877-380-8573 or visiting one of our branches. Even if you have previously authorized First National Bank to pay items that overdraw your account, you have the right to revoke this at any time (including ATM and everyday debit card transactions).

Public Fund		Number of Enclosures	34
Account Number		Statement Dates	7/01/13 thru 7/31/13
Last Statement Balance	17,203.97	Days in the statement period	31
26 Deposits/Credits	4,693.00	Average Ledger	6,540.16
9 Checks/Debits	22,094.00	Average Collected	6,540.16
Service Charge	.00		
Interest Paid	.00		
This Statement Balance	197.03-		

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-----DEPOSITS-----

Date	Description	Amount
7/01	Deposit 32133	15.00
7/01	Deposit 42463	90.00
7/01	Deposit 520002436	115.00
7/01	Deposit 550002564	25.00
7/01	Deposit 570002496	30.00
7/01	Deposit 580002599	90.00
7/02	Deposit 32134	15.00
7/02	Deposit 42464	235.00
7/02	Deposit 520002437	300.00
7/02	Deposit 550002565	560.00
7/02	Deposit 570002497	270.00

COUNTY OF HIDALGO  
 HEALTH DEPARTMENT-HEALTH CLIN  
 C/O EDUARDO OLIVAREZ  
 2810 S. HWY. 281  
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Date 7/31/13  
 Primary Account  
 CIF Number  
 Enclosures

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Public Fund (Continued)

-----DEPOSITS-----			
Date	Description		Amount
7/02	Deposit	580002600	165.00
7/02	Deposit	590002492	460.00
7/03	Deposit	32135	75.00
7/03	Deposit	42465	66.00
7/03	Deposit	520002438	235.00
7/03	Deposit	550002566	560.00
7/03	Deposit	570002498	335.00
7/03	Deposit	580002601	135.00
7/03	Deposit	590002493	185.00
7/05	Deposit	32136	20.00
7/05	Deposit	42466	107.00
7/05	Deposit	520002439	195.00
7/05	Deposit	550002567	245.00
7/05	Deposit	570002499	25.00
7/05	Deposit	590002494	140.00

-----OTHER DEBITS-----		
Date	Description	Amount
7/22	Night Drop Annual Fee	25.00-

--- CHECKS IN NUMBER ORDER ---								
Date	Check No	Amount	Date	Check No	Amount	Date	Check No	Amount
7/02	1662	3,725.00	7/11	1665	2,482.00	7/17	1668	2,985.00
7/03	1663	2,338.00	7/15	1666	3,512.00	7/17	1669	1,708.00
7/11	1664	3,875.00	7/15	1667	1,444.00			

\* Denotes missing check numbers

---DAILY BALANCE INFORMATION---					
Date	Balance	Date	Balance	Date	Balance
7/01	17,568.97	7/05	15,833.97	7/17	172.03-
7/02	15,848.97	7/11	9,476.97	7/22	197.03-
7/03	15,101.97	7/15	4,520.97		

End of Statement