



Customer #: 7895584

HIDALGO COUNTY  
PRECINCT NO. 2

2017 OCT 6 AM 10 11

International Right of Way Association (US)  
PO BOX 51716  
Los Angeles, CA 90051-6016

**Invoice**

Invoice # : 436618

Invoice Date: 09/27/2017

Mr. Jaime Salinas  
Hidalgo County Right of Way Depart.  
300 W. Hall Acres Suite G  
Pharr, TX 78577

Description	Quantity	Price	Discount	Amount
Contribution to the RWIEF	1	\$20.00	\$0.00	\$20.00
Regular Member Renewal-US	1	\$225.00	\$0.00	\$225.00

INVOICE RECEIVED BY:  
Jan ON 10/6/17  
GOODS/SERVICES RECEIVED BY:  
\_\_\_\_\_ ON \_\_\_\_\_

*Thank you for supporting the Education Foundation with your \$20 contribution. Each and every dollar is used for funding IRWA educational courses and professional development programs. (If you wish to contribute more, please add that amount to the Total Due at the bottom and include it in your Amount Remitted. If you elect not to contribute, simply subtract it from the Total Due.)*

*If you have already paid your 2017 dues, we thank you! (Please disregard this notice.)*

Invoice Total	\$245.00
Amount Paid	\$0.00
<b>PLEASE PAY</b>	<b>\$245.00</b>

PLEASE DETACH AND REMIT WITH YOUR PAYMENT

Customer #: 7895584

Invoice #: 436618

Mr. Jaime Salinas  
Hidalgo County Right of Way Depart.  
300 W. Hall Acres Suite G  
Pharr, TX 78577

Remit Payment To:

Select Payment Method	
<input type="checkbox"/>	Check Enclosed
Card Provider _____	Exp Date ____/____
Card # _____	
Card Holder's Name _____	
Card Holder's Signature _____	

**International Right of Way Association (US)**

PO BOX 51716, Los Angeles, CA 90051-6016

Total Due: **\$245.00**

Amount Remitted : \_\_\_\_\_

*Dues are not deductible as a charitable contribution. Payment of membership dues may be tax deductible as an ordinary and necessary business expense. Consult your tax advisor.*

110111 0-100-111

INVOICE RECEIVED BY: \_\_\_\_\_  
ON \_\_\_\_\_  
GOODS/SERVICES RECEIVED BY: \_\_\_\_\_  
ON \_\_\_\_\_

**TO THE COUNTY AUDITOR  
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES  
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

**THE STATE OF TEXAS  
COUNTY OF HIDALGO**

I, Jaime Salinas, do hereby state that membership in the IRWA, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
  - Publications
  - Periodicals
  - Training
  - Annual Conference
  - Award Programs
  - Representation
  - Technical Inquiry Services

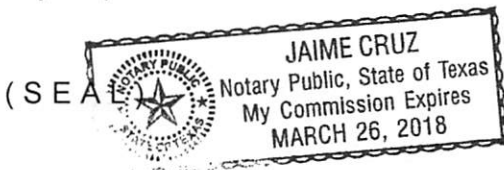
**FOR STATEWIDE ASSOCIATIONS ONLY**

I further state that IRWA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Jaime Salinas*  
TITLE: ROW Agent

DATE: 1/18/2018

Before me Jaime Cruz, a Notary Public, appeared Jaime Salinas and on his/her oath depose and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



*Jaime Cruz*  
NOTARY PUBLIC IN AND FOR  
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)  
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026  
COUNTY AUDITOR'S FORM: RE-CA-041B  
REVISED: 12-2012



International Right of Way Association (US)  
 PO BOX 51716  
 Los Angeles, CA 90051-6016

Customer #: 7902454

**Invoice**

Invoice # : 434831  
 Invoice Date: 09/27/2017

Mr. Jaime Cruz  
 Hidalgo County Precinct 2  
 300 West Hallacres Road, #G  
 Pharr, TX 78577

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HIDALGO COUNTY  
 PRECINCT NO. 2  
 2017 OCT 6 AM 10:11

INVOICE RECEIVED BY:  
Jaime Cruz ON 10/6/17  
 GOODS/SERVICES RECEIVED BY:  
 \_\_\_\_\_ ON \_\_\_\_\_

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Invoice # : 434831

Mr. Jaime Cruz  
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 300 West Hallacres Road, #G  
 Pharr, TX 78577

Remit Payment To:

Select Payment Method	
<input type="checkbox"/>	Check Enclosed
Card Provider _____	Exp Date ____/____
Card # _____	
Card Holder's Name _____	
Card Holder's Signature _____	

**International Right of Way Association (US)**

PO BOX 51716, Los Angeles, CA 90051-6016

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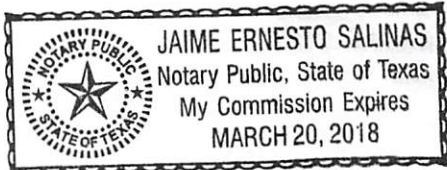
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( S E A L )



*Jaime Salinas*  
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