

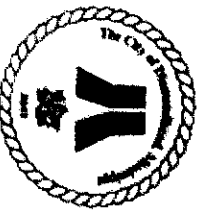
City of Diamondhead, MS

# Docket of Claims Register - Council

APPKT02389 - 5.28.25 - ~~MS~~

By Docket/Claim Number

| Docket/Claim #  | Vendor Name  |                                 | Payable Description | Account Number | Account Name         | Payment Amount        |       |
|-----------------|--------------|---------------------------------|---------------------|----------------|----------------------|-----------------------|-------|
|                 | Payable Date | Payable Number                  |                     |                |                      | Line Amount           |       |
| DKT232822       | 05/28/2025   | Simpson Law Firm<br>INV00006920 | Garnishment         | 650-140-106.00 | Garnishment Withheld | 90.72                 | 90.72 |
| Total Claims: 1 |              |                                 |                     |                |                      | Total Payment Amount: | 90.72 |



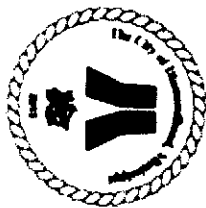
City of Diamondhead, MS

Docket of Claims Register - Council

APPKT02382 - 5.14.25

By Docket/Claim Number

| Docket/Claim #        | Vendor Name      |                | Payable Description | Account Number | Account Name         | Payment Amount |
|-----------------------|------------------|----------------|---------------------|----------------|----------------------|----------------|
|                       | Payable Date     | Payable Number |                     |                |                      | Line Amount    |
| DKT232795             | Simpson Law Firm | INV0006892     | Garnishment         | 650-140-106.00 | Garnishment Withheld | 90.72          |
| Total Claims: 1       |                  |                |                     |                |                      | 90.72          |
| Total Payment Amount: |                  |                |                     |                |                      | 90.72          |



City of Diamondhead, MS

## Docket of Claims Register - Council

APPKT02403 - May 2025 Payroll Payables

By Docket/Claim Number

| Payment Amount |                              |                |                       |                                     |                |                            |             |
|----------------|------------------------------|----------------|-----------------------|-------------------------------------|----------------|----------------------------|-------------|
| Docket/Claim # | Vendor Name                  | Payable Date   | Payable Number        | Payable Description                 | Account Number | Account Name               | Line Amount |
| DKT232902      | American Fidelity            | 05/14/2025     | INV00006876           | American Fidelity Hospital Gap Plan | 650-140-113.04 | American Fidelity Withheld | 37.85       |
|                |                              |                | INV00006877           | American Fidelity Term Life         | 650-140-113.04 | American Fidelity Withheld | 64.52       |
|                |                              |                | INV00006878           | American Fidelity Accident          | 650-140-113.04 | American Fidelity Withheld | 40.25       |
|                |                              |                | INV00006879           | American Fidelity Critical Illness  | 650-140-113.04 | American Fidelity Withheld | 44.85       |
|                |                              |                | INV00006880           | American Fidelity Disability        | 650-140-113.04 | American Fidelity Withheld | 304.04      |
|                |                              |                | INV00006881           | AmFid Cancer Post Tax               | 650-140-113.04 | American Fidelity Withheld | 18.55       |
|                |                              |                | INV00006882           | AmFid Cancer Pre Tax                | 650-140-113.04 | American Fidelity Withheld | 30.85       |
|                |                              |                | INV00006904           | American Fidelity Hospital Gap Plan | 650-140-113.04 | American Fidelity Withheld | 37.85       |
|                |                              |                | INV00006905           | American Fidelity Term Life         | 650-140-113.04 | American Fidelity Withheld | 64.52       |
|                |                              |                | INV00006906           | American Fidelity Accident          | 650-140-113.04 | American Fidelity Withheld | 40.25       |
|                |                              |                | INV00006907           | American Fidelity Critical Illness  | 650-140-113.04 | American Fidelity Withheld | 44.85       |
|                |                              |                | INV00006908           | American Fidelity Disability        | 650-140-113.04 | American Fidelity Withheld | 304.04      |
|                |                              |                | INV00006909           | AmFid Cancer Post Tax               | 650-140-113.04 | American Fidelity Withheld | 18.55       |
|                |                              |                | INV00006910           | AmFid Cancer Pre Tax                | 650-140-113.04 | American Fidelity Withheld | 30.85       |
| DKT232903      | Blue Cross Blue Shield of MS | 05/14/2025     | INV00006896           | MONTHLY PREMIUM                     | 650-140-112.00 | BCBS Withheld/Payable      | 4,650.75    |
| 05/28/2025     | INV00006924                  | 650-140-112.00 | BCBS Withheld/Payable |                                     | 4,650.60       |                            |             |
| DKT232904      | Colonial Life                | 05/14/2025     | INV00006883           | EE PREMIUM                          | 650-140-113.00 | Colonial Withheld          | 19.88       |
|                |                              |                | INV00006884           | Critical Illness                    | 650-140-113.00 | Colonial Withheld          | 3.81        |
|                |                              |                | INV00006885           | EE Premium                          | 650-140-113.00 | Colonial Withheld          | 10.95       |
|                |                              |                | INV00006886           | EE PREMIUM                          | 650-140-113.00 | Colonial Withheld          | 12.30       |
|                |                              |                | INV00006887           |                                     | 650-140-113.00 | Colonial Withheld          | 12.80       |
|                |                              |                | INV00006888           |                                     | 650-140-113.00 | Colonial Withheld          | 32.78       |
|                |                              |                | INV00006911           |                                     | 650-140-113.00 | Colonial Withheld          | 19.88       |
|                |                              |                | INV00006912           | Critical Illness                    | 650-140-113.00 | Colonial Withheld          | 3.81        |
|                |                              |                | INV00006913           | EE Premium                          | 650-140-113.00 | Colonial Withheld          | 10.95       |
|                |                              |                | INV00006914           | EE PREMIUM                          | 650-140-113.00 | Colonial Withheld          | 12.30       |
|                |                              |                | INV00006915           |                                     | 650-140-113.00 | Colonial Withheld          | 12.80       |
|                |                              |                | INV00006916           |                                     | 650-140-113.00 | Colonial Withheld          | 32.78       |

Docket of Claims Register - Council

APPKT02403 - May 2025 Payroll Payables

|                |                                              |              |                |                                     |                | Payment Amount                         |             |
|----------------|----------------------------------------------|--------------|----------------|-------------------------------------|----------------|----------------------------------------|-------------|
| Docket/Claim # | Vendor Name                                  | Payable Date | Payable Number | Payable Description                 | Account Number | Account Name                           | Line Amount |
| DKT232905      | Guardian                                     | 05/14/2025   | INV0006890     | ER Guardian Life Over 70            | 650-140-113.01 | Guardian Withheld/Payable              | 2.65        |
|                |                                              |              | INV0006893     | EE PREMIUM                          | 650-140-113.01 | Guardian Withheld/Payable              | 344.04      |
|                |                                              |              | INV0006894     | ER BENEFIT LIFE INS MONTHLY PREMIUM | 650-140-113.01 | Guardian Withheld/Payable              | 111.09      |
|                |                                              |              | INV0006895     | EE PREMIUM                          | 650-140-113.01 | Guardian Withheld/Payable              | 75.73       |
|                |                                              |              | INV0006918     | ER Guardian Life Over 70            | 650-140-113.01 | Guardian Withheld/Payable              | 2.64        |
|                |                                              |              | INV0006921     | EE PREMIUM                          | 650-140-113.01 | Guardian Withheld/Payable              | 343.94      |
|                |                                              |              | INV0006922     | ER BENEFIT LIFE INS MONTHLY PREMIUM | 650-140-113.01 | Guardian Withheld/Payable              | 111.09      |
|                |                                              |              |                |                                     | 650-140-113.01 | Guardian Withheld/Payable              | -8.19       |
|                |                                              |              | INV0006923     | EE PREMIUM                          | 650-140-113.01 | Guardian Withheld/Payable              | 75.71       |
|                |                                              |              |                |                                     |                |                                        | 20,243.16   |
| DKT232906      | Internal Revenue Service                     | 05/01/2025   | INV0006845     | Federal Payroll Taxes               | 650-140-122.00 | Social Security Withheld/Payable       | 413.30      |
|                |                                              |              | INV0006846     |                                     | 650-140-122.01 | Medicare Withheld/Payable              | 96.66       |
|                |                                              |              | INV0006847     |                                     | 650-140-123.00 | Federal Withholding Tax                | 20.00       |
|                |                                              |              | 05/14/2025     |                                     | 650-140-122.00 | Social Security Withheld/Payable       | 5,298.12    |
|                |                                              |              | INV0006900     |                                     | 650-140-122.01 | Medicare Withheld/Payable              | 1,239.06    |
|                |                                              |              | INV0006901     |                                     | 650-140-123.00 | Federal Withholding Tax                | 2,769.58    |
|                |                                              |              | 05/28/2025     |                                     | 650-140-122.00 | Social Security Withheld/Payable       | 5,812.48    |
|                |                                              |              | INV0006928     |                                     | 650-140-122.01 | Medicare Withheld/Payable              | 1,359.38    |
|                |                                              |              | INV0006929     |                                     | 650-140-123.00 | Federal Withholding Tax                | 3,234.58    |
|                |                                              |              |                |                                     |                |                                        | 1,318.53    |
| DKT232907      | Morgan White Group                           | 05/14/2025   | INV0006897     | Morgan White                        | 650-140-112.01 | Morgan White Payable                   | 659.34      |
|                |                                              |              | 05/28/2025     |                                     | 650-140-112.01 | Morgan White Payable                   | 659.19      |
|                |                                              |              |                |                                     |                |                                        | 2,264.00    |
| DKT232908      | MS Department of Revenue Payroll             | 05/14/2025   | INV0006899     | Payroll State Withholding Taxes     | 650-140-134.00 | State Withholding Tax                  | 1,053.00    |
|                |                                              |              | 05/28/2025     |                                     | 650-140-134.00 | State Withholding Tax                  | 1,211.00    |
|                |                                              |              |                |                                     |                |                                        | 10,282.52   |
| DKT232909      | Systematized Benefits and Administrators Inc | 05/14/2025   | INV0006889     | Deferred Compensation               | 650-140-110.00 | Deferred Compensation Withheld/Payable | 5,141.26    |
|                |                                              |              | 05/28/2025     |                                     | 650-140-110.00 | Deferred Compensation Withheld/Payable | 5,141.26    |
|                |                                              |              |                |                                     |                |                                        | 86.45       |
| DKT232910      | Texas Life                                   | 05/14/2025   | INV0006898     | Texas Life                          | 650-140-113.05 | Texas Life Withheld                    | 43.23       |
|                |                                              |              | 05/28/2025     |                                     | 650-140-113.05 | Texas Life Withheld                    | 43.22       |
|                |                                              |              |                |                                     |                |                                        |             |

Docket of Claims Register - Council

APPKT02403 - May 2025 Payroll Payables

| Docket/Claim # | Vendor Name                              |                | Payable Description | Account Number | Account Name         | Line Amount |
|----------------|------------------------------------------|----------------|---------------------|----------------|----------------------|-------------|
|                | Payable Date                             | Payable Number |                     |                |                      |             |
| DKT232911      | TX Child Support State Disbursement Unit |                |                     |                |                      | 287.10      |
|                | 05/14/2025                               | INV00006891    | Garnishment         | 650-140-106.00 | Garnishment Withheld | 143.55      |
|                | 05/28/2025                               | INV00006919    |                     | 650-140-106.00 | Garnishment Withheld | 143.55      |

Total Claims: 10      Total Payment Amount: 46,108.67

| PR Net     |                 |         |               |                   |            |           |  |
|------------|-----------------|---------|---------------|-------------------|------------|-----------|--|
| Wages      | Payroll Pd      | Seq No. | Docket #      | Description       | Paymt Date | Amount    |  |
| PYPKT01596 | 4/21/-5/04/2025 | 000238  | PRCLAIM000238 | Net Wages Payable | 5/14/2025  | 28,715.10 |  |
| PYPKT01601 | 5/05-5/18/2025  | 000239  | PRCLAIM000239 | Net Wages Payable | 5/28/2025  | 31,922.88 |  |
| PYPKT01603 | 05/01-5/31/2025 | 000240  | PRCLAIM000240 | Net Wages Payable | 6/2/2025   | 3,058.37  |  |