

WARRENT LIST
12/07/2023
MEETING

NEED APPROVAL

WILLDAN	\$ 250.00
BYN MELLON	\$ 825.00
DEVENNEY	\$ 35,463.50
PAUL GARZA JR	\$ 1,693.84
SARA SPRING	\$ 1,079.13
JACKSON LAW OFFICE	\$ 250.00



INVOICE

Attn: Sara Spring
Mendocino Coast District Hospital
700 River Drive
Fort Bragg, CA 95437

INVOICE #: 010-56850
INVOICE DATE: 11/27/2023
PROJECT #: 106358
PHASE #: 2022
CLIENT #: C44053
TERMS: NET 30 DAYS

Email: sspring@mcdh.org

Description: ANNUAL CONTINUING DISCLOSURE SERVICES

Notice of Event Preparation and Dissemination:

2016 Insured Refunding Revenue Bonds (Notice of Failure to File Annual Report & Financial Statements)	\$250.00
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INVOICE TOTAL \$250.00

To pay via ACH:

Bank: BMO Harris Bank / 111 W. Monroe Street, Chicago, IL 60603
Account Name: Willdan
Routing Transit Number: 071000288 / Account Number: 4398830

Please include last five digits of invoice number in wire/ACH submission information.

Remit To:

**Willdan Financial Services
P.O. Box 51645
Los Angeles, California 90051-5945**



BNY MELLON

The Bank of New York Mellon
Trust Company, N.A.

Second Notice

MENDOCINO COAST DISTRICT HOSPITAL
ATTN: CHIEF FINANCIAL OFFICER
700 RIVER DRIVE
FORT BRAGG, CA 95437

000001

Invoice Number: 252-2575831
Account Number: MENDOCINO22
Invoice Date: 29-Aug-23
Cycle Date: 01-Jun-23
Administrator: Atra Boustani
Phone Number:
Currency: USD

MENDOCINO COAST HEALTH CARE DISTRICT GENERAL OBLIGATION BONDS ELECTION OF 2000 SERIES 2001
CAPITAL APPRECIATION

	<u>Quantity</u>	<u>Rate</u>	<u>Proration</u>	<u>Subtotal</u>	<u>Total</u>
Flat					
Administration Fee					825.00
For the period: June 01, 2023 to August 01, 2023					

Invoice Total: 825.00
Satisfied To Date: 0.00
Balance Due: 825.00

Terms: Payable upon receipt. Please reference the invoice and account number with your remittance.
Our Tax ID Number is 95-3571558. Please fax Taxpayer Certification requests to (732) 667-9576.
The Bank of New York Mellon Trust Company, N.A is located at 333 South Hope Street - Suite 2525,
Los Angeles, CA 90071

Check Payment Instructions:
The Bank of New York Mellon
Corporate Trust Department
P.O. Box 392013
Pittsburgh, PA 15251-9013
Please enclose billing stub.

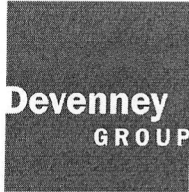
Wire and ACH Payment Instructions:
The Bank of New York Mellon
ABA Number: 021000018
Account Number: 8901245259
Account Name: BNY Mellon - Fee Billing Wire Fees
Please reference Invoice Number: 252-2575831

Billing Stub

MENDOCINO COAST HEALTH CARE DISTRICT GENERAL
OBLIGATION BONDS ELECTION OF 2000 SERIES 2001 CAPITAL
APPRECIATION

Invoice Number: 252-2575831
Account Number: MENDOCINO22
Invoice Date: 29-Aug-23
Cycle Date: 01-Jun-23
Administrator: Atra Boustani
Phone Number:
Amount: 825.00 USD

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November 7, 2023
 Invoice No: 20465

MENDOCINO COAST HEALTHCARE DISTRICT
 Mendocino Coast Health Care District
 P.O. Box 579
 Fort Bragg, CA 95437-0579

Project 18000.00 MCDH - MENDOCINO COAST DISTRICT HOSPITAL CONCEPTUAL
 DESIGN CONCEPT DEVELOPMENT

Professional Services for the Period: October 1, 2023 to October 31, 2023

Phase 100 BASIC SERVICES

Phase	Phase Fee	Percent Complete	Fee Earned	Prior Billing	Current Fee
ARCHITECTURAL SPECIAL PLANNING	97,650.00	100.00	97,650.00	95,697.00	1,953.00
COST ESTIMATING SUPPORT	16,000.00	100.00	16,000.00	16,000.00	0.00
OPERATIONAL PLANNING	25,000.00	100.00	25,000.00	19,750.00	5,250.00
Total Fee	138,650.00		138,650.00	131,447.00	7,203.00
		Total Fee			7,203.00
Billing Limits		Current	Prior	To-Date	
Expenses		0.00	3,608.97	3,608.97	
Limit				11,310.00	
Remaining				7,701.03	
			Phase Total		\$7,203.00

Phase 101 ASA #1: STRUCTURAL

Total Fee	44,450.00			
Percent Complete	100.00	Total Earned	44,450.00	
		Previous Fee Billing	44,450.00	
		Current Fee Billing	0.00	
		Total Fee		0.00

Project	18000.00	MCDH - CONCEPTUAL DESIGN CONCEPT	Invoice	20465
Billing Limits		Current	Prior	To-Date
Expenses		0.00	0.00	0.00
Limit				2,945.00
Remaining				2,945.00
			Phase Total	0.00

Phase	102	ASA #2: GRANT APP/OPERATIONAL PLAN		
Total Fee		142,570.00		
Percent Complete		50.00	Total Earned	71,285.00
			Previous Fee Billing	49,899.50
			Current Fee Billing	21,385.50
			Total Fee	21,385.50
Billing Limits		Current	Prior	To-Date
Expenses		0.00	1,188.63	1,188.63
Limit				20,000.00
Remaining				18,811.37
			Phase Total	\$21,385.50

Phase	103	ASA #3: 2024 EVALUATION		
Total Fee		68,750.00		
Percent Complete		10.00	Total Earned	6,875.00
			Previous Fee Billing	0.00
			Current Fee Billing	6,875.00
			Total Fee	6,875.00
Billing Limits		Current	Prior	To-Date
Expenses		0.00	0.00	0.00
Limit				1,375.00
Remaining				1,375.00
			Phase Total	\$6,875.00
			Total this Invoice	<u>\$35,463.50</u>

Outstanding Invoices

Number	Date	Balance
20385	9/19/2023	25,683.13
20399	10/3/2023	27,627.50
Total		53,310.63

Project Manager Dudley Campbell

October 29, 2023

Paul Garza, Jr
16521 Mitchell Creek Drive
Fort Bragg, CA 95437

Reimbursement for CSDA Leadership Academy Oct 22-25, 2023

Registration Fee - CSDA	\$675.00
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Hotel – 3 nights

Hyatt Regency Sonoma Wine Country	\$743.25
Destination Fee/Tourism Assessment	\$119.70

Mileage – Fort Bragg to Santa Rosa (RT)

<u>238 miles @ \$.655</u>	<u>\$155.89</u>
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TOTAL EXPENSES	\$1,693.84
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10/31/2023

SARA Spring

EXPENSES FOR THE CSDA LEADERSHIP ACADEMY OCTOBER 22-25, 2023

HOTEL	\$ 821.58	
MEALS	\$ 102.00	DINNER 3 NIGHTS
	\$ 18.00	LUNCH 1 DAY
MILEAGE	\$ 137.55	210 MILES RT LITTLE RIVER TO SANTA ROSA 210 X \$.655
TOTAL	\$ 1,079.13	

JACKSON LAW OFFICES
 310 S. Main Street, #2
 Fort Bragg, CA 95437

Invoice

Date	Invoice #
11/2/2023	19480

Bill To
Mendocino Coast Hospital District Lee Finney, Chair P.O. Box 579 Fort Bragg, CA 95437

		Terms	In Reference To
Date of Service	Description	Hours/Quantity	Amount
10/17/2023	Telephone call from client	0.4	100.00
10/23/2023	Limited research; telephone call to client	0.6	150.00
		Total	\$250.00
Overdue accounts are charged interest at the rate of 18% annually.		Payments/Credits	\$0.00
		Balance Due	\$250.00