



**CARLOS D. PALMER**  
 Attorney-at-Law  
 104 West Market Street  
 P. O. Box 272  
 Greenwood, MS 38935-0272  
 (662) 392-0200



December 15, 2011

City Clerk  
 ATTN: CLAIMS  
 200 E. Wells, Room 205  
 Milwaukee, WI 53202-3567

RE: Ms. Beatrice Smith  
 Claim and Demand vs City of Milwaukee for Injuries Sustained on (09/13/2011)

To Whom It May Concern:

Please find enclosed an affidavit statement of Callie Anderson regarding the above-referenced matter. Please accept this affidavit as a supplement to the packet of information that I sent to your office via letter dated December 15, 2011.

Thank you for your immediate attention to this matter.

With kindest regards, I am.

Sincerely,

Carlos D. Palmer  
 Attorney-at-Law

enclosure

CITY OF MILWAUKEE  
 2011 DEC 22 PM 3:05  
 RONALD D. LEONHARDT  
 CITY CLERK

CITY ATTORNEY

2011 DEC 27 PM 3:04

CITY OF MILWAUKEE

STATE OF WISCONSIN

COUNTY OF MILWAUKEE

AFFIDAVIT OF CALLIE ANDERSON

I, Callie Anderson, a resident of the Milwaukee, County of Milwaukee, State of Wisconsin, do hereby swear or affirm upon my oath as follows:

1. I, Callie Anderson, am an adult resident of 2603 North 55th Street, Milwaukee, Milwaukee County, Wisconsin, and I am also the sister of Beatrice Smith of 106 Chapman Lane, Itta Bena, Mississippi.

2. I have been a resident of 2603 North 55th Street, Milwaukee, Milwaukee County, Wisconsin, since on or about June 29, 2011.

3. During my residence at said address, I have personal knowledge that there existed a large crack within the sidewalk of West Clark which runs adjacent to North 55th Street in Milwaukee, Milwaukee County, Wisconsin.

4. Because one side of the crack was so high, I have observed parents being forced to lift the front of their strollers to get past the area.

5. On the evening of September 13, 2011, I observed that my sister Beatrice Smith's right foot was swollen and her left knee was scrapped.

6. On the same evening, I then took my sister Beatrice Smith to the emergency room.

7. On or about September 29, 2011, I observed a city worker come out and make repairs to the sidewalk.

8. Further, Affiant saith not.

Callie Anderson  
CALLIE ANDERSON

SWORN TO AND SUBSCRIBED before me, this the 12 day of December, 2011.

Pamela J. Gareis  
NOTARY PUBLIC

MY COMMISSION EXPIRES: 6/22/11





**CARLOS D. PALMER**  
**Attorney-at-Law**  
**104 West Market Street**  
**P. O. Box 272**  
**Greenwood, MS 38935-0272**  
**(662) 392-0200**



December 15, 2011

City Clerk  
 ATTN: CLAIMS  
 200 E. Wells, Room 205  
 Milwaukee, WI 53202-3567

RE: Ms. Beatrice Smith  
 Claim and Demand vs City of Milwaukee for Injuries Sustained on (09/13/2011)

To Whom It May Concern:

On September 13, 2011, my client, Beatrice Smith, was injured by a fall that was caused by a severe crack on a sidewalk of West Clark Street which runs adjacent to 2603 North 55<sup>th</sup> Street in Milwaukee, Wisconsin. As a result of Mrs. Smith's fall, she sustained injury to her left knee and fractured her right foot, accumulated numerous medical bills and related expenses, missed two weeks of work, and experienced pain and suffering due to her injury and during her rehabilitative process.

At the time of this incident, the said sidewalk was owned and maintained by the city of Milwaukee, Wisconsin, and it was in such a state of disrepair as to place the general public at risk, such that eventually victimized Ms. Smith. Furthermore, the city failed to warn the public of the sidewalk's condition, neglected to fix the sidewalk in a reasonable time and manner, and/or failed to conduct a reasonable inspection of the aforementioned sidewalk. These failures by the city proximately caused the injuries suffered by Ms. Smith.

In support of Ms. Smith's claim, please find the following documents for your consideration: affidavit statement of Beatrice Smith, statement of Callie Anderson, medical reports and bills, statement of job pay scale, and pictures depicting the aforementioned sidewalk crack and injuries sustained by Ms. Smith.

Consequently, my client demands the total sum of \$25,000.00 as a fair settlement of her claims.

Please consider the above and foregoing matters, and advise me at your earliest convenience. Should you have any questions or concerns, you may contact me with regard to any concern.

Thank you for your immediate attention to this matter.

With kindest regards, I am.

Sincerely,

Carlos D. Palmer  
 Attorney-at-Law

CITY OF MILWAUKEE  
 2011 DEC 19 PM 1:58  
 RONALD D. LEONHARDT  
 CITY CLERK

2011 DEC 19 PM 3:00

CITY OF MILWAUKEE  
 RECEIVED

**STATE OF MISSISSIPPI**

**COUNTY OF LEFLORE**

**AFFIDAVIT OF BEATRICE SMITH**

**I, Beatrice Smith, a resident of the Greenwood, County of Leflore, State of Mississippi, do hereby swear or affirm upon my oath as follows:**

**1. I, Beatrice Smith, am an adult resident of 106 Chapman Alley, Itta Bena, Leflore County Mississippi.**

**2. On September 13, 2011, I was visiting my relatives at 2603 North 55th Street in Milwaukee, Wisconsin 53210.**

**3. During the evening of September 13, 2011, I walked out to the side street of West Clark Street that was near my relatives' house in Milwaukee, Wisconsin, and I walked toward my vehicle to get some bottled water.**

**4. After retrieving the water, I crossed over a section of grass that ran next to and parallel with West Clark Street and then onto the sidewalk back toward my relatives' house.**

**5. Suddenly, my right foot twisted and I fell instantly onto the sidewalk without having the opportunity to catch my balance.**

**6. I recall that immediately after my fall I began experiencing excruciating pain within my right foot and a burning sensation on my left knee.**

**7. When I looked to see what had caused me to fall, I observed the broken section of the sidewalk and determined that it had caused me to fall to the sidewalk while I was on my way back to my relatives' house.**

8. At the time of the accident, my relatives were not home.
9. With no one to assist me and while in excruciating pain, I had to maneuver myself into my relatives' house.
10. After getting into my relatives' house and sitting down, my right foot began to swell badly and my left knee was bleeding.
11. Once my relatives arrived, I informed them about the incident.
12. My sister immediately drove me to the emergency room.
13. After the doctor took x-rays, I was informed that my right foot was fractured.
14. Further, Affiant saith not.

  
BEATRICE SMITH

SWORN TO AND SUBSCRIBED before me, this the 14 day of December, 2011.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES: Aug. 25-2012

To: Whom it may concern

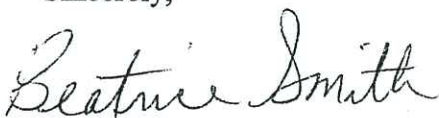
From: Ms. Beatrice Smith

Date: October 20, 2011

RE: Injury, due to broken section in sidewalk

On the evening of September 13, 2011 at approximately 7:50 p.m., I, Beatrice Smith, fell on the sidewalk at 2603 North 55<sup>th</sup> Street and West Clark Street while visiting relatives in Milwaukee, Wisconsin 53210. As a result of me falling, I fractured a bone in my right foot and scarred my left knee. Prior to the incident, I walked out to the side street of West Clark to my vehicle to get some bottled water. After retrieving the water, I crossed over the grass area to proceed to walk back to the house. Suddenly, my right foot twisted and I fell instantly onto the sidewalk that I did not have time to catch my balance. I can recall my right foot being in excruciating pain and my left knee burning. Due to the fact that the incident happened so fast, I was on the sidewalk trying figure out what happened. That's when I observed the broken section in the sidewalk. At the time of the incident, my relatives were not at home. With no one to help, and while in excruciating pain, I had to maneuver myself into the house. After getting in the house and sitting down, I observe my right foot swelling and my left knee bleeding. Once my relatives arrived, I informed them of the incident. Immediately, my sister drove me to the emergency room. After the doctor took x-rays, I was informed that my right foot was fractured.

Sincerely,

A handwritten signature in cursive script that reads "Beatrice Smith". The signature is written in dark ink and is positioned above the printed name.

Beatrice Smith

09/30/11

To: Whom it may Concern:

I Callie Anderson moved in at 2603 N. 55<sup>th</sup> St. on June 29<sup>th</sup> 2011 and I notice there were a Crack on the Sidewalk on the west side of Clarke.

The pavement is so high parents have to lift the front of there Strollers to get over it. On September 29<sup>th</sup> 2011 worker came out to make repairs on the pavement

Thank you  
Very Much  
Ms Callie Anderson



4707\*73083731.1

09/30/2011

\$113.00

PATIENT NAME

BEATRICE SMITH

INSURANCE DENIED PAYMENT. IF YOU HAVE ANY QUESTIONS, CALL YOUR INSURANCE COMPANY. PAYMENT IS YOUR RESPONSIBILITY. PLEASE MAIL PAYMENT IN FULL TODAY!!

Place of Service: WAUWATOSA CENTER OP  
Referring Doctor: STEVEN MATES DO

MAKE CHECKS PAYABLE TO:  
MIDWEST AREA PHYSICIANS LLC  
PO BOX 49  
PITTSBURGH PA 15230-0049  
877/883-5818

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Page 1 of 1

Date	Doctor	Code	Description	Amount
09/13/2011	JOHN T GRUM,MD	73630RT	FOOT COMP MIN 3 VIEWS	53.00
09/13/2011	JOHN T GRUM,MD	73562LT	RAD EXAM KNEE 3 VIEWS	60.00
09/29/2011		ANTHEM BC/BS		
09/29/2011		***		

Pay or Access your account: [www.peryourhealth.com](http://www.peryourhealth.com) Account Nbr: 4707-73083731 Password: 2WPNHY

For questions call, 877/883-5818 and when prompted enter your identification number as follows 4707\*73083731\*1  
BILLING OFFICE HOURS ARE FROM 9:00am to 4:00pm.

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH PAYMENT

MIDWEST AREA PHYSICIANS LLC  
PO BOX 49  
PITTSBURGH PA 15230-0049

ACCOUNT NUMBER

4707\*73083731.1

PATIENT NAME

BEATRICE SMITH

STATEMENT DATE

09/30/2011

AMOUNT DUE

\$113.00



To make credit card payments:

[www.peryourhealth.com](http://www.peryourhealth.com) (see statement detail for account number and password) or call 1-877-883-5818

Temp-Return Service Requested

ITIS\*249\*73083731.1

MED575.A3W04Q000076.J097UO.049246 047488

4707



BEATRICE SMITH  
106 CHAPMANS ALY  
ITTA BENA MS 38941

047762



MAKE CHECKS PAYABLE AND REMIT TO:



MIDWEST AREA PHYSICIANS LLC  
PO BOX 49  
PITTSBURGH PA 15230-0049



# Prescription and Assignment of Benefits

Location \_\_\_\_\_



**Wheaton Franciscan  
Medical Equipment Team**



**KNUEPPEL  
HEALTHCARE  
SERVICES, INC.**

3070 N. 51st St. Suite 406 Milwaukee, WI 53210  
414-874-6171 Fax: 414-874-6119

1444 S. 113th St., West Allis, WI 53214  
414-258-2800 Fax: 414-777-5157

<b>SMITH BEATRICE</b> DOB: 10/07/59 51Y SEX: F MR: 1208107 MATES STEVEN M ACCT#: 73083731		Physician Name—PRINT _____ NPI Number _____ Physician Signature: _____ ICD9 Code(s): _____ Rx Date: 9-13-11 DX: Right foot fracture Length of need: _____ Weeks _____ Months _____ Lifetime	
<input checked="" type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral			

- Cervical collar, flexible (foam) L0120 \*\*
- Cervical collar, semi-rigid, 2-pc L0172
- Rib belt A4466 \*\*
- Sacroiliac orthosis, flexible L0621
- Lumbar orthosis, flexible L0625
- Shoulder orthosis abduction restrainer L3650
- Shoulder orthosis, acromio/clavicular, immobilizer L3670
- Elbow orthosis, elastic A4466 \*\*
- Elbow orthosis, w/adj joints L3760
- Wrist hand finger orthosis, w/o joints L3807
- Wrist hand orthosis, cock up L3908
- Wrist orthosis, elastic A4466 \*\*
- Hand finger orthosis, flexion glove L3912
- Hand orthosis, metacarpal FX L3923
- Hand finger orthosis w/o joints L3923
- Upper extremity orthosis, humeral L3980
- Finger orthosis, PIP/DIP w/joint L3925
- Hand finger orthosis, non torsion joints L3929
- Knee orthosis w/condylar pads A4466 \*\*
- Knee orthosis elastic knee cap A4466 \*\*
- Knee immobilizer L1830
- Knee post-op brace, rigid, hinged L1832
- Knee orthosis, Swedish type L1850
- Ankle support stabilizing brace L1906
- Ankle foot orthosis, plastic L1930
- Ankle stirrup brace gel/pneumatic L4350
- Walking boot, pneumatic L4360
- Walking boot, non-pneumatic L4386
- Static ankle foot orthosis L4396
- Surgical cast boot/post op shoe L3260
- Heel pad, depression for spur L3480
- Compression arm sleeves L8010/S8424
- Sling A4565\*\*
- Heel/elbow protectors E0191 \*\*
- Cushion, pillow, wedge-positioning E0190 \*\*

- Cane single point E0100
- Cane quad E0105
- Cervical traction over door E0860
- Crutch underarm E0114
- Raised toilet seat E0244
- Transfer bench E0247
- Tub chair  back  no back E0245
- Walker folding adj E0135
- Walker folding with wheels and glides E0143
- Walker bariatric folding adj E0148
- Walker bariatric folding with wheels and glides E0149
- Walker wheeled with seat E0143 & E0156
- Walker bariatric wheeled with seat E0148 & E0156
- Walker platform attachment E0154
- Walker wheel attachment E0155
- Walker leg extension E0158
- Walker skis/glides E1399
- DME, not otherwise specified E1399
- Lower extremity orthosis, not specified L2999
- Upper extremity orthosis, not specified L3999
- Garment, belt, sleeve elastic or similar A4466 \*\*
- Other \_\_\_\_\_ HCPC \_\_\_\_\_

**NOTE:**  
*Italicized* items are NOT COVERED by Medicare and some insurance plans.  
 Asterisked \*\* items are NOT COVERED by Medicaid.

Product: EWRAP MA Retail  
524 10084 30 M 175.00

By signing this document you are acknowledging that you have received the item(s) listed and read and accept the terms and conditions on the back of this document.

Beatrice Smith 9-13-11  
 Beneficiary (or Parent/Guardian/Legal Rep) Signature Date

Relationship \_\_\_\_\_ Reason Beneficiary Cannot Sign \_\_\_\_\_

Representative's address \_\_\_\_\_

Dispensed By: HL

ST JOSEPH REGIONAL MEDICAL CTR  
5000 W CHAMBERS STREET  
MILWAUKEE, WI 53210  
Statement on: 09/23/11 at 08:29 AM

PAGE: 1

Guarantor: SMITH BEATRICE  
106 CHAPMAN ALLEY  
ITTA BENA, MS 38941-0000

Patient: SMITH BEATRICE  
Visit #: 73083731

Date	Svc Code	Description	Units	Debits	Credits
09/13/11	12808187	ACETAMIN TAB 500MG UD	2	4.00	
09/13/11	18008016	DIPH/PERT (ACEL) TET	1	169.20	
09/13/11	59290714	UC KNEE LT 3 VIEWS	1	291.00	
09/13/11	59290735	UC FOOT RT 3+ VIEWS	1	324.00	
09/13/11	69870471	VACCINE ADMIN ONE VAC	1	25.00	
09/13/11	69879554	URGENT CARE LEVEL 4	1	720.00	
* - Not posted				Balance:	1533.20



**GREENWOOD ORTHOPEDIC CLINIC**

204 8th Street  
Greenwood, MS 38930

R. BRUCE NEWELL, M.D.  
ASA BENNETT, M.D.  
DANECA DIPAOLO, M.D.

Office Telephone: 662-453-1111  
After Hours Answering Service:  
662-541-2115  
Fax: 662-551-1175

**RETURN TO WORK STATUS**

EMPLOYEE NAME Beatrice ~~Smith~~ Smith

DATE 092011

DOCTOR'S NAME Bennett

DIAGNOSIS In. @ Base of 5<sup>th</sup> metatarsal Rt. foot

RETURN TO WORK DATE 092611

RESTRICTIONS light duty - No standing more than 30 minutes  
at a time - Desk job preferred where  
she can prop foot up

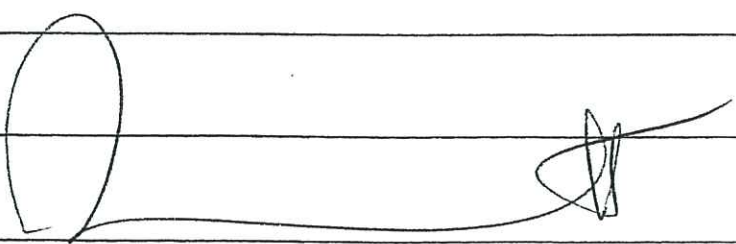
RETURN APPOINTMENT DATE ~~10/11~~ 4 weeks

TREATMENT PLAN Boot vs. Post-op shoe (pt. choice)

RXS \_\_\_\_\_

PROGRESS NOTES \_\_\_\_\_

COMMENTS \_\_\_\_\_

DOCTOR'S SIGNATURE 



Patient Chart - SMITH, BEATRICE (TWIN)

Medical Record 306177  
 Person Number 231434

Patient Information | Financial | Clinical History/Notes | Encounters

Encounters

Enc Nbr	Created	Svc Date	SIM Description	CPT 4	Qty	Amount	Type	Deductible	Tracking Desc
768232	09/20/11	09/20/11	OFFICE/OUTPATIENT VI...	99203	1.00	156.00	Chg		
761913	09/20/11	09/20/11	Ambulatory surgical boot e...	L3280	1.00	25.00	Chg		
768408	09/20/11	09/20/11	*Telecheck			-25.00	Pmt	.00	CK 1434
510108									
270359									
36642									

Transactions

Encounter Number	Unapplied	Payments	Adjustments	Refunds	Bad Debt	Balance
Encounter Number	\$181.00	\$0.00	-\$25.00	\$0.00	\$0.00	\$156.00
Encounter Date						

Encounter Financial Summary

Printing...



Patient Chart - SMITH, BEATRICE (TWIN)

SMITH, BEATRICE (TWIN)

Medical Record 305177  
Person Number 231434

Patient Information

Financial

Clinical History/Notes

Encounters

Encounters

Transactions

Enc Nbr
768232
761913
758408
510108
270359
36642

Created	Svc Date	SIM Description	CPT 4	Qty	Amount	Type	Deductible	Tracking Desc
10/11/11	10/11/11	OFFICE/OUTPATIENT VI	99213	1.00	75.00	Chg		
10/11/11	10/11/11	X-RAY EXAM OF FOOT	73630	1.00	116.00	Chg		

Encounter Number  
Encounter Date

Charges	Unapplied	Payments	Adjustments	Refunds	Bad Debt	Balance
\$191.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$191.00

Encounter Financial Summary

GLH Production DB

NGProd

ST6943 (338)

Version 5.6.8.12

11/07/11 11:27 AM



Mississippi Envision

Siemens Net Access

C032 - PCN-TERM

NextGen

NextGen - Greenwood

11/7/2011 11:27 AM

MAKE CHECKS PAYABLE TO:

**Greenwood Leflore Clinic Network**  
 PO Box 1410  
 Greenwood, MS 38935-1410

STATEMENT DATE 12/14/11	PAY THIS AMOUNT \$0.00	ACCOUNT NBR 18851
TAX ID NUMBER 061572806		SHOW AMOUNT PAID HERE \$

ENCOUNTER INVOICE 786847

ADDRESSEE:

  
**SMITH, BEATRICE**  
 106 CHAPMAN ALLEY

ITTA BENA, MS 38941-0000  
 USA

REMIT TO:

  
**Greenwood Leflore Clinic Network**  
 PO Box 1410

Greenwood, MS 38935-1410

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT											
11/22/11	SMITH, BEATRICE	Bennett, Joseph	99213	825.25	OFFICE/OUTPATIENT VISIT, EST (QTY 1)	\$75.00											
11/22/11	SMITH, BEATRICE	Bennett, Joseph	73630	825.25	X-RAY EXAM OF FOOT (QTY 1)	\$116.00											
11/22/11					*Cash (QTY 1)	-\$11.25											
11/22/11					*Cash (QTY 1)	-\$17.40											
<table border="1"> <thead> <tr> <th>ACCOUNT NBR</th> <th>CHARGES</th> <th>PAYMENTS</th> <th>REFUNDS/ADJUSTMENTS</th> <th>ESTIMATED BALANCE DUE FROM INSURANCE</th> <th>BALANCE DUE FROM PATIENT</th> </tr> </thead> <tbody> <tr> <td>18851</td> <td>\$191.00</td> <td>-\$28.65</td> <td>\$0.00</td> <td>\$162.35</td> <td>\$0.00</td> </tr> </tbody> </table>						ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT	18851	\$191.00	-\$28.65	\$0.00	\$162.35	\$0.00
ACCOUNT NBR	CHARGES	PAYMENTS	REFUNDS/ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT												
18851	\$191.00	-\$28.65	\$0.00	\$162.35	\$0.00												

MESSAGE:

PLEASE PAY THIS AMOUNT »»»» \$0.00
------------------------------------

\*\* PAYMENT DUE UPON RECEIPT \* THANK YOU \*\*

**ENCOUNTER INVOICE**

Printed by st6943 (338) on 12/14/2011 3:51:22 PM

PAGE: 1

PID: 000000323991 Pay Date: 09/30/2011 Frequency: S AGENCY: 0551 EFT Number: 325016209  
 SMITH, BEATRICE CORR-INSITUITIONS STATE OF MISSISSIPPI

PAY PERIOD Semi-monthly (pai PERSONAL) CURRENT Y-T-D  
 Period Beginning 09/01/2011 Federal Marital Status S 1228.42 2211.56  
 Period End Date 09/15/2011 Federal Tax Exempt 1 1228.42 2211.56  
 Pay Date 09/30/2011 Federal Add'l Tax 0.00 5481.53  
 Pay Rate 29,482.18 State Marital Status H 0.00 1839.13  
 State Hire Date 04/06/1998 State Tax Exempt 0.00  
 PIN Entry Date 02/01/2008 State Add'l Tax 0.00

EARNINGS:  
 CALL BACK HRS WRKED PD STRAIGHT TIME CURRENT Y-T-D  
 REGULAR SCHEDULE TIME WORKED 1228.42 2211.56  
 FLSA COMP SYS BUYOUT 0.00 5481.53  
 HOLIDAY(S) ACCRUED SYS BUYOUT 0.00 1839.13

TOTAL GROSS PAY 1228.42 30763.03  
 PRE-TAX DEDUCTIONS:  
 HEALTH INS CURRENT Y-T-D  
 10.00 180.00  
 PRE-TAX COMPENT DENTAL INSURANCE 6.20 111.60  
 PRE-TAX STATE LIFE INSURANCE 3.54 63.72

TOTAL PRE-TAX DEDUCTIONS 19.74 355.32  
 TAXES:  
 SOCIAL SECURITY-OASDI CURRENT Y-T-D  
 50.81 1277.91  
 FEDERAL INCOME TAX 110.92 3400.15  
 MEDICARE 17.54 441.15  
 STATE INCOME TAX 42.00 1122.00  
 PUBLIC EMPL. RETIREMENT 110.56 2768.72

TOTAL TAXES 331.83 9009.93

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 AFTER-TAX DEDUCTIONS:  
 ACCIDENT COLONIAL CURRENT Y-T-D  
 24.03 432.45  
 CORR PEACE OFF ASSOC 2.50 45.00  
 MS PUBLIC EMPLOYEES CREDIT UNION 150.00 2100.00  
 BOSTON MUTUAL LIFE 15.00 270.03  
 MASE - STATE EMPLOYEE ORGANIZATION DUE 6.00 108.00  
 TOTAL AFTER-TAX DEDUCTIONS 197.53 2955.48

TOTAL DEDUCTIONS 549.10 12320.73  
 NET PAY 679.32 18442.30

LEAVE AS OF August Beq. Earned Used Ending  
 PERSONAL 2130.80 16.00 0.00 2146.80  
 MEDICAL 674.00 6.00 0.00 680.00  
 FLSA COMP TIME 35.64 12.38 0.00 48.02  
 FLOATING HOLIDAY 36.00 0.00 0.00 36.00  
 AGENCY COMP TIME 820.30 0.00 0.00 820.30

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 ELECTRONIC FUND TRANSFER TRANSACTIONS:  
 Amount Deposited into #7707269418 679.32  
 Funds available on 09/30/2011

State Msq :  
 Agency Msq :





