

**CLAIMS PAYMENT REQUEST**

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 6/27/2023


Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	T-Mobile bill	6/20/2023	ban155	Banner Bank	\$ 114.91		6451.00.561.00.42.0020	
37932	Clinic door lock repair	6/24/2023	wha654	Kingman Locksmith	\$ 135.38		6541.00.561.00.48.0010	
117228	Chmelik Sitkin & Davis Legal	5/31/2023	chm100	Chmelik, Sitkin, Davis	\$ 704.00		6541.00.561.00.41.0030	
20230715	Island Health, operations fee	6/15/2023	isl726	Skagit County Public Hospital District No. 2	\$ 511,000.00		6541.00.561.00.41.0003	
2023Q2	Rent District Office March - May	6/1/2023	bro005	Brown Dog Holding LLC	\$ 2,439.00		6541.00.561.00.45.0000	

TOTAL THIS PAGE \$ 514,393.29

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to authenticate and certify to said claim.

DocuSigned by:



SDA79705AA62461...  
Chris Chord, Superintendent

6/26/2023

Date

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to certify to said claim.

*Pegi A Groundwater*

BD6F05CD27DF430...  
Pegi Groundwater, Auditing Officer

6/26/2023

Date

**Board Authorization**

I attest that the duly elected board for the OIHCD has reviewed the claims listed above (including original backup materials) and have approved said claims by majority vote at a meeting open to the public.

\_\_\_\_\_  
Diane Boteler, Commissioner/Board Secretary

\_\_\_\_\_  
Date

**Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.**

apInAinv  
06/26/2023 11:56:34AMInvoice Accounting Report  
San Juan County

Page: 1

Invoice #: 007228 Invoice Date: 06/26/2023 Doc Date: 06/26/2023 Due Date: 06/27/2023  
Vendor #: chm100 Name: CSD ATTORNEYS AT LAW Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	CSD Attorneys	E 6541.00.561.00.41.0030	704.00	

Invoice #: 20230715 Invoice Date: 06/26/2023 Doc Date: 06/26/2023 Due Date: 06/27/2023  
Vendor #: isl726 Name: ISLAND HOSPITAL Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Island Health Operations Fee	E 6541.00.561.00.41.0003	511,000.00	

Invoice #: 2023Q2 Invoice Date: 06/26/2023 Doc Date: 06/26/2023 Due Date: 06/26/2023  
Vendor #: bro005 Name: BROWN DOG HOLDINGS, LLC Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Brown Dog Holding LLC	E 6541.00.561.00.45.0000	2,439.00	

Invoice #: 37932 Invoice Date: 06/26/2023 Doc Date: 06/26/2023 Due Date: 06/26/2023  
Vendor #: wha654 Name: WHALESTOOTH TRADING Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Kingman Locksmith	E 6541.00.561.00.48.0010	135.38	

Invoice #: 400 Invoice Date: 06/26/2023 Doc Date: 06/26/2023 Due Date: 06/26/2023  
Vendor #: ban155 Name: BANNER BANK Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	T-Mobile Bill	E 6541.00.561.00.42.0020	114.91	

Grand Total: 514,393.29

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Originating Account Num	Cardholder Name	Tran Date	Merchant Name	Amount	Reference Number	Tran Type
553237****2738	CHRISTOPHER CHORD	6/20/2023	TMOBILE*AUTO PAY	\$114.91	Ref-55432863171209344411122	Purchase
553237****2738	CHRISTOPHER CHORD	6/20/2023	PAYMENT - THANK YOU	(\$2,107.33)	Ref-0000000000000000000000	Payment
553237****2738	CHRISTOPHER CHORD	6/16/2023	FIN CHARGE REVERSAL	(\$31.71)	Ref-70008603167777167350014	Misc Credits
553237****2738	CHRISTOPHER CHORD	6/15/2023	XFER FROM 0400	(\$684.35)	Ref-70008603166777166120013	Misc Credits
553237****2738	CHRISTOPHER CHORD	5/31/2023	FINANCE CHARGE CREDIT	(\$2.60)	Ref-75532373166029166072000	Misc Credits
553237****2738	CHRISTOPHER CHORD	5/31/2023	FINANCE CHARGE CREDIT	(\$26.14)	Ref-75532373166028166972000	Misc Credits
553237****2738	CHRISTOPHER CHORD	5/25/2023	PAYMENT - THANK YOU	(\$1,191.13)	Ref-70008603166555166070028	Payment
553237****2738	CHRISTOPHER CHORD	5/3/2023	PAYMENT - THANK YOU	(\$2,838.85)	Ref-70008603166555166070010	Payment

**Ellen Fraser**

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**From:** T-Mobile USA <donotreply@notifications.t-mobile.com>  
**Sent:** Friday, June 2, 2023 1:55 PM  
**To:** Chris Chord  
**Subject:** Your T-Mobile bill is ready to view



## Your bill is ready to review

Hi THOMAS EVERSOLE,

Your bill for account# XXXXX8487 from the billing cycle ending on 5/31/2023 is available to review on Account Hub anytime.

Balance

**\$114.91**

AutoPay is scheduled for 6/20/2023 using MasterCard \*\*\*\*2738. To edit Your AutoPay payment method, visit Account Hub.

Thank you,  
T-Mobile for Business

This is an automated message; please do not reply to this email.

Coverage not available in some areas. Network Management: Service may be slowed, suspended, terminated, or restricted for misuse, abnormal use, interference with our network or ability to provide quality service to other users, or significant roaming. On all T-Mobile plans, during congestion heavy data users (>50GB/month) may notice reduced speeds until next bill cycle due to data prioritization. On-device usage is prioritized over tethering usage, which may result in higher speeds for data used on device. See T-Mobile.com/OpenInternet for details.

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**From:** [Chris Chord](#)  
**To:** [Ellen Fraser](#)  
**Subject:** FW: You received a new invoice (#37932)  
**Date:** Monday, June 26, 2023 11:36:04 AM  
**Attachments:** [image003.emz](#)  
[image004.png](#)

Would you want to check our vendor list and make sure they have a vendor number? Otherwise we can just plan to pay by card and include in next AP.

Thanks!

Chris

Chris Chord  
Superintendent  
Orcas Island Health Care District  
San Juan County Public Hospital District #3  
C: (360) 317-3545  
[superintendent@orcashealth.org](mailto:superintendent@orcashealth.org)  
[www.orcashealth.org](http://www.orcashealth.org)

NOTICE OF PUBLIC DISCLOSURE: This email account is public domain. Any correspondence from or to this email account is a public record. Accordingly, this email, in whole or in part, may be subject to disclosure pursuant to RCW 42.56 regardless of any claim of confidentiality or privilege asserted by an external party.

**From:** Kingman Locksmith <messenger@messaging.squareup.com>  
**Sent:** Sunday, June 25, 2023 12:36 AM  
**To:** Chris Chord <ChrisC@orcashealth.org>  
**Subject:** You received a new invoice (#37932)

**Kingman Locksmith**  
New Invoice  
—  
**\$135.38**  
Due on July 25, 2023  
[Pay Invoice](#)

## Security Services Invoice

Invoice #37932

June 25, 2023

### Customer

Orcas Island Health Care District

[superintendent@orcashealth.org](mailto:superintendent@orcashealth.org)

PO Box 226

Eastsound, Washington 98245

### Date of service

June 24, 2023

[Download Invoice PDF](#)

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### Message

Thank you for your business. You may pay online or send a check to the address below.

Kingman Locksmithing  
131 Bond Mill Rd  
Olga, WA. 98279  
[kingmanlocks@gmail.com](mailto:kingmanlocks@gmail.com)  
[orcasislandlocksmith.com](http://orcasislandlocksmith.com)  
(360) 376-5375

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### JOB

Repair opener on front door

#### Invoice summary

<b>Journeyman Locksmith Hourly</b>	<b>\$125.00</b>
------------------------------------	-----------------

(\$100.00/Hrs) x 1.25 Hrs

*Front door repair*

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Subtotal	\$125.00
Sales Tax	\$10.38
<hr/>	
<b>Total Due</b>	<b>\$135.38</b>

**Kingman Locksmith**

[kingmanlocks@gmail.com](mailto:kingmanlocks@gmail.com)

360-376-5375

Please contact Kingman Locksmith about its privacy practices.





# CSD | ATTORNEYS AT LAW

1500 Railroad Avenue, Bellingham, WA 98225  
tel 360.671.1796 • fax 360.671.3781

SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 3  
ATTN: COMMISSIONER  
CHRISTOPHER CHORD  
POST OFFICE BOX 226  
EASTSOUND, WA 98245

May 31, 2023

**In Reference To: 10707**  
**Invoice Number: 117228**

**GENERAL**

*We are excited to announce that we are rebranding with a new name as part of our firm's ongoing growth. While our firm name has changed from Chmelik Sitkin & Davis to CSD Attorneys at Law, our highest priority remains our commitment to our clients.*

*Please visit us at [csdlaw.com](http://csdlaw.com).*

FOR PROFESSIONAL SERVICES RENDERED FOR THE PERIOD ENDING ABOVE

Professional Services

	<u>Hours</u>	<u>Amount</u>
5/3/2023 PMR REVISE LETTER TO SEND TO G. HUFF IN RESPONSE TO DEMAND REGARDING AFTER-HOURS CARE AND SEND TO C. CHORD WITH COMMENTS	0.70	224.00
5/5/2023 PMR	0.30	96.00
5/8/2023 PMR REVIEW E-MAIL FROM C. COLE TO C. CHORD; FINALIZE LETTER TO SEND TO G. HUFF REGARDING CLAIM FOR DAMAGES AND SEND	0.20	64.00
5/23/2023 PMR REVIEW CORRESPONDENCE FROM C. CHORD REGARDING POTENTIAL CONFLICT OF INTEREST; DRAFT PRELIMINARY QUESTIONS AND ANALYSIS AND SEND TO C. CHORD TO OBTAIN ADDITIONAL DETAIL	1.00	320.00
For professional services rendered	<u>2.20</u>	<u>\$704.00</u>
Additional Charges :		
5/31/2023 POSTAGE CHARGES		0.60
Total costs		<u>\$0.60</u>

SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 3

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	<u>Amount</u>
TOTAL AMOUNT OF THIS INVOICE	\$704.60
Previous balance	\$384.00
6/6/2023 Payment - Thank you. Check No. 267269	( <u>\$384.00</u> )
Total payments and adjustments	( <u>\$384.00</u> )
Balance due	<u><u>\$704.60</u></u>

PAYMENT DUE UPON RECEIPT.

PAST DUE BALANCES WILL BE SUBJECT TO INTEREST AT THE RATE OF 12% PER ANNUM.  
PLEASE INCLUDE YOUR INVOICE NO. ON YOUR CHECK.  
**WE DO NOT ACCEPT CREDIT CARD PAYMENTS.**

**PLEASE MAKE YOUR CHECKS PAYABLE TO  
CSD ATTORNEYS AT LAW**

PLEASE LET US KNOW IF YOU WOULD PREFER  
TO HAVE YOUR INVOICES EMAILED.

- FEDERAL TAX ID NO: 91-1361928 -



Skagit County Public Hospital District No. 2  
dba Island Health

Invoice # 20230715

DATE: June 15, 2023

Bill To: Orcas Island Health Care Distirct  
P.O. Box 226  
Eastsound, WA 98245

DESCRIPTION	Total Cost	% due	Amount Due
2023 Operations Support Fee	\$1,022,000	50.0%	\$511,000
		GRAND TOTAL	\$511,000

Please make check payable to:  
Skagit County Public Hospital District No. 2  
dba Island Hospital  
c/o Julie Stewart  
1211 24th Street  
Anacortes, WA 98221

You pay rent quarterly, the months to pay are March 1, June 1, Sept 1, and Dec 1. If you prefer to pay rent monthly, that's fine with me, really up to you.

Note that there's a CPI increase every year. This year the CPI amount is 8.4%, so the monthly rent will increase from \$750 to \$813. I have attached the Bureau of Labor website showing the rate for reference.

So for upcoming quarterly rent payments, the amount should be \$2439.

Info for rent checks:

Payable to:

Brown Dog Holdings LLC

131 Spirea Ct

Cle Elum, WA 98922

Thanks!

-Jim

On Tue, Feb 14, 2023 at 11:47 PM Chris Chord <[ChrisC@orcashealth.org](mailto:ChrisC@orcashealth.org)> wrote:

Hey Jim –

What is the general schedule for rent payments previously? I know we didn't have a formal invoice process, previously so just wanted to connect with you to make sure we weren't falling off track for those payments.