



Milam County  
Emergency Services District No. 1  
P.O. Box 1667  
Rockdale, TX 76567  
(979) 436-2193  
[www.milamesd1.org](http://www.milamesd1.org)

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Milam County Commissioners Court  
102 S. Fannin Ave  
Cameron, TX 76520

Re: Request to Submit Compiled Financial Statements Pursuant to Texas Health and Safety Code  
§ 775.0821

Dear Judge Whitmire and Members of the Commissioners Court,

Pursuant to Section 775.0821 of the Texas Health and Safety Code, Milam County Emergency Services District No. 1 ("the District") respectfully submits this letter to request acceptance of the District's compiled financial statements as an alternative to an independent audit report for the fiscal year ending December 31, 2024.

The District affirms it meets all three criteria enumerated in subsection (a) of Section 775.0821 of the Texas Health and Safety Code for the prior 2024 fiscal year. Specifically, for the fiscal year of 2024, the District affirms that:

1. The District did not have any outstanding bonds secured by ad valorem taxes or any outstanding liabilities secured by ad valorem taxes having a term of more than one year;
2. The District did not receive more than \$250,000 in total gross receipts from operations, loans, taxes, or contributions; and
3. The District did not maintain more than \$250,000 in total cash and temporary investments.

As permitted under subsection (b) of this section, the District intends to file compiled financial statements with the Commissioners Court in lieu of an independent audit report. These statements will be accompanied by an affidavit, signed by an authorized representative of the District, attesting to their accuracy and authenticity, as required by subsection (c).

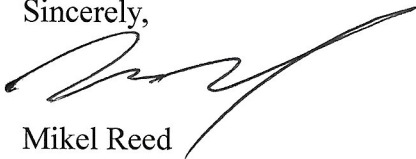
Further, as required under subsection (e), the District will ensure that compiled financial statements for the most recent three years are posted and maintained on its website.

Accordingly, the District respectfully requests that the Milam County Commissioners Court accept this letter, together with the forthcoming financial statements, as an alternative to an independent audit report as permitted under Section 775.0821 of the Texas Health and Safety Code.

Should you have any questions or require additional documentation, please do not hesitate to contact Treasurer Mikel Reed at (979) 255-0400 or by email at [treasurer@milamesd1.org](mailto:treasurer@milamesd1.org).

Thank you for your time and continued support of Milam County ESD No. 1.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mikel Reed', with a long, sweeping horizontal stroke extending to the right.

Mikel Reed

Treasurer

Milam County Emergency Services District No. 1

**MILAM COUNTY EMERGENCY SERVICES DISTRICT NO. 1**

**AFFIDAVIT OF ACCURACY AND AUTHENTICITY**

*Pursuant to Texas Health and Safety Code Section 775.0821(c)*

**STATE OF TEXAS**

**COUNTY OF MILAM**

BEFORE ME, the undersigned authority, on this day personally appeared Mikel Reed, who being by me duly sworn, upon oath stated as follows:

1. My name is Mikel Reed, and I serve as the Treasurer for Milam County Emergency Services District No. 1, a political subdivision of the State of Texas.
2. I am authorized to make this affidavit on behalf of the District and have personal knowledge of the facts stated herein.
3. I affirm that the compiled financial statements submitted to the Milam County Commissioners Court for the fiscal year ending December 31, 2024, are true, correct, and complete to the best of my knowledge and belief.
4. These compiled financial statements have been prepared in accordance with standard accounting practices and accurately represent the financial condition of the District for the fiscal year stated.
5. This affidavit is provided pursuant to Section 775.0821(c) of the Texas Health and Safety Code, in compliance with the District's alternative filing option in place of an annual audit.

FURTHER AFFIANT SAYETH NOT.

  
Mikel Reed

Treasurer

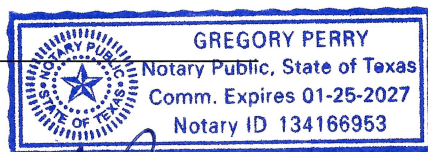
Milam County Emergency Services District No. 1

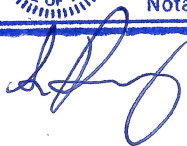
**SUBSCRIBED AND SWORN TO BEFORE ME,**

by Mikel Reed, on this 15<sup>th</sup> day of MAY, 2025, to certify which witness my hand and seal of office.

Notary Public, State of Texas

My Commission Expires: \_\_\_\_\_







1

MILAM COUNTY EMERGENCY SVCS. DISTRICT 1  
PO BOX 1667  
ROCKDALE TX 76567

Last statement: August 07, 2024  
This statement: August 31, 2024  
Total days in statement period: 25

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Direct inquiries to:  
254-697-6461

Classic Bank, NA  
P O Box 835  
Cameron TX 76520

CALL CLASSIC BANK'S 24/7 BANK BY PHONE 1-866-421-2289 CHECK BALANCES,  
TRANSFER FUNDS, REVIEW WITHDRAWAL HISTORY

### Classic Free Business Cking

Account number		Beginning balance	\$0.00
Enclosures	1	Total additions	50.00
Low balance	\$50.00	Total subtractions	.00
Average balance	\$50.00	Ending balance	\$50.00
Avg collected balance	\$50		

### CREDITS

Date	Description	Additions
08-07	Deposit	50.00

### DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
08-07	50.00				

### OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Classic Bank, NA



CLASSIC BANK		CUSTOMER DEPOSIT - CREDIT		DESCRIPTION	DOLLARS	CENTS
DATE		8 7 24		CASH		
NAME		Miamicounty emergency svs. District		Reed	50	00
x New Account						
SUBTOTAL						
ACCOUNT NUMBER - FILL IN LEFT TO RIGHT						
* [REDACTED]						
* 400						
\$						
50.00						
* 5500 = 2000 *						

08/07/2024 Deposit \$50.00

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error; so that you will have the use of the money during the time it takes us to complete our investigation.

<p><b>Reconciliation of Account</b></p>	<p>Date: _____</p>	
<p><b>THIS IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT</b></p>		<p><b>THIS IS PROVIDED TO HELP YOU BALANCE YOUR CHECK BOOK</b></p>
<p><b>YOUR BALANCE</b></p> <p>SHOWN ON THIS STATEMENT      \$ _____</p>		<p><b>CHECK BOOK BALANCE</b></p> <p>AS STATEMENT DATE                  \$ _____</p>
<p><b>ADD+ (IF ANY)</b></p> <p>DEPOSITS NOT SHOWN ON THIS STATEMENT                \$ _____</p>		<p>SUBTRACT - (IF ANY)</p> <p>ACTIVITY CHARGES                      \$ _____</p>
<p><b>TOTAL</b>                                      \$ _____</p>		<p><b>SUB TOTAL</b>                                 \$ _____</p>
<p><b>SUBTRACT - (IF ANY)</b></p> <p>CHECKS OUTSTANDING                \$ _____</p>		<p>SUBTRACT - (IF ANY)</p> <p>OTHER BANK CHARGES                  \$ _____</p>
<p><b>BALANCE</b>                                    \$ _____</p> <p>SHOULD AGREE WITH YOUR CHECK BOOK BALANCE</p>		<p><b>BALANCE</b>                                    \$ _____</p> <p>SHOULD AGREE WITH YOUR STATEMENT BALANCE</p>

PLEASE EXAMINE THIS STATEMENT PROMPTLY. ANY ELECTRONIC FUNDS TRANSFER OR SUBSTITUTE CHECK ERRORS MUST BE REPORTED WITHIN 60 DAYS OF WHEN WE SENT THE FIRST STATEMENT ON WHICH THE PROBLEM OR ERROR APPEARED. ALL OTHER ERRORS OR PROBLEMS MUST BE REPORTED WITHIN 30 DAYS OF WHEN WE FIRST SENT THE STATEMENT ON WHICH THE PROBLEM OR ERROR APPEARED.



1

MILAM COUNTY EMERGENCY SVCS. DISTRICT 1  
PO BOX 1667  
ROCKDALE TX 76567

Last statement: August 31, 2024  
This statement: September 30, 2024  
Total days in statement period: 30

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Direct inquiries to:  
254-697-6461

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P O Box 835  
Cameron TX 76520

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TRANSFER FUNDS, REVIEW WITHDRAWAL HISTORY**

### Classic Free Business Cking

Account number	██████████	Beginning balance	\$50.00
Low balance	\$50.00	Total additions	.00
Average balance	\$50.00	Total subtractions	.00
Avg collected balance	\$50	Ending balance	\$50.00

**\*\* No activity this statement period \*\***

### OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

**Thank you for banking with Classic Bank, NA**



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1

MILAM COUNTY EMERGENCY SVCS. DISTRICT 1  
PO BOX 1667  
ROCKDALE TX 76567

Last statement: September 30, 2024  
This statement: October 31, 2024  
Total days in statement period: 31

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Direct inquiries to:  
254-697-6461

Classic Bank, NA  
P O Box 835  
Cameron TX 76520

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TRANSFER FUNDS, REVIEW WITHDRAWAL HISTORY**

### Classic Free Business Cking

Account number	██████████	Beginning balance	\$50.00
Low balance	\$50.00	Total additions	.00
Average balance	\$50.00	Total subtractions	.00
Avg collected balance	\$50	Ending balance	\$50.00

**\*\* No activity this statement period \*\***

### OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
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[illegible]

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1

MILAM COUNTY EMERGENCY SVCS. DISTRICT 1  
PO BOX 1667  
ROCKDALE TX 76567-1667

Last statement: October 31, 2024  
This statement: November 30, 2024  
Total days in statement period: 30

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Cameron TX 76520

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Average balance	\$50.00	Total subtractions	.00
Avg collected balance	\$50	Ending balance	\$50.00

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### OVERDRAFT/RETURN ITEM FEES

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1

MILAM COUNTY EMERGENCY SVCS. DISTRICT 1  
 PO BOX 1667  
 ROCKDALE TX 76567-1667

Last statement: November 30, 2024  
 This statement: December 31, 2024  
 Total days in statement period: 31

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Direct inquiries to:  
 254-697-6461

Classic Bank, NA  
 P O Box 835  
 Cameron TX 76520

**CALL CLASSIC BANK'S 24/7 BANK BY PHONE 1-866-421-2289 CHECK BALANCES,  
 TRANSFER FUNDS, REVIEW WITHDRAWAL HISTORY**

### Classic Free Business Cking

Account number		Beginning balance	\$50.00
Enclosures	2	Total additions	166,431.65
Low balance	\$50.00	Total subtractions	3,537.39
Average balance	\$80,464.29	Ending balance	\$162,944.26
Avg collected balance	\$80,464		

### CHECKS

Number	Date	Amount	Number	Date	Amount
700	12-20	311.00	701	12-23	150.00

### DEBITS

Date	Description	Subtractions
12-24	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 TXU BILL PAYMENT 800 242 9 TX 4900339900126819	1,530.00
12-24	' POS Purchase MERCHANT PURCHASE TERMINAL 469216 TXU BILL PAYMENT 800 242 9 TX 4900339900126819	1,330.00
12-24	' Preauthorized Wd DELUXE BUS SYS. BUS PRODS 241224 17510371	216.39



MILAM COUNTY EMERGENCY SVCS. DISTRICT 1  
December 31, 2024

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**CREDITS**

<u>Date</u>	<u>Description</u>	<u>Additions</u>
12-13	' Preauthorized Credit County of Milam entities 241213	75,050.88
12-20	' Preauthorized Credit County of Milam entities 241220	91,380.77

**DAILY BALANCES**

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
11-30	50.00	12-20	166,170.65	12-24	162,944.26
12-13	75,100.88	12-23	166,020.65		

**OVERDRAFT/RETURN ITEM FEES**

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

*Thank you for banking with Classic Bank, NA*



1

Account: [REDACTED]

Period: December 01, 2024 - December 31, 2024

Page: 3 of 3

Milam County Emergency Svcs. District 1  
Po Box 1667  
Rockdale TX 76567-1667

DATE 12-19-24 88-280/1119 700

PAY TO THE ORDER OF City of Rockdale \$ 311.00  
Three hundred Eleven and 00/100 DOLLARS

CLASSIC BANK  
102 NORTH HOUSTON  
CAMERON, TX 76520  
281-697-6161

MEMO Utility # Rockdale WMS

[REDACTED] 700

12/20/2024 700 \$311.00

Milam County Emergency Svcs. District 1  
Po Box 1667  
Rockdale TX 76567-1667

DATE 12-20-24 88-280/1119 701

PAY TO THE ORDER OF City of Rockdale \$ 150.00  
One hundred Fifty and 00/100 DOLLARS

CLASSIC BANK  
102 NORTH HOUSTON  
CAMERON, TX 76520  
281-697-6161

MEMO Deposit WMS

[REDACTED] 701

12/23/2024 701 \$150.00