

2) Forfeited to Agency:

New Report Reports In Progress View or Amend Submitted Reports

## FY 2015 SET FORFEITURE REPORT

BY LAW ENFORCEMENT AGENCY	
<u> </u>	
Agency Montague County Attorney  Mailing Address PO BOX 336	
City Monlague	
State TX  ZIP 76251	
Agency County Montague	
Phone Number (940) 894-2261  Agency Fiscal Beginning Month October	
Agency Fiscal Ending Month September	
NOTE: PLEASE ROUND ALL FIGURES TO NEAI	REST WHOLE DOLLAR
I, SEIZED FUNDS PURSUANT TO CHAPTER 59 🍑	
A) Beginning Balance:	\$ \$0,00 <b>@</b>
B) Seizures During Reporting Period: ***	
1) Amount seized and retained in your agency's custody:	\$ \$0.00 <b>@</b>
2) Amount seized and transferred to the District Attorney pending forfeiture:	\$ \$0.00 <b>@</b>
3) Total Seizures:	\$0.00
C) Interest Earned on Seized Funds During Reporting Period:	\$ \$0.00 <b>@</b>
D) Amount Returned to Defendants/Respondents:	\$ \$0.00 @
E) Amount Transferred to Forfeiture Account:	\$ \$0.00
F) Other Reconciliation Items (Must provide detail in box below):	\$ \$0.00 🚱
Description:	
G) Ending Balance:	\$0.00
II. FORFEITED FUNDS AND OTHER COURT AWARDS PURSUANT TO CHAPTER 59	
A) Beginning Balance:	\$ \$2,336.01 <b>@</b>
B) Amount Forfelted to and Received by Reporting Agency (Including Interest) During Reporting Period:	\$ \$0.00
	\$ \$0.00 🚱
C) Interest Earned on Forfeited Funds During Reporting Period:	
D) Amount Awarded Pursuant to 59.022:	\$ \$0.00 @
E) Amount Awarded Pursuant to 59,023:	\$ \$0,00 @
F) Proceeds Received by Your Agency From Sale of Forfeited Property:	\$ \$0.00 🚱
G) Amount Returned to Crime Victims:	\$ \$0.00 @
H) Other Reconciliation Items (Must provide detail in box below):	\$ \$0.00 <b>@</b>
Description:	
I) Total expenditures of Forfeited Funds During Reporting Period: ***	\$0.00
J) Ending Balance (balance will be automatically calculated after expenditures are entered): 🚱	\$2,336.01
III.OTHER PROPERTY	
<b></b>	
A) MOTOR VEHICLES (Include cars, motorcycles, tractor trailers, etc.)	
1) Seized: 0	
2) Forfeited to Agency: 0	
3) Returned to Defendants/Respondents: 0	
4) Put into use by Agency: 0	
B) REAL PROPERTY (Count each parcel seized as one item)	
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1) Seized:	

1	3) Returned to Defendants/Respondents:	0
	4) Put into use by Agency:	0
	and the second s	
	C) COMPUTERS (include computer amd attached system comp	onents, such as printers and monitors, as one item)
	1) Seized:	0
	2) Forfeited to Agency:	0
	3) Returned to Defendants/Respondents:	0
	4) Put into use by Agency:	0
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	D) FIREARMS (Include only firearms seized for forfeiture under	Chapter 59. Do not include weapons disposed under Chapter 18)
ĺ	1) Seized:	0
	2) Forfeited to Agency:	0
ļ	3) Returned to Defendants/Respondents:	C .
	4) Put into use by Agency:	
:	E) Other Property	
	E) Other Property	
İ	Description Seized Forfe	ited to Agency Returned to Put into use by Agency
	0	Defendants/Respondents  0 0
	V	T
	IV.FORFEITED PROPERTY RECEIVED FROM ANOTHER AGEN	cy 🔮
	A) Motor Vehicles:	<b>2</b>
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	Ly Other.	
	TO AN ADDRESS OF THE PROPERTY	IOTHER AGENCY
	V. FORFEITED PROPERTY TRANSFERRED OR LOANED TO AN	
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	•	
	E) Other:	
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	VI.EXPENDITURES **	
	A) SALARIES	
	Increase of Salary, Expense or Allowance for Employed Supplements):	s (Salary \$ \$0.00
	2) Salary Budgeted Solely From Forfelted Funds:	<b>\$</b> \$0.00
	Number of Employees Paid Using Forfeiture Funds:	0
	4) TOTAL SALARIES PAID OUT OF CHAPTER 59 FUNDS:	
	4) TOTAL SALAKIES PAID GOT OF GIAL TER SOT GROOM	
	B) OVERTIME	
	1) For Employees Budgeted by Governing Body:	<b>\$</b> \$0.00
	2) For Employees Budgeted Solely out of Forfeiture Fun	ds: \$ \$0,00
	3) Number of Employees Paid Using Forfeiture Funds:	0
	4) TOTAL OVERTTIME PAID OUT OF CHAPTER 59 FUND	S: \$0.00
	C) EQUIPMENT	
	1) Vehicles:	<b>\$</b> \$0.00
	2) Computers:	<b>\$</b> \$0.00
	3) Firearms, Protective Body Armor, Personal Equipmen	t: \$ \$0.00
	4) Furniture:	<b>\$</b> \$0.00
	5) Software:	\$ \$0.00
	6) Maintenance Costs:	\$ \$0.00

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$ $0.00
, 7) Uniforms:
                                                                 $ $0.00
  8) K9 Related Costs:
  9) Other (Must provide detail in box below):
                                                                 $ $0.00
   Description:
  10) TOTAL EQUIPMENT PURCHASED WITH CHAPTER 59 FUNDS:
  D) SUPPLIES
                                                          $ $0.00
  1) Office Supplies:
                                                          $ $0.00
  2) Mobile Phone and Data Account Fees:
  3) internet:
                                                          $ $0.00
                                                          $ $0.00
  4) Other (Must provide detail in box below):
   Description:
  5) TOTAL SUPPLIES PURCHASED WITH CHAPTER 59 FUNDS:
                                                          $0.00
  E) Travel
    1) in State Travel
                                                            $ $0.00
    a) Transportation:
                                                            $ $0.00
    b) Meals & Lodging:
                                                            $ $0.00
    c) Mileage:
    d) Incidental Expenses:
                                                            $ $0.00
                                                            $0.00
    e) Total in State Travel:
    2) Out of State Travel
                                                            $ $0.00
    a) Transportation:
                                                            $ $0.00
    b) Meals & Lodging:
    c) Mileage:
                                                            $ $0.00
    d) Incidental Expenses:
                                                            $ $0.00
                                                            $0.00
    e) Total Out of State Travel:
    3) TOTAL TRAVEL PAID OUT OF CHAPTER 59 FUNDS
                                                            $0.00
    Total Travel Paid Out of Chapter 59 Funds:
  F) TRAINING
  1) Fees (Conferences, Seminars):
                                                                 $ $0.00
                                                                 $ $0.00
  2) Materials (Books, CDs, Videos, etc.):
  3) Other (Must provide detail in box below):
                                                                 $ $0.00
   Description:
   4) TOTAL TRAINING PAID OUT OF CHAPTER 59
                                                          $0.00
  G) INVESTIGATIVE COSTS
                                                                  $ $0.00
  1) Informant Costs:
                                                                  $ $0.00
  2) Buy Money:
                                                                  $ $0.00
  3) Lab Expenses:
                                                                  $ $0,00 @
  4) Other (Must provide detail in box below):
   Description:
  5) TOTAL INVESTIGATIVE COSTS PAID OUT OF CHAPTER 59 FUNDS:
                                                          $0.00
  H) PREVENTION / TREATMENT PROGRAMS / FINANCIAL ASSISTANCE / DONATIONS
                                                                                                                                 $ $0.00
  1) Total Prevention/Treatment Programs (pursuant to 59.06 (d-3(6), (h), (j) ):
                                                                                                                                  $ $0.00
  2) Total Financial Assistance (pursuant to Articles 59.06 (n) and (o) ):
                                                                                                                                  $ $0.00
  3) Total Donations (pursuant to Articles 59.06 (d-2)):
   4) TOTAL PREVENTION/TREATMENT PROGRAMS/FINANCIAL ASSISTANCE/DONATIONS (pursuant to Articles 59.06 (d-3(6)),
   (h),(j),(n),(o),(d-2)):
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FACILITY COSTS			
) Building Purchase:	\$ \$0.00		
) Lease Payments:	\$ \$0.00		
) Remodeling:	\$ \$0.00		
) Maintenance Costs:	\$ \$0.00		
) Utilities:	\$ \$0,00		
) Other (Must provide detail in box below):	\$ \$0.00		
Description:			
) TOTAL FACILITY COSTS PAID OUT OF CHAPTER 9 FUNDS:	\$0.00		
MISCELLANEOUS FEES			
Court Costs:		\$ \$0.00	
) Filling Fees:		\$ \$0.00	
insurance:		\$ \$0.00	
Witness Fees (including travel and security):		\$ \$0.00	
Audit Costs and Fees (including audit preparation a	nd professional fees):	\$ \$0.00	
Other (Must provide detail in box below):		\$ \$0.00	
Description:			
) TOTAL MISCELLANEOUS FEES PAID OUT OF CHAPT	TER 59 FUNDS:	\$0.00	
) PAID TO STATE TREASURY / GENERAL FUND / HEALTH	& HUMAN SEVICES COMMISSION		
) Total paid to State Treasury due to lack of local agre	ement pursuant to 59,06 (c):		\$ \$0.00
) Total paid to State Treasury due to participating in t		59.06 (q)(1):	\$ \$0.00
Total paid to General Fund pursuant to 59,06 (c-3) (C			\$ \$0.00
4)Total forfeiture funds transferred to the Health and Human Services Commission pursuant to 59.06 (p):			\$ \$0.00
) TOTAL PAID TO STATE TREASURY/ GENERAL FUND	D/ HEALTH & HUMAN SERVICES COMMISSION	OUT OF CHAPTER 59 FUNDS:	\$0.00
) TOTAL PAID TO COOPERATING AGENCY(IES) PURSUAN	IT TO LOCAL AGREEMENT		
OTAL PAID TO COOPERATING AGENCY(IES) PURSUA GREEMENT:	NT TO LOCAL \$ \$0.00		
1) TOTAL OTHER EXPENSES PAID OUT OF CHAPTER 59 F	UNDS WHICH ARE NOT ACCOUNTED FOR IN PRE	EVIOUS CATEGORIES	
OTAL OTHER EXPENSES PAID OUT OF CHAPTER 59 I OR IN PREVIOUS CATEGORIES (Must provide detail in	FUNDS WHICH ARE NOT ACCOUNTED \$ n box below):	\$0.00 🚱	
Description:	Mile 1978 - Prince of the Control of		
I) TOTAL EXPENDITURES			
	\$0.00		
OTAL EXPENDITURES: 🍪			

SIGNATURE OF AUDITOR/ TREASURER/ ACCOUNTING PROFESSIONAL/ PREPARER:

TITLE:

By pressing "Submit" below using your email address and password account access, and pursuant to the terms of service you swear or affirm, under penalty of perjury, that you have accounted for the seizure, forfeiture, receipt, and specific expenditure of all proceeds and property subject to Chapter 59 of the Code of Criminal Procedure, and that upon diligent inspection of all relevant documents and supporting materials, this asset forfeiture report is true and correct and contains all information required by Article 59.06 of the Code of Criminal Procedure. You further swear or affirm that, to the best of your knowledge, all expenditures reported herein were lawful any proper, and made in accordance with Texas law.

SIGNATURE OF HEAD OF Claburn V. Riddle AGENCY:

TITLE:

County Attorney

DATE:

10/16/2015

## NOTICE OF CRIMINAL PENALTY

By checking this box I acknowledge that I have read and understand the foregoing notice. (This box must be checked in order to submit your report.)