

St. Joseph County Council
Additional Appropriation Notification
April 9, 2026

Additional Appropriation - Requested	\$9,000.00
Additional Appropriation - Approved	\$0.00
Fund Name	Fleet Motor Pool
Fund Number	4020
Account Number and Name	See attached
Public Hearing Date	April 28, 2026
Public Hearing Time	6:00 PM EST
Public Hearing Location	St. Joseph County Council
	St. Joseph County Building
	4th Floor - County Council Chambers
	227 W. Jefferson Boulevard
	South Bend, IN 46601
County Council & Commissioners Signatures	See attached ordinance
	
St. Joseph County Auditor	
April 9, 2026	
Date	
jmurphy@sjcindiana.gov	
Email Address	
574-298-0348	
Telephone Number	

Saint Joseph County, Indiana Form D - Appropriation/(Budget Reduction)		Reviews: Department _____ Date <u>4/6/2026</u> Auditor <u>John Murphy</u> Signature _____ Date <u>4/7/2026</u> Auditor <u>Abby Doyle</u> Signature _____ Date <u>4/6/2026</u> Auditor <u>Kathryn Bishop</u> Signature _____ Date <u>4/7/2026</u> Committee Approval (optional) _____ Signature _____ Date _____	
Department Name - Fleet (LOC 0043) Fund Names - Fleet Motor Pool (4020)			

Fund.Acct.Obj.Loc	Account Name	Amount	
4020.31070.00000.0043	Other Contractual Services	9,000.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
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		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Total		9,000.00	

<u>Salary Amendment</u>			
Position Name		Position Name	
Current Salary	\$0.00	Current Salary	\$0.00
Proposed Salary	\$0.00	Proposed Salary	\$0.00
Position Name		Position Name	
Current Salary	\$0.00	Current Salary	\$0.00
Proposed Salary	\$0.00	Proposed Salary	\$0.00

Justification

Department of Physical Assets, Division of Fleet Management is asking to appropriate \$9,000 of fuel excise tax reimbursement funds received into the Fleet contractual services acct. So far in 2026; a total of \$20,325.68 in fuel excise taxes has been refunded to SIC. The Board of Commissioners contracted with Malcon Indiana Inc. on 10/28/2025 (after the 2026 budget process) for professional services related to the preparation and submission of fuel excise tax reimbursement claims on behalf of SIC. Fees for this professional service are capped at \$1,500 quarterly or \$6,000 annually. The Board of Commissioners paid the first invoice for services rendered, which covered QTR 1 & 2 of 2025, but invoices for QTR 3 & 4 of 2025 (not yet invoiced) and 2026 services (not yet invoiced) are to be paid by Fleet. Requesting this appropriation to cover those upcoming invoices as listed in the approved contract.

View Balances by Account

4020.02705.00000.0043 Transactions as of 12/31/2026

The Last Posted Date is 02/28/2026.

-Fleet Receipt Acct-

Saint Joseph County

Effective Date	Amount	Tran Type	Tran Source	Comment	Tran Date	Receipt	Bank	Check	Vendor Payee Name	Invoice	Invoice Date	PO	PO Mode
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02/25/2026	9,184.10	Rec	Automated Receipt	ST JOSEPH COUNTY	02/25/2026	180942	007		QTR 1/2-2025				
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02/25/2026	7,177.82	Rec	Automated Receipt	ST JOSEPH COUNTY	02/25/2026	180942	007						
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03/24/2026	35,000.00	EstRev	Estimated Revenue	March 2026 Adjustment	03/24/2026								
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03/25/2026	11,141.58	Rec	Automated Receipt	ST JOSEPH COUNTY	03/25/2026	181383	007		QTR 3/4-2025				
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03/26/2026	279,474.25	Rec	Automated Receipt	SJC TREASURER	03/26/2026	181420	007						
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04/02/2026	1,433,817.00	EstRev	Estimated Revenue	Rev Estimate Adjustment	04/02/2026								
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Refund Total \$20,325.68 (50 Tax)

View Balances by Account

4020.02705.00000.0043 Transactions as of 12/31/2026

The Last Posted Date is 02/28/2026.

Saint Joseph County

Fund:		Fleet Motor Pool	
Fund Type:		Calendar	
Expenditure Account:			
Account Type:		General Gov'T.	
Object:			
Receipt Account:		Fuel Reimbursements	
Account Type:		Normal	
Object:		General Gov'T.	
Location:		Fleet Management	
Balances (01/01/2026 - 12/31/2026)			
		12/01/2026	Total
		Current Month	
Appropriation		0.00	0.00
Receipts		0.00	306,977.75
Encumbrance			0.00
Expenditure		0.00	0.00
Estimated Rev		0.00	1,468,817.00
Unexpended Bal			0.00
Unencumbered Bal			0.00



ST. JOSEPH COUNTY

ESTABLISHED 1830

DEPARTMENT OF PHYSICAL ASSETS
FLEET MANAGEMENT DIVISION

Galen Pelletier – Manager | Bree Roberts – Director

APPROVED

SIGNATURE:

SIGNATURE:

SIGNATURE:

DATE:

Meeting Date: 10/28/2025

RE: Professional Services Contract with Malcon Indiana Inc.

Commissioners,

Before you today is a contract for professional services with Malcon Indiana Inc. for preparation of Fuel Excise Tax Reimbursement Claims. Under this contract, tax refund information will be gathered and processed from the years 2024, 2025, and 2026. These refund recoveries will be submitted to the State of Indiana by Malcon on St. Joseph Counties behalf, with checks being issued directly to SJC. Due to this framework, a limited Power of Attorney is required to be completed as well.

Fee Structure as follows:

- 50% of refund amount recovered on our behalf
 - Capped at \$1,500 Quarterly / \$6,000 annually
- Fees are contingent upon the actual recovery of the refund from the State of IN
 - No refund = No Fees

With this partnership, Fleet is enthusiastic about getting this process back on track and up to date moving forward.

Physical Assets finds this contract favorable as set out and asks for your support.

COPY

Respectfully,


Bree Roberts, Director


Galen Pelletier, Manager



September 24th, 2025

The Board of Commissioners

St. Joseph County
227 W. Jefferson
South Bend, IN 46601

Re: Proposal for the Preparation of Claims for Fuel Tax Refund-St. Joseph County

Dear Commissioners:

Section 1: Introduction

The purpose of this letter is to provide St. Joseph County with a formal proposal outlining how Malcon Indiana, Inc. (Malcon) can be of assistance in the area of providing technical expertise in the preparation of Claims for Fuel Tax Refunds.

Section 2: Background

St. Joseph County purchases gasoline fuel for vehicles and equipment as part of its overall mission to serve the community. When purchasing these fuels, St. Joseph County is required to pay Indiana Fuel Taxes. The Indiana Department of Revenue (IN-DOR) Special Tax Division provides an avenue to St. Joseph County to receive a refund on the Fuel Taxes. Claiming for the tax refund is accomplished by submitting Form REF-1000 to IN-DOR.

Section 3: Objectives

The objectives are to:

- Provide all necessary documentation to IN-DOR program administrators to clearly document related eligible taxes for refund.
- Make the process of preparing the Fuel Tax Refund as easy as possible on St. Joseph County.

Section 4: Scope

To achieve the objectives of this service, Malcon will address all aspects of the Fuel Tax Refund between St. Joseph County and the State of Indiana. This will include the following:

- **Data Collection:** Malcon will perform all data collection activities. St. Joseph County staff will provide direction as to where the information can be obtained.
- **Presentation to County Officials:** After the compilation of Form REF-1000, Malcon will meet with the appropriate County Officials (Auditor, Commissioners, etc.) to review the results of the analysis, focusing on the recoveries to the County.

ST. JOSEPH COUNTY HIGHWAY – PROPOSAL FOR THE PREPARATION OF CLAIMS FOR FUEL TAX REFUND

- **Delivery and Negotiation with State Officials:** All delivery, presentations and negotiations with the IN-DOR are included in this service.
- **Audit Defense to State Auditors:** In the event that State auditors have questions regarding how the claims for refund were prepared, Malcon is ready to stand completely behind the plan results.

Section 5: Approach

The following approach to this assignment will include these steps:

- Secure an executed IN-DOR Power of Attorney (FOA-1).
- Identify eligible vehicles and equipment for claiming refunds.
- Gather and review the appropriate detailed fueling reports that will stand-up to audit tests from IN-DOR.
- Compile all data collected into an electronic format that will generate the appropriate report that meets IN-DOR guidelines.
- Review the Refund Claim Forms with appropriate staff to foster an understanding of the submitted document.
- Deliver the Refund Claim Forms and supporting documentation to the IN-DOR, Special Tax Division.
- Monitor the approval and payment process by the IN-DOR.
- Respond quickly to questions posed the IN-DOR.

Section 6: Timing

Malcon will prepare and submit Annual Claims for Fuel Tax Refund Form within 90 days of the end of the 2nd quarter when the DOR changes rates.

Malcon will submit quarterly claims in instances where an entire year cannot be submitted when retroactively claiming for Fuel Tax Reimbursements.

Section 7: Staffing

Malcon Indiana will utilize the expertise of our Indiana based consulting staff.

- Daniel Vaughn, President
- Matthew Lowery, Vice President

Section 8: Qualifications

The following are key qualifications that make Malcon uniquely suited for this assignment:

- **Over 37 Indiana Counties and Cities** - Preparation of the Fuel Tax Claims for Refund for the years 2017 through current.
- **Over 27 Indiana Counties** - Preparation of County-Wide Cost Allocation Plans for the years 2005 through current.
- **Over 65 Indiana Counties** - Preparation of Title IV-D Monthly Expenditure Reimbursement claims for the years 2004 through current.
- **Over 20 Indiana Counties, Cities/Towns/Townships, Fire Territories** - Preparation of the annual Medicaid Ambulance Cost Report for the years 2011 through current.

Malcon Indiana is an Indiana Corporation serving Indiana Counties since 2004 with a consulting staff that is based exclusively within Indiana.

ST. JOSEPH COUNTY HIGHWAY – PROPOSAL FOR THE PREPARATION OF CLAIMS FOR FUEL TAX REFUND

Section 9: Fees and Expenses

Proposed Fees:

The fee for this service shall be no more than \$6,000.00 for each annual (or \$1,500.00 quarterly) for the reports prepared. This fee is **contingent** upon the actual recovery of the refund from the State of Indiana.

- St. Joseph County and Malcon Indiana, Inc. shall share equally in the recoveries for each annual reported up to \$6,000.00.
 - Fee Computation Example
 - Annual Refund: \$1,000. x 50% Malcon Fee amount: \$500.
 - Annual Refund: \$4,000. x 50% Malcon Fee amount: \$2,000.
 - Annual Refund: \$20,000. Malcon Fee amount: \$6,000.
- An invoice will be issued to St. Joseph County after the refund from the State of Indiana for each Claim for Fuel Tax Refund submitted has been received.
- This fee is inclusive of all services performed related to this project including:
 - Data Collection
 - Report Presentation to Stakeholders
 - Delivery and Audit Defense with the Indiana Department of Revenue-Special Tax Division.
- Claim Preparation will start with the first Quarter Beginning 2024 and ending with the fourth Quarter of 2026. This proposal will be in effect during the specified timeframe or at such time as either party wishes to change the scope of services or the professional fee. Either party may terminate the agreement with a sixty-day (60) written notice.

Section 10: Closing

It has been a privilege to submit this proposal to St. Joseph County to provide for the preparation of the Claims for Fuel Tax Refund. The comprehensive approach outlined above will optimize recoveries from the State, meet and exceed filing guidelines and substantially enhance the reliability and defense of the Claims.

If this proposal meets with your approval, please have the appropriate official perform the following:

- Sign in the Acceptance Section (Page 4).
- Complete Form POA-1 (Attachment A).
- Return signed copies of the Acceptance and POA-1.

Respectfully submitted,



Daniel J. Vaughn
President

ST. JOSEPH COUNTY HIGHWAY – PROPOSAL FOR THE PREPARATION OF CLAIMS FOR FUEL TAX REFUND

ACCEPTANCE

This agreement between **St. Joseph County** and **Malcon Indiana, Inc. (Malcon)** is to provide the preparation of Claims for Fuel Tax Refund.

The fee for this service shall be no more than \$6,000.00 for each annual (or \$1,500.00 quarterly) for the reports prepared. This fee is **contingent** upon the actual recovery of the refund from the State of Indiana.

- St. Joseph County and Malcon Indiana, Inc. shall share equally in the recoveries for each annual reported up to \$6,000.00.

- o Fee Computation Example

▪ Annual Refund:	\$1,000. x 50%	Malcon Fee amount:	\$500.
▪ Annual Refund:	\$4,000. x 50%	Malcon Fee amount:	\$2,000.
▪ Annual Refund:	\$20,000	Malcon Fee amount:	\$6,000.

- An invoice will be issued to St. Joseph County after the refund from the State of Indiana for each Claim for Fuel Tax Refund submitted has been received.
- This fee is inclusive of all services performed related to this project including:
 - o Data Collection
 - o Report Presentation to Stakeholders
 - o Delivery and Audit Defense with the Indiana Department of Revenue-Special Tax Division.
- Claim Preparation will start with the first Quarter Beginning 2024 and ending with the fourth Quarter of 2026. This proposal will be in effect during the specified timeframe or at such time as either party wishes to change the scope of services or the professional fee. Either party may terminate the agreement with a sixty-day (60) written notice.

The following signatures will be considered as evidence of the acceptance of the above-described terms.

Acceptance by St. Joseph County

By: Carl H. Baxmeyer Title: President, Board of Commissioners
 Name: Carl H. Baxmeyer Date of Signature: 10/28/2025

For Malcon Indiana, Inc.

Daniel J. Vaughn

By: Name: Daniel J. Vaughn
 Title: President

Anthony Hazen
 Anthony "Tony" Hazen
 Vice President, Board of Commissioners
 10.28.2025
Rafael Morton
 Rafael Morton
 Member, Board of Commissioners
 10.28.2025



POA - 1
State Form 49357
(R7 / 8-20)

Indiana Department of Revenue
POWER OF ATTORNEY

1. Taxpayer Information

*Taxpayer(s) Name(s) Saint Joseph County, Indiana - Board of Commissioners		DBA Name(s) (if applicable)	
Address ☐ New Address? 227 West Jefferson			
City South Bend	State IN	Zip Code 46601	
Telephone Number 574-235-9534			

2. Identification Numbers

*Indiana Taxpayer Identification Number (10 digits)

--	--	--	--	--	--	--	--	--	--

Social Security Number

--	--	--

or

Employer Identification Number

35	—	6000194
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Spouse's Social Security Number

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Hereby appoint(s) the following:

3. Representative Information

*Individual Representative Name See Section 4 - Firm/Vendor Information			Additional Individual Representative Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number	Email		Telephone Number	Email	
Additional Individual Representative Name			Additional Individual Representative Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number	Email		Telephone Number	Email	

4. Firm/Vendor Information

Firm/Vendor Name (*If applicable) Malcon Indiana, Inc.		
Address 5104 N County Road 500 W		
City Muncie	State IN	Zip Code 47304
Telephone Number 317-818-1876	Email claims@malconindiana.com	

If firm or vendor, list representative(s) name, telephone number and email.

Representative(s) Name	Telephone Number	Email
Daniel Vaughn	317-775-9208	daniel@malconindiana.com
Matthew Lowery	317-775-8419	matthew@malconindiana.com

5. General Authorization

☐ I authorize the listed representative(s), in addition to anything otherwise authorized on this form, to represent me regarding any matters with the Indiana Department of Revenue regardless of tax years or income periods. I understand that this authority will expire 5 years from the date this POA is signed or a written and signed notice is filed revoking this authorization.

If I am:

6. Tax Type(s) (Not applicable if box is checked in question 5 above)

*Type of Tax

*Year(s)/Period(s)

(Income, Withholding, Sales, etc.)

☐ Current Year ☒ Specify

Excise Fuel Tax

1/1/2024 - 12/31/2026

I acknowledge that the designated representative has the authority to receive confidential information and full power to perform on behalf of the taxpayer in tax matters related to this Power of Attorney. This authority does not include the power to receive refund checks.

I acknowledge that actions taken by the designated representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.

If I am a corporate officer, partner, or fiduciary acting on behalf of the taxpayer, I certify that I have authority to execute this Power of Attorney on behalf of the taxpayer.

7. Authorizing Signature

*Signature Carl H. Baxmeyer

*Date 10/28/2025

*Printed Name Carl H. Baxmeyer

Title President, Board of Commissioners

*Telephone Number 574-235-9534

Email

*Required fields - If not complete, this form will be returned to sender.

Anthony Hazen
Anthony "Tony" Hazen
Vice President, Board of Commissioners

Rafael Morton
Rafael Morton
Member, Board of Commissioners

Instructions for Indiana Form POA-1

Casual conversations with a taxpayer's representative who does not have a Power of Attorney on file are permitted. However, the Indiana Department of Revenue will not disclose tax return information or taxpayer-specific information to the representative unless a properly executed Power of Attorney has been filed with the department. In lieu of a Power of Attorney, you can authorize the department to discuss your tax return information with someone else by filling out the Personal Representative Portion on your individual tax return.

Pursuant to 45 IAC 15-3-4, a properly executed Power of Attorney must contain the following information:

1. The taxpayer's name, DBA name (if applicable), address (Please check the box if this is a new address), and telephone number.
2. The Indiana taxpayer's Identification (10-digit TID) number. The department assigns TID numbers, and each entity has its own TID number. The Internal Revenue Service provides the employer identification number (EIN). Individual taxpayers should use their Social Security numbers unless they have been issued a TID number.
3. The name, address, and telephone number of your individual representative(s). Only individuals can be named as representatives. If you want to add one individual representative, enter one in the spaces provided. If you want to add more representatives, enter them in the spaces provided.
4. If your representative works for a consulting firm or vendor, enter the company's name, address, telephone number, and email address. Enter the individual representative name(s) employed by the firm or vendor you have designated. If you want to add more than four individual representatives for a firm or vendor, you can provide the names of those representatives in a separate list to be attached to this Power of Attorney form.

If you wish for your firm to be represented generally by a company such as a payroll processor, enter the company's name, address, telephone number, and email address. If the company is not listed, you must provide the names of one or more individual representatives.

5. Check this box if you want to authorize your representative to represent you regarding all tax matters, regardless of the tax year or income period involved.
6. The Power of Attorney form can contain the specific type of tax, or the option ALL. By choosing the option ALL, you will be allowed access to ALL tax types appropriate to the taxpayer. The tax years must be specific.
7. The taxpayer's signature or the signature of an individual authorized to execute the Power of Attorney on the taxpayer's behalf.

NOTE: Include as an enclosure any restrictions or limitations the taxpayer has placed on the representative while acting as the taxpayer's representative.

After the taxpayer executes a Power of Attorney, the department will communicate primarily with the taxpayer's representative.

The department accepts faxed copies of original Power of Attorney forms. If a copy is provided, the person forwarding the copy certifies, under penalties for perjury, that the copy is a true, accurate, and complete copy of the original document.

Do not send POA-1 via email. This is not a secure means of transmittal.

The department will not accept a Power of Attorney form that has been altered unless it has the initials of the taxpayer (or an individual authorized to execute the Power of Attorney on the taxpayer's behalf) beside the alteration(s).

This Power of Attorney is effective for 5 years from the date the form is signed. After the expiration of 5 years, a new Power of Attorney form must be completed if the taxpayer wishes to permit the department to communicate with the taxpayer's representative.

This Power of Attorney can be revoked prior to expiration only by written and signed notice. A subsequent Power of Attorney alone will NOT revoke a prior Power of Attorney.

***Required fields – if not complete, this form will be returned to sender.**

Submit the form using these methods:

- Fax: (317) 615-2805
- Mail: Indiana Department of Revenue
PO Box 7230
Indianapolis, IN 46207-7230

Approved by State Board of Accounts
for St. Joseph County - 2019



Indiana Sales Tax Ex. #003118916 001 8
Federal I.D. #356000194

Document Control No. **226327**
Vendor Number **131287**

227 W. JEFFERSON BLVD.
SOUTH BEND, INDIANA 46601
(574) 235-9776

PURCHASE ORDER	
NO.	231620
THIS NUMBER MUST APPEAR ON INVOICES, CLAIMS, DELIVERY MEMO, PACKING SLIPS, SHIPPING LABELS, AND ANY CORRESPONDENCE.	

TO: Malcon Indiana Inc
dba Malinowski Consulting
5104 North CR 500 W
Muncie IN 47304

SHIP TO:
Fleet Management #43
Dept of Physical Assets
227 W. Jefferson Blvd
South Bend, IN 46601
Bree Roberts

ATTN:

DATE	DEPARTMENT	FUND & ACCOUNT	UNIT PRICE	AMOUNT
02/24/2026		See below or Page 1		
QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
Distribution.		1000.31070.00000.0034 General Fund		3,000.00

Invoice #2025Q1Q271FTC
Dated 2/13/2026

Services Rendered: Preparation of the Fuel Exise Tax
Refund for SJC
QTR 1 - 2025
QTR 2 - 2025

1,500.00
1,500.00

*Approved to pay from BOC funds 2/24/2026

PO to Bree Roberts for PMT
CC: Galen (Informational)

Total: 3,000.00

COPY

I hereby certify that there is an unobligated balance in this appropriation sufficient to pay for the above order.
ST. JOSEPH COUNTY WILL NOT KNOWINGLY ACCEPT ANY CONTRACT IN WHICH THE CONTRACTOR
DISCRIMINATES ON THE BASIS OF SEX, RACE, COLOR, CREED, RELIGION, NATIONAL ORIGIN, AGE,
HANDICAP, OR STATUS AS A VIETNAM-ERA OR SPECIAL DISABLED VETERAN.

THIS ORDER IS ISSUED IN COMPLIANCE WITH IC-36-1-9
AND ACTS AMENDATORY THEREOF AND SUPPLEMENTAL THERETO.

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have
audited same in accordance with IC 5-11-10-2.

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the
materials or services itemized thereon for which charge is made were ordered and received

AUTHORIZED BY
John B. Murphy

ST JOSEPH COUNTY AUDITOR

Bree Roberts

ST JOSEPH COUNTY DIRECTOR OF PHYSICAL ASSETS
VENDOR COPY / ACCOUNTS PAYABLE VOUCHER

Date: _____

Signature (department head)

Malcon Indiana, Inc.
5104 N County Road 500 West
Muncie, IN 47304
+13178181876
claims@malconindiana.com
www.malconindiana.com



BILL TO
St. Joseph Fuel Tax Claiming
John Murphy
Auditor
St. Joseph County
227 W. Jefferson St.
South Bend, IN 46601

INVOICE 2025Q1Q271FTC

DATE 02/13/2026

DUE DATE 03/30/2026

FOR PROFESSIONAL SERVICES RENDERED:

AMOUNT

Preparation of the Fuel Tax Refund for St. Joseph County for the time period of 2025 Q1 for the HIGHWAY DEPARTMENT.
Per negotiated specifications.

1,500.00

Preparation of the Fuel Tax Refund for St. Joseph County for the time period of 2025 Q2 for the HIGHWAY DEPARTMENT.
Per negotiated specifications.

1,500.00

Invoices are due in full 45 days of receipt.

Please make check payable to: Malcon Indiana, Inc.

TOTAL DUE

\$3,000.00

COPY

1000.31070.00034
*Approved to pay from BOC Funds 2/24/26

(Signature)

THANK YOU.

131287 Malcon Indiana Inc Bank: 008 Check Date: 03/03/2026 DirDep: 122161

PO	Budget Account Code	Invoice Date	Invoice	Comment	Amount
231620 C	1000.31070.00000.0034	02/13/2026	2025Q1Q271FTC		3,000.00
					<u>3,000.00</u>

122161 03/03/2026

Pay exactly Void Void Void Void Void Void Void Void Direct Deposit \$3,000.00

Bank: 008 1ST Source Accounts Payable

Malcon Indiana Inc
dba Malinowski Consulting
5104 North CR 500 W
Muncie IN 47304

COPY Copy Non-negotiable

John H. Murphy

From: Kathryn Bishop
Sent: Tuesday, April 7, 2026 9:14 AM
To: Jennifer Prawat; Bree Roberts; Galen D. Pelletier
Cc: John H. Murphy; Abby Doyle
Subject: Form D Fleet \$9,000.00 4.14.26
Attachments: Form-D Fleet \$9,000 4.6.26.pdf

Hi Jen,

Attached is a Form-D from Fleet for the April 14th Council meeting.

Thank you,

Kathryn Bishop
Finance Director
ST. Joseph County Auditor
227 W Jefferson Blvd
South Bend IN 46601
Phone: (574) 235-9668 extension 7209
Kbishop@SJCINDIANA.COM