

Speaker of the Guam Legislature Attn: Speaker Judith T. Won Pat, Ed.D.

155 Hesler Place Hagatna, Guam 96910 Community First Guam Federal Credit Union

238 Archbishop Flores Street Suite 102 | Hagàtīna, Guam 96910 WWW.COMMUNITYFIRSTFCU.COM PHONE: (671) 472 - 8210 FAX: (671) 477 - 5522

33-16-1663

Office of the Speaker Judith T. Won Pat. Ed.D

Date	05.23 14
	11:08 pm
Receive	(B): m

## Re: Payment Activity Report/Monthly Statement of Account (April 2016)

Dear Madam;

May 18, 2016

To:

Please find attached the Payment Activity Report submitted by Guam Behavioral Health and Wellness Center and Substance Abuse with the Statement of Accounts for the month ending **April 2016** for your perusal.

If you should need further clarification or assistance regarding the activity and transactions, please do not hesitate to contact me at (671) 648.6245.

Regards, Rick J. Scroggs AVP/Business Development Manager

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Maelei Rose Samps Tuesday, May 03, 2 Rick Scroggs Rey Vega; Benny Pi	son [maelei.sampson@g 016 10:09 AM inaula	bhwc.guam.gov]	
Rey Vega; Benny Pi April 2016 Payment	inaula Activity Report for FMT	Trust Fund	
Hi Mr. Scroggs:			
he Txn Type (Wire/CC/Other)	below with their respe	ctive Cashiers Checl	Numbers.
6 Payment Activity Report is I	listed as the following:		
I XII I VDE (WIFE/CC/Other)	<b>Beneficiary Name</b>	Amount	<u>Other Details</u>
	<u>Beneficiary Name</u> Olivia M. Delapaz	<u>Amount</u> \$551.25	<u>Other Details</u> Payroll (Pharmacy Technician)
Casheir's Check (no.305427) Casheir's Check (no.305435)	<u>Beneficiary Name</u> Olivia M. Delapaz Rey M. Vega	<u>Amount</u> \$551.25 \$351.00	Other Details Payroll (Pharmacy Technician) Reimbursement for CYS Survey Preparation Workbook (\$110), 2016 Child and Youth Services Standards Manual (\$131), BH Survey Preparation Workbook (\$110)
Casheir's Check (no.305427) Casheir's Check (no.305435) Casheir's Check (no.305436)	Beneficiary Name Olivia M. Delapaz Rey M. Vega Olivia M. Delapaz	Amount \$551.25 \$351.00 \$351.00	Other DetailsPayroll (Pharmacy Technician)Reimbursement for CYS Survey Preparation Workbook (\$110), 2016 Child and Youth Services Standards Manual (\$131), BH Survey Preparation Workbook (\$110)Payroll (Pharmacy Technician)
	Maelei Rose Samps Tuesday, May 03, 2 Rick Scroggs Rey Vega; Benny Pi April 2016 Payment ie Txn Type (Wire/CC/Other) 6 Payment Activity Report is I	From: Maelei Rose Sampson [maelei.sampson@g   Sent: Tuesday, May 03, 2016 10:09 AM   To: Rick Scroggs   Cc: Rey Vega; Benny Pinaula   Subject: April 2016 Payment Activity Report for FMT   Hi Mr. Scroggs: Please view the Txn Type (Wire/CC/Other) below with their respertive the Txn Type (Wire/CC/Other) below with their respertive the April 2016 Payment Activity Report is listed as the following:	From: Maelei Rose Sampson [maelei.sampson@gbhwc.guam.gov]   Sent: Tuesday, May 03, 2016 10:09 AM   To: Rey Vega; Benny Pinaula   Subject: April 2016 Payment Activity Report for FMT Trust Fund   Hi Mr. Scroggs: Please view the Txn Type (Wire/CC/Other) below with their respective Cashiers Check   The April 2016 Payment Activity Report is listed as the following:

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MEMBER NO.	ENDING DATE	BRANCH	PAGE		
0000143634	04-30-16	3	1	GU969130000	8

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CFGFCU-TRUSTEE DIRECTORS OFFICE T CRUZ 790 GOV C CAMACHO RD TAMUNING GU 96913

DATE	TRAN	SACTION DESCRIPT	ION		AMOUNT	FINANCE	BALANCE
APR30 APR30	*** ANNUAL PERCENTAGE YIELD EA	ACCT# 1 RNED FROM 04-01-16 TH	04-01-16 THRU RU 04-30-16 WAS 0		PREVIOUS BA 21.78	CHARGE ANCE	106,290.43 106,312.21 106,312.21
••••••		TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE				
	OVERDRAFT FEES OVERDRAFT FEES WAIVED	0.00	0.00 0.00				
	RETURNED ITEM FEES RETURNED ITEM FEES WAIVED	0.00	0.00 0.00				
APR18 APR21 APR30	BUSINESS SHARE DRAFT PRI WITHDRAWAL CE-S. WITHDRAWAL CE-S. WITHDRAWAL CE-S. DIVIDEND *** ANNUAL PERCENTAGE YIELD EAU NEW BALANCE	AL 2016-468 4/18/2016 AL 2016-469 4/21/2016	DMH-0468 DMH-0469		PREVIOUS BA 551.25- 351.00- 547.50- 21.10		74,207.57 73,656.32 73,305.32 72,757.82 72,778.92 72,778.92
	· · · · · · · · · · · · · · · · · · ·	TOTAL FOR THIS PERIOD	TOTAL   YEAR-TO-DATE				
	OVERDRAFT FEES OVERDRAFT FEES WAIVED	0.00	0.00 0.00				
	RETURNED ITEM FEES RETURNED ITEM FEES WAIVED	0.00 0.00	0.00 0.00				
	DEPOSITS, DIVIDENDS AND OTHER C DATE AMOUNT APR30 21.10 TOTAL DIVIDENDS TOTAL DEPOSITS AND OTHER CREDIT	DATE AMOUNT	DATE	AMOUNT		DATE AV	10UNT

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MEMBER NO.	ENDING DATE	BRANCH	PAGE		
0000143634	04-30-16	3	2	GU969130000	8201 P

CFGFCU-TRUSTEE DIRECTORS OFFICE T CRUZ 790 GOV C CAMACHO RD TAMUNING GU 96913

	STATEMENT OF ACCOUNTS			
DATE	TRANSACTION DESCRIPTION	AMOUNT	FINANCE CHARGE	BALANCE
	WITHDRAWALS, FEES AND OTHER DEBITS			
	DATE AMOUNT DATE AMOUNT DATE AMOUNT		DATE A	MOUNT
	APR13 551.25- APR18 351.00- APR21 547.50-			
	TOTAL FEES 0 0.00 TOTAL WITHDRAWALS AND OTHER DEBITS 3 1,449.75-			
			********	
	********* STATEMENT SUMMARY *******			
	ACCT NEW DIVIDENDS TAX LOAN BALANCE YTD NAME	NEW BALANCE		
	1 106,312.21 88.46 Entrust DMHSA & DISID 2 72,778.92 91.04 CFGFCU-TRUSTEE			
	2 72,778.92 91.04 CFGFCU-TRUSTEE TOTAL DIVIDENDS YTD 179.50			
	If you need to report a lost or stolen ATM, please contact			
	1-800-523-4175. If you need to report a LOST or STOLEN VISA CHECK CARD, plea	<b>CP</b>		
	contact 1-800-4723272.			
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