FROM: Orcas Isla	FROM: Orcas Island Health Care District	trict	Fund# 6541.00				
Date:	10/15/2018	00				Page 1 of 1	
Invoice #	Description	inv. Date	Vendor #	Vendor Name	Amount	Grant /Level Bars #	1000
3151	Advertisement	9/30/2018	+-	Sound Publishing - ads for Town Halls	-	6541.00.561.00.41.0060	
946424	Accounting	8102/1/01	+	San Juan County - Q'3 2018 Quarterly Fees	\$ 130.54	6541.00.561.00.41.0020	
610424	Legal Services	9/12/2018	ogd100	Ogden Murphy Wallace, P.L.L.C.	\$ 4,573.50	6541.00.561.00.41.0030	
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				TOTAL STATE OF THE PROPERTY OF			
				I O I AL I HIS PAGE	\$ 5,090.94		
I, the undersigned, do hereby certify under penalty of perjury that the mater due and payable pursuant to a contract or is available as an option for full or Island Health Care District, and that I am authorized to authenticate and contract to a second s	, do hereby certify ursuant to a contra	inder penalty ct or is availa	of perjury th		the labor performe that the claim is a j	d as described herein, that any advance payme	ent is
l, the undersigned	District, and that I a	ım authorize	d to authentic	ate and coutify to said claim.		0	SE
	District, and that I a	ım authorize nder penalty	d to authentic	Anne L. Presson, Superintendent of the United to authenticate and coarry to said claim.  Anne L. Presson, Superintendent  I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orcas said claim.	LC Da	Date Island Health Care District, and that I am authorized to certify to	0 88
	District, and that I a	im authorize	Anne L. Preso of perjury th	Anne L. Presson, Superintendent of perjury that the claim is a just, due and unpaid obligation against the Orca Patty Miller, Auditing Officer	Daas Island Health Ca	Date Care District, and that I am authorized to certify to	0 85
<b>Board Authorization</b> As the duly elected board for t \$5090.94 for the period ending	District, and that I add that I add the strict was a strict with the strict of the strict and th	nder penalty	Anne L. Pressor of perjury the Patty Miller.  Patty Miller.  Patty Miller.	Anne L. Presson, Superintendent  I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orca said claim.  Patty Miller, Auditing Officer  Board Authorization  As the duly elected board for this district we have reviewed the claims listed above (including original backup materials) totaling  We approve payment with our signatures below.	De Das Island Health Ca	te e District, and that I am authorized to certify to	0 95
Board Authorization As the duly elected board \$5090.94 for the period e	District, and that I add hereby certify under this distriction ation	am authorize inder penalty inder penalty in the pen	Anne L. Preso of perjury the Patty Miller.  Patty Miller.  We appr	iticate and coacity to said claim.  Soon, Superintendent that the claim is a just, due and unpaid obligation against the Orca payment with our signatures below.  Pegi Groundwater, Commissioner	as Island Health Ca	te e District, and that I am authorized to certify to	O 35
Board Authorization As the duly elected board for \$5090.94 for the period endin Art Lange, Commissioner Diane Boteler, Commissioner	District, and that I add hereby certify under this distriction endingioner	am authorize  Inder penalty  ict we have r  Date	Anne L. Pressor of perjury the eviewed the ceviewed the c	iticate and coality to said claim.  Soon, Superintendent hat the claim is a just, due and unpaid obligation against the Orca Richard Fralick, Commissioner	Date	te e District, and that I am authorized to certify to the proof to the	0 95