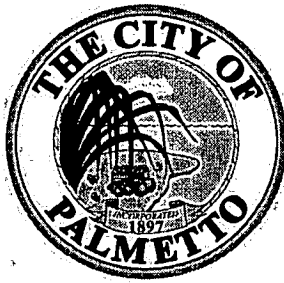


TAB 2

Charlie Mulfing

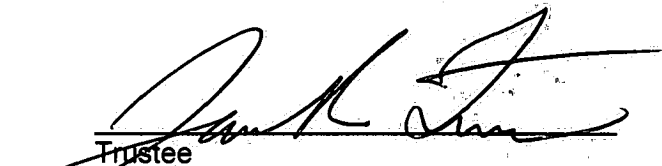


GENERAL EMPLOYEES' PENSION PLAN  
PAYMENT REQUISITION

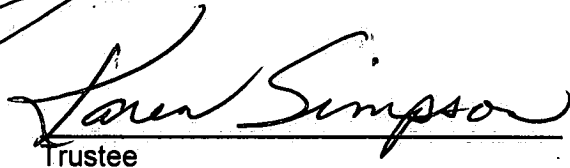
Morgan Stanley-Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date: August 20, 2010  
Vendor: Christiansen & Dehner, PA  
63 Sarasota Center Blvd., Suite 107  
Sarasota, FL 34240  
Amount: \$614.900 (Carlton Ramsey Disability)  
Description: Professional Services billed through  
July 31, 2010

TRUSTEE APPROVAL:

  
Trustee

8/24/10  
Date

  
Trustee

8/24/10  
Date

# Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard  
Suite 107  
Sarasota, FL 34240-

941-377-2200  
Phone

941-377-4848  
Fax

July 31, 2010

City of Palmetto General Employees'  
Retirement Plan  
PO Box 1209  
Palmetto, FL 34220-1209  
ATTN: Diane Ponder

Invoice Number

Project Billing Summary

	Fees/ Costs	Payments/ Credits/ Refunds	Prev. Bal/ <b>New Chgs/</b> Pm/Cr/Ref/ New Bal
In Reference To: General Employees' Pension Plan	9421		16306
	\$0.00	(\$859.00)	\$859.00
	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>
		\$0.00	(\$859.00)
			\$0.00
In Reference To: Carlton Ramsey Disability	1017		18214
	<b>\$325.00</b>	(\$1,421.00)	\$1,421.00
	<b>\$289.90</b>	\$0.00	<b>\$614.90</b>
		\$0.00	(\$1,421.00)
			\$614.90
	<b>\$325.00</b>	(\$2,280.00)	\$2,280.00
	<b>\$289.90</b>	\$0.00	<b>\$614.90</b>
		\$0.00	(\$2,280.00)
<b>GRAND TOTAL (current and previous balances)</b>			<u><u><b>\$614.90</b></u></u>

**Please indicate account number(s) with payment.  
(Please Deduct any payments not reflected in Balance due)**

# Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard  
Suite 107  
Sarasota, FL 34240-

941-377-2200  
Phone

941-377-4848  
Fax

July 31, 2010

City of Palmetto General Employees'  
Retirement Plan  
PO Box 1209  
Palmetto, FL 34220-1209  
ATTN: Diane Ponder

Invoice Number

---

In Reference To: General Employees' Pension Plan

9421

16306

---

	<u>Amount</u>
Previous balance	\$859.00
Accounts receivable transactions	
7/12/2010 Payment - thank you. Check No. 6710485141	<u>(\$859.00)</u>
Total payments and adjustments	(\$859.00)
Balance due	<u><u>\$0.00</u></u>

\*\* Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses". Thank you.

In Reference To: Carlton Ramsey Disability	1017	18214
--	------	-------

Professional Services

	Hours	Amount
7/14/2010 Receipt and partial review of medical records.	0.20	65.00
Receipt and review of personnel records.	0.30	97.50
7/22/2010 Receipt and partial review of medical records.	0.20	65.00
7/23/2010 Receipt and partial review of medical records.	0.30	97.50
For professional services rendered	1.00	\$325.00

Additional Charges :

	Qty	
6/22/2010 Copies	2	0.50
Postage	1	7.44
7/15/2010 Medical Records.	1	133.42
Medical Records.	1	103.34
7/22/2010 Medical Records.	1	45.20
Total additional charges		\$289.90

Total amount of this bill

*Ramsey* \$614.90

Previous balance

\$1,421.00

Accounts receivable transactions

7/12/2010 Payment - thank you. Check No. 6710485141

(\$1,421.00)

Total payments and adjustments

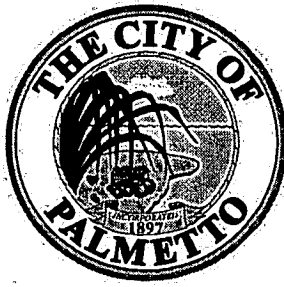
(\$1,421.00)

Balance due

\$614.90

\*\* Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses" . Thank you.

**Please indicate account number(s) with payment.  
(Please Deduct any payments not reflected in Balance due)**



GENERAL EMPLOYEES' PENSION PLAN  
PAYMENT REQUISITION

Morgan Stanley-Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date: November 15, 2010

Vendor: Christiansen & Dehner, PA  
63 Sarasota Center Blvd., Suite 107  
Sarasota, FL 34240

Amount: \$ 130.00 (Plan expenses)  
\$1,939.80 (Ramsey disability)  
\$2,069.80

Description: Professional Services billed through  
October 31, 2010  
Invoice 18355

TRUSTEE APPROVAL:

  
Trustee

11/16/10  
Date

  
Trustee

11/17/10  
Date

# Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard  
Suite 107  
Sarasota, FL 34240-

941-377-2200  
Phone

941-377-4848  
Fax

October 31, 2010

City of Palmetto General Employees'  
Retirement Plan  
PO Box 1209  
Palmetto,, FL 34220-1209  
ATTN: Diane Ponder

Invoice Number

---

In Reference To: General Employees' Pension Plan

9421

18682

---

## Professional Services

	<u>Hours</u>	<u>Amount</u>
10/15/2010 Memorandum to Board regarding application for Internal Revenue Service "Favorable Determination Letter."	0.40	130.00
For professional services rendered	<u>0.40</u>	<u>\$130.00</u>
Balance due		<u><u>\$130.00</u></u> ✓

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Current	30 Days	60 Days	90 Days	120+ Days
<b>(\$716.70)</b>	\$846.70	\$0.00	\$0.00	\$0.00

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In Reference To: Carlton Ramsey Disability	1017	18683
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Professional Services

	Hours	Amount
10/4/2010 Receipt and partial review of medical records.	0.20	65.00
10/20/2010 Correspondence to Claimant re: appointment date for Independent Medical Examination.	0.20	65.00
10/26/2010 Correspondence to Lakeside transmitting prepay fee for IME.	0.20	65.00
For professional services rendered	0.60	\$195.00

Additional Charges :

	Qty	
10/19/2010 United Parcel Service	1	20.95
United Parcel Service	1	23.65
United Parcel Service	1	20.95
Copies	717	179.25
10/26/2010 Independent Medical Examination Fee	1	1,500.00
Total additional charges		\$1,744.80

Total amount of this bill	\$1,939.80
---------------------------	------------

Previous balance	\$125.00
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Accounts receivable transactions

10/13/2010 Payment - thank you. Check No. 6710554595	(\$125.00)
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Total payments and adjustments	(\$125.00)
--------------------------------	------------

Balance due	\$1,939.80 ✓
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\*\* Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses". Thank you.

**Please indicate account number(s) with payment.  
(Please Deduct any payments not reflected in Balance due)**



# Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard  
Suite 107  
Sarasota, FL 34240-

941-377-2200  
Phone

941-377-4848  
Fax

October 31, 2010

City of Palmetto General Employees'  
Retirement Plan  
PO Box 1209  
Palmetto, FL 34220-1209  
ATTN: Diane Ponder

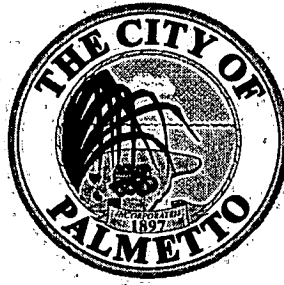
Invoice Number

Project Billing Summary

	Fees/ Costs	Payments/ Credits/ Refunds	Prev. Bal/ <b>New Chgs/</b> Pm/Cr/Ref/ New Bal
In Reference To: General Employees' Pension Plan	9421		18682
		\$0.00	\$0.00
	<b>\$130.00</b>	\$0.00	<b>\$130.00</b>
	<b>\$0.00</b>	\$0.00	\$0.00
			\$130.00
In Reference To: Carlton Ramsey Disability	1017		18683
		(\$125.00)	\$125.00
	<b>\$195.00</b>	\$0.00	<b>\$1,939.80</b>
	<b>\$1,744.80</b>	\$0.00	(\$125.00)
			\$1,939.80
		(\$125.00)	\$125.00
	<b>\$325.00</b>	\$0.00	<b>\$2,069.80</b>
	<b>\$1,744.80</b>	\$0.00	(\$125.00)
<b>GRAND TOTAL (current and previous balances)</b>			<b>\$2,069.80</b>

Please indicate account number(s) with payment.  
(Please Deduct any payments not reflected in Balance due)

Charlie Mulfinger



GENERAL EMPLOYEES' PENSION PLAN  
PAYMENT REQUISITION

Morgan Stanley-Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

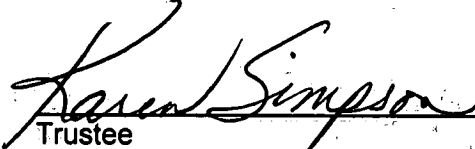
Date: October 6, 2010

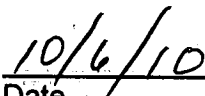
Vendor: Christiansen & Dehner, PA  
63 Sarasota Center Blvd., Suite 107  
Sarasota, FL 34240


Amount: \$125.00

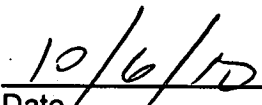
Description: Professional Services billed through September 30, 2010  
(Ramsey Disability)  
Invoice 1653

TRUSTEE APPROVAL:

  
Trustee

  
Date

  
Trustee

  
Date

# Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard  
Suite 107  
Sarasota, FL 34240-

941-377-2200  
Phone

941-377-4848  
Fax

September 30, 2010

City of Palmetto General Employees'  
Retirement Plan  
PO Box 1209  
Palmetto, FL 34220-1209  
ATTN: Diane Ponder

Invoice Number

---

In Reference To: General Employees' Pension Plan

9421

16530

---

	<u>Amount</u>
Previous balance	\$846.75
Accounts receivable transactions	
9/22/2010 Payment - thank you. Check No: 6710539728	(\$846.75)
Total payments and adjustments	<u>(\$846.75)</u>
Balance due	<u><u>\$0.00</u></u>

\*\* Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses". Thank you.

---

**In Reference To: Carlton Ramsey Disability**

1017

18494

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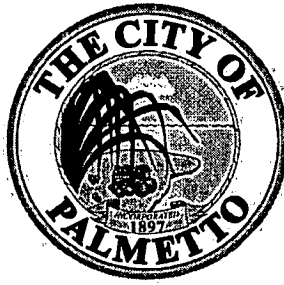
**Additional Charges :**

	<u>Qty</u>	<u>Amount</u>
9/16/2010 Medical Records.	1	125.00
<b>Total additional charges</b>		<u>\$125.00</u>
 <b>Balance due</b>		 <u><u>\$125.00</u></u>

\*\* Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses". Thank you.

**Please indicate account number(s) with payment.  
(Please Deduct any payments not reflected in Balance due)**

ATTN: C. Mulfinger

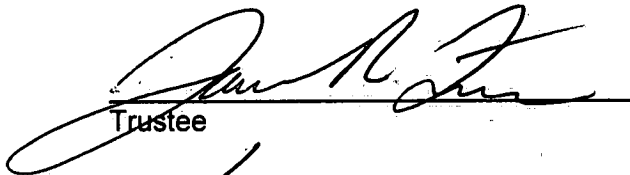


GENERAL EMPLOYEES' PENSION PLAN  
PAYMENT REQUISITION

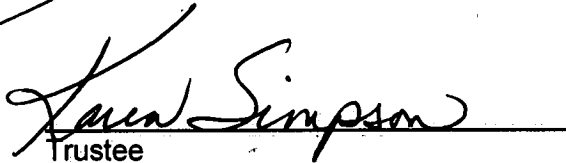
Morgan Stanley-Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

Date: September 14, 2010  
Vendor: Christiansen & Dehner, PA  
63 Sarasota Center Blvd., Suite 107  
Sarasota, FL 34240  
Amount: \$846.75  
Description: Professional Services billed through  
August 31, 2010  
Invoice 18355

TRUSTEE APPROVAL:

  
Trustee

9/16/10  
Date

  
Trustee

9/16/10  
Date

# Christiansen & Dehner, P. A.

63 Sarasota Center Boulevard  
Suite 107  
Sarasota, FL 34240-

941-377-2200  
Phone

941-377-4848  
Fax

August 31, 2010

City of Palmetto General Employees'  
Retirement Plan  
PO Box 1209  
Palmetto,, FL 34220-1209  
ATTN: Diane Ponder

Invoice Number

---

In Reference To: General Employees' Pension Plan

9421

18355

---

## Professional Services

	<u>Hours</u>	<u>Amount</u>
8/23/2010 Trustee Training	0.40	130.00
8/30/2010 Preparation and attendance at Board Meeting.	1.80	585.00
Travel Time	0.70	113.75
For professional services rendered	<u>2.90</u>	<u>\$828.75</u>

## Additional Charges :

	<u>Qty</u>	
8/30/2010 Car Expense	1	12.50
Food Expense	1	5.50
Total additional charges		<u>\$18.00</u>

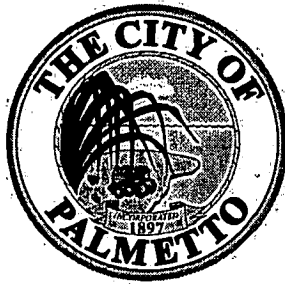
Total amount of this bill

\$846.75

Balance due

\$846.75

\*\* Please note that the "Balance Due" figure at the end of this bill reflects both "Total New Charges - Current Period" and any previous balances due. In most cases, if the previous balance(s) have already been approved for payment but not yet received in our office, you should be paying only the "Total New Charges - for services and/or expenses". Thank you.



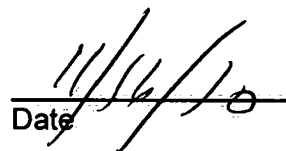
GENERAL EMPLOYEES' PENSION PLAN  
PAYMENT REQUISITION

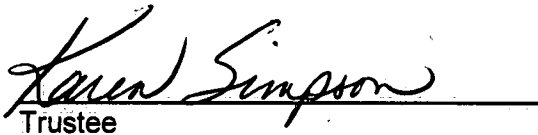
Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.

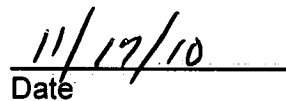
Date: November 15, 2010  
Vendor: Foster & Foster, Inc.  
13420 Parker Commons Blvd, Ste. 104  
Fort Myers, FL 33912  
Amount: \$850.00  
Description: Invoice 1639  
Services through November 11, 2010

TRUSTEE APPROVAL:

  
Trustee

  
Date

  
Trustee

  
Date

# Foster & Foster INC.

Phone: (239) 433-5500  
Fax: (239) 481-0634  
data@foster-foster.com

## Invoice

Date	Invoice #
11/11/2010	1639

Bill To
City of Palmetto General Employees' Retirement System PO Box 1209 Palmetto, FL 34220

Terms	Due Date
Net 30	<b>12/11/2010</b>

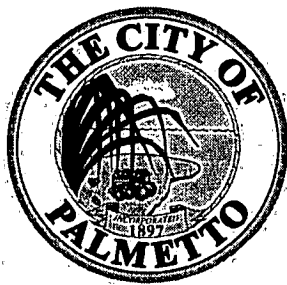
Description	Amount
Review of proposed Ordinance and letter of no actuarial cost impact dated September 29, 2010.	500.00
Preparation for and e-mail correspondence dated October 28, 2010 regarding the individual DROP account balances for the current participants as of the quarter ending September 30, 2010.	350.00

**Balance Due      \$850.00**

*Thank you for your business!*

Please make all checks payable to:  
Foster & Foster, Inc.  
13420 Parker Commons Blvd, Suite 104  
Fort Myers, FL 33912





GENERAL EMPLOYEES' PENSION PLAN  
PAYMENT REQUISITION

Smith Barney is hereby authorized to make the following payment from the General Employees' Pension Plan, account #6760194214229.


Date: September 2, 2010

Vendor: Florida Municipal Insurance Trust  
PO Box 1757  
Tallahassee, FL 32302-1757

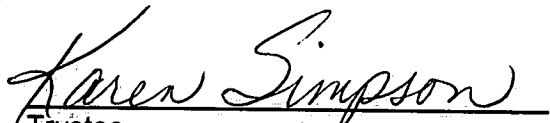
Amount: \$2,579.54 (Premium)  
161.78 (Waiver of recourse-to be reimbursed by City)  
\$2,741.32

Description: Invoice FMIT #0460  
Annual Fiduciary Liability Insurance  
Policy U710-50528  
10/1/2010-10/1/2011

TRUSTEE APPROVAL:

  
\_\_\_\_\_  
Trustee

9/2/10  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Trustee

9/2/10  
\_\_\_\_\_  
Date

**INVOICE  
SPECIAL COVERAGES**

8/20/2010 FMIT# 0460

Mr. Ron Koper  
Risk Manager  
City of Palmetto  
516 8th Avenue West  
Palmetto, FL 34221

**MAKE CHECKS PAYABLE TO:**

**FLORIDA MUNICIPAL INSURANCE TRUST  
POST OFFICE BOX 1757  
TALLAHASSEE FL 32302-1757**

**PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR CHECK BY 9/4/2010.  
IF FULL PREMIUM PAYMENT IS NOT RECEIVED BY 9/4/2010, THE POLICY IS SUBJECT TO CANCELLATION  
FOR NON-PAYMENT OF PREMIUM BY THE INSURER.**

DESCRIPTION	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
A-3 BONDS FIDUCIARY LIABILITY GENERAL EMPLOYEES RETIREMENT PLAN PORTION TOTAL LIMIT: \$1,000,000	U710-50528	10/1/2010	10/1/2011
<b><u>PREMIUMS</u></b>			
BASE PREMIUM:			\$2,554.00
ADDITIONAL INSURED(S):			
TERRORISM:			
INSPECTION FEE:			
POLICY FEE:			
1% FL CAT SURCHARGE:			25.54
FEES:			
<b><u>TOTAL POLICY PREMIUM:</u></b>			<b><u>\$ 2,579.54</u></b>

Ancillary insurance coverage includes any insurance coverage not currently available directly from the Florida Municipal Insurance Trust. When the Florida League of Cities, Inc. acts as intermediary or agency in facilitating ancillary insurance coverage for a member with a third party insurer, the Florida League of Cities, Inc. shall not be liable to the member if the third party insurer becomes insolvent at any time after coverage has commenced. The Florida League of Cities, Inc. shall use reasonable skill and judgment in securing any such ancillary insurance coverage. However, it is not a guarantor of the financial condition of any third party insurer and is entitled to reasonably rely upon generally accepted financial, actuarial and/or insurance industry data when facilitating ancillary insurance coverage.

### CITY OF PALMETTO A/P CHECK REQUEST

**Date of Request** 9/2/10      **Cost Center** \_\_\_\_\_      **Invoice #** \_\_\_\_\_  
**Vendor** Morgan Stanley Smith Barney      **Invoice Date** \_\_\_\_\_

Item Description/Product Number	Amount	Account Number	Project Number
Reimbursement of General Employees' Pension Board of Trustees Waiver of Recourse premium	161.78		

**SPECIAL INSTRUCTION:** \_\_\_\_\_

*Kearse Ponder* 9/2/10  
 Requested By & Date

\_\_\_\_\_  
 Department Head Approval & Date

For Finance Use

Vendor # \_\_\_\_\_

\_\_\_\_\_  
 Finance Approval & Date

\_\_\_\_\_  
 City Clerk Approval & Date



516 8th Avenue West  
P.O. Box 1209  
Palmetto, Florida 34220-1209  
Phone (941) 723-4570  
Fax: (941) 723-4576  
Suncom: 516-0829  
E-mail: [chgeneral@palmettofl.org](mailto:chgeneral@palmettofl.org)  
Web: [www.palmettofl.org](http://www.palmettofl.org)

September 2, 2010

Karen Simpson, Finance Director

Re: City of Palmetto General Employees' Retirement System

Dear Karen:

At the recommendation of the attorney for the Board of Trustees, the Board has purchased a fiduciary insurance policy which will cover the pension plan for losses incurred as a result of fiduciary risks set forth in the policy. This policy does not duplicate and is in addition to coverage afforded by other policies currently in effect for the city of Palmetto.

The insurance policy covers not only the pension fund itself but also the individual trustees while acting in their fiduciary capacity. In order to protect the personal assets of the individual trustees, it is necessary to spend an additional \$161.78 so that the insurance company will "waive recourse" against the individual trustees. This means that if the pension fund should suffer a loss as a result of decisions or acts of one or more of the trustees which result in a loss to the pension fund, which loss is paid by the insurance company, the insurance company, by payment of this additional \$161.78 premium, agrees not to recover the loss by suing the individual trustees for their act or decision. If this additional coverage is not purchased, the personal assets of each individual trustee of the pension plan could be subject to a judgment which might be sought by the insurance company if the waiver of recourse is not purchased.

Legally, the \$161.78 premium for the waiver of recourse against the individual trustees cannot be paid directly out of the pension plan funds. The premium can only be paid by the employer (City of Palmetto), or the individual trustees themselves. Since trustees of the pension board act without compensation as a service to the community, it appears inappropriate to require the individual trustees to each pay the premium in order to protect their personal assets from potential claims resulting from their voluntary service on the pension board. The Board has paid the additional \$161.78 at this time to avoid a lapse in the policy. However, for legal reasons given, the Board would like to ask the City of Palmetto to agree to pay the \$161.78 premium for the waiver of recourse. Assuming that you agree, we would ask that the City's check in the amount of \$161.78 be made payable to the City of Palmetto General Employees' Retirement System and show that the check is for reimbursement for waiver of recourse coverage on the fiduciary liability insurance policy.

Should you have any questions regarding this matter, please feel free to contact me or one of the Board's attorneys, Scott Christiansen or Lee Dehner at 941-733-2200.

  
Diane Ponder  
Board of Trustees Clerk  
General Employees' Retirement System

**INVOICE  
SPECIAL COVERAGES**

8/20/2010 FMIT# 0460

Mr. Ron Koper  
Risk Manager  
City of Palmetto  
516 8th Avenue West  
Palmetto, FL 34221

**MAKE CHECKS PAYABLE TO:**

**FLORIDA MUNICIPAL INSURANCE TRUST  
POST OFFICE BOX 1757  
TALLAHASSEE FL 32302-1757**

**PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR CHECK BY 9/4/2010.  
IF FULL PREMIUM PAYMENT IS NOT RECEIVED BY 9/4/2010, THE POLICY IS SUBJECT TO CANCELLATION  
FOR NON-PAYMENT OF PREMIUM BY THE INSURER.**

DESCRIPTION	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
A-3 BONDS FIDUCIARY LIABILITY POLICE OFFICERS AND GENERAL EMPLOYEES RETIREMENT PLANS TOTAL LIMIT: \$1,000,000 ELIMINATION OF RECOURSE	U710-50528	10/1/2010	10/1/2011

**PREMIUMS**

BASE PREMIUM:	\$275.00
ADDITIONAL INSURED(S):	
TERRORISM:	
INSPECTION FEE:	
POLICY FEE:	
1% FL CAT SURCHARGE:	2.75
FEES:	

**TOTAL POLICY PREMIUM:** \$ 277.75

Police Pension 114.60 + 1.37 = \$ 115.97  
General Employee Pension 160.40 + 1.38 = 161.78

Ancillary insurance coverage includes any insurance coverage not currently available directly from the Florida Municipal Insurance Trust. When the Florida League of Cities, Inc. acts as intermediary or agency in facilitating ancillary insurance coverage for a member with a third party insurer, the Florida League of Cities, Inc. shall not be liable to the member if the third party insurer becomes insolvent at any time after coverage has commenced. The Florida League of Cities, Inc. shall use reasonable skill and judgment in securing any such ancillary insurance coverage. However, it is not a guarantor of the financial condition of any third party insurer and is entitled to reasonably rely upon generally accepted financial, actuarial and/or insurance industry data when facilitating ancillary insurance coverage.