

# Marion County Sheriff's Office

Post Office Box 1987  
Ocala, Florida 34478-1987

7/22/2021

RECEIPT # 46738

## CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
WEEKS AUCTION CO LLC	Check	0071212	13,749.40

### Description:

VEHICLES SOLD AT AUCTION 7/13/21

Acct. Info. Redacted

001-0000-000 208000.000 DUE TO BOCC	41.40
115-0000-000 208000.000 DUE TO BOCC	11132.00
115-0000-000 208400.000 DUE TO OTHERS	2576.00

71212



**WEEKS AUCTION CO., LLC**

4851 W HWY 40  
OCALA, FL 34482  
352-351-4951



63-215/631

ACH RT 061000104



PAY TO THE  
ORDER OF

07/13/2021

71212

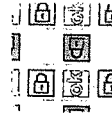
\$ \*\*13749.40

DOLLARS

THIRTEEN THOUSAND SEVEN HUNDRED FORTY-NINE & 40/100

MARION COUNTY SHERIFFS DEPT  
ATTN FLEET MANAGEMENT  
PO BOX 1987  
OCALA FL 34470

MEMO



*Joetta Weeks*  
AUTHORIZED SIGNATURE

Security features. Details on back.

Acct. Info. Redacted

WEEKS AUCTION CO., LLC

71212

15947

MARION COUNTY SHERIFFS DEPT

07/13/2021

078449

13749.40

.00

13749.40

07/13/2021

71212

13749.40

.00

13749.40

Article / *Journal of Management Inquiry* 27(2) 131

Vehicles/equipment sent to Week's Auction on 07/09/21														
DEPT#	DEPT	UDEST/LETF	VEH#	ID#	EMPLOYEE	YEAR	MAKE	MODEL	MILEAGE	VIN	COLOR	SELLING PRICE	COMMISSION	NET SALE <sup>9</sup>
2010	COMMUNITY POLICING		27228	0002	UNASSIGNED	2013	FORD	INTERCEPTOR	178,489	1FAHP2MT0DG117028	WHITE	4500	360	4140
2010	COMMUNITY POLICING		27224	0002	UNASSIGNED	2013	FORD	INTERCEPTOR	176,244	1FAHP2MT80G105855	WHITE	4700	376	4324
2010	COMMUNITY POLICING		22898	0002	UNASSIGNED	2008	FORD	CROWN VICTORIA	141,034	2FAHP71V28X145223	WHITE	2900	232	2668
2010	COMMUNITY POLICING	LETF	52948	0002	UNASSIGNED	2007	YAMAHA	YZF-R6	22,134	JYAR12E47A012025	BLUE	2800	224	2576
1035	FLEET SERVICES						20 TON HYDRAULIC BOTTLE JACK					45	3.6	41.4
													TOTAL	13749.4



**SHERIFF**  
**MARION COUNTY**  
Post Office Box 1987  
Ocala, FL 34478-1987

**VENDOR: 101113**  
**LAW ENFORCEMENT TRUST FUND**

**INVOICE DATE: July 22, 2021**

**INVOICE: N/A**

**PAGE**

**1 OF 1**

**ACCOUNT NUMBER**

**AMOUNT**

**115-0000-000 208400.000**

**\$2,576.00**

**Give original check to Jeremiah**

**DESCRIPTION:**

**VEHICLE SOLD AT WEEK'S AUCTION ON 7/13/21**

**TOTAL**

**\$2,576.00**

**FISCAL**

**TSPENCE**

**DATE**

**7/22/2021**

**Marion County Sheriff's Office**

Post Office Box 1987  
Ocala, Florida 34478-1987

7/22/2021

RECEIPT # 46736

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0113969	6,997.57

Description:

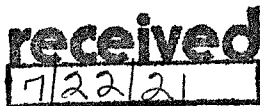
VEHICLE DAMAGE REIMBURSEMENT E.LARSON, VEH 40460, TRANS 2103090561

115-0000-000 208000.000 DUE TO BOCC

6997.57

Acct. Info. Redacted

FL Sheriffs Risk Mgmt Fund  
To: Marion County S.O.



MAR1000

Check Number: 0000113969  
Date: 07/20/2021

Claimant/Memo	Claim Number	Invoice No./Ref	Loss/Service Dates	Payment Code	Paid Amount
Marion EV2021076543 - B. Schaffer Unit # 4046C	APHD2021008134				\$6,997.57

Transaction: 2103090561  
3-9-21  
Eric Larson 4500  
40460 - 2020 Ford F150  
Dept: 2020

TOTALS: \$6,997.57

WARNING - THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

FL Sheriffs Risk Mgmt Fund  
2090 Summit Lake Drive  
Tallahassee, FL 32317-7947

Tallahassee, FL 32317-2090

63-9138/2631

0000113969

DATE  
07/20/2021

PAY Six Thousand Nine Hundred Ninety Seven Dollars and 57 Cents

AMOUNT  
\$6,997.57

TO THE  
ORDER OF Marion County Sheriff's Office

P.O. Box 1987  
Ocala, FL 34478

VOID AFTER 90 DAY:

Acct. Info. Redacted

SECURITY FEATURES INCLUDE MICROPRINTING • VOID PANTOGRAPH • ENDORSEMENT BACKER • BROWNSTAIN CHEMICAL REACTANT

received  
7/22/21



Memorandum

**Date:** July 20, 2021  
**To:** Tammy Futch, Marion County SO  
**From:** Brandy Schaffer *BS*  
**Re:** Marion County SO-Unit # 40460

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**Our Event #:** EV2021076543

**Check Amount:** \$6,997.57

**Please see the attached check.**

## LILES COLLISION SERVICE INC.

4380 NE 36th Ave  
Ocala, FL 34479 US  
(352)732-7079  
lilescollision@aol.com

## Invoice

BILL TO  
Marion County Sheriff  
692 NW 30th Ave  
Ocala, FL 34475

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
59120	06/09/2021	\$9,497.57	07/09/2021	Net 30	

## P.O. NUMBER

unit 40460

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	Parts	Parts	1	6,803.77	6,803.77T
	Body Labor	Body labor	29.40	44.4489796	1,306.80T
	Paint Labor	Paint labor	17.40	44.00	765.60T
	Mechanical	Mechanical	2.40	65.00	156.00T
	Paint Supplies	Paint supplies	17.40	26.00	452.40T
	Other Charges	Other charges	1	13.00	13.00T

Accident Transaction #  
2103090561

SUBTOTAL 9,497.57  
TAX 0.00  
TOTAL 9,497.57  
BALANCE DUE \$9,497.57

- 2,500.00 dco  
6,997.57

I HAVE COMPARED THE GOODS RECEIVED  
TO THE DOCUMENT AND NOTE THE  
FOLLOWING TO BE ACCEPTABLE

DESCRIPTION accident

QUANTITY 1 CONDITION good

DATE 7-7-21 SIGNATURE [Signature] 573

D 2020  
V 59662  
V 40460



# Marion County Sheriff's Office

Post Office Box 1987  
Ocala, Florida 34478-1987

7/14/2021

RECEIPT # 46687

## CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0113686	3,313.95

Description:

DAMAGE REIMBURSEMENT R.ERWIN, VEH 36907, TRANS 2104150724

115-0000-000 208000.000 DUE TO BOCC

3313.95

Acct. Info. Redacted

FL Sheriffs Risk Mgmt Fund

To: Marion County S.O.



MAR1000

Check Number:

0000113686

Date:

07/01/2021

Claimant/Memo

Claim Number

Invoice No./Ref

Loss/Service Dates

Payment Code

Paid Amount

Marion

APHD2021008177

EV2021076924 - B. Schaffer Unit # 36907

\$3,313.95

Transaction# - 2104150724  
4-15-21

Roger Erwin 5798  
36907 - 2018 Ford Explorer  
Dept: 2010

TOTALS:

\$3,313.95

WARNING - THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

FL Sheriffs Risk Mgmt Fund  
2090 Summit Lake Drive  
Tallahassee, FL 32317-7947

DEPT  
Tallahassee, FL 32317-2090

63-9138/2631

0000113686

DATE  
07/01/2021

PAY Three Thousand Three Hundred Thirteen Dollars and 95 Cents

AMOUNT

\$3,313.95

TO THE  
ORDER OF Marion County Sheriff's Office

P.O. Box 1987  
Ocala, FL 34478

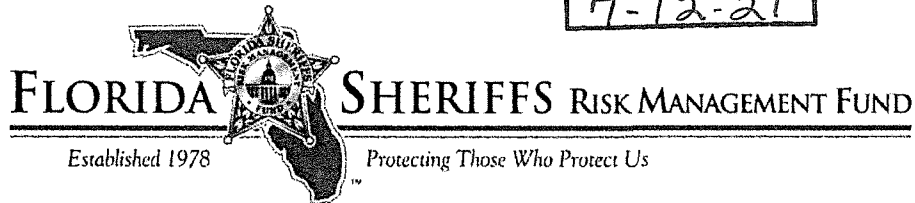
VOID AFTER 90 DAY:

Acct. Info. Redacted

SECURITY FEATURES INCLUDE MICROPRINTING • VOID PANTOGRAPH • ENDORSEMENT BACKER • BROWNSTAIN CHEMICAL REACTANT

Marion County Sheriff's Office

received  
7-12-21



Memorandum

**Date:** July 1, 2021  
**To:** Tammy Futch, Marion County SO  
**From:** Brandy Schaffer  
**Re:** Marion County SO-Unit # 36907

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**Our Event #:** EV2021076924

**Check Amount:** \$3,313.95

**Please see the attached check.**

\$ 5,813.95  
- 2,500.00  
-----  
3,313.95

LILES COLLISION SERVICE INC.  
4380 NE 36th Ave  
Ocala, FL 34479 US  
(352)732-7079  
lilescollision@aol.com

## Invoice

BILL TO  
Marion County Sheriff  
692 NW 30th Ave  
Ocala, FL 34475

INVOICE # 59186      DATE 06/23/2021      TOTAL DUE \$5,813.95      DUE DATE 07/23/2021      TERMS Net 30      ENCLOSED

P.O. NUMBER  
Unit 36907

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	Parts	Parts	1	3,231.35	3,231.35T
	Body Labor	Body labor	40.90	44.00	1,799.60T
	Paint Labor	Paint labor	11	44.00	484.00T
	Paint Supplies	Paint supplies	11	26.00	286.00T
	Other Charges	Other charges	1	13.00	13.00T

Accident Transaction #  
2104150724

SUBTOTAL 5,813.95  
TAX 0.00  
TOTAL 5,813.95  
BALANCE DUE \$5,813.95

O 2010  
W 59330  
V 36907

I HAVE COMPARED THE GOODS RECEIVED  
TO THE DOCUMENT AND NOTE THE  
FOLLOWING TO BE ACCEPTABLE

DESCRIPTION accident

QUANTITY 1 CONDITION good

DATE 6-23-21 SIGNATURE [Signature] 572

**Marion County Sheriff's Office**

Post Office Box 1987  
Ocala, Florida 34478-1987

7/29/2021

RECEIPT # 46783

**CASH RECEIPT**

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0114000	512.30

**Description:**

VEHICLE DAMAGE REIMBURSEMENT  
K.SKINNER, VEH 27181, EV2021077807 ; J.SPRATLIN, VEH 40005, EV2021077806

115-0000-000 208000.000 DUE TO BOCC

512.30

Acct. Info. Redacted

FL Sheriffs Risk Mgmt Fund  
To: Marion County S.O.



MAR1000

Check Number: 0000114000  
Date: 07/22/2021

Claimant/Memo	Claim Number	Invoice No./Ref	Loss/Service Dates	Payment Code	Paid Amount
Marion EV2021077806 - B. Schaffer Unit # 4000	APHD2021008262			2020	\$267.41
Marion EV2021077807 - B. Schaffer Unit # 27181	APHD2021008263			2010	\$244.89

TOTALS: \$512.30

WARNING - THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

FL Sheriffs Risk Mgmt Fund  
2090 Summit Lake Drive  
Tallahassee, FL 32317-7947

Tallahassee, FL 32317-2090

63-9138/2631

0000114000

DATE  
07/22/2021

PAY Five Hundred Twelve Dollars and 30 Cents

AMOUNT  
\$512.30

TO THE  
ORDER OF Marion County Sheriff's Office

P.O. Box 1987  
Ocala, FL 34478

VOID AFTER 90 DAY:

Acct. Info. Redacted

received  
7/26/21



Memorandum

**Date:** July 22, 2021  
**To:** Tammy Futch, Marion County SO  
**From:** Brandy Schaffer *BS*  
**Re:** Windshield Claim-Unit # 27181

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**Our Event #:** EV2021077807

**Check Amount:** \$244.89

**Please see the attached check.**

*6-29-21  
Kaleigh Skinner 6471  
veh: 27181 - 2013 Ford Taurus  
Dept 2010*

EV2021077807

# Accurate Auto Glass LLC

175 Marion Oaks Pass  
Ocala, FL 34473  
Florida Registration # MV-65212

352-245-4200  
Fax: 352-307-4396

INVOICE DATE

B Name: \_\_\_\_\_  
I Address: \_\_\_\_\_  
L City & State: \_\_\_\_\_  
T Zip Code: \_\_\_\_\_  
O Phone no.'s: (H) \_\_\_\_\_

I Name: Kaleigh Skinner 6471  
N Address: \_\_\_\_\_  
S City & State: VEH: 27181  
R Zip Code: 2013 Ford Taurus  
E Phone no.'s: (H) \_\_\_\_\_

AGENT	POLICY #	P.O. / CLAIM #	AUTHORIZED BY AGENT
		500001	

## VEHICLE INFORMATION

YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS
Qty.	Inventory #	Description	List Price	Net Price	Amount

## LOCATION OF VEHICLE / COMMENTS

found windshield chip and cracked  
while inspecting for Reissue

I HAVE COMPARED THE GOODS RECEIVED  
TO THE DOCUMENT AND NOTE THE  
FOLLOWING TO BE ACCEPTABLE

DESCRIPTION windshieldQUANTITY 1 CONDITION GoodDATE 6-29-21 SIGNATURE [Signature]

Labor

Sealants / Kit

Moldings

Other

Misc. Materials &amp; Supplies

SUB TOTAL

Sales Tax

Sub Total  
Before DeductibleLess  
Customer Deductible

TOTAL

I WILL NOT ACCEPT WINDSHIELD REPAIR HAVING BEEN GIVEN THE ALTERNATIVE AND HAVING SEEN IT'S EFFECT.  X _____		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	CONSISTANT WITH FLORIDA MOTOR VEHICLE REPAIR ACT. F.S. 559.901-559.9221, I HEREBY ACKNOWLEDGE RECEIPT OF WRITTEN ESTIMATE		ESTIMATE  \$ _____
			HAT / UNIT NO.	MILEAGE	INSTALLER'S NAME

Please Pay to **Accurate Auto Glass** →

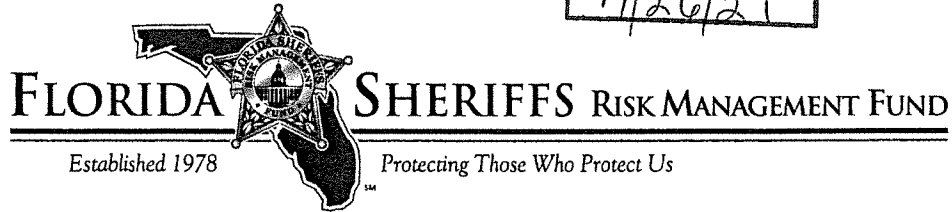
FULL SETTLEMENT OF ALL LOSS UNDER YOUR POLICY DESCRIBED ABOVE: AND UPON SUCH  
PAYMENT BEING MADE. ALL CLAIM (AND DEMAND) FOR LOSS AND DAMAGE DESCRIBED ABOVE  
SHALL BE THEREBY FOREVER DISCHARGED IF FOR REASONS NOW UNKNOWN, MY POLICY  
DOES NOT COVER THIS CLAIM, I AGREE TO PAY THE FIRM LISTED ABOVE FOR THE REPAIRS.

There will be a finance charge calculated at 1% per month on any  
outstanding balance carried from this invoice in excess of 30 days. In  
the event it becomes necessary for Accurate Auto Glass to institute  
any legal action for the collection of sums due under this invoice, then  
the purchaser agrees to pay all costs including all reasonable attorney  
fees incurred.

CUSTOMER  
SIGNATURE (X)DATE  
INSTALLED



received  
7/26/21



Memorandum

**Date:** July 22, 2021  
**To:** Tammy Futch, Marion County SO  
**From:** Brandy Schaffer *BS*  
**Re:** Windshield Claim-Unit # 40005

---

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**Our Event #:** EV2021077806

**Check Amount:** \$267.41

**Please see the attached check.** 7-15-21

Joseph Spratlin 6028  
Veh: 40005 - 2019 Ford Explorer  
Dept: 2020

EV2021077806

# Accurate Auto Glass LLC

175 Marion Oaks Pass  
Ocala, FL 34473  
Florida Registration # MV-65212

352-245-4200  
Fax: 352-307-4396

INVOICE DATE

B Name: \_\_\_\_\_  
I Address: \_\_\_\_\_  
L City & State: \_\_\_\_\_  
T Zip Code: \_\_\_\_\_  
O Phone no.'s: (H) \_\_\_\_\_

I Name: Joseph Spratlin 6028  
N Address: \_\_\_\_\_  
S City & State: VEH: 40005  
U Zip Code: 2019 Ford Explorer  
R Phone no.'s: (H) \_\_\_\_\_

AGENT	POLICY #	P.O. / CLAIM #	AUTHORIZED BY AGENT

## VEHICLE INFORMATION

YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS
Qty.	Inventory #	Description	List Price	Net Price	Amount

## LOCATION OF VEHICLE / COMMENTS

I HAVE COMPARED THE GOODS RECEIVED  
TO THE DOCUMENT AND NOTE THE  
FOLLOWING TO BE ACCEPTABLE

DESCRIPTION Windshield crack  
a Rock while driving  
QUANTITY 1 CONDITION Good  
DATE 7/15/21 SIGNATURE [Signature]

W/O# 59971  
VEH# 40005  
Dept # 2020

Labor

Sealants / Kit

Moldings

Other

Misc. Materials &amp; Supplies

SUB TOTAL

Sales Tax

Sub Total  
Before DeductibleLess  
Customer Deductible

TOTAL

CONSISTANT WITH FLORIDA MOTOR VEHICLE  
REPAIR ACT. F.S. 559.901.559.9221, I HEREBY  
ACKNOWLEDGE RECEIPT OF WRITTEN ESTIMATE

ESTIMATE

\$

INSTALLER'S NAME

I WILL NOT ACCEPT WINDSHIELD REPAIR  
HAVING BEEN GIVEN THE ALTERNATIVE  
AND HAVING SEEN IT'S EFFECT.

☐ CASH  
☐ CHECK  
☐ CREDIT  
CARD

HAT / UNIT NO.

MILEAGE

Please Pay to **Accurate Auto Glass** →

FULL SETTLEMENT OF ALL LOSS UNDER YOUR POLICY DESCRIBED ABOVE: AND UPON SUCH  
PAYMENT BEING MADE. ALL CLAIM (AND DEMAND) FOR LOSS AND DAMAGE DESCRIBED ABOVE  
SHALL BE THEREBY FOREVER DISCHARGED. IF FOR REASONS NOW UNKNOWN, MY POLICY  
DOES NOT COVER THIS CLAIM, I AGREE TO PAY THE FIRM LISTED ABOVE FOR THE REPAIRS.

There will be a finance charge calculated at 1% per month on any  
outstanding balance carried from this invoice in excess of 30 days. In  
the event it becomes necessary for Accurate Auto Glass to institute  
any legal action for the collection of sums due under this invoice, then  
the purchaser agrees to pay all costs including all reasonable attorney  
fees incurred.

CUSTOMER  
SIGNATURE (X)DATE  
INSTALLED