St. Martin Parish Government

Check Number: 00068960

Invoice Date	Invoice Number	Description	Invoice Amount
11/28/2016	122016	DECEMBER 2016 GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00068960	11/28/2016	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	11/28/2016	00068960

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

November 28, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
	2232360 2			
State Grant Accts:				✓
V639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
V309 E.L. Guidry	2232340 2	560.210	$700.00	
V1679 Great America Financial Services (#19709415)	2232340 2	565.370	$101.49	
V385 Orion Healthcare Technology (#51134)	2232340 2	570.010	$770.00	
V ~~285~~ 275 U.S. Postal Service	2232340 2	570.010	$141.00	
Drug Screen Fees Acct:				
	2230000 2			
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

EConner — 11-28-16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for December 2016 by the 5th of the month.

EConner
Elisa M. Conner

11-28-16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: 00069167

Invoice Date	Invoice Number	Description	Invoice Amount
12/16/2016	12162016	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00069167	12/22/2016	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	12/22/2016	00069167

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

December 16, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
Louisiana Rehabilitation Services Acct:				
	2232360 2			
	2232360 2			
State Grant Accts:				
639 **Keith E. Thibodeaux, Ltd.**	**2232340 2**	**560.210**	**$500.00**	
E.L. Guidry	2232340 2	560.210	$700.00	
Black Box Network Services d/b/a UCI Communications (TEN-092198)	2232340 2	578.400	$50.29	
Drug Screen Fees Acct:				
Pharmchem, Inc. (#420080)	**2230000 2**	**510.060**	**$200.00**	
Shamrock Office Solutions (#45205A)	**2230000 2**	**570.010**	**$169.34**	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

Elconner — 12-16-16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for January 2017 by the 5th of the month.

Elisa M. Conner

12.16.16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: 00067467

Invoice Date	Invoice Number	Description	Invoice Amount
10/24/2016	NOV-2016	RENTAL FEE- ADULT DRUG COURT NOV-2016 GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00067467	10/25/2016	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	10/25/2016	00067467

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

October 24, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	*Org #*	*Obj #*	*Total*	*Paid*
	2232360 2			
	2232360 2			
State Grant Accts:				
V639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
V309 E.L. Guidry	2232340 2	560.210	$700.00	
V1679 Great America Financial Services (#19538619)	2232340 2	565.370	$101.49	
V456 Black Box Network Services d/b/a UCI Communications (SVC2003900)	2232340 2	578.400	$50.29	
Drug Screen Fees Acct:				
V923 Louisiana Office Systems (#121305)	**2230000 2**	565.370	$13.46	
Technical Resource Management, LLC (#4145)	**2230000 2**	510.060	$55.00	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 10.24.16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

V 639

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for November 2016 by the 5th of the month.

Elisa M. Conner

10.24.16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

Invoice Date	Invoice Number	Description	Invoice Amount
09/22/2016	102016	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00067072	09/25/2016	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	09/25/2016	00067072

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

September 22, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	*Org #*	*Obj #*	*Total*	*Paid*
	2232360 2			
	2232360 2			
State Grant Accts:				
V639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
V309 E.L. Guidry	2232340 2	560.210	$700.00	
V1679 Great America Financial Services (#19394806)	2232340 2	565.370	$101.49	
V456 Black Box Network Services d/b/a UCI Communications (SVC1974980)	2232340 2	578.400	$50.29	
Drug Screen Fees Acct:				
V923 Louisiana Office Systems (#120762)	**2230000 2**	565.370	$23.34	
V588 Pharmchem, Inc. (#419341)	**2230000 2**	510.060	$87.50	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 9.22.16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

V639

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for October 2016 by the 5th of the month.

Conner
Elisa M. Conner

9-22-16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: 00066284

Invoice Date	Invoice Number	Description	Invoice Amount
08/01/2016	2571	FEES TO FIND KIM LEDET--NUISANCE COMPLAINT GL-25300005-510103	$725.89

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00066284	08/09/2016	$725.89

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	08/09/2016	00066284

$725.89

Pay Seven Hundred Twenty Five Dollars and 89 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

Keith E. Thibodeaux, Ltd.

422 South Main Street
St. Martinville, LA 70582

V639
2530005
510003

Invoice

Date	Invoice #
8/1/2016	2571

Bill To
St. Martin Parish Government c/o Holli B. Guilbeau P.O. Box 9 St. Martinville, LA 70582

Description	Amount
Attorney fees and expenses for time period April 20, 2016 - August 1, 2016	0.00
April 20, 2016 - Receipt and review of adopted resolution by the St. Martin Parish Government appointing Keith Thibodeaux to locate the whereabouts of Kimberly Ledet (0.5 hrs @ $175/hr)	87.50
April 29, 2016 - In office meeting with Holli Guilbeau to discuss resolution (0.5 hrs @ $175/hr)	87.50
May 5, 2016 - Certified letter to Kimberly Ledet informing her of resolution regarding property and requesting she contact Keith Thibodeaux to discuss same (1 hr @ $175/hr) + $7.57 for postage fees	182.57
May 9, 2016 - Letter to the Teche News to run a legal advertisement requesting the whereabouts of Kimberly Ledet (0.5 hrs @ $175/hr) + advertisement fee of $18.32	105.82
July 18, 2016 - Letter to Holli Guilbeau enclosing the original legal advertisement run in the Teche News, a copy of the letter sent to Kimberly Ledet along with a copy of the certified mail envelope showing Kimberly Ledet did not accept service (0.5 hrs @ $175/hr)	87.50
Numerous e-mails between Holli Guilbeau and Keith Thibodeaux regarding the status of Kimberly Ledet (1 hr @ $175/hr)	175.00
Total	$725.89

KEITH E. THIBODEAUX, LTD.
A PROFESSIONAL LAW CORPORATION
422 SOUTH MAIN STREET
ST. MARTINVILLE, LA. 70582

KEITH E. THIBODEAUX
BAR ROLL NO. 19182

keith.thib@cox-internet.com

TELEPHONE:
337-394-3034
337-394-3035
FACSIMILE:
337-394-3518

August 1, 2016

St. Martin Parish Government
c/o Holli B. Guilbeau
P.O. Box 9
St. Martinville, LA 70582

Re: St. Martin Parish Government vs. Kimberly Ledet (General)
KET File #K-378-V

Dear Holli:

Please find enclosed my current invoice #2571 regarding the above matter which I ask that you please place in line for payment. Should you have any questions regarding this invoice, please do not hesitate to contact me.

Sincerely,

Keith E. Thibodeaux

KET/mhm
Enclosure

St. Martin Parish Government

Check Number: 00066089

Invoice Date	Invoice Number	Description	Invoice Amount
07/ 2/2016	07302016	AUG 2016 GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00066089	07/25/2016	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin Parish Government

Vendor Number	Check Date	Check Number
639	07/25/2016	00066089

$500.00

Pa Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

July 22, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
Local Grant Accts: Drug Court Acct.				
	2232360 2			
	2232360 2			
State Grant Accts:				
V639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	√$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Louisiana Office Systems (#120136)	2232340 2	565.370	$12.70	
Drug Screen Fees Acct:				
Family Healthcare Clinic	**2230000 2**	510.100	$1,000.00	
Synergy Information Technology Group (#26294)	**2230000 2**	565.370	$177.00	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

Elisa — 7.22.16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for August 2016 by the 5th of the month.

Elisa M. Conner

7.22.16
Date

St. Martin Parish Government

Check Number: 00065643

Invoice Date	Invoice Number	Description	Invoice Amount
07/01/2016	JULY-2016	JULY RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00065643	07/01/2016	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

Vendor Number	Check Date	Check Number
639	07/01/2016	00065643

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

V639
223234 02
560210

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE: July-2016

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for July 2016 by the 5th of the month.

EConner
Elisa M. Conner

7.1.16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: 00065064

Invoice Date	Invoice Number	Description	Invoice Amount
05/24/2016	JUNE-2016	RENTAL OFFICE FEE-JUNE-2016--ADULT DRUG COURT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00065064	05/25/2016	$500.00

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A PRISMATIC BACKGROUND, CONTAINS A VOID PANTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	05/25/2016	00065064

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

May 24, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
	2232360 2			
State Grant Accts:				
V 639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
V 309 E.L. Guidry	2232340 2	560.210	$700.00	
V 923 Louisiana Office Systems (#119451)	2232340 2	565.370	$13.79	
V 1699 Great America Financial Services (#18771004)	2232340 2	565.370	$101.49	
Drug Screen Fees Acct:				
	2230000 2			
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 5-24-16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

V 639

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for June 2016 by the 5th of the month.

EConner
Elisa M. Conner

5.24.16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00064585**

Invoice Date	Invoice Number	Description	Invoice Amount
04/01/2016	MAY2016	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00064585	04/25/2016	$500.00

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A PRISMATIC BACKGROUND, CONTAINS A VOID PANTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	04/25/2016	00064585

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

April 21, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
	2232360 2			
State Grant Accts:				
V-639 [redacted]	[redacted]	[redacted]	[redacted]	
E.L. Guidry	2232340 2	560.210	$700.00	
	2232340 2			
Drug Screen Fees Acct:				
Pharmchem, Inc. (#418180)	**2230000 2**	510.060	$62.50	
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 4.21.16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for May 2016 by the 5th of the month.

Elisa M. Conner

4.21.16
Date

RECEIVED

APR 21 2016

ST MARTIN PARISH GOVERNMENT
ACCOUNTING DEPARTMENT

St. Martin Parish Government **Check Number: 00064157**

Invoice Date	Invoice Number	Description	Invoice Amount
03/01/2016	MARCH-2016	MARCH RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00064157	03/25/2016	$500.00

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A PRISMATIC BACKGROUND, CONTAINS A VOID PANTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	03/25/2016	00064157

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

March 23, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	*Org #*	*Obj #*	*Total*	*Paid*
Louisiana Rehabilitation Services Acct:				
	2232360 2			
	2232360 2			
State Grant Accts:				
V-639 Keith E. Thibodeaux, Ltd. -March-2016	2232340 2	560.210	$500.00	✓
E.L. Guidry	2232340 2	560.210	$700.00	
Black Box Network Services d/b/a UCI Communications (SVC1822459)	2232340 2	578.400	$50.29	
Drug Screen Fees Acct:				
Great America Financial Services (#18466340)	**2230000 2**	565.370	$127.49	
K & G Service (#1474)	**2230000 2**	510.100	$575.00	
Family Healthcare Clinic	**2230000 2**	510.100	$300.00	

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 3.23.16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for April 2016 by the 5th of the month.

EConner
Elisa M. Conner

3-23-16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00063511**

Invoice Date	Invoice Number	Description	Invoice Amount
02/08/2016	FEB-2016	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00063511	02/25/2016	$500.00

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A PRISMATIC BACKGROUND, CONTAINS A VOID PANTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	02/25/2016	00063511

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

February 23, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
	2232360 2			
State Grant Accts:				
V-639 [redacted] Ribodeaux, Ltd. Feb - 2016	**2232340 2**	**560.210**	**$500.00**	
E.L. Guidry	2232340 2	560.210	$700.00	
Great America Financial Services (#18302584)	2232340 2	565.370	$101.49	
Drug Screen Fees Acct:				
Elisa M. Conner	**2230000 2**	578.100	$272.61	
Black Box Network Services d/b/a UCI Communications (SVC1804994)	**2230000 2**	578.400	$50.29	
Pharmchem, Inc. (#417698)	**2230000 2**	510.060	$25.00	

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 2-23-16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for March 2016 by the 5th of the month.

EConner
Elisa M. Conner

2·23·16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: 00063147

Invoice Date	Invoice Number	Description	Invoice Amount
01/22/2016	JAN-2016	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	KEITH THIBODEAUX	00063147	01/25/2016	$500.00

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A PRISMATIC BACKGROUND, CONTAINS A VOID PANTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	01/25/2016	00063147

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
KEITH THIBODEAUX
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

January 22, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
Louisiana Rehabilitation Services Acct:				
	2232360 2			
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Hilton New Orleans Riverside	2232340 2	575.100	$2,310.00	
Elisa M. Conner	2232340 2	575.100	$168.00	
Shawnetta Jackson	2232340 2	575.100	$168.00	
John Simmons, Jr.	2232340 2	575.100	$168.00	
Sterlin Arvie	2232340 2	575.100	$168.00	
Julie Castille	2232340 2	575.100	$168.00	
Drug Screen Fees Acct:				
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — 1-22-16 Date

Drug Court Personnel — 1-22-16 Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for February 2016 by the 5th of the month.

Elisa M. Conner

1·22·16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: **00075344**

Invoice Date	Invoice Number	Description	Invoice Amount
12/07/2017	12152017	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00075344	12/18/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	12/18/2017	00075344

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

December 15, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	Org #	Obj #	Total	Paid
Louisiana Rehabilitation Services Acct:				
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd.	2232340 2	560.210	✓ $500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
Pharmchem, Inc. (#423231)	**2230000 2**	510.060	$62.50	
Family Healthcare Clinic	**2230000 2**	510.100	$300.00	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 12-15-17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for January 2018 by the 5th of the month.

Elisa M. Conner

12.15.17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00074906**

Invoice Date	Invoice Number	Description	Invoice Amount
11/16/2017	11172017	NOV 2017 GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00074906	11/22/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	11/22/2017	00074906

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

November 17, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
State Grant Accts:				
[redacted]	[redacted]	[redacted]	[redacted]	✓
E.L. Guidry	2232340 2	560.210	$700.00	
Orion Healthcare Technology (#53482)	2232340 2	570.010	$770.00	
Drug Screen Fees Acct:				
Pharmchem, Inc. (#422946)	**2230000 2**	510.060	$212.50	
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 11·17·17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for December 2017 by the 5th of the month.

Elisa M. Conner

11/17/17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: 00074466

Invoice Date	Invoice Number	Description	Invoice Amount
10/24/2017	NOV2017	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00074466	10/25/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	10/25/2017	00074466

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

October 24, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
Louisiana Rehabilitation Services Acct:				
	2232360 2			
State Grant Accts:				
V-639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
	2230000 2			
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 10.24.17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for November 2017 by the 5th of the month.

EConner
Elisa M. Conner

10-24-17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00074372**

Invoice Date	Invoice Number	Description	Invoice Amount
09/18/2017	2742	NUISANCE DANIEL WILTZ GL-25300005-510103	$553.24

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00074372	10/25/2017	$553.24

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	10/25/2017	00074372

$553.24

Pay Five Hundred Fifty Three Dollars and 24 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

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Security Features:	Results of check alteration:
• Micro Printing	• Small type in border of check and endorsement area appears blurred if copied or scanned.
• Watermark	• Artificial watermark on back. Hold at an angle to view.
• Colored Background	• Void copy protection

V639

Keith E. Thibodeaux, Ltd.

422 South Main Street
St. Martinville, LA 70582

Invoice

Date	Invoice #
9/18/2017	2742

Bill To
St. Martin Parish Government c/o Holli B. Guilbeau P.O. Box 9 St. Martinville, LA 70582

Description	Amount
Attorney fees, court costs and expenses for time period July 17, 2017 - September 17, 2017 (St. Martin Parish Government vs Daniel Wiltz, KET File #K-392-T)	0.00
July 24, 2017 - Letter to the Teche News requesting legal advertisement to locate Daniel Wiltz be published at the earliest available date (0.5 hrs @ $175/hr) + $21.65 for advertising cost	109.15
August 8, 2017 - Certified letter sent to Daniel Wiltz to inform that property situated at 1032 Red Barn Loop, Breaux Bridge, LA 70517 constitutes a nuisance and buildings and/or structures on property are to be condemned and should be destroyed. Informed Mr. Wiltz that the St. Martin Parish Government will discuss the matter further at an upcoming meeting and he should plan on attending to voice any opposition. Requested Mr. Wiltz contact Keith Thibodeaux to discuss matter further. (0.5 hrs @ $175/hr) + certified mail cost of $6.59	94.09
Communication between Keith Thibodeaux and Holli Guilbeau through multiple e-mails and limited research to locate subject property (2 hrs @ $175/hr)	350.00
Total	$553.24

KEITH E. THIBODEAUX, LTD.
A PROFESSIONAL LAW CORPORATION
422 SOUTH MAIN STREET
ST. MARTINVILLE, LA. 70582

KEITH E. THIBODEAUX
BAR ROLL NO. 19182

keith.thib@cox-internet.com

TELEPHONE:
337-394-3034
337-394-3035
FACSIMILE:
337-394-3518

September 18, 2017

St. Martin Parish Government
c/o Ms. Holli B. Guilbeau
P.O. Box 9
St. Martinville, LA 70582

Re: St. Martin Parish Government vs. Daniel Wiltz
My File#: K-392-T

Dear Holli:

Please find enclosed a copy of the returned certified mail envelope in regards to the above subject matter for your record. Unfortunately we have heard absolutely nothing from Mr. Wiltz and therefore I ask that you call me at your convenience for further direction in this matter.

In the meantime I enclose my invoice for services rendered to date which I ask that you place in line for payment.

Sincerely,

Keith E. Thibodeaux

KET/mhm

Enclosure

CERTIFIED MAIL

KEITH E. THIBODEAUX
A PROFESSIONAL LAW CORPORATION
422 S. MAIN STREET
ST. MARTINVILLE, LA. 70582

7016 1370 0002 2672 4912

1000

70517

U.S. POSTAGE
PAID
BREAUX BRIDGE,
70517
AUG 09 17
AMOUNT
$6.59
R2305K131338-07

RETURN RECEIPT REQUESTED

RECEIVED
SEP 06 2017
BY:

Daniel Wiltz
1032 Red Barn Loop
Breaux Bridge, La. 70517

NIXIE 708 FE 1 0008/30/17

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

93260999445797 6

70517#6817-RO BC: 70582454622 *2155-05393-09-44
70582>4546

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Daniel Wiltz
1032 Red Barn Loop
Breaux Bridge, La
70517

9590 9402 1953 6123 8030 45

2. Article Number (Transfer from service label)
7016 1370 0002 2672 4912

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
Insured Mail
Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Invoice Date	Invoice Number	Description	Invoice Amount
09/21/2017	RENT-OCT-17	RENT FOR OCTOBER 2017-ADULT DRUG COURT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00073828	09/22/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	09/22/2017	00073828

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

ENDORSE CHECK HERE

X

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Security Features:	Results of check alteration:
• Micro Printing	• Small type on border of check and endorsement line appears blurred if copied or scanned.
• Watermark	• Artificial watermark on back. Hold at an angle to view.
• Colored Background	• Void copy protection.

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

September 21, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd. V639	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
Pharmchem, Inc. (#422447)	**2230000 2**	510.060	$62.50	
Family Healthcare Clinic	**2230000 2**	510.100	$200.00	
Louisiana Office Systems (#125396)	**2230000 2**	565.370	$14.05	

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 9-21-17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for October 2017 by the 5th of the month.

EConner
Elisa M. Conner

9.21.17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00073454**

Invoice Date	Invoice Number	Description	Invoice Amount
08/09/2017	08242017	SEPT 2017 GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00073454	08/25/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

Vendor Number	Check Date	Check Number
639	08/25/2017	00073454

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
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SECURITY FEATURES INCLUDED. DETAILS ON BACK

Listed below are the security features [illegible] The presence of will be met and/or exceed [illegible] below.

Security Features	Results of check [illegible]
• [illegible]	• [illegible]
• Watermark	• Artificial watermark on back. [illegible]
• Colored Background	• Void copy protection

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

August 24, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	*Org #*	*Obj #*	*Total*	*Paid*
	2232360 2			
State Grant Accts:				
439 - Keith E. Thibodeaux, Ltd.	2232340 2	560.210	✓ $500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
RECEIVED				
AUG 24 2017				
ST MARTIN PARISH GOVERNMENT				
ACCOUNTING DEPARTMENT				
Drug Screen Fees Acct:				
Synergy Information Technology Group (#27940)	**2230000 2**	565.370	$150.06	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 8.24.17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for September 2017 by the 5th of the month.

EConner
Elisa M. Conner

8·24·17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: 00072930

Invoice Date	Invoice Number	Description	Invoice Amount
07/24/2017	AUG-RENT	RENTAL FEE GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00072930	07/26/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	07/26/2017	00072930

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

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SECURITY FEATURES INCLUDED. DETAILS ON BACK

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Security Features:	Results of check alteration:
[illegible]	[illegible] back and [illegible]
[illegible]	Artificial watermark on back. Hold at an angle [illegible]
[illegible]	[illegible]

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

July 24, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	✓
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 7-24-17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for August 2017 by the 5th of the month.

Elisa M. Conner

7-24-17

Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

Invoice Date	Invoice Number	Description	Invoice Amount
07/01/2017	JULY-2017	RENTAL FEE OFFICE SPACE JULY-2017-ADULT DRUG COURT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00072488	07/01/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	07/01/2017	00072488

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

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NON-NEGOTIABLE

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DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
DEPOSITORY BANK ENDORSEMENT

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

V639

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for July 2017 by the 5th of the month.

EConner
Elisa M. Conner

7·3·17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00071884**

Invoice Date	Invoice Number	Description	Invoice Amount
05/25/2017	05252017	JUNE RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00071884	05/25/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	05/25/2017	00071884

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

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[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

May 24, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
Louisiana Rehabilitation Services Acct:				
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	✓
E.L. Guidry	2232340 2	560.210	$700.00	
Great America Financial Services (#20669828)	2232340 2	565.370	$101.49	
Drug Screen Fees Acct:				
Shawnetta Jackson	**2230000 2**	575.100	$298.32	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 5-24-17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for June 2017 by the 5th of the month.

Elisa M. Conner

5.24.17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

Invoice Date	Invoice Number	Description	Invoice Amount
04/05/2017	MAY2017	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00071283	04/25/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	04/25/2017	00071283

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

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St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

April 21, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	*Org #*	*Obj #*	*Total*	*Paid*
	2232360 2			
State Grant Accts:				
V 639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	✓ $500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Louisiana Office Systems (#123890)	2232340 2	565.370	$205.81	
Black Box Network Services d/b/a UCI Communications (TEN-116884)	2232340 2	578.400	$50.29	
Great America Financial Services (#20498049)	2232340 2	565.370	$101.49	
New Orleans Marriott	2232340 2	575.100	$2,139.00	
Elisa M. Conner	2232340 2	575.100	$168.00	
Shawnetta Jackson	2232340 2	575.100	$168.00	
John Simmons, Jr.	2232340 2	575.100	$168.00	
Sterlin Arvie	2232340 2	575.100	$168.00	
Julie Castille	2232340 2	575.100	$168.00	
Shamrock Office Solutions (#46509A)	2232340 2	570.010	$158.58	
Drug Screen Fees Acct:				
Louisiana Office Systems (#123787)	**2230000 2**	565.370	$14.02	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 4.21.17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for May 2017 by the 5th of the month.

EConner
Elisa M. Conner

4.21.17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

Invoice Date	Invoice Number	Description	Invoice Amount
01/23/2017	01252017	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00069787	01/25/2017	$500.00

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St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	01/25/2017	00069787

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

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SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

January 23, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
Louisiana Rehabilitation Vendor				
	2232360 2			
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Great America Financial Services (#20027332)	2232340 2	565.370	$131.64	
Black Box Network Services d/b/a UCI Communications (TEN-099366)	2232340 2	578.400	$50.29	
Drug Screen Fees Acct:				
Louisiana Office Systems (#122469)	**2230000 2**	565.370	$14.02	
Louisiana Office Systems (#122611)	**2230000 2**	565.370	$140.28	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 1·23·17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for February 2017 by the 5th of the month.

Elisa M. Conner

1.23.17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00066596**

Invoice Date	Invoice Number	Description	Invoice Amount
08/23/2016	SEPT-2016	RENTAL OFFICE SPACE--418 S MAIN ST ST. MARTINVILLE GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00066596	08/25/2016	$500.00

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St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	08/25/2016	00066596

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

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SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

August 24, 2016

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
	2232360 2			
State Grant Accts:				
V 639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Great America Financial Services (#19238460)	2232340 2	565.370	$101.49	
Drug Screen Fees Acct:				
	2230000 2			
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 8.24.16

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for September 2016 by the 5th of the month.

EConner
Elisa M. Conner

8-24-16
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00070834**

Invoice Date	Invoice Number	Description	Invoice Amount
03/10/2017	03222017	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00070834	03/24/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	03/24/2017	00070834

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

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NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

March 22, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
	2232360 2			
State Grant Accts:				
V639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Louisiana Office Systems (#123446)	2232340 2	565.370	$207.14	
Black Box Network Services d/b/a UCI Communications (TEN-111848)	2232340 2	578.400	$50.29	
Drug Screen Fees Acct:				
Louisiana Office Systems (#123153)	**2230000 2**	565.370	$1,511.36	
Louisiana Office Systems (#123154)	**2230000 2**	565.370	821.98	
Family Healthcare Clinic	**2230000 2**	510.100	$300.00	

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 3.22.17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for April 2017 by the 5th of the month.

EConner
Elisa M. Conner

3·22.17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00070324**

Invoice Date	Invoice Number	Description	Invoice Amount
02/22/2017	02222017	MARCH RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00070324	02/25/2017	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	02/25/2017	00070324

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

February 22, 2017

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Enclosed are copies of Drug Court bills.

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
	2232360 2			
State Grant Accts:				
V639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Great America Financial Services (#20186836)	2232340 2	565.370	$101.49	
Louisiana Association of Drug Court Professionals	2232340 2	575.100	$750.00	
Drug Screen Fees Acct:				
Louisiana Office Systems (#122923)	**2230000 2**	565.370	$14.16	
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 2.22.17

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA 70582. The monthly charge is $500.00. Please submit $500.00 for March 2017 by the 5th of the month.

Elisa M. Conner

2.22.17
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

Invoice Date	Invoice Number	Description	Invoice Amount
12/10/2018	12192018	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00081752	12/14/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	12/14/2018	00081752

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

December 19, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
State Grant Accts:				
039- Keith E. Thibodeaux, Ltd.	2232340 2	560.210	✓ $500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Technical Resource Management, LLC (#12432)	2232340 2	510.060	$55.00	
Drug Screen Fees Acct:				
	2230000 2			
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 12.19.18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for January 2019 by the 5th of the month.

EConner
Elisa M. Conner

12·19·18
Date

St. Martin Parish Government **Check Number: 00081278**

Invoice Date	Invoice Number	Description	Invoice Amount
11/07/2018	DEC-2018	DEC 2018 GL-22323402-560210	$500.00

RECEIVED
NOV 26 2018
BY

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00081278	11/19/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	11/19/2018	00081278

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

November 19, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
State Grant Accts:				
[redacted]	[redacted]	[redacted]	[redacted]	✓
E.L. Guidry	2232340 2	560.210	$700.00	
Orion Healthcare Technology (#55792)	2232340 2	570.010	$770.00	
Pharmchem, Inc. (#426372)	2232340 2	510.060	$264.20	
Drug Screen Fees Acct:				
	2230000 2			
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 11·19·18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for December 2018 by the 5th of the month.

EConner
Elisa M. Conner

11.19.18
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

Invoice Date	Invoice Number	Description	Invoice Amount
10/24/2018	10242018	418 S MAIN GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00080861	10/25/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	10/25/2018	00080861

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

October 24, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
State Grant Accts:				
[redacted]	2232340 2	560.210	$500.00	✓
E.L. Guidry	2232340 2	560.210	$700.00	
PHMC – Accounting Department (#SI00025274) (RANT-00483)	2232340 2	570.010	$1,100.00	
Drug Screen Fees Acct:				
Family Healthcare Clinic	**2230000 2**	510.100	$100.00	
Jose' Alexander	**2230000 2**	510.100	$187.50	
Synergy Information Technology Group (#29878)	**2230000 2**	565.370	$45.00	

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 10.24.18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for November 2018 by the 5th of the month.

Elisa M. Conner

10.24.18
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

Invoice Date	Invoice Number	Description	Invoice Amount
08/23/2018	08232018	SEPT RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00079767	08/25/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	08/25/2018	00079767

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

August 23, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
Louisiana Rehabilitation Services Acct:				
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 8.23.18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for September 2018 by the 5th of the month.

EConner
Elisa M. Conner

8-23-18
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00080302**

Invoice Date	Invoice Number	Description	Invoice Amount
08/31/2018	OCT-2018	RENT FOR MONTH OF OCTOBER-2018 GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00080302	09/20/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	09/20/2018	00080302

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

September 24, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
V639 *State Grant Accts:*				
Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Pharmchem, Inc. (#425719)	2232340 2	565.370	$66.05	
Drug Screen Fees Acct:				
Family Healthcare Clinic	**2230000 2**	510.100	$200.00	

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

Conner — 9.24.18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for October 2018 by the 5th of the month.

EConner
Elisa M. Conner

9.24.18
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government **Check Number: 00079259**

Invoice Date	Invoice Number	Description	Invoice Amount
07/24/2018	07242018	AUG 2018 RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00079259	07/25/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	07/25/2018	00079259

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

July 24, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
Louisiana Rehabilitation Services Acct:				
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd.	**2232340 2**	**560.210**	**$500.00**	
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
Family Healthcare Clinic	**2230000 2**	510.100	$100.00	

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 7.24.18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for August 2018 by the 5th of the month.

E Conner
Elisa M. Conner

7.24.18
Date

St. Martin Parish Government **Check Number: 00078789**

Invoice Date	Invoice Number	Description	Invoice Amount
07/01/2018	07012018	JULY 2018 RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00078789	07/02/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	07/02/2018	00078789

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

July 2, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
[illegible]				
	2232360 2			
State Grant Accts:				
[redacted] E. Thibodeaux, Ltd.	**2232340 2**	**560.210**	**$500.00**	
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 7-2-18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for July 2018 by the 5th of the month.

EConner
Elisa M. Conner

7-2-18
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Governmen

Check Number: 00078076

Invoice Date	Invoice Number	Description	Invoice Amount
05/23/2018	JUNE-2018	RENTAL MONTH OF MAY-2018 --22323402-560210 GL	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00078076	05/23/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	05/23/2018	00078076

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

May 24, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	*Org #*	*Obj #*	*Total*	*Paid*
	2232360 2			
State Grant Accts:				
V639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
Blanchard's (#101110)	**2230000 2**	570.010	$290.03	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 5·24·18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for June 2018 by the 5th of the month.

EConner
Elisa M. Conner

5-24-18
Date

St. Martin Parish Government

Check Number: 00077464

Invoice Date	Invoice Number	Description	Invoice Amount
04/18/2018	04182018	RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00077464	04/18/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	04/18/2018	00077464

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

April 18, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
State Grant Accts:				
V 639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
Louisiana Office Systems (#127890)	**2230000 2**	565.370	$92.06	
Jose' Alexander	**2230000 2**	510.100	$172.50	

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

EConner — 4-18-18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for May 2018 by the 5th of the month.

EConner
Elisa M. Conner

4·18·18
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: 00077015

Invoice Date	Invoice Number	Description	Invoice Amount
03/22/2018	APRIL 2018	RENT FOR APRIL 2018 GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00077015	03/22/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	03/22/2018	00077015

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

FILE COPY
NON-NEGOTIABLE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

March 22, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	*Org #*	*Obj #*	*Total*	*Paid*
	2232360 2			
State Grant Accts:				
V639 Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	
E.L. Guidry	2232340 2	560.210	$700.00	
Sheraton New Orleans Hotel	2232340 2	575.100	$2,310.00	
Elisa M. Conner	2232340 2	575.100	$177.00	
Shawnetta Jackson	2232340 2	575.100	$177.00	
John Simmons, Jr.	2232340 2	575.100	$177.00	
Sterlin Arvie	2232340 2	575.100	$177.00	
Julie Castille	2232340 2	575.100	$177.00	
Drug Screen Fees Acct:				
Elisa M. Conner	2230000 2	510.100	$91.53	
Pharmchem, Inc. (#424031)	2230000 2	510.060	$66.05	
Louisiana Office Systems (#127651)	2230000 2	565.370	$14.65	

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

Drug Court Personnel — Date: 3-22-18

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for April 2018 by the 5th of the month.

Elisa M. Conner

3-22-18
Date

St. Martin Parish Government

Check Number: 00076540

Invoice Date	Invoice Number	Description	Invoice Amount
02/22/2018	MARCH2018	RENT FOR MARCH 2018 GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00076540	02/25/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	02/25/2018	00076540

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

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SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

February 22, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd.	**2232340 2**	**560.210**	**$500.00**	
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
Family Healthcare Clinic	**2230000 2**	510.100	$300.00	
Pharmchem, Inc. (#423755)	**2230000 2**	510.060	$292.75	
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

Finance Dept. — Date

E Conner — 2-22-18

Drug Court Personnel — Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for March 2018 by the 5th of the month.

E Conner
Elisa M. Conner

2·22·18
Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Government

Check Number: 00075942

Invoice Date	Invoice Number	Description	Invoice Amount
01/25/2018	01242018	FEB 2018RENT GL-22323402-560210	$500.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
639	THIBODEAUX, KEITH	00075942	01/25/2018	$500.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

St. Martin Parish Government
Master Account
P.O. Box 9
301 W. Port Street
St. Martinville, LA 70582
(337) 394-2200

St. Martin PARISH GOVERNMENT

Vendor Number	Check Date	Check Number
639	01/25/2018	00075942

$500.00

Pay Five Hundred Dollars and 00 cents ******

To The Order Of
THIBODEAUX, KEITH
422 S MAIN ST
ST MARTINVILLE, LA 70582

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SECURITY FEATURES INCLUDED. DETAILS ON BACK

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

January 24, 2018

TO: Finance Dept.

FROM: Elisa M. Conner

RE: Drug Court Bills

Vendor & (Invoice #)	***Org #***	***Obj #***	***Total***	***Paid***
Louisiana Rehabilitation Services Acct:				
	2232360 2			
State Grant Accts:				
Keith E. Thibodeaux, Ltd.	2232340 2	560.210	$500.00	✓
E.L. Guidry	2232340 2	560.210	$700.00	
Drug Screen Fees Acct:				
Shamrock Office Solutions (#49100A)	**2230000 2**	570.010	$475.42	
	2230000 2			
	2230000 2			

I have received all receipts/invoices for the above-mentioned items.

_____ Finance Dept.

_____ Date

_____ Drug Court Personnel

_____ Date

P. O. Box 26 • 126 E. Berard St. • St. Martinville, LA 70582 • Tel. (337) 394-8005 • Fax (337) 394-6010

St. Martin Parish Adult Drug Court

F.R.E.E.D.O.M.

(Full Recovery Ensures Everlasting Dignity and Opportunities for Me)

BILLED TO:

St. Martin Parish Adult Drug
(Org #: 223223402)
(Object # 560.210)
P. O. Box 26
St. Martinville, LA 70582

REMIT PAYMENT TO:

Keith E. Thibodeaux
422 S. Main Street
St. Martinville, LA 70582

INVOICE:

Rental fee of office space located at 418 S. Main Street, St. Martinville, LA, 70582. The monthly charge is $500.00. Please submit $500.00 for February 2018 by the 5th of the month.

EConner
Elisa M. Conner

1·24·18
Date