

Check Date 07/15/2014

Check No. 3000001961

Invoice Number	Invoice Date	PO Number	Voucher ID	Gross Amount	Adjustments	Paid Amount
CONTRIB2014022	07/10/2014		00031019	2,000.00	0.00	2,000.00

ASHLEY PRICE, ETT, 400 W. 15TH STREET, SUITE 800, AUSTIN, TX 78701

**ETT**  
 JUL 21 2014  
**RECEIVED**

Vendor Number	Vendor Name		Electric Transmission TX, LLC P O Box 24400 Canton, OH 44701 877/286-2729
0000286769	WEBB COUNTY VOLUNTEER FIRE DEPARTMENT		
Total Amount	Total Adjustments	Total Paid Amount	
\$2,000.00	\$0.00	\$2,000.00	

DOCUMENT IS PRINTED ON WATERMARKED PAPER - HOLD TO LIGHT TO VIEW. THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND NOT A WHITE BACKGROUND. WARNING BOX



**ELECTRIC TRANSMISSION TX, LLC**  
 P O Box 24400  
 Canton, OH 44701

CITIBANK, N.A.  
 New Castle, DE 19720  
 62-20/311

**3000001961**  
 Date 07/15/2014

**\$2,000.00**  
 DOLLAR TWO THOUSAND ZERO ZERO ZERO PERIOD ZERO ZERO

Pay \*\*\*\*TWO THOUSAND AND XX / 100 DOLLAR\*\*\*\*

To The Order Of  
 WEBB COUNTY VOLUNTEER FIRE DEPARTMENT  
 7210 E SAUNDERS UNIT A&B  
 LAREDO, TX 78041

Pay Amount \$2,000.00\*\*\*

*Julie Williams*  
 Authorized Signature

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER - HOLD TO LIGHT TO VIEW

3000001961 031100209 38765148



CONTRIB2014022



2014 TAX RECEIPT LETTER

(For internal use only)

**A Contribution from Electric Transmission Texas, LLC was made to:**  
Webb County Volunteer Fire Department  
(Name of Organization)

**Contribution Amount:** \$ 2,000.00 **Check #:** 3000001961

**Date Issued:** 7/15/14

Dear Gifts Recipient:

In order to comply with U.S. tax laws and IRS regulations, we request you provide Electric Transmission Texas, LLC ("ETT") with the following information regarding the enclosed check within 30 days of receiving this check.

Our ability to make future tax-deductible contributions is contingent upon receipt of this information. Please forward the completed documents to:

**ETT Gifts/Contributions Accounting**  
**Attention: Ashley Price**  
**400 W. 15<sup>th</sup> Street, Suite 800**  
**Austin, TX 78701**

Description of any property contributed (if applicable):

Were goods or services received in exchange for this amount or property contribution? If so, provide a description and estimated dollar value of the goods and/or services.

Amount that is tax deductible: \$ \_\_\_\_\_

Organization's Tax ID Number: \_\_\_\_\_

Is your organization qualified to receive tax-deductible contributions? Yes \_\_\_\_\_ No \_\_\_\_\_

Please circle type of qualified organization: 501(c)(3) 501(c)(4) 501(c)(6) Other

If "Other", please explain: \_\_\_\_\_

Title: \_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone)