

# Item 17



## Travis County Commissioners Court Agenda Request

**Meeting Date:** May 7, 2013

**Prepared By/Phone Number:** Deborah Lauder milk/(512) 854-9779

**Elected/Appointed Official/Dept. Head:** Leslie Browder *LB*

**Commissioners Court Sponsor:** Judge Samuel T. Biscoe

### **AGENDA LANGUAGE:**

Consider and take appropriate action to approve the addition of Leslie Browder to the have investment authority for overnight government investment pools, TexPool, TexSTAR and TexasDAILY .

### **BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:**

Memorandum is attached

### **STAFF RECOMMENDATIONS:**

Staff recommends approval. See attached memo.

### **ISSUES AND OPPORTUNITIES:**

Attached

### **FISCAL IMPACT AND SOURCE OF FUNDING:**

None

### **REQUIRED AUTHORIZATIONS:**

**AGENDA REQUEST DEADLINE:** All agenda requests and supporting materials must be submitted as a pdf to David Salazar in the County Judge's office, [agenda@co.travis.tx.us](mailto:agenda@co.travis.tx.us) by **Tuesdays at 5:00 p.m.** for the next week's meeting.



**CASH AND INVESTMENT MANAGEMENT SERVICES**  
**TRAVIS COUNTY, TEXAS**

Travis County Administration Building  
700 Lavaca , Suite 1560  
P.O. Box 1748  
Austin, Texas 78767

Phone: (512) 854-9779  
Fax: (512) 854-4210  
Email: [deborah.laudermilk@co.travis.tx.us](mailto:deborah.laudermilk@co.travis.tx.us)

DATE: May 2, 2013

TO: Samuel T. Biscoe, Travis County Judge  
Ron Davis, Commissioner, Precinct 1  
Sarah Eckhardt, Commissioner, Precinct 2  
Gerald Daugherty, Commissioner, Precinct 3  
Margaret Gomez, Commissioner, Precinct 4

FROM: Deborah A. Laudermilk, Investment Manager 

RE: Approval of Investment Pool Signature Authority for Leslie Browder

With the retirement of Leroy Nellis, it is necessary to delete his name from the overnight pools that Travis County invests in and replace his name with Leslie Browder, County Executive, Planning & Budget. The Cash Investment Management (CIM) group reports directly to Ms. Browder and therefore it is logical for her to have signature authority on each of these pools. Her authority on these pools will most likely only be used in an emergency situation when the Investment Manager or Assistant Investment Manager are not available, which is highly unlikely. Approval of her as an authorized signature would also be helpful as an approver of transactions when a second signature is required if the original transaction is submitted by someone that may be serving as a board member on one of the pools' boards.

Attached are the forms authorizing Leslie Browder to invest for Travis County in the three Local Government Investment Pools in which Travis County is a participant and deleting Leroy Nellis. They are TexPool, TexSTAR, and TexasDAILY/TexasTERM..

Please authorize the forms to allow Leslie Browder to invest for Travis County in TexasDAILY and TexSTAR and authorize Judge Biscoe to sign the Resolution allowing her to invest in TexPool.

cc: Leslie Browder, County Executive, Planning & Budget  
Dolores Ortega-Carter, County Treasurer



# RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, Travis County - 78310  
(Participant Name & Location Number)

("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

- A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
- B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / TexPool Prime account or (2) is no longer employed by the Participant; and
- C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant;

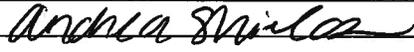
List the Authorized Representatives of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. Name: Deborah Laudermilk Title: Investment Manager  
 Phone/Fax/Email: 512-854-9779 / 512-854-4210 / deborah.laudermilk@co.travis.tx.us  
 Signature: [Handwritten Signature]

2. Name: Reagan Grimes Title: Asst. Investment Manager  
 Phone/Fax/Email: 512-854-9085 / 512-854-4210 / reagan.grimes@co.travis.tx.us  
 Signature: [Handwritten Signature]

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED TEX - REP

3. Name: Leslie Browder Title: County Executive  
Phone/Fax/Email: 512-854-8679 / 512-854-4210 / leslie.browder@co.travis.tx.us  
Signature: 

4. Name: Andrea Shields Title: Corporations Administrator  
Phone/Fax/Email: 512-854-9116 / 512-854-4210 / andrea.shields@co.travis.tx.us  
Signature: 

List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

Name Deborah Lauder milk

In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

5. Name: Rhonda Ambrose Title: Sr. Financial Analyst  
Phone/Fax/Email: 512-854-9365 / 512-854-9365 / Rhonda.Ambrose@co.travis.tx.us

D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_.

NAME OF PARTICIPANT: Travis County

BY: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

ATTEST: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**This document supersedes all prior Authorized Representative designations.**

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX – REP

TexPool Participant Services • Federated Investors Inc  
1001 Texas Ave., Suite 1400 • Houston, TX 77002 • [www.texpool.com](http://www.texpool.com) • 1-866-839-7665

07/12

Resolution Amending Authorized Representatives

Continued.

Inquiry Rights Only:

Caroline Carrasco

Accountant

512-854-9365

Carolyn.Carrasco@co.travis.tx.us



**DESIGNATION OF AUTHORIZED PERSONS**

Questions? Call 1-866-839-8376

**Instructions:** Complete this form to designate authorized persons. For the accounts listed below, this form replaces all authorized persons previously on file, so all authorized persons must be listed and sign this form.

Investor Name: Travis County

Investor TIN #: 74 - 6000192

Please list the account number(s) or account title(s) that this form applies to:

- |                   |           |           |           |
|-------------------|-----------|-----------|-----------|
| 1. <u>1004-00</u> | 6. _____  | 11. _____ | 16. _____ |
| 2. <u>1004-01</u> | 7. _____  | 12. _____ | 17. _____ |
| 3. <u>1004-02</u> | 8. _____  | 13. _____ | 18. _____ |
| 4. _____          | 9. _____  | 14. _____ | 19. _____ |
| 5. _____          | 10. _____ | 15. _____ | 20. _____ |

**AUTHORIZED PERSONS:** Please list all authorized persons in this section. An individual must be listed in this section in order to be authorized.

<p><u>Deborah Lauder milk</u> Print Name</p> <p><u>deborah.laudermilk@co.travis.tx.us</u> Email Address</p>	<p>X <u>[Signature]</u> Signature</p> <p><u>(512) 854-9779</u> Phone Number</p>	<p>This authorized person may do the following:</p> <p><input checked="" type="checkbox"/> OPEN AND CLOSE ACCOUNTS.</p> <p><input checked="" type="checkbox"/> INITIATE THE PURCHASE AND REDEMPTION OF SHARES BY PHONE/FAX.</p> <p><input checked="" type="checkbox"/> CHANGE BANKING INSTRUCTIONS AND OTHER ACCOUNT INFORMATION.</p> <p><input checked="" type="checkbox"/> DESIGNATE OTHER AUTHORIZED PERSONS.</p>
<p><u>Reagan Grimes</u> Print Name</p> <p><u>reagan.grimes@co.travis.tx.us</u> Email Address</p>	<p>X <u>[Signature]</u> Signature</p> <p><u>(512) 854-9085</u> Phone Number</p>	<p>This authorized person may do the following:</p> <p><input checked="" type="checkbox"/> OPEN AND CLOSE ACCOUNTS.</p> <p><input checked="" type="checkbox"/> INITIATE THE PURCHASE AND REDEMPTION OF SHARES BY PHONE/FAX.</p> <p><input checked="" type="checkbox"/> CHANGE BANKING INSTRUCTIONS AND OTHER ACCOUNT INFORMATION.</p> <p><input checked="" type="checkbox"/> DESIGNATE OTHER AUTHORIZED PERSONS.</p>
<p><u>Andrea Shields</u> Print Name</p> <p><u>andrea.shields@co.travis.tx.us</u> Email Address</p>	<p>X <u>[Signature]</u> Signature</p> <p><u>(512) 854-9116</u> Phone Number</p>	<p>This authorized person may do the following:</p> <p><input type="checkbox"/> OPEN AND CLOSE ACCOUNTS.</p> <p><input type="checkbox"/> INITIATE THE PURCHASE AND REDEMPTION OF SHARES BY PHONE/FAX.</p> <p><input type="checkbox"/> CHANGE BANKING INSTRUCTIONS AND OTHER ACCOUNT INFORMATION.</p> <p><input type="checkbox"/> DESIGNATE OTHER AUTHORIZED PERSONS.</p>
<p><u>Leslie Browder</u> Print Name</p> <p><u>leslie.browder@co.travis.tx.us</u> Email Address</p>	<p>X <u>[Signature]</u> Signature</p> <p><u>(512) 854-8679</u> Phone Number</p>	<p>This authorized person may do the following:</p> <p><input type="checkbox"/> OPEN AND CLOSE ACCOUNTS.</p> <p><input type="checkbox"/> INITIATE THE PURCHASE AND REDEMPTION OF SHARES BY PHONE/FAX.</p> <p><input type="checkbox"/> CHANGE BANKING INSTRUCTIONS AND OTHER ACCOUNT INFORMATION.</p> <p><input type="checkbox"/> DESIGNATE OTHER AUTHORIZED PERSONS.</p>

**CERTIFICATION:** The person who signs this section verifies the information listed above and designates the individuals listed above as authorized persons.

This section must be signed by either:

- (for existing accounts) a person who is currently an authorized person as per Pool records, OR
- an individual who is appointed to an authorized position. Please include documentation (board minutes, resolution, fiduciary agreement, officer's certificate, Schedule C, etc.) evidencing appointment of this person to the authorized position.

X [Signature]  
Authorized Signature

4/26/2013  
Date

Deborah Lauder milk  
Print Name of Authorized Signatory

(512) 854-9779  
Phone Number

Any document received by email will not be accepted. Please send by fax or mail through the postal system.

**FAX TO:** TexasDAILY Investor Support Services  
1-888-535-0120

**MAIL TO:** TexasDAILY Investor Support Services  
P.O. Box 11760  
Harrisburg, PA 17108-1760

POOL USE ONLY		
V2012.01	DATE	INITIALS
Processed		
Confirmed		



# EASY ONLINE NETWORK (EON)

Questions? Call 1.866.839.8376

Online Account Access Authorization  
Website: <http://eon.pfm.com>

**Instructions:** Complete one form for each user. Fax this form to EON Coordinators at 1.888.535.0120.

### 1. TYPE: (Please check the box that applies to this user.)

- New EON User
- Reactivate expired login for current EON user
- Update a Current EON User
- Remove EON User as indicated below (Specify in the Account Access section below whether the user will be removed completely from all accounts or if the user is only being removed from specific accounts.)

### 2. BASIC INFORMATION: (Please fill this section out completely.)

Name of Entity: Travis County  
 Entity Tax Identification Number: 74-6000192

### 3. USER INFORMATION: (Please fill this section out completely.)

First Name: Leroy Last Name: Nellis  
 Mr.  Ms.  
 Title/Position: Budget Director  
 E-Mail: Leroy.Nellis@co.travis.tx.us Tel: 512-854-9066

Preferred or Current Username \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 (An EON Coordinator will contact you if the preferred username is unavailable)

### 4. ACCOUNT ACCESS: (Access includes all current and historical information.)

- User may access all accounts under entity name
  - User may access the following account(s) only: (Please type or print the account number(s) that may be accessed.)
- Remove completely \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 5. TYPE OF ACCESS: (User will be granted FULL ACCESS if this section is not completed.)

- FULL ACCESS – User may initiate and reverse transactions; view all current and historical statements and activity.
- VIEW ONLY ACCESS - User may view all current and historical statements and activity. They cannot transact online.
- PARTIAL ACCESS – User may view all current and historical statements and activity, and they may create the following only:
 

<b>PURCHASES</b> <input type="checkbox"/> All Purchases <input type="checkbox"/> Wire Purchase Notify <input type="checkbox"/> Initiate ACH Purchase	<b>REDEMPTIONS</b> <input type="checkbox"/> All Redemptions <input type="checkbox"/> Initiate Wire Redemption <input type="checkbox"/> Initiate ACH Redemption	<b>GENERAL</b> <input type="checkbox"/> Transfers between accounts/series <input type="checkbox"/> Reverse Pending Transactions
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### 6. AUTHORIZED BY: (Please have an authorized individual, as designated per account records, sign and date this section.)

Name: Deborah Laudermilk Title: Investment Manager  
 Signature: X [Signature] Date: 4/18/13 Phone #: 512-854-9779  
 (By signing you are authorizing access to your accounts as specified above and indemnifying the investment advisor of responsibility for unauthorized use.)

**Note:** It is your entity's responsibility to notify the EON Coordinator of any changes needed for users with online access to your accounts.

FUND USE ONLY		
	DATE	INITIALS
Processed		
Confirmed		



# ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

**PARTICIPANT NAME:** Travis County **LOCATION NUMBER:** 22707

**PART I: DELETIONS - Please enter the Authorized Representatives to be deleted**

- 1. Leroy Nellis 3. \_\_\_\_\_
- 2. \_\_\_\_\_

**PART II: ADDITIONS - Please enter the Authorized Representatives to be added**

- 1. Name: Leslie Browder Title: County Executive, PBO  
 Signature: [Signature] Phone: 512-854-8679  
 Email: leslie.browder@co.travis.tx.us
- 2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PART III: APPROVALS - Please enter the names of all currently Authorized Representatives to authorize the deletions and additions of the individuals above.**

- 1. Name: Deborah Lauder milk  
 Signature: [Signature]  
 Title: Investment Manager
- 2. Name: Reagan Grimes  
 Signature: [Signature]  
 Title: Assistant Investment Manager
- 3. Name: Andrea Shields  
 Signature: [Signature]  
 Title: Corporations Administrator

**Official Seal of Participant (required)**

- 4. Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Attested By:** \_\_\_\_\_  
**Title:** \_\_\_\_\_



## ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

**PART IV: PRIMARY CONTACT [required]** - If the Primary Contact on file with TexSTAR was deleted in Part I of this form, please provide the name of the Authorized Representative that will be the Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexSTAR updates and other program mailings.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PART V: INQUIRY ONLY [optional]** - If an Inquiry Only Representative was deleted in Part I and you wish to replace this representative or add an inquiry only representative to your TexSTAR account for the first time, please list this individual below. This limited representative cannot make deposits or withdrawals or sign Bank Information Sheets.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If you have any questions regarding this form or the Authorized Representatives currently on file with TexSTAR for your entity, please contact TexSTAR Participant Services at 1-800-839-7827.