

STATE OF TEXAS §
 §
COUNTY OF COLLIN §

I have been informed by Jim Skinner, Sheriff in Collin County, Texas that he has decided to supplement my county-paid salary in the base amount of \$1,580.00 annually, plus FICA, retirement and other benefits for a total of \$1,834.00 inclusive. I understand that this salary supplement is in addition to my regular county salary and is not paid by Collin County, but by the Sheriff from his discretionary funds.

I understand that the salary supplement I am to receive is paid to me at the discretion of the Sheriff, and may be withdrawn, reduced, adjusted, discontinued and in other ways changed or modified by the Sheriff at his sole and absolute discretion. I understand that the offer, payment, receipt or acceptance of the salary supplement here described does not create any entitlement, claim or any other right for me to or against any county funds not appropriated to my salary by the vote of the Commissioners Court of Collin County, or against any funds or money of the Sheriff.

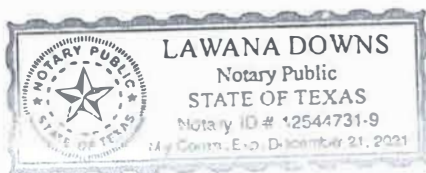
This salary supplement referred to in this affidavit will be paid on the same schedule as my regular salary beginning August 18, 2020 for Fiscal Year 2020.


This supplement will appear as a county salary increase only for accounting purposes and to facilitate the payment of the supplement here described while meeting all government rules, regulations and statutes relating to the payment of salaries in general.

My signature indicates my agreement and understanding to all of the foregoing. I understand that if I did not so understand or agree, I would not be paid the salary supplement described therein.


Duane Cortes

SUBSCRIBED AND SWORN to before me on this the 6 day of August, 2020.




Notary Public
State of Texas

STATE OF TEXAS §
 §
COUNTY OF COLLIN §

I have been informed by Jim Skinner, Sheriff in Collin County, Texas that he has decided to supplement my county-paid salary in the base amount of \$1,519.00 annually, plus FICA, retirement and other benefits for a total of \$1,764.00 inclusive. I understand that this salary supplement is in addition to my regular county salary and is not paid by Collin County, but by the Sheriff from his discretionary funds.

I understand that the salary supplement I am to receive is paid to me at the discretion of the Sheriff, and may be withdrawn, reduced, adjusted, discontinued and in other ways changed or modified by the Sheriff at his sole and absolute discretion. I understand that the offer, payment, receipt or acceptance of the salary supplement here described does not create any entitlement, claim or any other right for me to or against any county funds not appropriated to my salary by the vote of the Commissioners Court of Collin County, or against any funds or money of the Sheriff.

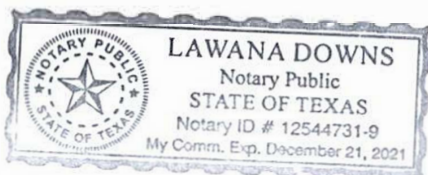
This salary supplement referred to in this affidavit will be paid on the same schedule as my regular salary beginning August 17, 2020 for Fiscal Year 2020. This supplement will appear as a county salary increase only for accounting purposes and to facilitate the payment of the supplement here described while meeting all government rules, regulations and statutes relating to the payment of salaries in general.

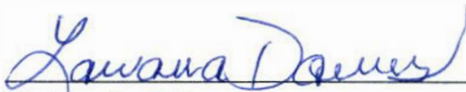
My signature indicates my agreement and understanding to all of the foregoing. I understand that if I did not so understand or agree, I would not be paid the salary supplement described therein.



Robert Spears

SUBSCRIBED AND SWORN to before me on this the 6 day of August, 2020.





Notary Public
State of Texas