





Emergency Services District (ESD) Reporting Form Jan. 1, 2020

Information received from this form will be transmitted to the Texas Division of Emergency Management in satisfaction of reporting requirements under Chapter 775 of the Health and Safety Code. This form is for the report required for Jan. 1, 2020.

Please familiarize yourself with the form before you begin submitting answers, because there is no mechanism to save the form and return later.

ESD Name (i.e., Buffalo County ESD No. 99) *

LIVE OAK COUNTY ESD #1

County or Counties in Which ESD is Located *

LIVE OAK

ESD Business Address *

PO BOX 812

Street Address

Street Address Line 2

THREE RIVERS

City

Texas

State / Province

78071

Postal / Zip Code

United States

Country



ESD email *

liveoakcounty.tx.emc@gmail.com

ESD phone *

Area Code Phone Number

ESD website

Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

1299886.13

Tax rate (most recently adopted; i.e., \$0.10/\$100) *

\$0.0473/\$100

Population of ESD

12166

Area (sq. miles) of ESD

1079

Does your ESD collect a sales tax?

- Yes
- No

If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent)

*

Name of Person Completing this Form *

IRIS JOHNSTON
First Name Last Name

E-mail *

iljohn60@yahoo.com

Phone Number *

361 449-7834
Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

Bobby Stewart
First Name Last Name

E-mail *

bobbyjoe1977@gmail.com

Term Expires (example: 12/31/20) *

12/31/2021

Name of ESD Vice President (Commissioner No. 2) *

Robert Adams
First Name Last Name

E-mail *

monnyman@aol.com

Term Expires (example: 12/31/19) *

12/31/2021

Name of ESD Secretary (Commissioner No. 3) *

Cheryl Wheeler
First Name Last Name

E-mail *

wheelercheryl15@gmail.com

Term Expires (example: 12/31/19) *

12/31/2020

Name of ESD Treasurer (Commissioner No. 4) *

Les Dragon
First Name Last Name

E-mail *

ldragon@trisd.org

Term Expires (example: 12/31/19) *

12/31/2020

*

Name of ESD Commissioner (Commissioner No. 5) *

Henry Pullin
First Name Last Name

E-mail *

pullinranch@gmail.com

Term Expires (example: 12/31/19) *

12/31/2020

Name of ESD's legal counsel *

Kenton Campbell
First Name Last Name

Address

PO Box 26300

Street Address

4807 Spicewood Springs Road Bld 4 Suite

Street Address Line 2

Austin

City

Texas

State / Province

78759

Postal / Zip Code

United States

Country

Phone Number

512 - 338-5322

Area Code Phone Number

*

E-mail *

kcampbell@bajb.com

Name of ESD's general manager, executive director or administrator (N/A if none)

N/A

First Name

Last Name

E-mail

Name of fire chief or EMS CEO

First Name

Last Name

E-mail

Names of Other Consultant

First Name

Last Name

Service provided (i.e. audit)

E-mail

Names of Other Consultant

First Name

Last Name

Service provided (i.e. audit)

E-mail

Question or comment

Submit Form
