

**RIVER ROAD INDEPENDENT SCHOOL DISTRICT  
BOARD OF EDUCATION  
AMARILLO, TEXAS**

**Subject:** Additions & Deletions of  
Authorized Representatives  
for Investments

**Date:** Monday, July 20, 2015

**Presented By:** Randy Owen  
Superintendent

**Related Page(s):** This page +8

**ACTION**

Background Information:

We need to change the authorized representatives with the school district's investment companies. The district currently has investment resolutions with Tex-Pool Participant Services, TexSTAR Participant Services, Texas CLASS and First Public/Lone Star Investment Pool.

We need to delete Mike Hodgson, Business Manager due to his resignation from the district and Stacey Johnson, President for the Board of Trustees is no longer in this position due to the reorganizing of the board after the May 2015 election.

We need to add Glenn Perky as the new President for the Board of Trustees as an authorized representative for the several different investment companies. Also need to add Region 16 School Business Services Specialist-Lance Terrell as inquiry only representative for the school district. Mr. Terrell will be providing the quarterly investment reports so will need access to gather the information to compile the quarterly reports.

The current approved authorized representatives for the investment companies are Randy Owen and Lori Vickers and they will remain as authorized representatives for investments.

Board Action Required:

To remove Mike Hodgson and Stacey Johnson as authorized representatives for River Road ISD investment companies that the district is currently using.

Approve by adding Glenn Perky as an authorized representative and to add Lance Terrell as an inquiry only representative to the investment companies that the school district is currently using.



# RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, River Road Independent School District Location #000078116

(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: Randy Owen Title: Superintendent  
Phone/Fax/Email: (806) 381-7800 / (806) 381-1357/ Randy.Owen@rrisd.net  
Signature: \_\_\_\_\_

2. Name: Glenn Perky Title: President, Board of Trustees  
Phone/Fax/Email: (806) 381-0024 / no fax # / jandg4597@gmail.com  
Signature: \_\_\_\_\_

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX – REP

3. Name: Lori Vickers Title: Asst. Business Manager  
Phone/Fax/Email: (806) 381-7801/ (806) 381-1357 / Lori.Vickers@rrisd.net  
Signature: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone/Fax/Email: \_\_\_\_\_  
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 Lori Vickers

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: Lance Terrell Title: Region 16 Business Services Specialist  
Phone/Fax/Email: (806) 677-5094 / (806) 677-5095 / lance.terrell@esc16.net

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 20th day of July, 20    .

**Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.**

NAME OF PARTICIPANT: River Road Independent School District

SIGNED: \_\_\_\_\_

Signature

Glenn Perky

Printed Name

President, Board of Trustees

Title

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

Signature

Amanda Brown

Printed Name

Board Secretary

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



**TEXPOOL**

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An Investment Service for Public Funds

## DELETION FORM FOR AUTHORIZED REPRESENTATIVES

<b>*LOCATION NUMBER:</b>	000078116	<b>*EFFECTIVE DATE:</b>	July 20, 2015
<b>*PARTICIPANT NAME:</b>	River Road Independent School District		

<b>PART I:</b>	<b>DELETIONS</b> -Please enter the names of the individuals to be deleted as Authorized Representatives.		
<b>PRINTED NAME</b>		<b>PRINTED NAME</b>	
1.	Mike Hodgson	3.	
2.	Stacey Johnson		Inquiry Only Representative

<b>PART II:</b>	<b>PRIMARY CONTACT</b> -If the person deleted above was the Primary Contact; 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, TexPool Updates and other TexPool mailings.		
<b>Name:</b>	Lori Vickers		
<b>Phone, Fax, Email:</b>	(806) 381-7801, (806) 381-1357, Lori.Vickers@rrisd.net		

<b>PART III:</b>	<b>INQUIRY ONLY</b> - If the person deleted above was an inquiry only representative please specify below if you wish to add another individual. This limited representative cannot perform transactions.		
<b>Name:</b>			
<b>Phone, Fax, Email:</b>			

<b>*PART IV:</b>	<b>APPROVALS</b> - Please enter the names of two individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.		
<b>PRINTED NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	
Randy Owen	Superintendent		
Lori Vickers	Asst. Business Manager		

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED    \*REQUIRED FIELDS    TEX-REP

# ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES



PARTICIPANT NAME: River Road I.S.D EFFECTIVE DATE: July 20, 2015

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

1. Mike Hodgson 3. \_\_\_\_\_
2. Stacey Johnson Inquiry: \_\_\_\_\_

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

1. Name: Glenn Perky Email: jandg4597@gmail.com  
Signature: \_\_\_\_\_ Phone: 806-381-0024 Title: President, Board of Trustees
2. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_
3. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

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

1. Name: Randy Owen  
Signature: \_\_\_\_\_  
Title: Superintendent
2. Name: Lori Vickers  
Signature: \_\_\_\_\_  
Title: Asst. Business Manager
3. Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

**Official Seal of Participant  
\*(REQUIRED)\***

**\*REQUIRED\***  
**Attested By:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

*Document with original signatures is required.*

Mail originals to TexSTAR Participant Services \* 325 North St. Paul Street, Suite 800 \* Dallas, Texas 75201

# 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: Lori Vickers

Email Address: Lori.Vickers@rrisd.net

Phone Number: (806) 381-7801

**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: Lance Terrell Title: Region 16 Business Services Specialist

Signature: \_\_\_\_\_ Phone: 806-677-5094

Email: lance.terrell@esc16.net

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.

**Document with original signatures is required.**

Forms with alterations (i.e. white out, mark out, etc.) will NOT be accepted

Mail originals to TexSTAR Participant Services \* 325 North St. Paul Street, Suite 800 \* Dallas, Texas 75201



# SIGNATORY AMENDMENT FORM

Participant # TX-01- 0473

Effective Date July 20, 2015

## Individuals to be Added

Mr.  Ms. Glenn Perky  
First and Last Name

President, Board of Trustees  
Title

806-381-0024  
Phone

Signature of New Authorized Signer\*  
jandg4597@gmail.com  
Email

Fax

### Permissions

Authorized Signer to Move Funds\*  
 Read Only Access

### Representative

Yes

### Email Notifications

Monthly Statements  
 Transaction Confirmations

### Online Account

Online User Access

**Note:** One Representative required per account. If former Representative is removed a new Representative is needed.

Mr.  Ms. Lance Terrell  
First and Last Name

Region 16 Business Services Specialist  
Title

806-677-5094  
Phone

Signature of New Authorized Signer\*  
lance.terrell@esc.16.net  
Email

806-677-5095  
Fax

### Permissions

Authorized Signer to Move Funds\*  
 Read Only Access

### Representative

Yes

### Email Notifications

Monthly Statements  
 Transaction Confirmations

### Online Account

Online User Access

**Note:** One Representative required per account. If former Representative is removed a new Representative is needed.

## Individuals to be Removed

Mr.  Ms. Mike Hodgson  
First and Last Name

Business Manager  
Title

Mr.  Ms. Stacey Johnson  
First and Last Name

President, Board of Trustees  
Title

The above changes have been duly approved by a current Authorized Signer:

Signature  
Lori Vickers  
Printed Name

July 20, 2015  
Date  
Assistant Business Manager  
Title

**Note:** All completed forms should be sent to the Client Service team via the contact information listed below.







**Authorized Representative Delete Form**

Name of Participant River Road Independent School District

**Deletion of Authorized Representative**

The following officers, officials, or employees of the Participant are hereby deleted as Authorized Representatives within the meaning of the Interlocal Agreement (Agreement), removing full power and authority to execute the Agreement and any other documents, as may be required to deposit money to and withdraw money from the Participant's Lone Star Investment Pool account.

**Printed Name**

Stacey Johnson

Mike Hodgson

\_\_\_\_\_

**Signature of Authorized Representative other than the one(s) listed above:**

\_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_

*Printed Name and Title*