

**FY 2015  
CHAPTER 59 ASSET FORFEITURE REPORT  
BY LAW ENFORCEMENT AGENCY**

<b>AGENCY INFORMATION:</b>	
Agency Name: FORT BEND COUNTY NARCOTICS TASK FORCE	
Agency Mailing Address:	
1410 WILLIAMS WAY BLVD. RICHMOND, TX 77469	
Phone Number: 281-341-4754	
County: FORT BEND	
Email Address: josh.dale@fortbendcountytx.gov	
Reporting Period: (Example 01/01/2015 – 12/31/15, 10/01/15 – 09/30/15) <b>10/1/14 - 9/30/15</b>	

<b>I.</b>		<b>SEIZED FUNDS PURSUANT TO CHAPTER 59</b>	
	A)	Beginning balance:	\$0
	B)	Seizures during reporting period:	
		1. Amount seized and retained in your agency's custody:	\$0
		2. Amount seized and transferred to the District Attorney pending forfeiture:	\$0
		3. Total Seizures:	\$0
	C)	Interest earned on seized funds during reporting period:	\$0
	D)	Amount returned to Defendants/Respondents:	\$0
	E)	Amount transferred to Forfeiture Account:	\$0
	F)	Other reconciliation items (provide detail on additional sheet):	\$0
	G)	Ending Balance (A + B1 + C + F minus D minus E):	\$0
<b>II.</b>		<b>FORFEITED FUNDS AND OTHER COURT AWARDS PURSUANT TO CHAPTER 59</b>	
	A)	Beginning balance:	\$490,379
	B)	Amount forfeited to and received by reporting agency (including interest) during reporting period:	\$581,508
	C)	Interest earned on forfeited funds during reporting period:	\$2,336
	D)	Amount awarded pursuant to 59.022:	\$0
	E)	Amount awarded pursuant to 59.023:	\$0
	F)	Proceeds received by your agency from sale of forfeited property:	\$3,094
	G)	Amount returned to crime victims:	\$0
	H)	Other reconciliation items (provide detail on additional sheet):	\$0
	I)	Total expenditures of forfeited funds during reporting period:	\$580,130
	J)	Ending balance (A + B + C + D + E + F + H minus G minus I):	\$497,187

<b>III. OTHER PROPERTY</b>				
<b>Please note – this should be a number, not a currency amount. Example 4 cars seized, 3 cars forfeited and 0 cars put into use</b>				
	<b>SEIZED</b>	<b>FORFEITED TO AGENCY</b>	<b>RETURNED TO DEFENDANTS / RESPONDENTS</b>	<b>PUT INTO USE BY AGENCY</b>
A. Motor Vehicles (include cars, motorcycles, tractor trailers, etc.)	1	1	0	0
B. Real Property (count each parcel seized as one item)	0	0	0	0
C. Computers (include computer and attached system components, such as printers and monitors, as one item)	0	0	0	0
D. Firearms (include only firearms seized for forfeiture under Chapter 59. Do not include weapons disposed under Chapter 18.)	0	0	0	0
E. Other	0	0	0	0
E. Other	0	0	0	0
E. Other	0	0	0	0
E. Other	0	0	0	0

<b>IV. FORFEITED PROPERTY RECEIVED FROM ANOTHER AGENCY:</b>		
A)	Motor Vehicles:	# 0
B)	Real Property:	# 0
C)	Computers:	# 0
D)	Firearms:	# 0
E)	Other:	# 0
<b>V. FORFEITED PROPERTY TRANSFERRED OR LOANED TO ANOTHER AGENCY</b>		
A)	Motor Vehicles:	# 0
B)	Real Property:	# 0
C)	Computers:	# 0
D)	Firearms:	# 0
E)	Other:	# 0
<b>VI. EXPENDITURES:</b>		
<b>A)</b>	<b>SALARIES</b>	
1.	Increase of salary, expense or allowance for employees (salary supplements):	\$ 0
2.	Salary budgeted solely from forfeited funds:	\$ 0
3.	Number of employees paid using forfeiture funds:	# 0
4.	<b>TOTAL SALARIES PAID OUT OF CHAPTER 59 FUNDS:</b>	<b>\$ 0</b>
<b>B)</b>	<b>OVERTIME</b>	
1.	For employees budgeted by governing body:	\$ 8,867
2.	For employees budgeted solely out of forfeiture funds	\$ 0
3.	Number of employees paid using forfeiture funds:	# 3
4.	<b>TOTAL OVERTIME PAID OUT OF CHAPTER 59 FUNDS</b>	<b>\$ 8,867</b>
<b>C)</b>	<b>EQUIPMENT</b>	
1.	Vehicles:	\$ 75
2.	Computers:	\$ 4,511
3.	Firearms, protective body armor, personal equipment:	\$ 9,278
4.	Furniture:	\$ 0
5.	Software:	\$ 0
6.	Maintenance Costs:	\$ 773
7.	Uniforms:	\$ 90
8.	K9 Related Costs:	\$ 5,160
9.	Other (must provide detail on additional sheet)	\$ 0
10.	<b>TOTAL EQUIPMENT PURCHASED WITH CHAPTER 59 FUNDS:</b>	<b>\$ 19,887</b>
<b>D)</b>	<b>SUPPLIES</b>	
1.	Office supplies:	\$ 2,472
2.	Mobile phone and data account fees:	\$ 0
3.	Internet:	\$ 9,052
4.	Other (must provide detail on additional sheet)	\$ 0
5.	<b>TOTAL SUPPLIES PURCHASED WITH CHAPTER 59 FUNDS:</b>	<b>\$ 11,524</b>
<b>E)</b>	<b>TRAVEL</b>	
1.	<b>IN STATE TRAVEL</b>	
1a	Transportation:	\$ 0
1b	Meals & lodging:	\$ 0
1c	Mileage:	\$ 0
1d	Incidental expenses	\$ 0
1e	<b>Total In State Travel</b>	<b>\$ 0</b>
2.	<b>OUT OF STATE TRAVEL</b>	
2a	Transportation	\$ 0
2b	Meals & lodging:	\$ 0
2c	Mileage	\$ 0
2d	Incidental expenses	\$ 0
2e	<b>Total Out of State Travel</b>	<b>\$ 0</b>
3	<b>TOTAL TRAVEL PAID OUT OF CHAPTER 59 FUNDS</b>	<b>\$ 0</b>
<b>F)</b>	<b>TRAINING</b>	
1.	Fees (conferences, seminars):	\$ 300
2.	Materials (books, cds, videos, etc.)	\$ 0
3.	Other (must provide detail on additional sheet):	\$ 0

	4.	<b>TOTAL TRAINING PAID OUT OF CHAPTER 59 FUNDS:</b>	\$ 300
<b>G)</b>		<b>INVESTIGATIVE COSTS</b>	
	1.	Informant costs:	\$ 0
	2.	Buy money:	\$ 8,000
	3.	Lab expenses:	\$ 615
	4.	Other (must provide detail on additional sheet):	\$ 0
	5.	<b>TOTAL INVESTIGATIVE COSTS PAID OUT OF CHAPTER 59 FUNDS:</b>	\$8,615
<b>H)</b>		<b>PREVENTION / TREATMENT PROGRAMS / FINANCIAL ASSISTANCE / DONATIONS</b>	
	1.	Total prevention / treatment programs (pursuant to articles 59.06 (d-3(6), (h), (j)):	\$ 0
	2.	Total financial assistance (pursuant to articles 59.06 (n) and (o)):	\$ 0
	3.	Total donations (pursuant to Articles 59.06 (d-2)):	\$ 0
	4.	<b>TOTAL PREVENTION / TREATMENT PROGRAMS / FINANCIAL ASSISTANCE/ DONATIONS (PURSUANT TO ARTICLES 59.06 (d-3(6)), (h), (j), (n), (o), (d-2)):</b>	\$ 0
<b>I.</b>		<b>FACILITY COSTS</b>	
	1.	Building purchase:	\$ 0
	2.	Lease payments:	\$ 45,360
	3.	Remodeling:	\$ 0
	4.	Maintenance costs:	\$ 4,701
	5.	Utilities:	\$ 876
	6.	Other (must provide detail on additional sheet):	\$ 0
	7.	<b>TOTAL FACILITY COSTS PAID OUT OF CHAPTER 59 FUNDS:</b>	\$ 50,937
<b>J.</b>		<b>MISCELLANEOUS FEES</b>	
	1.	Court costs:	\$ 0
	2.	Filing fees:	\$ 0
	3.	Insurance:	\$ 0
	4.	Witness fees (including travel and security):	\$ 0
	5.	Audit costs and fees (including audit preparation and professional fees):	\$ 0
	6.	Other (must provide detail on additional sheet):	\$ 0
	7.	<b>TOTAL MISCELLANEOUS FEES PAID OUT OF CHAPTER 59 FUNDS:</b>	\$ 0
<b>K.</b>		<b>PAID TO STATE TREASURY / GENERAL FUND / HEALTH &amp; HUMAN SERVICES COMMISSION</b>	
	1.	Total paid to state treasury due to lack of agreement pursuant to 59.06(c):	\$ 0
	2.	Total paid to state treasury due to participating in task force not established in accordance with 59.06 (q)(1):	\$ 0
	3.	Total paid to General Fund pursuant to 59.06 (c-3) (C) (Texas Department of Public Safety only):	\$ 0
	4.	Total forfeiture funds transferred to the Health and Human Services Commission pursuant to 59.06 (p):	\$ 0
	5.	<b>TOTAL PAID TO STATE TREASURY / GENERAL FUND / HEALTH &amp; HUMAN SERVICES COMMISSION OUT OF CHAPTER 59 FUNDS:</b>	\$ 0
<b>L.</b>		<b>TOTAL PAID TO COOPERATING AGENCY(IES) PURSUANT TO LOCAL AGREEMENT:</b>	\$ 480,000
<b>M.</b>		<b>TOTAL OTHER EXPENSES PAID OUT OF CHAPTER 59 FUNDS WHICH ARE NOT ACCOUNTED FOR IN PREVIOUS CATEGORIES (must provide detail on additional sheet):</b>	\$ 0
<b>N.</b>		<b>TOTAL EXPENDITURES:</b>	\$ 580,130

**NOTE: BOTH CERTIFICATIONS MUST BE COMPLETED**

**AUDITOR / TREASURER / ACCOUNTING PROFESSIONAL/PREPARER CERTIFICATION**

I swear or affirm that the Commissioners Court, City Council or Agency Head (if no governing body) has requested that I conduct the audit required by Article 59.06 of the Code of Criminal Procedure and that upon diligent inspection of all relevant documents and supporting materials, I believe that the information contained in this report is true and correct to the best of my knowledge.

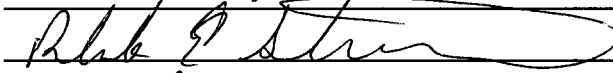
AUDITOR, TREASURER,  
ACCOUNTING PROFESSIONAL or  
PREPARER (Printed Name):

Robert Ed Sturdivant

TITLE:

Fort Bend County Auditor

SIGNATURE:



DATE:

10/10/2015

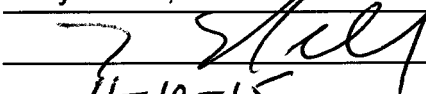
**AGENCY HEAD CERTIFICATION**

I swear or affirm, under penalty of perjury, that I have accounted for the seizure, forfeiture, receipt, and specific expenditure of all proceeds and property subject to Chapter 59 of the Code of Criminal Procedure, and that upon diligent inspection of all relevant documents and supporting materials, this asset forfeiture report is true and correct and contains all information required by Article 59.06 of the Code of Criminal Procedure. I further swear or affirm that, to the best of my knowledge, all expenditures reported herein were lawful and proper, and made in accordance with Texas law.

AGENCY HEAD (Printed Name):

Troy Nehls, Fort Bend County Sheriff

SIGNATURE:



DATE:

11-10-15

**RETURN COMPLETED FORM TO:**

Office of the Attorney General  
Criminal Prosecutions Division  
P.O. Box 12548  
Austin, TX 78711-2548  
Attn: Kent Richardson  
(512)463-1591  
Chapter59AuditReport@texasattorneygeneral.gov

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