



## Legislation Details (With Text)

**File #:** 21-1201      **Version:** 1      **Name:**  
**Type:** Transmittal      **Status:** Passed  
**File created:** 3/23/2021      **In control:** Commissioners Court  
**On agenda:** 3/30/2021      **Final action:** 3/30/2021  
**Title:** Transmittal of investment transactions and maturities for the period of March 2-22, 2021.  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. 21-1201 Investment Transactions.pdf

Date	Ver.	Action By	Action	Result
3/30/2021	1	Commissioners Court		

**To:** Harris County Commissioners Court  
**Through:** Amy Perez, Director of Financial Management, Budget Management Department  
**Prepared By:** Diana Elizondo, Investment Manager, Budget Management Department  
**Subject:** Transmittal of Investment Transactions  
**Project ID (If applicable):**

**Purpose and Request:**  
Transmittal of investment transactions and maturities for the period of March 2-22, 2021.

**Background and Discussion:**  
The attached report provides a breakdown of investment transactions (purchases, sales, maturities, calls, and coupon payments) for Harris County, Harris County 9-1-1 Emergency Network, Community Supervision & Corrections, Juvenile Probation Board, Harris County-Houston Sports Authority, Hospital District, and Sports & Convention Corporation for the period stated and is provided for informational purposes.

The investment transactions were in accordance with the guidelines established in the Investment Policy approved by Commissioners Court.

**Fiscal Impact:**  
*[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]*

### Fiscal Summary

Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
<b>Service Impacted:</b> <i>[Please identify the division where expenditures are incurred]</i>			
Existing Budget			
Additional Appropriation Request			
<b>Total Expenditures</b>			
<b>Funding Sources</b>			
Existing Department Budget			
Please Identify Funding Sources: Special Revenue, Grant, etc.			
[INSERT FUNDING SOURCES]			
<b>Total Sources</b>			

**Alternatives:**

*[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]*

**Alignment with Strategic Objective:**

*[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]*

**Attachments:**

Investment Transactions Report