



North Marion High School Athletic Department

1 North Marion Dr. Farmington, WV 26571



Athletic Director- M. Daran Hays

35-2411

Girls Softball Approved Chaperones 2022/23 School Year

- Tracy E. Martin
- Nakell Howes



North Marion High School Athletic Department

1 North Marion Dr. Farmington, WV 26571



35-2412

Athletic Director- M. Daran Hays

Drone Team Approved Chaperones 2022/23 School Year

- Taron Sailor



North Marion High School Athletic Department

1 North Marion Dr. Farmington, WV 26571

Athletic Director- M. Daran Hays

Girls Track Approved Chaperones 2022/23 School Year

- Heather Richards
- Alicia Hibbs
- Kristin Hess
- Chelsea Haymond
- Christy Conaway
- Tricia Bland
- Ryan Besedich
- Anna Besedich

35-2414

2023 EFHS Baseball Chaperones

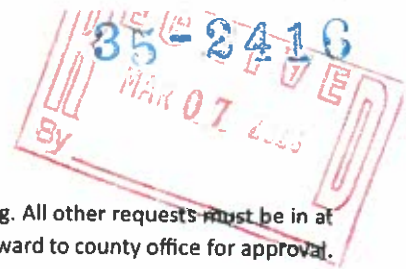
Jennifer	Alvaro
Vincent	Alvaro
Kristy	Currey
Michael	Ferrell
Jeff	Raddish
Kyndra	Tingler
David	Tingler

2023 EFHS Softball Chaperones

Amanda	Abel
Christy	Boylen
Mallory	Haddix
Nicole	Keener
Dustin	Silvis
Tiffany	Silvis
Aimee	Snyder
Jaclyn	Stevens

Ms. Naight,
 Please place on the
 Board Agenda
 OUT OF STATE, overnight. Thank you. Chad

Marion County Board of Education
 Field Trip Request Form



All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

EFHS School 3/6/23 Date Submitted Michael Carpenter Sponsor(s) Yes Sub Needed

Choir Group 4/20-4/23 Date of Trip Candy Marcum Chaperone(s) Yes Sub Needed

37 students, 9 adults Number to be transported Pigeon Forge, TN Destination

Purpose of activity Music In The Parks Choir Competition

Number of School Days Lost 2 Approximate Cost \$33,000 Source of Funding Choir Beaters

Transportation Information

Time bus to be loaded 6:00 am am/pm Approximate time to return 6:00 am/pm

Type of Transportation Private Auto Commercial Carrier List Carrier Budget Charter
 Marion County School Bus Number Driver

Is School to pay driver? Yes No

Approval (granted / denied) Principal [Signature] Date 3/6/23
 Approval (granted / denied) County Office [Signature] Date 3/7/23
 Approval (granted / denied) Transportation [Signature] Date

* overnight/out of state - Please place on board agenda *

Driver's Trip Report

Bus Number Bus Capacity Total Number Transported

Destination Date of Trip Day of Week

Times: Day One Day Two
 Pre-Trip am/pm am/pm
 Bus available to load am/pm am/pm
 Departure Time am/pm am/pm
 Return Time am/pm am/pm
 Completion of bus cleanup am/pm am/pm



Sponsor/Chaperone (Verify all times) Driver Signature Mileage Fuel

tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver



Proposed Itinerary
East Fairmont High School
Pigeon Forge
Thursday, April 20, 2023 to Sunday, April 23, 2023
4 Days; 3 Nights

Page 1

Date Prepared: 8/24/22

Day 1 - Thursday, April 20, 2023

Budget Charters Inc.

Budget Charter - East Fairmont HS (1 COACH)

Budget Charter will provide one (1) deluxe 55 passenger coach for the duration of the trip. Quote includes all parking, tolls and driver accommodations. Gratuity is not included and is at your discretion.

Hard Rock Cafe Gatlinburg

Hard Rock Cafe - Gold Menu

Enjoy dinner this evening at the Hard Rock Cafe. Exact time and menu are to be determined.

Hampton Inn Pigeon Forge - On The Parkway

2 Double Beds

Hampton Inn Pigeon Forge - On The Parkway

2025 Parkway

Pigeon Forge, TN 37863

865-428-1600

Groups May Check In Starting at 4:00 PM

Complimentary Bus Parking

Outdoor Pool

Day 2 - Friday, April 21, 2023

Hampton Inn Pigeon Forge - On The Parkway

Deluxe Hot Continental Breakfast

Deluxe Hot Continental Breakfast At Your Hotel (served in the hotel lobby/breakfast area). Sample menu includes eggs, bacon or sausage, waffles, cereal, fruit, yogurt, assorted pastries and breakfast breads, coffee/tea/juice.

Ripley's Aquarium of the Smokies

Ripley's Aquarium of The Smokies

An Awesome & Educational Experience! A world-class aquarium with over 1.4 million gallons of water. Travel through the world's longest underwater tunnel and see the World's greatest shark exhibit. Over 10,000 exotic sea creatures, thrilling hourly dive shows, and our touch pools allow you to touch stingrays & horseshoe crabs.

Titanic Museum

Titanic Museum Attraction in Pigeon Forge is a celebration of the ship, passengers and crew. Enjoy your visit this afternoon.

Music in The Parks - Dollywood

*The Music in the Parks performances (Band/Choir/Orchestra) will take place today. **Your package includes a one-day park admission and meal for Dollywood on your performance day.** Exact performance times and locations will be scheduled by Music in the Parks. Please note that you will not receive a hard copy of your performance schedule in the mail. Please print your schedule from www.musicintheparks.com and take a copy with you for the weekend.*

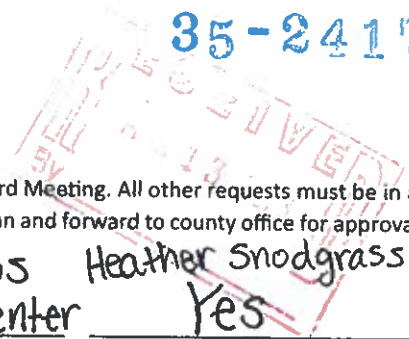
Dolly Parton's Stampede - Pigeon Forge

With 32 horses, dozens of cast members and seating for 1,000, Dixie Stampede is Dolly Parton's creation. With the grand entertainment of horses and performers, along with a delicious meal, Dixie Stampede is the most fun place to eat! Dinner includes rotisserie chicken, smoked barbecue pork, vegetable soup, corn on the cob, homemade rolls, baked potato, dessert and unlimited Pepsi!

Mr. Knight,
 To be placed on the
 agenda to be heard
 approval, out of state ^{state trip}
 C. Norma 3/13/2023

35-2417

Marion County Board of Education
 Field Trip Request Form



All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

EFMS	3/3/23	Sara Fellows Ashley Carpenter	Heather Snodgrass Yes
School National Honor's Society and Student Council	Date Submitted May 16 th 2023	Sponsor(s) Charlotte Romberger Kylie Reesman	Sub Needed Yes
Group	Date of Trip	Chaperone(s)	Sub Needed

Washington D.C.

Number to be transported _____ Destination _____
 Purpose of activity To visit museums, monuments and four D.C.
 Number of School Days Lost 1 Approximate Cost \$100 Source of Funding Students

Transportation Information

Time bus to be loaded 4:15 am/pm Approximate time to return 12:30 am/pm

Type of Transportation
 Private Auto
 Commercial Carrier List Carrier T.A. Nelson Charter Bus
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No EFMS NHS and STUCO paying

Approval (granted) / denied) Principal Heather Snodgrass Date 3/3/23
 Approval (granted) / denied) County Office [Signature] Date 3/13/2023
 Approval (granted / denied) Transportation _____ Date _____

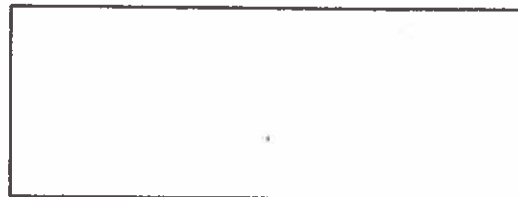
Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm



Sponsor/Chaperone (Verify all times) _____ Driver Signature _____ Mileage _____ Fuel _____

Itinerary for Trip

National Honor Society and Student Council Students

4:15 AM –Board bus

4:30 AM-Depart for Washington DC

8:45AM- Arrive in Washington DC

9:00-10:00 -Lincoln Memorial, Washington Monument

10:00-12:00-Choice of Holocaust Museum or Air and Space Museum

12:00- 1:00-Lunch at a museum cafe

1:00-3:30-Museum of Natural History

3:30-4:45-Museum of your choice

4:45- Meet in front of Natural History Museum and board bus

5:00 PM -Bus takes us to Pentagon Mall (15 minutes away)

5:20-7:40-We will eat dinner and shop

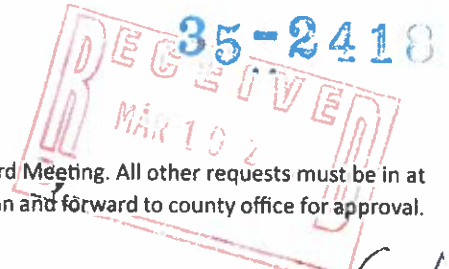
7:45- Load bus

8:00- PM-Depart for Fairmont

12:30 PM-Approximate Arrival back at East Middle

Ms. Nought,
 Please place on the agenda for board approval. overnight
 e. Nought 3/10/2023

Marion County Board of Education
 Field Trip Request Form



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School 7845 Date Submitted 3/9/2023 Coach N James Sub Needed YES (1 day)
 Group V cheer Date of Trip 3/16-3/18 Chaperone(s) B Haraway, Jina Hancy, Denise Ambrose Sub Needed NO
 Number to be transported 14 Destination Charleston, WV
 Purpose of activity cheer @ B basketball states
 Number of School Days Lost 1 Approximate Cost \$1200.00 Source of Funding Cheer fund + parents

Transportation Information

Time bus to be loaded 8:00 am/pm 3/16/23 Approximate time to return 11:00 am/pm 3/18
 Type of Transportation Private Auto 2 COACHES + 2 BOE approved chaperones
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____
 Is School to pay driver? Yes No
 Approval granted / denied) Principal [Signature] Date 3/9/23
 Approval granted / denied) County Office [Signature] Date 3/10/2023
 Approval granted / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____
 Destination _____ Date of Trip _____ Day of Week _____
 Times: Day One Day Two
 Pre-Trip _____ am / pm _____ am / pm
 Bus available to load _____ am / pm _____ am / pm
 Departure Time _____ am / pm _____ am / pm
 Return Time _____ am / pm _____ am / pm
 Completion of bus cleanup _____ am / pm _____ am / pm

BOYS' STATE BASKETBALL TOURNAMENT ITINERARY

MARCH 16, 2023

8:00am...depart for Charleston, WV

10:30am...check into hotel / get ready

*Lunch will be pre-ordered and team will eat in their rooms while getting ready

12:00pm...leave for Civic Center to warm up and stretch

1:00pm...game

2:30pm...return to hotel / change

3:00pm-5:30pm...shopping

6:00pm – 7:00pm...change for dinner

7:00pm...dinner

8:30pm...return to hotel

11:00pm...lights out

MARCH 17, 2023

Breakfast (at hotel) on your own

10:00am – 12:00pm...practice at FAMOUS gym

12:15pm-1:45pm... lunch

2:00pm-4:00pm...Escape Room

4:30pm...return to hotel to change for dinner

5:00pm-6:30pm...dinner

6:45pm-8:00pm...return to hotel / get ready for game

8:00pm...leave for Civic Center to warm up and stretch

9:00pm...game

10:30pm...return to hotel / order pizza

11:30pm...lights out

MARCH 18, 2023

Breakfast (at hotel) on your own

10:00am-11:30am...to Pet Land to help with the pets *community service

11:30am-1:00pm...lunch

1:30pm-3:30pm...movie

4:00pm... return to hotel to rest, get ready / snacks in rooms to eat light before game

6:30pm... leave for Civic Center to warm up and stretch

7:30pm...game

9:00pm...depart for Fairmont

Ms. Haupt,
 P/s. place on the
 19000 to be approved
 Thank you, C. Neumann

**Marion County Board of Education
 Field Trip Request Form**



All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

FSAS 2/27/23 Jan Cain Coach
 School Date Submitted Sponsor(s) Sub Needed

Girls Lacrosse 5/4/23 Jerry Gardner Coach
 Group Date of Trip Chaperone(s) Sub Needed

40 Greensburg Central Catholic Greensburg PA
 Number to be transported Destination

Purpose of activity Varsity Games

Number of School Days Lost 0 Approximate Cost 200 Source of Funding FSAS LACROSSE

Cafeteria Parking Lot **Transportation Information**

Time bus to be loaded 2:30 am pm Approximate time to return 10:00 am pm

Type of Transportation
 Private Auto
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval granted / denied Principal _____ Date 3/2/23
 Approval granted / denied County Office [Signature] Date 3/8/2023
 Approval granted / denied Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Fairmont Senior Girls Lacrosse Itinerary

Date Submitted: 2/28/23

Coach: Jon Cain

Phone Number: 304-288-5310

Email: vsmcbrig63@aol.com

• Departure date/time from school: 5/4/23 2:30 pm

• Traveling to Greensburg Central Catholic HS

Venue Greensburg Central Cathol Address Greensburg PA

• Arrival time to destination 4:30 pm

• Day and Time of Games 5/4/23 6:00 pm

• Hotel and address if applicable:

N/A

• Departure time from hotel for the game(s) if applicable N/A

If playing multiple games in the weekend.

Name of school(s) N/A

Time(s): N/A

• Estimate time game(s) will end 7:30 pm

• If stopping for meal(s)

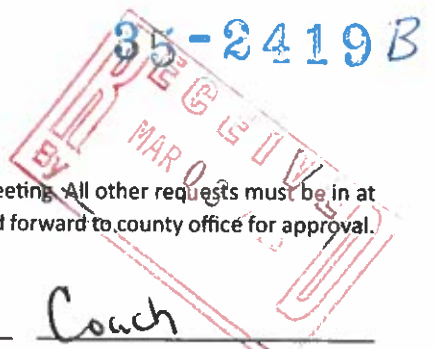
Place/Time Greensburg PA 8:00 pm

• Return Date and Time to school

5/4/23 10:30 pm

Ms. Knight,
 Pls. place on the agenda for board approval. OUT OF STATE.
 C. Norman - Thank you.

Marion County Board of Education Field Trip Request Form



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FSHS	2/27/23	Jon Cain	Coach
School	Date Submitted	Sponsor(s)	Sub Needed
Girls Lacrosse	3/31/23 / 4/1/23	Jerry Gardner	Coach
Group	Date of Trip	Chaperone(s)	Sub Needed
40	Martinsburg HS / Handley HS Winchester Va		
Number to be transported	Destination		
Purpose of activity JV / Varsity Games			
Number of School Days Lost 4 1/2	Approximate Cost \$12000	Source of Funding FSHS Lacrosse	

Cafeteria Parking Lot **Transportation Information**

Time bus to be loaded 1:00 am / pm Approximate time to return 4/1/23 7:00 am / pm

Type of Transportation
 Private Auto
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval (granted / denied)
 Approval (granted / denied)
 Approval (granted / denied)

Principal _____ Date 3/2/23
 County Office [Signature] Date 3/3/2023
 Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times:

	<input type="checkbox"/> Day One	<input type="checkbox"/> Day Two	
Pre-Trip	_____ am / pm	_____ am / pm	
Bus available to load	_____ am / pm	_____ am / pm	
Departure Time	_____ am / pm	_____ am / pm	
Return Time	_____ am / pm	_____ am / pm	
Completion of bus cleanup	_____ am / pm	_____ am / pm	

Fairmont Senior Girls Lacrosse Itinerary

Date Submitted: 2/27/23

Coach: Jon Cain

Phone Number: 304-288-5310

Email: vsmcbrig63@aol.com

• Departure date/time from school: 3/31/23 1:00 pm

• Traveling to Martinsburg HS / Handley HS Winchester-VA

Venue Martinsburg HS Address Martinsburg WV

• Arrival time to destination 4:00 pm

• Day and Time of Games 5:00 pm 3/31/23 12:00 4/1/23

• Hotel and address if applicable:

Tove by Hilton 118 Mercedes Court Winchester VA

• Departure time from hotel for the game(s) if applicable 10:00 AM

If playing multiple games in the weekend.

Name of school(s) Martinsburg HS Handley HS

Time(s): 5:00 pm / 12:00 pm

• Estimate time game(s) will end 2:00 pm

• If stopping for meal(s)

Place/Time Martinsburg Area 3:00 pm

• Return Date and Time to school

4/1/23 7:00 pm

*Mrs. Noyes,
Please place on the agenda for board approval. Thank you
C. Noyes*

**Marion County Board of Education
Field Trip Request Form**



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<u>FSHS</u>	<u>2/27/23</u>	<u>Jon Cain</u>	<u>Coach</u>
School	Date Submitted	Sponsor(s)	Sub Needed
<u>Girls Lacrosse</u>	<u>5/6/23</u>	<u>Jerry Gardner</u>	<u>Coach</u>
Group	Date of Trip	Chaperone(s)	Sub Needed
<u>40</u>	<u>Connect Area HS</u>		
Number to be transported	Destination		
Purpose of activity <u>JV / Varsity Games</u>			
Number of School Days Lost <u>0</u>	Approximate Cost <u>400</u>	Source of Funding <u>FSHS Lacrosse</u>	

Transportation Information

Time bus to be loaded 8:00 am pm

Approximate time to return 10:00 am pm

Type of Transportation

Private Auto

Commercial Carrier List Carrier _____

Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval (granted / denied) granted Principal [Signature] Date 3/2/23

Approval (granted / denied) granted County Office [Signature] Date 3/3/2023

Approval (granted / denied) _____ Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times:

	<input type="checkbox"/> Day One	<input type="checkbox"/> Day Two
Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Fairmont Senior Girls Lacrosse Itinerary

Date Submitted: 2/27/23

Coach: Jon Cain

Phone Number: 304-288-5310

Email: vsmcbrig63@aol.com

• Departure date/time from school: 5/6/23 8:00 AM

• Traveling to Connect Area HS

Venue Connect HS Address Connect HS PA

• Arrival time to destination 12:00 pm

• Day and Time of Games 1:00 pm 5/6/23

• Hotel and address if applicable:

NA

• Departure time from hotel for the game(s) if applicable NA

If playing multiple games in the weekend.

Name of school(s) NA

Time(s): NA

• Estimate time game(s) will end 4:00 pm

• If stopping for meal(s)

Place/Time 5:00 pm Connect Area

• Return Date and Time to school

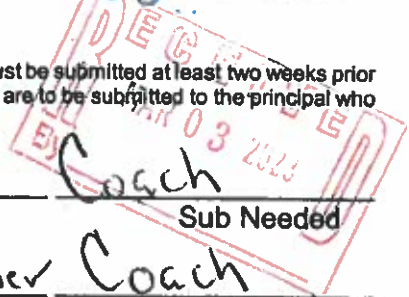
10:00 pm

Ms. Naylor,
 Please place on the
 agenda for board
 approval. out of
 STATE C. Norman

Marion County Board of Education
 (please submit one field trip form per bus needed)

35-2431

Please follow the instructions in the Administrative Manual Section 2.115. All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to the county office for approval.



FHS	2/27/23	Jon Cain	Coach
School	Date Submitted	Sponsor	Sub Needed
Girls Lacrosse	3/22/23	Jerry Gardner	Coach
Group	Date of Trip	Chaperone(s)	Sub Needed
40	Greater Latrobe HS		
Total Number to be Transported		Destination	

Purpose of activity Ju/Varsity Games

Number of School Days Lost 0 Approximate Cost 250 Source of Funding FHS Lacrosse

Cafeteria Parking Lot

Transportation Information

Time bus to be loaded 230 am/pm Approximate time to return 1100 am/pm

Type of Transportation Private Auto Commercial Carrier List carrier _____
 Marion County School Bus # _____ Driver _____

Is School to pay driver? Yes No

Approved (granted/denied) Principal [Signature] Date 3/2/23
 Approved (granted/denied) Central Office [Signature] Date 3/3/2023
 Approved (granted/denied) Transportation _____ Date _____

Driver's Trip Report

Bus # _____ Bus Capacity _____ Total Number Transported _____
 Destination _____ Date of Trip _____ Day of Week _____

Times: Pre-trip _____ am/pm
 Bus Available to load students _____ am/pm
 Depart on trip _____ am/pm
 Bus return from trip _____ am/pm
 Completion of bus cleanup _____ am/pm

Office use only

Sponsor/Chaperon (signature verifies loading, departure and return times) _____ Driver's Signature _____

Name of substitute covering run _____ Mileage _____ Fuel _____
 ds/2011

Fairmont Senior Girls Lacrosse Itinerary

Date Submitted: 2/27/23

Coach: Jon Cain

Phone Number: 304-288-5310

Email: vsmcbrigg63@aol.com

- Departure date/time from school: 3/22/23 230 pm
- Traveling to Greater Latrobe HS
- Venue Greater Latrobe HS Address Latrobe PA
- Arrival time to destination 4:30 pm
- Day and Time of Games 6:00 pm / 7:30 pm 3/22/23
- Hotel and address if applicable:

NA

- Departure time from hotel for the game(s) if applicable NA

If playing multiple games in the weekend.

Name of school(s) NA

Time(s): _____

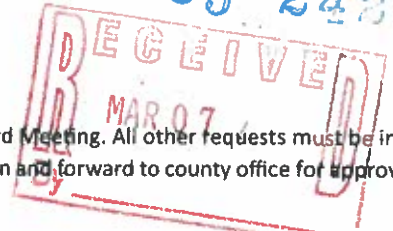
- Estimate time game(s) will end 9:00
 - If stopping for meal(s)
Place/Time 9:30 Latrobe Area
- Return Date and Time to school
3/22/23 11:30

Ms. Haupt,
Pls. place on
the agenda
overnight. Thank you
C

Marion County Board of Education

Field Trip Request Form

35-2432



All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

MCTC 2-27-23 Postlerhweif Yes
 School Date Submitted Sponsor(s) Sub Needed

FFA 4-20 / 4-21-23 Tanya Muzdyla No
 Group Date of Trip Chaperone(s) Sub Needed

7 Cacapon State park
 Number to be transported Destination

WVCA Environmental Contest
 Purpose of activity

2 700 FFA
 Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

4/20 6 am 4/21 11 am
 Time bus to be loaded Approximate time to return

School van

Type of Transportation School van
 Private Auto _____
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____
 Is School to pay driver? Yes No

Approval (granted / denied) Principal [Signature] Date 3-6-23
 Approval (granted / denied) County Office [Signature] Date 3-7-2023
 Approval (granted / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____
 Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two
 Pre-Trip _____ am / pm _____ am / pm
 Bus available to load _____ am / pm _____ am / pm
 Departure Time _____ am / pm _____ am / pm
 Return Time _____ am / pm _____ am / pm
 Completion of bus cleanup _____ am / pm _____ am / pm

Sponsor/Chaperone (Verify all times) Driver Signature Mileage Fuel

tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver



West Virginia Conservation Agency

Conserving West Virginia's Soil, Land, And Water Resources

2023 event: April 20th and 21st at Cacapon Resort State Park in Morgan County



What is the Envirothon?



The West Virginia Envirothon is a conservation education program and competition for students in grades 9 through 12. The West Virginia Envirothon focuses on five subject areas: aquatics, forestry, soils, wildlife, and a current environmental topic. By participating in the Envirothon program students learn about West Virginia's diverse ecosystem and how they can help conserve and protect it for future generations.

**MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT**

35-2483

This agreement dated the 6th day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Rhapsody Performing Arts, LLC (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as EFHS (auditorium, dressing + bathrooms, sound room)

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Rhapsody Performing Arts, LLC
- II. Contact Name Taylor Rakosky
- III. Address 1114 Speedway Avenue, Suite 3, Fairmont, WV 26554
- IV. Phone Number 304-534-0243
- V. The MCBOE covenants and agrees that it shall, from Friday, June 2nd 2023 2:30-9:30 through Saturday, June 3rd, 23 6:00-9:00 PM make available to the Rhapsody Performing Arts, LLC for the purpose of performing arts recital. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1965 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 8426416327 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the EFHS auditorium, dressing + bathrooms, sound room as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ 300.00 per day in addition to a \$ 25.00 custodial fee per hour
(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance
Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Anthony Insurance Services, Inc.

Policy Number PAC 4265294

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, an municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect EFHS after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from _____, until the _____ day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

2-16-2023
Date

[Signature]
Principal or Designee

3-6-23
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3-10-23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

35-2423

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Taylor Rakosky

2 Business name/disregarded entity name, if different from above
Phapsody Performing Arts, LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate

Limited liability company. Enter the tax classification (C-Corporation, S-S corporation, P-Partnership) ▶ _____
 Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) (see instructions)
1114 Speedway Avenue Suite 3

6 City, state, and ZIP code
Fairmont, WV 26554

7 List account number(s) (see instructions)

8 Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, use the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
232-43-3309

OR
Employer identification number
84-2646327

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
Signature of U.S. person
Taylor Rakosky

Date ▶ 2.11.23

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/25/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Anthony Insurance Services, Inc. P.O. Box 927 Edwards, CO 81632 www.dancestudioinsurance.com	CONTACT NAME: PHONE (A/C, No, Ext): (877) 811-2271 FAX (A/C, No): E-MAIL ADDRESS: Caitlyn@ANTHONYINSURANCESERVICES.COM														
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Rhapsody Performing Arts LLC 1114 Speedway Avenue, Suite 3 Fairmont, WV 26554	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great American Insurance Company	16691	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Great American Insurance Company	16691														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** GAP104221 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PAC 4265294	10/10/2022 12:00 AM	10/10/2023 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
A	Professional Liability		X	PAC 4265294	10/10/2022 12:00 AM	10/10/2023 12:01 AM	EACH OCCURRENCE \$1,000,000 AGGREGATE LIMIT \$1,000,000
A	Abuse and Molestation		X	PAC 4265294	10/10/2022 12:00 AM	10/10/2023 12:01 AM	EACH OCCURRENCE \$100,000 GENERAL AGGREGATE \$300,000
A	Accident/Medical Coverage			BSR-E881411-00	10/10/2022 12:00 AM	10/10/2023 12:01 AM	AD&D AGGREGATE \$500,000 AD&D \$100,000 MAXIMUM MEDICAL \$100,000 DEDUCTIBLE \$100

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Covered activities: Dance Activities. Locations: 1114 Speedway Avenue, Suite 3, Fairmont WV 26554.
 The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.
Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER Marion County Board of Education 1516 Mary Lou Retton Drive Fairmont, WV 26554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <p style="text-align: center;"><i>Anthony Insurance Services</i></p>
---	--

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

Policy Number: PAC 4265294 / GAP104221
Insured: Rhapsody Performing Arts LLC

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Marion County Board of Education 1516 Mary Lou Retton Drive Fairmont, WV 26554
Information required to complete this Schedule, if not shown above will be shown in the Declarations.

Section II - WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions of the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

35-2424

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 8th day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Fairmont Middle Lacrosse (Fairmont Freeze) (USA LACROSSE) (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as East-West Stadium.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairmont Middle Lacrosse (Fairmont Freeze)
- II. Contact Name Kwamé Govine
- III. Address 265 Jasper St., Pittsburgh PA 15211
- IV. Phone Number 304-435-8581
- V. The MCBOE covenants and agrees that it shall, from March 18, 2023 through May 21st, 2023 make available to the Fairmont Middle Lacrosse (Fairmont Freeze) the East-West Stadium for the purpose of Middle school lacrosse. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? NO.

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations

July 22, 1985 St Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.

35-2484

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 27-3106478 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the East-West Stadium as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ _____ per _____ in addition to a \$ _____ custodial fee per _____ (Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Acord

Policy Number 12262, 19445

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect East - West Stadium after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from March 18th 2023 until the May day of Twenty First; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

03/08/2023
Date

[Signature]
Principal or Designee

3/8/23
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3/15/23
Date

Superintendent

Date

Board President

Date

- 8/28/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/02/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No. Ext): 1-877-945-7378 FAX (A/C, No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED US Lacrosse, Inc. dba USA Lacrosse 2 Loveton Circle Sparks Glencoe, MD 21152	INSURER A: Pennsylvania Manufacturers' Association In 12262	
	INSURER B: Pennsylvania Manufacturers Association Inc 12262	
	INSURER C: National Union Fire Insurance Company of P 19445	
	INSURER D:	
	INSURER E:	
INSURER F:		


COVERAGES CERTIFICATE NUMBER: W28230989 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	302301-14-25-36-2	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			652301-14-25-36-2	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$ 5,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	General Liability - Sexual Abuse/Molestation			302301-14-25-36-2	01/01/2023	01/01/2024	Aggregate \$2,000,000
							Per occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Coaches/Officials/Assignor Association with 100% Lacrosse Members

Coverage only applies to US Lacrosse events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse.
SEE ATTACHED

CERTIFICATE HOLDER Marion County Board of Education 1516 Mary Lou Retton Drive Fairmont, WV 26554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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35-2424



OGDEN UT 84201-0038

In reply refer to: 0441697001
Oct. 24, 2018 LTR 147C 0
27-3106478 000000 00
Input Op: 0438197001 00003561
BODC: SB

FAIRMONT MIDDLE LACROSSE
% JENNIFER PAGLIARO
48 SPRINGSTON DR
FAIRMONT WV 26554

002393

Employer identification number: 27-3106478

Dear Taxpayer:

Thank you for your inquiry of Oct. 15, 2018.

Your employer identification number (EIN) is 27-3106478. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call us at 800-829-0115.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2425

This agreement dated the 8 day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Girls On the Run of North Central WV (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as White Hall Elementary.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Girls on the Run of North Central W
- II. Contact Name Jo Marie Chandler
- III. Address 19 Mayberry Drive, Fairmont WV
- IV. Phone Number 304. 288. 4866
- V. The MCBOE covenants and agrees that it shall, from March 1, 2023 through May 31, 2023, make available to the Girls on the Run of North Central WV the gymnasium / multi purpose room for the purpose of meeting. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.

35-2425

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.
FEIN Number 471358262 (INCLUDE A VERIFICATION OF FEIN FROM THE IRS)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the multipurpose room as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ 0 per waived in addition to a \$ 0 custodial fee per hour
(Additional fees may apply depending on facility) \$ NA for NA

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed*****

Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: NFP Corp. Services All America
Financial Benefit Insurance
Policy Number 41840

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

35-2425

- XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.
- XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.
- XIV. MCBOE shall inspect White Hall multipurpose room after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.
- XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.
- XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from March 1, 2023, until the May day of 31, 2023; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Jomarie Chandler
Representative of Organization

3/9/23
Date

Kan Murray
Principal or Designee

3/9/23
Date

Patricia Delos
Administrative Assistant of Maintenance, Facilities and Athletics

3/15/23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Girls on the Run of North Central West Virginia, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Non-profit corporation exempt under IRS Code 501(c)3**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
919 Canyon Road

6 City, state, and ZIP code
Morgantown, WV 26508

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					

or

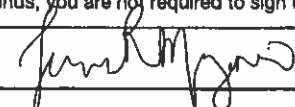
Employer identification number									
4	7	-	1	3	5	8	2	6	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Signature of U.S. person ▶  Date ▶ January 24, 2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2426

This agreement dated the 21 day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Little League Baseball DBA (hereafter known as Organization).
Fairmont Little League

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Watson Baseball Field,

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name FAIRMONT LITTLE LEAGUE
- II. Contact Name MATT PIROTT
- III. Address 964 Pine Grove Rd., Fairmont, WV 26554
- IV. Phone Number (304) 641-8629
- V. The MCBOE covenants and agrees that it shall, from 3-21-23 through 6-1-23, make available to the Fairmont Little League the Watson Baseball Field for the purpose of T Ball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.

vii. Organization agrees to assure that said Organization is a Not-For-Profit entity.

35-2426

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Watson Baseball Field as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ Waive per KMD in addition to a \$ _____ custodial fee per _____
(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: LEXINGTON INSURANCE COMPANY

Policy Number 011405746

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

35-426

XIV. MCBOE shall inspect WATSON BASEBALL FIELD after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from _____, until the _____ day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

W.M.P.
Representative of Organization

3/13/2023
Date

Karen M Decker
Principal or Designee

3-14-23
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3-14-23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

38-5430

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. LITTLE LEAGUE, INC. D.B.A. FAIRMONT LITTLE LEAGUE	
2 Business name/disregarded entity name, if different from above FAIRMONT LITTLE LEAGUE	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 1511 FERRELL ST	Requester's name and address (optional)
6 City, state, and ZIP code FAIRMONT, WV 26554	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
or											
Employer identification number											
5	5	-	0	6	1	2	3	2	2		

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 3/14/2023
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

35

DATE (MM/DD/YYYY)
12/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867		CONTACT NAME: David Irwin PHONE (A/C No. Ext): (570) 473-2150 E-MAIL ADDRESS: Dirwin@Keystoneinsgrp.com FAX (A/C No.): (570) 473-2151	
INSURED Little League Baseball Risk Purchasing Group, Incorporated FAIRMONT LL 44 Manor Drive Fairmont WV 26554		INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: AIG Specialty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 19437 26883	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER Per League	X	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER Marion County BOE 1516 Mary Lou Retton Drive Fairmont WV 26554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/29/22

PRODUCER
Keystone Risk Managers, LLC
1995 Point Township Drive
Northumberland, PA 17867

CERTIFICATE #: 3480701-2023-1

3 48 05

35-2490

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED:

FAIRMONT LL
44 Manor Drive
Fairmont, WV 26554

INSURER A:	Lexington Insurance Company
INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA
INSURER C:	AIG Specialty Insurance Company

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
 * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.
 ** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS			Any One Person		
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
						S&P SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION		
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION		
A	X	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
						Crime Deductible: \$250 Property/\$1,000 Money	AGGREGATE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Marion County BOE
1516 Mary Lou Retton Drive
Fairmont, WV 26554

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S.RT. 15 Highway
South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.


AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

35-2426

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Marion County BOE
1516 Mary Lou Retton Drive
Fairmont, WV 26554

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

IMPORTANT

35-2428

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2489

This agreement dated the 21 day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Little League Baseball DBA Fairmont Little League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Watson Ball Field,

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairmont Little League
- II. Contact Name Chris Naternicola
- III. Address 90 Big Sky Lane Rivesville WV 26588
- IV. Phone Number 304-216-2558
- V. The MCBOE covenants and agrees that it shall, from 3-21-23 through 6-1-23, make available to the Fairmont Little League the Watson Baseball Field for the purpose of B Ball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

vii. Organization agrees to assure that said Organization is a NOT-FOR-PROFIT entity.

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate) 33.. 2437

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Watson Ball Field as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ 0 ^{Waive KMD} per _____ in addition to a \$ _____ custodial fee per _____
(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Lexington Insurance Company

Policy Number 011405746

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

35-2487

XIV. MCBOE shall inspect Watson Baseball Field after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3-21-23, until the 6-1-23 day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

03/09/2023
Date

Karen M Decker
Principal or Designee

3-14-23
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3-14-23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.
L.H.L. League, Inc DBA Fairmont Little League

2 Business name/disregarded entity name, if different from above
Fairmont Little League

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1511 Farrell St

6 City, state, and ZIP code
Fairmont WV 26554

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

5	5	-	0	6	1	2	3	2	2
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ *[Handwritten Signature]*

Date ▶ *3/14/23*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867	CONTACT NAME: David Irwin PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151 E-MAIL ADDRESS: Dirwin@Keystoneinsgrp.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: AIG Specialty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Little League Baseball Risk Purchasing Group, Incorporated FAIRMONT LL 44 Manor Drive Fairmont WV 26554	NAIC # 19437 26883


COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER Per League	X	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER Marion County BOE 1516 Mary Lou Retton Drive Fairmont WV 26554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

12/29/22

PRODUCER
Keystone Risk Managers, LLC
 1995 Point Township Drive
 Northumberland, PA 17867

CERTIFICATE #: 3480701-2023-1 3 48 05

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED
 FAIRMONT LL
 44 Manor Drive
 Fairmont, WV 26554

INSURER A: Lexington Insurance Company
INSURER B: National Union Fire Insurance Company of Pittsburgh, PA
INSURER C: AIG Specialty Insurance Company

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
 * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.
 ** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person	
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			NOT APPLICABLE	POLICY INCEPTION
A	X	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
			Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
 2. That part of the ball field or other premises not being used by the above named Little League

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Marion County BOE
 1516 Mary Lou Retton Drive
 Fairmont, WV 26554

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
 539 U.S.RT. 15 Highway
 South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS


 AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Marion County BOE
1516 Mary Lou Retton Drive
Fairmont, WV 26554

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations;
or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

IMPORTANT

35-2427

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2428

This agreement dated the 21 day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Little League Baseball, DBA Fairmont Little League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Watson Baseball Field.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairmont Little League
- II. Contact Name David Joseph
- III. Address 1815 Dogwood Drive, Fairmont, WV 26554
- IV. Phone Number 304-363-7811
- V. The MCBOE covenants and agrees that it shall, from 3-21-23 through 6-1-23, make available to the Fairmont Little League the Watson Baseball Field for the purpose of C Ball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

33-8428

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Watson Baseball Field as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ Waive ^{KND} per _____ in addition to a \$ _____ custodial fee per _____
(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance
Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Lexington Insurance Company

Policy Number 011405746

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.

B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Watson Baseball Field after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

35-2428

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3-21-23, until the 1st day of June '23; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

David Joseph
Representative of Organization

03/09/2023
Date

Kenn M Decker
Principal or Designee

3-14-23
Date

John Owl
Administrative Assistant of Maintenance, Facilities and Athletics

3-14-23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

Identification Number and Certification

requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank
Little League Inc DBA Fairmont Little League 35-2428

2 Business name/disregarded entity name, if different from above
Fairmont Little League

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1511 Ferrell St

6 City, state, and ZIP code
Fairmont WV 26554

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

5	5	-	0	6	1	2	3	2	2
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ *[Signature]*

Date ▶ *3/14/23*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867		CONTACT NAME: David Irwin PHONE (A/C, No, Ext): (570) 473-2150 E-MAIL ADDRESS: Dirwin@Keystoneinsgrp.com FAX (A/C, No): (570) 473-2151	
INSURED Little League Baseball Risk Purchasing Group, Incorporated FAIRMONT LL 44 Manor Drive Fairmont WV 26554		INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: AIG Specialty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 19437 26883	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER**CANCELLATION**

Marion County BOE 1516 Mary Lou Retton Drive Fairmont WV 26554	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/29/22

PRODUCER
Keystone Risk Managers, LLC
1995 Point Township Drive
Northumberland, PA 17867

CERTIFICATE #: 3480701-2023-1 3 48 05

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED:
FAIRMONT LL
44 Manor Drive
Fairmont, WV 26554

INSURER A: **Lexington Insurance Company**
INSURER B: **National Union Fire Insurance Company of Pittsburgh, PA**
INSURER C: **AIG Specialty Insurance Company**

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.
** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	GENERAL LIABILITY	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE						Sexual Abuse OCCURRENCE	\$1,000,000
								Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person			
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *		
							AGGREGATE	\$1,000,000	
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
		S&P				SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	RETROACTIVE DATE	CONTINUITY DATE
	REGULATORY ACTION SUBLIMIT OF LIABILITY					\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION	
	EM	EVENT MANAGEMENT INSURANCE				\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION	
A	X	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000		
							Crime Deductible: \$250 Property/\$1,000 Money	AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Marion County BOE
1516 Mary Lou Retton Drive
Fairmont, WV 26554

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S.R.T. 15 Highway
South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

David [Signature]

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Marion County BOE
1516 Mary Lou Retton Drive
Fairmont, WV 26554

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
 - 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

IMPORTANT

35-2438

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2429

This agreement dated the 21 day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Little League Baseball DBA Fairmont Little League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Watson Baseball Field.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

I. Organization Name Fairmont Little League

II. Contact Name Tyler Jackson

III. Address 111 Meadowlane Ave Fairmont, WV 26554

IV. Phone Number (304) 657-0762

V. The MCBOE covenants and agrees that it shall, from 3-21-23 through 6-1-23, make available to the Fairmont Little League the Watson Baseball Field for the purpose of B Ball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.

VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

35-8439

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Watson Baseball Field as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ Waive per KNO in addition to a \$ _____ custodial fee per _____
(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Lexington Insurance Company
Policy Number 011405744

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Watson Baseball Field after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

35-2429

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3-21-23, until the 1 day of June '23; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Tyler Jackson
Representative of Organization

3/14/23
Date

Kam M Decker
Principal or Designee

3-14-23
Date

Bob Osh
Administrative Assistant of Maintenance, Facilities and Athletics

3-14-23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Little League, Inc. DBA Fairmont Little League	
2 Business name/disregarded entity name, if different from above Fairmont Little League	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 1511 Ferrell St.	Requester's name and address (optional)
6 City, state, and ZIP code Fairmont, NY 20554	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
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Employer identification number										
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5	5	-	0	6	1	2	3	2	2	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ [Signature]	Date ▶ 3/14/2023
------------------	---	---

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2022

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PRODUCER		CONTACT NAME: David Irwin	
Keystone Risk Managers, LLC		PHONE (A/C No. Ext): (570) 473-2150	FAX (A/C No.): (570) 473-2151
1995 Point Township Drive		E-MAIL ADDRESS: Dirwin@Keystoneinsgrp.com	
Northumberland PA 17867		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Lexington Insurance Company	19437
		INSURER B: AIG Specialty Insurance Company	26883
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER					MED EXP (Any one person) \$ Excluded
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> OTHER Per League					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMPIOP AGG \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					PROPERTY DAMAGE (Per accident) \$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			AGGREGATE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER	CANCELLATION
Marion County BOE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1516 Mary Lou Retton Drive	AUTHORIZED REPRESENTATIVE
Fairmont WV 26554	

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/29/22

PRODUCER
Keystone Risk Managers, LLC
1995 Point Township Drive
Northumberland, PA 17867

CERTIFICATE #: 3480701-2023-1

35 348 05 1 239

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED

FAIRMONT LL
44 Manor Drive
Fairmont, WV 26554

INSURER A: Lexington Insurance Company
INSURER B: National Union Fire Insurance Company of Pittsburgh, PA
INSURER C: AIG Specialty Insurance Company

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.
** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person	
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
						S&P SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION		
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION		
A	X	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
			Crime Deductible: \$250 Property/\$1,000 Money		AGGREGATE	NONE	
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Marion County BOE
1516 Mary Lou Retton Drive
Fairmont, WV 26554

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S.RT. 15 Highway
South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS



AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s):</p> <p>Marion County BOE 1516 Mary Lou Retton Drive Fairmont, WV 26554</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

IMPORTANT

35-248

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2470

This agreement dated the 21 day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Little League Baseball DBA Fairmont Little League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Watson Baseball Field,

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairmont Little League
- II. Contact Name Joseph Commodore
- III. Address 110 Friend Drive, Fairmont WV 26554
- IV. Phone Number (304) 288-5805
- V. The MCBOE covenants and agrees that it shall, from 3-21-23 through 6-1-23, make available to the _____ the _____ for the purpose of T Ball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Watson Ball Field as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ Waive per KMD in addition to a \$ _____ custodial fee per _____

(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Lexington Ins Company

Policy Number 011405746

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Watson Baseball Field after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3-21-23, until the 1st day of June '23; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Joseph Commadore (Joseph Commadore)
Representative of Organization

3/14/23
Date

Karen M Decker
Principal or Designee

3-14-23
Date

Boho Del
Administrative Assistant of Maintenance, Facilities and Athletics

3-14-23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.
Little League Inc DBA Fairmont Little League 35-2430

2 Business name/disregarded entity name, if different from above
Fairmont Little League

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the US)

5 Address (number, street, and apt. or suite no.) See instructions
1511 Ferrell St

6 City, state, and ZIP code
Fairmont WV 26554

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--

OR

Employer identification number

5	5	-	0	6	1	2	3	2	2
---	---	---	---	---	---	---	---	---	---

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ *3/14/23*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

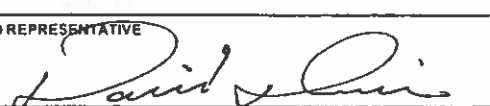
PRODUCER		CONTACT NAME: David Irwin	
Keystone Risk Managers, LLC		PHONE (A/C, No, Ext): (570) 473-2150	FAX (A/C, No): (570) 473-2151
1995 Point Township Drive		E-MAIL ADDRESS: Dlrwin@Keystoneinsgrp.com	
Northumberland PA 17867		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Lexington Insurance Company	NAIC # 19437
		INSURER B: AIG Specialty Insurance Company	26883
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED	CERTIFICATE NUMBER:	REVISION NUMBER:
Little League Baseball Risk Purchasing Group, Incorporated FAIRMONT LL 44 Manor Drive Fairmont WV 26554		

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER Per League	X	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER	CANCELLATION
Marion County BOE 1516 Mary Lou Retton Drive Fairmont WV 26554	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/22

PRODUCER
Keystone Risk Managers, LLC
 1995 Point Township Drive
 Northumberland, PA 17867

CERTIFICATE #: 3480701-2023-1 3 48 05

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED
 FAIRMONT LL
 44 Manor Drive
 Fairmont, WV 26554

INSURER A:	Lexington Insurance Company
INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA
INSURER C:	AIG Specialty Insurance Company

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
 * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.
 ** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person	
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P				SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION
	REGULATORY ACTION SUBLIMIT OF LIABILITY		\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION		
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION		
A	X	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
						Crime Deductible: \$250 Property/\$1,000 Money	AGGREGATE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

- Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
- That part of the ball field or other premises not being used by the above named Little League

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Marion County BOE
 1516 Mary Lou Retton Drive
 Fairmont, WV 26554

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
 539 U.S.R.T. 15 Highway
 South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Marion County BOE
1516 Mary Lou Retton Drive
Fairmont, WV 26554

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
 - 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

IMPORTANT

35-8430

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/22

PRODUCER
Keystone Risk Managers, LLC
 1995 Point Township Drive
 Northumberland, PA 17867

CERTIFICATE #: 3480701-2023-1 3 48 05

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED
FAIRMONT LL
 44 Manor Drive
 Fairmont, WV 26554

INSURER A:	Lexington Insurance Company
INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA
INSURER C:	AIG Specialty Insurance Company

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
 * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.
 ** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	GENERAL LIABILITY	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE						Sexual Abuse OCCURRENCE	\$1,000,000
								Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person			
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *		
						AGGREGATE	\$1,000,000		
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
						S&P SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION				
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION				
A	X	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000		
						Crime Deductible: \$250 Property/\$1,000 Money		AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

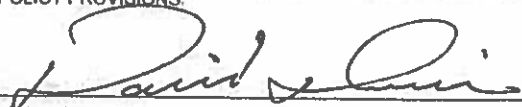
Marion County BOE
 1516 Mary Lou Retton Drive
 Fairmont, WV 26554

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
 539 U.S.RT. 15 Highway
 South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



AUTHORIZED REPRESENTATIVE

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2411

This agreement dated the 7th day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Baseball / Fairmont Little League (hereafter known as Organization).

DBA Little League INC

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Jayanne

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairmont Little League
- II. Contact Name Aron Majic
- III. Address 116 Boxwood Lane
- IV. Phone Number 304-657-7611
- V. The MCBOE covenants and agrees that it shall, from ~~3/21/2023~~ 3/21/2023 through 6/1/2023, make available to the FLL the Jayanne for the purpose of Baseball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent Interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

35-8441

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Jaycee as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ NA per Waived in addition to a \$ NA custodial fee per _____

(Additional fees may apply depending on facility) \$ Waived for NA

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

.....This section must be completed..... Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Keystone Risk Managers

Policy Number 011405746

.....Attach a copy of the policy to the application.....

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.

B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Daytime Property after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3/21/2023, until the 6/1/2023 day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

3-23
Date

[Signature]
Principal or Designee

3/7/2023
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3/14/23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



CERTIFICATE OF LIABILITY INSURANCE

35

DATE (MM/DD/YYYY)
12/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867		CONTACT NAME: David Irwin PHONE (A/C No, Ext): (570) 473-2150 E-MAIL ADDRESS: Dirwin@Keystoneinsgrp.com FAX (A/C No): (570) 473-2151																						
INSURED Little League Baseball Risk Purchasing Group, Incorporated FAIRMONT LL 44 Manor Drive Fairmont WV 26554		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Lexington Insurance Company</td> <td></td> <td>19437</td> </tr> <tr> <td>INSURER B: AIG Specialty Insurance Company</td> <td></td> <td>26883</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Lexington Insurance Company		19437	INSURER B: AIG Specialty Insurance Company		26883	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
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INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER Per League	X	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER Marion County BOE 1516 Mary Lou Retton Drive Fairmont WV 26554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2442

This agreement dated the 7th day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Baseball / Fairmont Little League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Jayenne,

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairmont Little League
- II. Contact Name David Mezzanotte
- III. Address 101 Bayberry Lane
- IV. Phone Number 304-844-0098
- V. The MCBOE covenants and agrees that it shall, from 3/21/2023 through 6/1/2023, make available to the FLL of the Jayenne for the purpose of Baseball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent Interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate) 25-2442

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Jayenne as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ NA per Waived in addition to a \$ NA custodial fee per _____
(Additional fees may apply depending on facility) \$ Waived for NA

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Keystone Risk Managers

Policy Number 011405746

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Jayennex Property after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3/21/2023, until the 6/1/2023 day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

3.9.23
Date

[Signature]
Principal or Designee

3/7/2023
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3/14/23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2443

This agreement dated the 7th day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Baseball / Fairmont Little League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as _____.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairmont Little League
- II. Contact Name David Joseph
- III. Address 1815 Dogwood Drive
- IV. Phone Number 304-363-7811
- V. The MCBOE covenants and agrees that it shall, from ~~3/21/2023~~ 3/21/2023, through 6/1/2023, make available to the FLL the Jayanne for the purpose of Baseball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent Interpretation states in part that question is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

35-8443

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Jaycee as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ NA per Waived in addition to a \$ NA custodial fee per _____
(Additional fees may apply depending on facility) \$ Waived for NA

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

.....This section must be completed..... Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)
Insurance Company: Keystone Risk Managers
Policy Number 011405746
.....Attach a copy of the policy to the application.....

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Jayenns Property after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

35-8440

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3/21/2023 until the 6/1/2023 day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

03/09/2023
Date

[Signature]
Principal or Designee

3/7/2023
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3/14/23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-8444

This agreement dated the 7th day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Baseball / Fairmont Little League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Jaymont,

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairmont Little League
- II. Contact Name Louis McDell
- III. Address 103 Ashbury Lane Fairmont WV 26551
- IV. Phone Number 304-216-6891
- V. The MCBOE covenants and agrees that it shall, from 3/21/2023 through 6/1/2023, make available to the FLL the Jaymont for the purpose of Baseball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Jayenne as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ NA per Waived in addition to a \$ NA custodial fee per _____
(Additional fees may apply depending on facility) \$ Waived for NA

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

.....This section must be completed..... Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Keystone Risk Managers

Policy Number 011405746

.....Attach a copy of the policy to the application.....

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

35-8444

XIV. MCBOE shall inspect Jayenns Property after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3/21/2023 until the 6/1/2023 day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

3-7-2023
Date

[Signature]
Principal or Designee

3/7/2023
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3/14/23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2445

This agreement dated the 7th day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Baseball / Fairmont Little League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Jayanne

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Fairmont Little League
- II. Contact Name BRAD ROSS
- III. Address 907 FLEMING AVE
- IV. Phone Number 304-816-2160
- V. The MCBOE covenants and agrees that it shall, from ~~3/31/2023~~ 3/31/2023 through 6/1/2023, make available to the FLL the Jayanne for the purpose of Baseball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-0612322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Jayenne as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ NA per Waived in addition to a \$ NA custodial fee per _____
(Additional fees may apply depending on facility) \$ Waived for NA

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

.....This section must be completed..... Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: Keystone Risk Managers

Policy Number 011405746

.....Attach a copy of the policy to the application.....

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Jayennis Property after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3/21/2023, until the 6/1/2023 day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

3/14/23
Date

[Signature]
Principal or Designee

3/7/2023
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3/14/23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2436

This agreement dated the 14 day of MARCH, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Rivesville Youth Baseball / Fringe Little League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Rivesville Elementary School / Field.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name Rivesville Youth Baseball / Fringe Little League
- II. Contact Name Melissa Clelland
- III. Address 1135 McCurdysville Pike Rivesville, WV 26588
- IV. Phone Number 304-657-4599
- V. The MCBOE covenants and agrees that it shall, from 3/14/2023 (upon approval RTP) through 7/1/2023, make available to the Rivesville youth Baseball / Fringe Little League the Practices for the purpose of Practices. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? yes / practices only

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible ... unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 92-0730864 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Hiresville Elementary School as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ _____ per _____ in addition to a \$ _____ custodial fee per _____
waived (RT)
(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance Information. (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: See Attached

Policy Number 3480710-2023-1

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.

B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Hiresville Elementary School / Field after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3/14/2023, until the _____ day of July 2023; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Melissa Clelland / Jodie Matheny
Representative of Organization

3/14/2023
Date

[Signature]
Principal or Designee

3/15/2023
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3/16/23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Fringe Little League

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Sports Teams (Other)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
414 Belview Ave

6 City, state, and ZIP code
Fairmont, WV 26554

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

OR

Employer identification number

9	2	-	0	7	3	0	8	6	4
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Jodie Matheny* Date ▶ 3/10/23

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

CERTIFICATE OF LIABILITY INSURANCE

35-0430
12/22/22

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867	CERTIFICATE #: 3480710-2023-1 3 48 05						
INSURERS AFFORDING COVERAGE:							
ADDITIONAL NAMED INSURED: FRINGE LL 414 Bellview Ave Fairmont, WV 26554	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">INSURER A:</td> <td>Lexington Insurance Company</td> </tr> <tr> <td>INSURER B: (Non-Liability)</td> <td>National Union Fire Insurance Company of Pittsburgh, PA</td> </tr> <tr> <td>INSURER C:</td> <td>AIG Specialty Insurance Company</td> </tr> </table>	INSURER A:	Lexington Insurance Company	INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA	INSURER C:	AIG Specialty Insurance Company
INSURER A:	Lexington Insurance Company						
INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA						
INSURER C:	AIG Specialty Insurance Company						

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
 * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.
 ** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.


INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X SEXUAL ABUSE			Sexual Abuse OCCURRENCE	\$1,000,000	
					Sexual Abuse AGGREGATE	\$1,000,000	
		MEDICAL PAYMENTS				Any One Person	
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			NOT APPLICABLE	POLICY INCEPTION
A	X	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
			Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy, Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

INSURED Little League Baseball Risk Purchasing Group, Incorporated 539 U.S.RT. 15 Highway South Williamsport, PA 17702	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
--	--

35-2430

IMPORTANT

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

35-2437

This agreement dated the 8th day of March, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the F.G. AA / Fringe L.L. (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Fairview Middle Ball field.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name F.G. AA / Fringe L.L.
- II. Contact Name Clay Floharty / Jodi Matheny (Pres.)
- III. Address 414 Bellview Ave Fairmont WV 26554
- IV. Phone Number 304-694-3531 / 304 657-0784
- V. The MCBOE covenants and agrees that it shall, from 3-8-2023 through 7-31-2023, make available to the F.G. AA / Fringe L.L. the Fairview Middle Ballfield for the purpose of Baseball / Softball. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible...unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

92-0730864

FEIN Number ~~3480710~~ (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate) attached

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Fairview Ballfield as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ 0 per _____ in addition to a \$ _____ custodial fee per _____ (Additional fees may apply depending on facility) \$ _____ for _____

Handwritten signature and "no fee" note

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance

Information: (minimum of \$1,000,000 liability required by MCBOE)
Insurance Company: Lexington Insurance Company, National Union Fire Insurance Company of Pittsburgh PA, AIG Specialty
Policy Number 011405746 (Keystone Risk Managers LLC) Insurance Company

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect Fairview Ballfield after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from 3/8/23, until the 7-31-23 day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

3/8/23
Date

[Signature]
Principal or Designee

3/15/23
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

3/16/23
Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 12/22/22
<small>PRODUCER</small> Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867	CERTIFICATE #: 3480710-2023-1	3 48 05
<small>ADDITIONAL NAMED INSURED:</small> FRINGE LL 414 Bellview Ave Fairmont, WV 26554	INSURERS AFFORDING COVERAGE:	
	<small>INSURER A:</small>	Lexington Insurance Company
	<small>INSURER B: (Non-Liability)</small>	National Union Fire Insurance Company of Pittsburgh, PA
	<small>INSURER C:</small>	AIG Specialty Insurance Company

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
 * SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.
 ** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.


INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	GENERAL LIABILITY	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE						Sexual Abuse OCCURRENCE	\$1,000,000
								Sexual Abuse AGGREGATE	\$1,000,000
		MEDICAL PAYMENTS				Any One Person			
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *		
						AGGREGATE	\$1,000,000		
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
						S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION		POLICY INCEPTION	POLICY INCEPTION			
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION		NOT APPLICABLE	POLICY INCEPTION			
A	X	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000		
						Crime Deductible: \$250 Property/\$1,000 Money		AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max \$100,000 Deductible \$50	As in Master Policy Excess		

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

INSURED Little League Baseball Risk Purchasing Group, Incorporated 539 U.S.R.T. 15 Highway South Williamsport, PA 17702	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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IMPORTANT

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Add Field

Field Information

Field Name
Marion County Schools

Address Line 1
1515 Mary Lou Retton Drive

Address Line 2

City
Fairmont

State
WV

Zip Code
26554

This is a screen shot from Jodie Matheny, President of Fringe Little League, showing that Marion County Schools is added on the league's liability insurance policy.

35-2437

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Fringe Little League

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Sports Teams (Other)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See Instructions.
414 Bellview Ave

6 City, state, and ZIP code
Fairmont, WV 26554

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-				
--	--	--	---	--	--	--	--

OR

Employer identification number

9	2	-	0	7	3	0	8	6	4
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Jodie Matheny* Date ▶ **3/10/23**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

35-3032

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.611.211.2500.0000.00	A & B FENCE, INC.	3,977.25	3/13/23	1494
11.00000.12791.611.003.0000.0000.00	ADAMS OFFICE SUPPLY CO.	549.00	3/09/23	239212
11.00000.00479.004.000.0000.0000.00	AFLAC (AMERICAN FAMILY LIFE	900.64	3/01/23	239067
11.00000.00479.004.000.0000.0000.00	AFLAC (AMERICAN FAMILY LIFE	3,447.70	3/01/23	239067
61.00000.00479.004.000.0000.0000.00	AFLAC (AMERICAN FAMILY LIFE	31.94	3/01/23	239067
61.00000.00479.004.000.0000.0000.00	AFLAC (AMERICAN FAMILY LIFE	158.55	3/01/23	239067
11.00000.00476.004.000.0000.0000.00	AIG VALIC	203.50	3/01/23	239077
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	23.53	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	23.53	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	32.58	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	34.39	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	45.25	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	45.25	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	48.87	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	54.30	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	83.41	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	90.50	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	92.61	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	108.60	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	108.80	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	123.08	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	187.29	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	215.09	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	221.45	3/03/23	239121
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	19.18	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	33.56	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	36.20	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	49.90	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	50.68	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	59.73	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	65.16	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	65.16	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	79.64	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	86.98	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	90.50	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	93.34	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	97.89	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	159.28	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	165.35	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	186.53	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	232.87	3/10/23	239224
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	257.23	3/10/23	239224
61.40310.12213.583.001.0000.0000.00	ALLEGiant AIR	3,476.41	3/13/23	1485
61.05210.31391.653.000.0000.0000.00	ALLEN MYERS JR.	240.00	3/08/23	239175
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	10.99	3/13/23	1486
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	18.12	3/13/23	1486
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	49.95	3/13/23	1486
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	165.66	3/13/23	1486
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	273.66	3/13/23	1486
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	833.84	3/13/23	1486
11.00000.11111.611.001.2500.0000.00	AMAZON.COM SALES, INC.	735.84	3/13/23	1486
11.00000.11111.611.001.2670.0000.00	AMAZON.COM SALES, INC.	11.99	3/13/23	1486
11.00000.11111.611.001.2670.0000.00	AMAZON.COM SALES, INC.	35.52	3/13/23	1486

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.611.001.2670.0000.00	AMAZON.COM SALES, INC.	408.54	3/13/23	1486
11.00000.11111.611.018.2280.0000.00	AMAZON.COM SALES, INC.	49.35	3/13/23	1486
11.00000.11111.611.018.2280.0000.00	AMAZON.COM SALES, INC.	64.59	3/13/23	1486
11.00000.11111.611.101.2500.0000.00	AMAZON.COM SALES, INC.	24.03	3/13/23	1486
11.00000.11111.611.101.2500.0000.00	AMAZON.COM SALES, INC.	211.18	3/13/23	1486
11.00000.11111.611.101.2500.0000.00	AMAZON.COM SALES, INC.	539.02	3/13/23	1486
11.00000.11111.611.207.0000.0000.00	AMAZON.COM SALES, INC.	193.07	3/13/23	1486
11.00000.11111.611.211.2500.0000.00	AMAZON.COM SALES, INC.	62.02	3/13/23	1486
11.00000.11111.611.211.2500.0000.00	AMAZON.COM SALES, INC.	137.01	3/13/23	1486
11.00000.11111.611.211.2500.0000.00	AMAZON.COM SALES, INC.	306.52	3/13/23	1486
11.00000.11111.611.216.2240.0000.00	AMAZON.COM SALES, INC.	107.47	3/13/23	1486
11.00000.11111.611.216.2280.0000.00	AMAZON.COM SALES, INC.	57.50	3/13/23	1486
11.00000.11111.611.306.0000.0000.00	AMAZON.COM SALES, INC.	143.77-	3/13/23	1480
11.00000.11111.611.306.0000.0000.00	AMAZON.COM SALES, INC.	293.58	3/13/23	1480
11.00000.11111.611.402.0000.0000.00	AMAZON.COM SALES, INC.	344.73	3/13/23	1480
11.00000.11111.611.501.2500.0000.00	AMAZON.COM SALES, INC.	14.99	3/13/23	1486
11.00000.11111.611.501.2500.0000.00	AMAZON.COM SALES, INC.	366.85	3/13/23	1486
11.00000.11111.611.501.2500.0000.00	AMAZON.COM SALES, INC.	587.87	3/13/23	1486
11.00000.11111.611.503.0000.0000.00	AMAZON.COM SALES, INC.	73.97	3/13/23	1480
11.00000.11111.611.503.0000.0000.00	AMAZON.COM SALES, INC.	463.39	3/13/23	1480
11.00000.11111.611.503.2280.0000.00	AMAZON.COM SALES, INC.	269.30	3/13/23	1486
11.00000.11111.611.503.2320.0000.00	AMAZON.COM SALES, INC.	1,499.00	3/13/23	1486
11.00000.11111.611.701.0000.0000.00	AMAZON.COM SALES, INC.	90.99-	3/13/23	1480
11.00000.11111.611.701.0000.0000.00	AMAZON.COM SALES, INC.	116.90	3/13/23	1480
11.00000.11111.733.101.2660.0000.00	AMAZON.COM SALES, INC.	41.99	3/13/23	1486
11.00000.12220.611.205.2140.0000.00	AMAZON.COM SALES, INC.	24.09	3/13/23	1486
11.00000.12310.611.001.0000.0000.00	AMAZON.COM SALES, INC.	373.91	3/13/23	1486
61.05210.31391.611.000.0000.0000.00	AMAZON.COM SALES, INC.	13.98	3/13/23	1480
61.05210.31391.611.000.0000.0000.00	AMAZON.COM SALES, INC.	163.66	3/13/23	1480
61.05310.31311.611.701.0000.0000.00	AMAZON.COM SALES, INC.	19.42	3/13/23	1480
61.05310.31311.611.701.0000.0000.00	AMAZON.COM SALES, INC.	55.13	3/13/23	1480
61.05310.31311.611.701.0000.0000.00	AMAZON.COM SALES, INC.	89.34	3/13/23	1480
61.05310.31311.611.701.0000.0000.00	AMAZON.COM SALES, INC.	179.98	3/13/23	1480
61.05310.31311.611.701.0000.0000.00	AMAZON.COM SALES, INC.	249.00	3/13/23	1480
61.05310.31311.611.701.0000.0000.00	AMAZON.COM SALES, INC.	396.00	3/13/23	1480
61.05310.31311.611.701.0000.0000.00	AMAZON.COM SALES, INC.	679.99	3/13/23	1480
61.05310.31311.611.701.0000.0000.00	AMAZON.COM SALES, INC.	749.25	3/13/23	1480
61.05310.31333.611.701.0000.0000.00	AMAZON.COM SALES, INC.	5.99	3/13/23	1480
61.05310.31333.611.701.0000.0000.00	AMAZON.COM SALES, INC.	6.63	3/13/23	1480
61.05310.31333.611.701.0000.0000.00	AMAZON.COM SALES, INC.	480.91	3/13/23	1480
61.08310.12213.611.503.0000.0000.00	AMAZON.COM SALES, INC.	232.89	3/13/23	1486
61.41210.12213.611.001.0000.0000.00	AMAZON.COM SALES, INC.	200.49	3/13/23	1486
61.41310.12170.611.209.0000.0000.00	AMAZON.COM SALES, INC.	9.69	3/13/23	1486
61.41310.12170.611.209.0000.0000.00	AMAZON.COM SALES, INC.	23.98	3/13/23	1486
61.41310.12170.611.209.0000.0000.00	AMAZON.COM SALES, INC.	62.97	3/13/23	1486
61.41310.12170.611.214.0000.0000.00	AMAZON.COM SALES, INC.	32.24	3/13/23	1486
61.95212.12621.652.212.0000.0000.00	AMAZON.COM SALES, INC.	599.40	3/13/23	1486
61.95302.12621.693.302.0000.0000.00	AMAZON.COM SALES, INC.	379.84	3/13/23	1486
71.43280.21210.651.503.0000.0000.00	AMAZON.COM SALES, INC.	39.89	3/13/23	1486
11.00000.21211.212.001.0000.0000.00	AMERICAN BENEFIT CORPORATION	2,838.40	3/06/23	239123
11.00000.21211.212.001.0000.0000.00	AMERICAN BENEFIT CORPORATION	5,745.00	3/07/23	239128
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	12,981.52	3/01/23	239080
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	27,399.05	3/01/23	239080

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	1,531.18	3/01/23	239080
61.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	2,604.52	3/01/23	239080
71.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	301.68	3/01/23	239080
71.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	677.83	3/01/23	239080
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE C	382.50	3/01/23	239082
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY FLEX	6,142.75	3/01/23	239089
61.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY FLEX	301.25	3/01/23	239089
71.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY FLEX	305.00	3/01/23	239089
11.00000.00476.004.000.0000.0000.00	AMERIPRISE FINANCIAL SERVICES	50.00	3/01/23	239072
11.00000.12621.431.002.0000.0000.00	AMRAMP, LLC	2,880.00	3/13/23	239231
11.00000.12621.431.002.0000.0000.00	AMTOWER AUTO SUPPLY, INC.	47.99	3/13/23	239232
61.02310.41471.652.306.0000.0000.00	APPLE, INC.	1,399.00	3/13/23	1487
61.43310.21210.652.001.0000.0000.00	APPLE, INC.	528.00	3/13/23	1487
61.43310.21210.652.205.0000.0000.00	APPLE, INC.	528.00	3/13/23	1487
61.43310.21210.652.209.0000.0000.00	APPLE, INC.	528.00	3/13/23	1487
61.43310.21210.652.215.0000.0000.00	APPLE, INC.	528.00	3/13/23	1487
61.43310.21210.652.402.0000.0000.00	APPLE, INC.	528.00	3/13/23	1487
61.43310.21210.652.503.0000.0000.00	APPLE, INC.	380.00	3/13/23	1487
61.43310.21210.652.504.0000.0000.00	APPLE, INC.	2,640.00	3/13/23	1487
61.43310.21223.652.502.0000.0000.00	APPLE, INC.	149.00-	3/13/23	1487
61.43310.21223.652.502.0000.0000.00	APPLE, INC.	279.00	3/13/23	1487
61.43310.21223.652.502.0000.0000.00	APPLE, INC.	998.00	3/13/23	1487
61.43310.22150.652.501.0000.0000.00	APPLE, INC.	528.00	3/13/23	1487
71.43280.21210.652.214.0000.0000.00	APPLE, INC.	528.00	3/13/23	1487
61.88310.13121.636.006.0000.0000.00	AQUA FILTER FRESH INC	11.25	3/10/23	239222
11.00000.12621.431.002.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	770.97	3/03/23	239107
11.00000.12621.431.011.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	1,544.01	3/03/23	239107
11.00000.12621.431.304.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	440.64	3/03/23	239107
11.00000.12621.431.002.0000.0000.00	AULTMAN DISTRIBUTORS, INC.	1,233.09	3/13/23	239233
61.50310.31391.611.701.0000.0000.00	B&H FOTO & ELECTRONICS CORP	118.49	3/08/23	239174
61.50310.31391.611.701.0000.0000.00	B&H FOTO & ELECTRONICS CORP	148.48	3/08/23	239174
61.41210.11111.643.001.0000.0000.00	BARNES & NOBLE BOOKSELLERS	67.95	3/03/23	239108
61.40210.12213.611.215.0000.0000.00	BARNES & NOBLE BOOKSELLERS	424.96	3/13/23	239234
11.00000.12611.421.101.0000.0000.00	BARRACKVILLE GARBAGE SERVICE	500.00	3/01/23	239063
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	26.04	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	117.02	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	179.82	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	189.58	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	254.13	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	282.92	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	357.05	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	358.61	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	429.84	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	430.30	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	704.32	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	734.23	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	744.36	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	747.32	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	1,022.90	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	1,542.26	3/09/23	239213
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	1,803.42	3/09/23	239213
11.00000.12611.831.002.0000.0000.00	BONNIE TOOTHMAN	4,537.50	3/01/23	239065
11.00000.12711.831.002.0000.0000.00	BONNIE TOOTHMAN	1,512.50	3/01/23	239065

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12318.341.001.0000.0000.00	BOWLES RICE LLP	528.00	3/13/23	1489
11.00000.12321.331.001.0000.0000.00	BOWLES RICE LLP	600.00	3/13/23	1489
11.00000.12321.331.001.0000.0000.00	BOWLES RICE LLP	600.00	3/13/23	1489
61.88310.13121.634.006.0000.0000.00	BRIGHT BEGINNINGS DAYCARE &	1,648.35	3/14/23	239250
11.00000.12711.661.003.0000.0000.00	BRUCETON PETROLEUM CO., INC	10,348.03	3/13/23	1483
11.00000.12711.661.003.0000.0000.00	BRUCETON PETROLEUM CO., INC	15,908.63	3/13/23	1483
11.00000.12711.662.003.0000.0000.00	BRUCETON PETROLEUM CO., INC.	3,569.36	3/13/23	1483
61.88310.13121.636.006.0000.0000.00	CDW GOVERNMENT, LLC	827.30	3/03/23	239115
61.88310.13121.636.006.0000.0000.00	CDW GOVERNMENT, LLC	1,029.35	3/03/23	239115
61.05210.31391.114.000.0000.0000.00	CENTRAL RESTAURANT PRODUCTS	7,647.20	3/08/23	239176
11.00000.12791.667.003.0000.0000.00	CERTIFIED LABORATORIES	1,590.19	3/09/23	239198
61.05110.31391.611.000.0000.0000.00	CHECKER INDUSTRIES	302.32	3/13/23	1481
61.41310.12170.571.214.0000.0000.00	CHICK-FIL-A	1,099.90	3/13/23	239235
11.00000.00479.004.000.0000.0000.00	CHILD SUPPORT ENFORCEMENT D	863.08	3/01/23	239068
11.00000.12791.669.003.0000.0000.00	CINTAS CORPORATION	121.95	3/09/23	239209
11.00000.12621.431.001.0000.0000.00	CINTAS CORPORATION	91.66	3/13/23	1508
11.00000.12621.431.001.0000.0000.00	CINTAS CORPORATION	91.66	3/13/23	1508
11.00000.12621.431.001.0000.0000.00	CINTAS CORPORATION	91.66	3/13/23	1508
11.00000.12621.431.001.0000.0000.00	CINTAS CORPORATION	91.66	3/13/23	1508
11.00000.12621.431.207.0000.0000.00	CINTAS CORPORATION	102.49	3/13/23	1508
11.00000.12621.431.501.0000.0000.00	CINTAS CORPORATION	479.50	3/13/23	1508
11.00000.12621.431.501.0000.0000.00	CINTAS CORPORATION	479.50	3/13/23	1508
11.00000.12621.431.502.0000.0000.00	CINTAS CORPORATION	226.73	3/13/23	1508
11.00000.12621.431.502.0000.0000.00	CINTAS CORPORATION	226.73	3/13/23	1508
11.00000.12621.431.503.0000.0000.00	CINTAS CORPORATION	437.05	3/13/23	1508
11.00000.12621.431.503.0000.0000.00	CINTAS CORPORATION	479.84	3/13/23	1508
11.00000.12621.431.701.0000.0000.00	CINTAS CORPORATION	248.55	3/13/23	1508
11.00000.12621.431.701.0000.0000.00	CINTAS CORPORATION	248.55	3/13/23	1508
11.00000.12621.612.001.0000.0000.00	CINTAS CORPORATION	153.79	3/13/23	1508
71.52110.12621.611.001.4455.0000.00	CINTAS CORPORATION	21.08	3/13/23	1508
71.52110.12621.611.001.4455.0000.00	CINTAS CORPORATION	21.08	3/13/23	1508
71.52110.12621.611.001.4455.0000.00	CINTAS CORPORATION	21.08	3/13/23	1508
71.52110.12621.611.001.4455.0000.00	CINTAS CORPORATION	21.08	3/13/23	1508
71.52110.12621.611.701.4455.0000.00	CINTAS CORPORATION	124.64	3/13/23	1508
61.88310.13121.636.006.0000.0000.00	CITY NATIONAL BANK	50.98	3/03/23	239116
11.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	3.58	3/01/23	239083
11.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	912.61	3/01/23	239083
61.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	99.67	3/01/23	239083
71.00000.00479.004.000.0000.0000.00	CITY OF FAIRMONT	21.69	3/01/23	239083
11.00000.12611.411.301.0000.0000.00	CITY OF FAIRMONT	38.36	3/08/23	239138
11.00000.12611.812.301.0000.0000.00	CITY OF FAIRMONT	333.79	3/08/23	239138
11.00000.12611.411.001.0000.0000.00	CITY OF FAIRMONT	699.81	3/13/23	1493
11.00000.12611.411.002.0000.0000.00	CITY OF FAIRMONT	145.34	3/13/23	1493
11.00000.12611.411.011.0000.0000.00	CITY OF FAIRMONT	41.72	3/13/23	1493
11.00000.12611.411.011.0000.0000.00	CITY OF FAIRMONT	112.02	3/13/23	1493
11.00000.12611.411.018.0000.0000.00	CITY OF FAIRMONT	321.67	3/13/23	1493
11.00000.12611.411.101.0000.0000.00	CITY OF FAIRMONT	115.93	3/13/23	1493
11.00000.12611.411.101.0000.0000.00	CITY OF FAIRMONT	278.18	3/13/23	1493
11.00000.12611.411.205.0000.0000.00	CITY OF FAIRMONT	337.84	3/13/23	1493
11.00000.12611.411.205.1116.0000.00	CITY OF FAIRMONT	203.37	3/13/23	1493
11.00000.12611.411.206.0000.0000.00	CITY OF FAIRMONT	92.59	3/13/23	1493
11.00000.12611.411.206.0000.0000.00	CITY OF FAIRMONT	112.59	3/13/23	1493
11.00000.12611.411.206.0000.0000.00	CITY OF FAIRMONT	223.21	3/13/23	1493

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12611.411.206.0000.0000.00	CITY OF FAIRMONT	225.41	3/13/23	1493
11.00000.12611.411.206.0000.0000.00	CITY OF FAIRMONT	234.55	3/13/23	1493
11.00000.12611.411.209.0000.0000.00	CITY OF FAIRMONT	474.29	3/13/23	1493
11.00000.12611.411.212.0000.0000.00	CITY OF FAIRMONT	661.97	3/13/23	1493
11.00000.12611.411.214.0000.0000.00	CITY OF FAIRMONT	692.61	3/13/23	1493
11.00000.12611.411.215.0000.0000.00	CITY OF FAIRMONT	347.44	3/13/23	1493
11.00000.12611.411.306.0000.0000.00	CITY OF FAIRMONT	54.32	3/13/23	1493
11.00000.12611.411.306.0000.0000.00	CITY OF FAIRMONT	828.02	3/13/23	1493
11.00000.12611.411.402.0000.0000.00	CITY OF FAIRMONT	1,060.34	3/13/23	1493
11.00000.12611.411.501.0000.0000.00	CITY OF FAIRMONT	60.47	3/13/23	1493
11.00000.12611.411.501.0000.0000.00	CITY OF FAIRMONT	605.69	3/13/23	1493
11.00000.12611.411.502.0000.0000.00	CITY OF FAIRMONT	78.01	3/13/23	1493
11.00000.12611.411.502.0000.0000.00	CITY OF FAIRMONT	279.98	3/13/23	1493
11.00000.12611.411.502.0000.0000.00	CITY OF FAIRMONT	512.64	3/13/23	1493
11.00000.12611.411.502.1124.0000.00	CITY OF FAIRMONT	268.09	3/13/23	1493
11.00000.12611.411.502.1125.0000.00	CITY OF FAIRMONT	224.13	3/13/23	1493
11.00000.12611.411.502.1127.0000.00	CITY OF FAIRMONT	.63	3/13/23	1493
11.00000.12611.411.502.1128.0000.00	CITY OF FAIRMONT	699.81	3/13/23	1493
11.00000.12611.411.502.1137.0000.00	CITY OF FAIRMONT	211.01	3/13/23	1493
11.00000.12611.411.504.0000.0000.00	CITY OF FAIRMONT	158.98	3/13/23	1493
11.00000.12611.411.504.0000.0000.00	CITY OF FAIRMONT	249.74	3/13/23	1493
11.00000.12611.411.716.0000.0000.00	CITY OF FAIRMONT	121.07	3/13/23	1493
11.00000.12611.812.001.0000.0000.00	CITY OF FAIRMONT	64.65	3/13/23	1493
11.00000.12611.812.002.0000.0000.00	CITY OF FAIRMONT	75.65	3/13/23	1493
11.00000.12611.812.011.0000.0000.00	CITY OF FAIRMONT	201.16	3/13/23	1493
11.00000.12611.812.018.0000.0000.00	CITY OF FAIRMONT	66.01	3/13/23	1493
11.00000.12611.812.205.0000.0000.00	CITY OF FAIRMONT	79.30	3/13/23	1493
11.00000.12611.812.206.0000.0000.00	CITY OF FAIRMONT	25.85	3/13/23	1493
11.00000.12611.812.206.0000.0000.00	CITY OF FAIRMONT	161.01	3/13/23	1493
11.00000.12611.812.209.0000.0000.00	CITY OF FAIRMONT	99.14	3/13/23	1493
11.00000.12611.812.212.0000.0000.00	CITY OF FAIRMONT	17.05	3/13/23	1493
11.00000.12611.812.214.0000.0000.00	CITY OF FAIRMONT	125.31	3/13/23	1493
11.00000.12611.812.306.0000.0000.00	CITY OF FAIRMONT	7.57	3/13/23	1493
11.00000.12611.812.306.0000.0000.00	CITY OF FAIRMONT	459.93	3/13/23	1493
11.00000.12611.812.402.0000.0000.00	CITY OF FAIRMONT	347.79	3/13/23	1493
11.00000.12611.812.501.0000.0000.00	CITY OF FAIRMONT	68.20	3/13/23	1493
11.00000.12611.812.501.0000.0000.00	CITY OF FAIRMONT	99.14	3/13/23	1493
11.00000.12611.812.502.0000.0000.00	CITY OF FAIRMONT	159.08	3/13/23	1493
11.00000.12611.812.502.0000.0000.00	CITY OF FAIRMONT	344.94	3/13/23	1493
11.00000.12611.812.502.1124.0000.00	CITY OF FAIRMONT	60.66	3/13/23	1493
11.00000.12611.812.502.1127.0000.00	CITY OF FAIRMONT	79.30	3/13/23	1493
11.00000.12611.812.502.1128.0000.00	CITY OF FAIRMONT	64.65	3/13/23	1493
11.00000.12611.812.502.1137.0000.00	CITY OF FAIRMONT	157.75	3/13/23	1493
11.00000.12611.812.504.0000.0000.00	CITY OF FAIRMONT	104.52	3/13/23	1493
11.00000.12611.812.716.0000.0000.00	CITY OF FAIRMONT	96.86	3/13/23	1493
11.00000.12611.819.001.0000.0000.00	CITY OF FAIRMONT	4.34	3/13/23	1493
11.00000.12611.819.002.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.011.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.011.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.018.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.206.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.214.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.306.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.306.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.402.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.502.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.502.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.502.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.502.1124.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.502.1125.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.502.1127.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.502.1128.0000.00	CITY OF FAIRMONT	4.33	3/13/23	1493
11.00000.12611.819.502.1137.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.504.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.504.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.819.716.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12711.411.003.0000.0000.00	CITY OF FAIRMONT	60.90	3/13/23	1493
11.00000.12711.411.003.0000.0000.00	CITY OF FAIRMONT	64.74	3/13/23	1493
11.00000.12711.411.003.0000.0000.00	CITY OF FAIRMONT	221.48	3/13/23	1493
11.00000.12711.812.003.0000.0000.00	CITY OF FAIRMONT	12.89	3/13/23	1493
11.00000.12711.812.003.0000.0000.00	CITY OF FAIRMONT	17.38	3/13/23	1493
11.00000.12711.812.003.0000.0000.00	CITY OF FAIRMONT	140.35	3/13/23	1493
11.00000.12711.819.003.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12711.819.003.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12711.819.003.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
11.00000.12611.411.005.0000.0000.00	CITY OF MANNINGTON	110.87	3/09/23	239188
11.00000.12611.411.216.0000.0000.00	CITY OF MANNINGTON	525.13	3/09/23	239188
11.00000.12611.411.303.0000.0000.00	CITY OF MANNINGTON	1,354.38	3/09/23	239188
11.00000.12611.411.303.1123.0000.00	CITY OF MANNINGTON	154.71	3/09/23	239188
11.00000.12611.411.503.0000.0000.00	CITY OF MANNINGTON	1,178.23	3/09/23	239188
11.00000.12611.411.701.0000.0000.00	CITY OF MANNINGTON	504.96	3/09/23	239188
11.00000.11111.651.001.0000.0000.00	CITYNET, LLC	10.00	3/07/23	239129
11.00000.12321.441.001.0000.0000.00	CLIMATE CONTROL STORAGE	200.00	3/13/23	1495
11.00000.12321.441.001.0000.0000.00	CLIMATE CONTROL STORAGE	424.00	3/13/23	1495
61.41210.11111.321.206.0000.0000.00	COACH LOYA, LLC	2,600.00	3/08/23	239177
61.41210.11111.321.209.0000.0000.00	COACH LOYA, LLC	2,600.00	3/08/23	239177
61.41210.11111.321.211.0000.0000.00	COACH LOYA, LLC	2,600.00	3/08/23	239177
61.41210.11111.321.214.0000.0000.00	COACH LOYA, LLC	3,600.00	3/08/23	239177
61.41210.11111.643.209.0000.0000.00	COACH LOYA, LLC	1,510.00	3/08/23	239156
11.00000.12611.532.001.0000.0000.00	COMCAST	1,799.52	3/13/23	1491
11.00000.12611.532.002.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.101.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.102.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.205.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.205.1116.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.206.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.207.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.209.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.211.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.212.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.214.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.215.0000.0000.00	COMCAST	1,799.54	3/13/23	1491

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12611.532.216.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.302.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.303.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.304.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.306.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.402.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.501.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.502.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.503.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.504.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.701.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12611.532.716.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.12711.532.003.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11.00000.00479.004.000.0000.0000.00	CONTINENTAL GENERAL INS. CO.	40.13	3/01/23	239081
61.42210.12213.611.212.0000.0000.00	COUNTRY SEEDS & SUPPLIES	5,690.00	3/03/23	239100
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	106.10	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	110.78	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	138.66	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	170.40	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	176.53	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	232.68	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	250.18	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	259.58	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	259.88	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	273.41	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	294.22	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	335.56	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	348.45	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	362.50	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	370.50	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	383.87	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	406.06	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	604.55	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	1,076.55	3/03/23	239117
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	152.48	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	178.53	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	190.52	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	206.61	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	232.70	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	257.89	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	274.08	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	277.63	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	287.25	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	287.53	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	295.47	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	306.47	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	310.95	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	315.88	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	418.49	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	489.18	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	492.20	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	625.76	3/14/23	239251
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	889.23	3/14/23	239251

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	1,281.58	3/14/23	239251
11.00000.12791.667.003.0000.0000.00	CUMMINS CROSSPOINT, LLC	67.50	3/09/23	239199
11.00000.12791.667.003.0000.0000.00	CUMMINS CROSSPOINT, LLC	102.36	3/09/23	239199
11.00000.14711.451.205.0000.0000.00	DAVID BRAD STRAIGHT	3,053.60	3/08/23	239137
61.43330.21210.611.001.0000.0000.00	DISABILITY ACTION CENTER	500.00	3/03/23	239099
11.00000.11111.611.101.2500.0000.00	DISCOUNT SCHOOL SUPPLY	280.66	3/13/23	1497
11.00000.11111.611.211.2500.0000.00	DISCOUNT SCHOOL SUPPLY	53.54	3/13/23	1497
11.00000.11111.611.211.2500.0000.00	DISCOUNT SCHOOL SUPPLY	239.84	3/13/23	1497
11.00000.11111.611.211.2500.0000.00	DISCOUNT SCHOOL SUPPLY	350.92	3/13/23	1497
11.00000.11111.611.211.2500.0000.00	DISCOUNT SCHOOL SUPPLY	443.17	3/13/23	1497
11.00000.12321.611.001.0000.0000.00	DOBIL LABORATORIES, INC.	1,750.00	3/09/23	239200
11.00000.12321.321.001.0000.0000.00	DONNA JO METZ	1,407.72	3/03/23	239101
11.00000.12611.411.216.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	658.94	3/09/23	239189
11.00000.12611.411.503.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	779.30	3/09/23	239189
11.00000.12611.411.701.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	333.99	3/09/23	239189
11.00000.12611.812.216.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	11.62	3/09/23	239189
11.00000.12611.812.503.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	24.40	3/09/23	239189
11.00000.12611.812.701.0000.0000.00	DOWNS PUBLIC SERVICE DISTRICT	10.46	3/09/23	239189
11.00000.12411.891.501.0000.0000.00	EAST FAIRMONT HIGH SCHOOL	4,314.00	3/08/23	239139
11.00000.12411.891.402.0000.0000.00	EAST FAIRMONT MIDDLE SCHOOL	1,770.00	3/08/23	239140
61.88310.13121.634.006.0000.0000.00	EAST FAIRMONT PRICE CUTTER	6.34	3/08/23	239166
61.88310.13121.634.006.0000.0000.00	EAST FAIRMONT PRICE CUTTER	10.43	3/08/23	239166
61.41310.12170.571.206.0000.0000.00	EAST FAIRMONT PRICE CUTTER	395.89	3/13/23	239236
61.41310.12170.571.214.0000.0000.00	EAST FAIRMONT PRICE CUTTER	149.33	3/13/23	239236
61.43310.21210.611.501.0000.0000.00	EAST FAIRMONT PRICE CUTTER	108.95	3/13/23	239236
11.00000.12791.341.003.0000.0000.00	EDWARD G. ROLLINS, JR.	100.00	3/08/23	239178
11.00000.12791.341.003.0000.0000.00	EDWARD G. ROLLINS, JR.	100.00	3/08/23	239178
11.00000.00476.004.000.0000.0000.00	EQUITABLE	4,968.00	3/01/23	239069
61.00000.00476.004.000.0000.0000.00	EQUITABLE	50.00	3/01/23	239069
71.00000.00476.004.000.0000.0000.00	EQUITABLE	400.00	3/01/23	239069
11.00000.12611.831.005.0000.0000.00	ERIC EFAW	500.00	3/01/23	239064
11.00000.12321.611.001.0000.0000.00	FAIR MOUNTAIN ARTS, LLC	233.75	3/03/23	239102
11.00000.12321.611.001.0000.0000.00	FAIR MOUNTAIN ARTS, LLC	577.50	3/03/23	239102
11.00000.11111.611.001.0000.0000.00	FAIRMONT EYE CARE, INC	420.00	3/08/23	239141
61.41310.12170.571.207.0000.0000.00	FAIRVIEW ELEMENTARY SCHOOL	45.50	3/08/23	239179
11.00000.12621.431.002.0000.0000.00	FERGUSON ENTERPRISES HVAC 14	310.23	3/03/23	239110
11.00000.12621.431.002.0000.0000.00	FERGUSON ENTERPRISES HVAC 14	1,127.59	3/03/23	239110
11.00000.12621.431.701.0000.0000.00	FERGUSON ENTERPRISES HVAC 14	237.75	3/03/23	239110
71.43280.21210.611.206.0000.0000.00	FLAGHOUSE, INC.	285.36	3/08/23	239157
11.00000.11111.611.503.2280.0000.00	FLINN SCIENTIFIC, INC.	519.11	3/06/23	239124
11.00000.11111.611.501.2280.0000.00	FLINN SCIENTIFIC, INC.	962.34	3/13/23	1498
11.00000.12220.642.207.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	421.18	3/13/23	1484
11.00000.12220.642.207.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	847.51	3/13/23	1484
11.00000.12220.642.216.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	380.66	3/13/23	1484
11.00000.12220.642.216.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	1,253.38	3/13/23	1484
11.00000.12220.642.306.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	409.00	3/13/23	1484
11.00000.12220.642.306.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	438.21	3/13/23	1484
11.00000.12220.642.306.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	473.23	3/13/23	1484
11.00000.12220.642.306.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	495.75	3/13/23	1484
11.00000.12220.642.402.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	198.84	3/13/23	1484
11.00000.12220.642.402.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	398.10	3/13/23	1484
11.00000.12220.642.502.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	312.30	3/13/23	1484
11.00000.12220.642.502.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	342.06	3/13/23	1484

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12220.642.502.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	416.31	3/13/23	1484
11.00000.12220.642.502.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	470.53	3/13/23	1484
11.00000.12220.642.503.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	1,251.55	3/13/23	1484
11.00000.12220.642.503.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	2,513.37	3/13/23	1484
11.00000.12621.431.002.0000.0000.00	FOUNDATION BUILDING MATERIALS	425.00	3/03/23	239109
11.00000.12611.532.001.0000.0000.00	FRONTIER	34.65	3/13/23	1499
11.00000.12611.532.001.0000.0000.00	FRONTIER	5,370.58	3/13/23	1499
11.00000.12611.532.005.0000.0000.00	FRONTIER	186.09	3/13/23	1499
11.00000.12611.532.011.0000.0000.00	FRONTIER	34.65	3/13/23	1499
11.00000.12611.532.011.0000.0000.00	FRONTIER	50.52	3/13/23	1499
11.00000.12611.532.011.0000.0000.00	FRONTIER	90.21	3/13/23	1499
11.00000.12611.532.101.0000.0000.00	FRONTIER	52.68	3/13/23	1499
11.00000.12611.532.102.0000.0000.00	FRONTIER	53.59	3/13/23	1499
11.00000.12611.532.205.0000.0000.00	FRONTIER	69.30	3/13/23	1499
11.00000.12611.532.302.0000.0000.00	FRONTIER	59.62	3/13/23	1499
11.00000.12611.532.303.0000.0000.00	FRONTIER	52.68	3/13/23	1499
11.00000.12611.532.304.1143.0000.00	FRONTIER	34.65	3/13/23	1499
11.00000.12611.532.306.0000.0000.00	FRONTIER	54.68	3/13/23	1499
11.00000.12611.532.501.0000.0000.00	FRONTIER	336.77	3/13/23	1499
11.00000.12611.532.502.0000.0000.00	FRONTIER	34.65	3/13/23	1499
11.00000.12611.532.503.0000.0000.00	FRONTIER	225.90	3/13/23	1499
11.00000.12611.532.504.0000.0000.00	FRONTIER	237.90	3/13/23	1499
11.00000.12711.532.003.0000.0000.00	FRONTIER	34.65	3/13/23	1499
61.05310.31391.532.701.0000.0000.00	FRONTIER	305.97	3/13/23	1499
11.00000.12611.532.001.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.94	3/13/23	1500
11.00000.12611.532.002.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.101.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.102.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.205.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.205.1116.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.206.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.207.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.209.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.211.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.212.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.214.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.215.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.216.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.302.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.303.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.304.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.306.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.402.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.501.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.502.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.503.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.504.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.701.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12611.532.716.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
11.00000.12711.532.003.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
61.02310.21210.611.502.0000.0000.00	FUN AND FUNCTION	704.49	3/08/23	239147
61.43310.21210.611.207.0000.0000.00	FUN AND FUNCTION	374.77	3/08/23	239147
61.43310.21210.611.214.0000.0000.00	FUN AND FUNCTION	441.89	3/09/23	239202

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.651.001.0000.0000.00	GEN-MARK	14,130.00	3/07/23	239131
11.00000.11111.611.306.2260.0000.00	GOPHER	481.53	3/03/23	239111
11.00000.11111.611.501.2260.0000.00	GOPHER	962.30	3/03/23	239111
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	5.95-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	10.76-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	13.09-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	25.20	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	25.86-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	26.89-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	29.83	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	32.00-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	33.82-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	39.55-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	42.95	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	44.42-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	56.58	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	61.15-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	63.54-	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	75.52	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	329.20	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	738.95	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	765.34	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	766.37	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	769.26	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	798.82	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	802.12	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	845.50	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	849.41	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	892.90	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	898.98	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	974.89	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	975.13	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	985.05	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,004.47	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,019.36	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,080.20	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,081.72	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,115.12	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,140.43	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,155.34	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,162.07	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,179.35	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,226.19	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,227.97	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,234.01	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,284.31	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,319.10	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,338.74	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,357.23	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,412.33	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,436.58	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,447.40	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,467.87	3/13/23	1501

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,481.15	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,580.00	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,594.68	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,727.12	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,759.81	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,763.74	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,768.94	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,774.13	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,780.75	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,800.86	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,816.91	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,823.61	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,850.73	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,855.72	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,922.26	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,941.26	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,041.94	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,102.21	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,130.14	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,187.85	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,247.35	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,268.84	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,274.13	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,341.50	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,366.78	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,368.10	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,478.84	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,580.62	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,733.73	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,785.73	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,788.38	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	2,797.01	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,097.93	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,316.82	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,363.99	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,492.98	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,573.84	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,844.53	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,921.61	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,121.25	3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,175.11	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	10.57	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	23.68	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	45.68	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	138.60	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	297.70	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	303.79	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	444.56	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	462.16	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	462.96	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	464.91	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	550.78	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	609.13	3/13/23	1501

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	637.51	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	663.04	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	672.70	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	847.09	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	894.63	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	925.97	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	1,246.23	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	1,284.49	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	1,592.95	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	1,988.96	3/13/23	1501
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	2,577.97	3/13/23	1501
11.00000.00479.004.000.0000.0000.00	GREAT-WEST TRUST COMPANY, LLC	40.00	3/01/23	239088
61.00000.00479.004.000.0000.0000.00	GREAT-WEST TRUST COMPANY, LLC	20.00	3/01/23	239088
11.00000.12611.411.102.0000.0000.00	GREATER PAW PAW SANITARY DIST	985.30	3/09/23	239190
11.00000.12611.411.102.1135.0000.00	GREATER PAW PAW SANITARY DIST	138.20	3/09/23	239190
11.00000.12611.411.102.1136.0000.00	GREATER PAW PAW SANITARY DIST	201.90	3/09/23	239190
11.00000.12611.411.207.0000.0000.00	GREATER PAW PAW SANITARY DIST	582.41	3/09/23	239190
11.00000.12611.411.302.0000.0000.00	GREATER PAW PAW SANITARY DIST	475.67	3/09/23	239190
11.00000.12791.667.003.0000.0000.00	GWYNN TIRE SERVICE INC	441.99	3/09/23	239214
61.05210.31391.542.000.0000.0000.00	HAPPY CHEF	160.06	3/08/23	239180
11.00000.00479.004.000.0000.0000.00	HELEN M. MORRIS, TRUSTEE	90.00	3/01/23	239093
11.00000.00479.004.000.0000.0000.00	HELEN M. MORRIS, TRUSTEE	280.00	3/01/23	239091
61.88310.13121.431.502.0000.0000.00	HOBART SALES & SERVICE	139.65	3/03/23	239118
61.88310.13121.431.503.0000.0000.00	HOBART SALES & SERVICE	369.48	3/03/23	239118
61.88310.13121.431.102.0000.0000.00	HOBART SALES & SERVICE	567.47	3/08/23	239168
61.88310.13121.431.502.0000.0000.00	HOBART SALES & SERVICE	146.00	3/08/23	239168
61.88310.13121.636.006.0000.0000.00	HOBART SALES & SERVICE	91.25	3/08/23	239168
61.88310.13121.636.006.0000.0000.00	HOBART SALES & SERVICE	182.50	3/08/23	239168
61.88310.13121.636.006.0000.0000.00	HOBART SALES & SERVICE	195.65	3/08/23	239168
61.88310.13121.636.006.0000.0000.00	HOBART SALES & SERVICE	201.25	3/08/23	239168
61.88310.13121.636.006.0000.0000.00	HOBART SALES & SERVICE	201.25	3/08/23	239168
61.88310.13121.636.006.0000.0000.00	HOBART SALES & SERVICE	286.90	3/08/23	239168
61.88310.13121.636.006.0000.0000.00	HOBART SALES & SERVICE	286.90	3/08/23	239168
61.88310.13121.431.212.0000.0000.00	HOBART SALES & SERVICE	781.82	3/10/23	239219
61.88310.13121.431.214.0000.0000.00	HOBART SALES & SERVICE	358.17	3/10/23	239219
61.88310.13121.431.303.0000.0000.00	HOBART SALES & SERVICE	918.81	3/10/23	239219
61.88310.13121.431.503.0000.0000.00	HOBART SALES & SERVICE	212.00	3/10/23	239219
61.88310.13121.431.211.0000.0000.00	HOBART SALES & SERVICE	249.04	3/14/23	239252
61.88310.13121.431.402.0000.0000.00	HOBART SALES & SERVICE	3,041.84	3/14/23	239252
61.88310.13121.636.502.0000.0000.00	HOOTEN EQUIPMENT COMPANY LL	3,697.00	3/10/23	239220
11.00000.12611.621.001.0000.0000.00	HOPE GAS	89.70	3/13/23	1502
11.00000.12611.621.002.0000.0000.00	HOPE GAS	2,264.00	3/13/23	1502
11.00000.12611.621.005.0000.0000.00	HOPE GAS	153.55	3/13/23	1502
11.00000.12611.621.005.0000.0000.00	HOPE GAS	372.70	3/13/23	1502
11.00000.12611.621.011.0000.0000.00	HOPE GAS	2,131.60	3/13/23	1502
11.00000.12611.621.101.0000.0000.00	HOPE GAS	3,755.81	3/13/23	1502
11.00000.12611.621.102.0000.0000.00	HOPE GAS	1,639.66	3/13/23	1502
11.00000.12611.621.102.0000.0000.00	HOPE GAS	1,694.44	3/13/23	1502
11.00000.12611.621.205.0000.0000.00	HOPE GAS	4,981.68	3/13/23	1502
11.00000.12611.621.205.1116.0000.00	HOPE GAS	903.45	3/13/23	1502
11.00000.12611.621.206.0000.0000.00	HOPE GAS	954.82	3/13/23	1502
11.00000.12611.621.206.0000.0000.00	HOPE GAS	7,288.45	3/13/23	1502
11.00000.12611.621.207.0000.0000.00	HOPE GAS	760.78	3/13/23	1502

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12611.621.209.0000.0000.00	HOPE GAS	1,922.72	3/13/23	1502
11.00000.12611.621.211.0000.0000.00	HOPE GAS	1,971.80	3/13/23	1502
11.00000.12611.621.216.0000.0000.00	HOPE GAS	1,021.02	3/13/23	1502
11.00000.12611.621.302.0000.0000.00	HOPE GAS	5,513.57	3/13/23	1502
11.00000.12611.621.303.0000.0000.00	HOPE GAS	3,900.77	3/13/23	1502
11.00000.12611.621.303.0000.0000.00	HOPE GAS	8,863.58	3/13/23	1502
11.00000.12611.621.304.0000.0000.00	HOPE GAS	2,783.34	3/13/23	1502
11.00000.12611.621.304.1143.0000.00	HOPE GAS	900.03	3/13/23	1502
11.00000.12611.621.306.0000.0000.00	HOPE GAS	115.89	3/13/23	1502
11.00000.12611.621.306.0000.0000.00	HOPE GAS	5,675.65	3/13/23	1502
11.00000.12611.621.402.0000.0000.00	HOPE GAS	5,699.62	3/13/23	1502
11.00000.12611.621.402.0000.0000.00	HOPE GAS	6,000.95	3/13/23	1502
11.00000.12611.621.502.1124.0000.00	HOPE GAS	2,458.04	3/13/23	1502
11.00000.12611.621.502.1126.0000.00	HOPE GAS	537.06	3/13/23	1502
11.00000.12611.621.504.0000.0000.00	HOPE GAS	7,468.79	3/13/23	1502
11.00000.12611.621.716.0000.0000.00	HOPE GAS	3,207.94	3/13/23	1502
11.00000.12711.621.003.0000.0000.00	HOPE GAS	183.23	3/13/23	1502
11.00000.12711.621.003.0000.0000.00	HOPE GAS	479.99	3/13/23	1502
11.00000.12711.621.003.0000.0000.00	HOPE GAS	2,991.07	3/13/23	1502
11.00000.12611.621.502.0000.0000.00	HOPE GAS INC	5,164.30	3/13/23	239238
11.00000.12611.621.503.0000.0000.00	HOPE GAS INC	7,625.89	3/13/23	239238
11.00000.12611.621.701.0000.0000.00	HOPE GAS INC	3,268.24	3/13/23	239238
11.00000.00476.004.000.0000.0000.00	HORACE MANN LIFE INS CO	870.00	3/01/23	239070
11.00000.00479.004.000.0000.0000.00	HORACE MANN LIFE INS CO	320.00	3/01/23	239094
61.00000.00476.004.000.0000.0000.00	HORACE MANN LIFE INS CO	285.00	3/01/23	239070
61.00000.00479.004.000.0000.0000.00	HORACE MANN LIFE INS CO	226.67	3/01/23	239094
11.00000.12791.667.003.0000.0000.00	HOTSY EQUIPMENT COMPANY	579.42	3/09/23	239203
11.00000.12621.431.102.0000.0000.00	JACOBS & HUTCHINSON HARDWAR	1,476.43	3/13/23	239239
11.00000.11111.611.701.2760.0000.00	JAMECO ELECTRONICS	15.78	3/08/23	239181
11.00000.11111.611.701.2760.0000.00	JAMECO ELECTRONICS	39.50	3/08/23	239181
61.43210.22213.331.001.0000.0000.00	JB AUTISM CONSULTING LLC	3,000.00	3/01/23	239062
61.43210.22213.331.001.0000.0000.00	JB AUTISM CONSULTING LLC	3,000.00	3/01/23	239062
61.43210.22213.331.001.0000.0000.00	JB AUTISM CONSULTING LLC	3,000.00	3/01/23	239062
11.01000.11111.831.001.0000.0000.00	JUSTTECH, LLC	429.09	3/07/23	239132
11.01000.11111.831.001.0000.0000.00	JUSTTECH, LLC	1,021.26	3/07/23	239136
11.01000.11111.831.002.0000.0000.00	JUSTTECH, LLC	204.24	3/07/23	239136
11.01000.11111.831.003.0000.0000.00	JUSTTECH, LLC	204.24	3/07/23	239136
11.01000.11111.831.101.0000.0000.00	JUSTTECH, LLC	612.72	3/07/23	239136
11.01000.11111.831.102.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.205.0000.0000.00	JUSTTECH, LLC	612.72	3/07/23	239136
11.01000.11111.831.206.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.207.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.209.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.211.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.212.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.214.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.215.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.216.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.302.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.303.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.304.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.306.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.402.0000.0000.00	JUSTTECH, LLC	612.72	3/07/23	239136

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.01000.11111.831.501.0000.0000.00	JUSTTECH, LLC	612.72	3/07/23	239136
11.01000.11111.831.502.0000.0000.00	JUSTTECH, LLC	816.96	3/07/23	239136
11.01000.11111.831.503.0000.0000.00	JUSTTECH, LLC	612.72	3/07/23	239136
11.01000.11111.831.504.0000.0000.00	JUSTTECH, LLC	204.24	3/07/23	239136
11.01000.11111.831.701.0000.0000.00	JUSTTECH, LLC	408.48	3/07/23	239136
11.01000.11111.831.716.0000.0000.00	JUSTTECH, LLC	204.24	3/07/23	239136
61.88310.13121.636.006.0000.0000.00	JUSTTECH, LLC	15.32	3/08/23	239169
11.01000.11111.831.701.0000.0000.00	JUSTTECH, LLC	168.21	3/09/23	239191
61.43310.21210.611.502.0000.0000.00	KAPLAN EARLY LEARNING COMPAN	676.56	3/08/23	239148
11.00000.12791.666.003.0000.0000.00	KING'S TIRE SERVICE, INC.	2,189.00	3/09/23	239204
11.00000.12791.666.003.0000.0000.00	KING'S TIRE SERVICE, INC.	2,189.00	3/09/23	239204
11.00000.12611.411.212.0000.0000.00	KINGMILL VALLEY PSD	49.49	3/09/23	239192
11.00000.12611.411.501.0000.0000.00	KINGMILL VALLEY PSD	15.90	3/09/23	239192
11.00000.12611.411.501.0000.0000.00	KINGMILL VALLEY PSD	717.46	3/09/23	239192
61.02310.21210.611.501.0000.0000.00	LAKESHORE LEARNING MATERIALS	188.57	3/08/23	239150
61.43310.21210.611.205.0000.0000.00	LAKESHORE LEARNING MATERIALS	1,175.17	3/08/23	239150
61.43310.21210.611.215.0000.0000.00	LAKESHORE LEARNING MATERIALS	389.00	3/08/23	239150
61.43310.21210.611.402.0000.0000.00	LAKESHORE LEARNING MATERIALS	159.97	3/08/23	239150
61.43310.21210.611.402.0000.0000.00	LAKESHORE LEARNING MATERIALS	479.00	3/08/23	239150
61.43310.21210.611.402.0000.0000.00	LAKESHORE LEARNING MATERIALS	722.71	3/08/23	239150
61.43310.21210.611.402.0000.0000.00	LAKESHORE LEARNING MATERIALS	1,911.43	3/08/23	239150
61.43310.21210.611.001.0000.0000.00	LAKESHORE LEARNING MATERIALS	195.38	3/09/23	239205
61.43310.21210.611.214.0000.0000.00	LAKESHORE LEARNING MATERIALS	780.85	3/09/23	239205
61.14210.11111.611.001.0000.0000.00	LAKESHORE LEARNING MATERIALS	7,201.95	3/13/23	239240
61.41210.12170.542.001.0000.0000.00	LAMAR BILLBOARD/OUTDOOR ADS.	3,060.00	3/13/23	1496
61.88310.13121.634.006.0000.0000.00	LEARNING LAND DAYCARE AND	2,086.01	3/14/23	239253
11.00000.00479.004.000.0000.0000.00	LEGAL SHIELD	485.52	3/01/23	239087
11.00000.12621.431.001.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	1,664.00	3/13/23	1503
11.00000.12621.431.001.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	4,960.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	15.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	42.80	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	51.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	108.15	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	163.20	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	214.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	267.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	316.19	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	376.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	455.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	470.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	979.20	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	1,920.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	2,556.40	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	2,799.41	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	3,127.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	3,765.00	3/13/23	1503
11.00000.12621.431.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	4,172.90	3/13/23	1503
11.00000.12621.612.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	42.29	3/13/23	1503
11.00000.12621.612.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	72.07	3/13/23	1503
11.00000.12621.612.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	601.50	3/13/23	1503
11.00000.12621.612.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	2,400.00	3/13/23	1503
11.00000.12621.612.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	4,792.94	3/13/23	1503
61.05210.31391.611.000.0000.0000.00	LOWE'S	486.28	3/08/23	239182

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.05210.31391.611.701.0000.0000.00	LOWE'S	287.96	3/08/23	239182
11.00000.12621.431.002.0000.0000.00	LOWE'S	189.05	3/10/23	239226
11.00000.12621.431.002.0000.0000.00	LOWE'S	345.89	3/10/23	239226
11.00000.12621.431.002.0000.0000.00	LOWE'S	1,329.44	3/10/23	239226
11.00000.12621.431.011.0000.0000.00	LOWE'S	1,891.43	3/10/23	239226
61.43210.21210.642.001.0000.0000.00	LRP PUBLICATIONS, INC.	334.50	3/08/23	239149
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	6.78	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	10.88	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	11.67	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	15.56	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	20.98	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	22.84	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	32.32	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	33.02	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	50.39	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	60.49	3/08/23	239185
61.05310.31333.611.701.0000.0000.00	MANNINGTON PRICE CUTTER	83.70	3/08/23	239185
61.43310.21210.611.503.0000.0000.00	MANNINGTON PRICE CUTTER	38.83	3/08/23	239161
61.43310.21210.611.503.0000.0000.00	MANNINGTON PRICE CUTTER	39.19	3/08/23	239161
61.43310.21210.611.503.0000.0000.00	MANNINGTON PRICE CUTTER	62.82	3/08/23	239161
61.88310.13121.636.006.0000.0000.00	MANNINGTON PRICE CUTTER	9.00	3/10/23	239225
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	2.98	3/14/23	239255
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	5.96	3/14/23	239255
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	12.54	3/14/23	239255
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	13.41	3/14/23	239255
61.88310.13121.634.006.0000.0000.00	MANNINGTON PRICE CUTTER	98.15	3/14/23	239255
11.00000.11111.212.001.0000.0000.00	MARION COUNTY DENTAL/VISION	14,826.67	3/03/23	239103
11.00000.11111.213.001.0000.0000.00	MARION COUNTY DENTAL/VISION	5,508.60	3/03/23	239103
11.00000.11111.212.001.0000.0000.00	MARION COUNTY DENTAL/VISION	12,453.27	3/09/23	239215
11.00000.11111.213.001.0000.0000.00	MARION COUNTY DENTAL/VISION	2,531.82	3/09/23	239215
61.88310.13121.636.006.0000.0000.00	MARION COUNTY HEALTH DEPT.	10.00	3/10/23	239221
11.00000.12721.341.001.0000.0000.00	MARION COUNTY POLICE RESERVE	200.00	3/01/23	239096
11.00000.12721.341.001.0000.0000.00	MARION COUNTY POLICE RESERVE	200.00	3/01/23	239096
11.00000.12721.341.001.0000.0000.00	MARION COUNTY POLICE RESERVE	840.00	3/01/23	239096
11.00000.12721.341.102.0000.0000.00	MARION COUNTY POLICE RESERVE	224.00	3/01/23	239096
11.00000.12721.341.205.0000.0000.00	MARION COUNTY POLICE RESERVE	189.00	3/01/23	239096
11.00000.12721.341.206.0000.0000.00	MARION COUNTY POLICE RESERVE	224.00	3/01/23	239096
11.00000.12721.341.212.0000.0000.00	MARION COUNTY POLICE RESERVE	224.00	3/01/23	239096
11.00000.12721.341.214.0000.0000.00	MARION COUNTY POLICE RESERVE	224.00	3/01/23	239096
11.00000.12721.341.215.0000.0000.00	MARION COUNTY POLICE RESERVE	672.00	3/01/23	239096
11.00000.12721.341.306.0000.0000.00	MARION COUNTY POLICE RESERVE	112.00	3/01/23	239096
11.00000.12721.341.402.0000.0000.00	MARION COUNTY POLICE RESERVE	224.00	3/01/23	239096
11.00000.12721.341.501.0000.0000.00	MARION COUNTY POLICE RESERVE	434.00	3/01/23	239096
11.00000.12721.341.501.0000.0000.00	MARION COUNTY POLICE RESERVE	1,008.00	3/01/23	239096
11.00000.12721.341.501.0000.0000.00	MARION COUNTY POLICE RESERVE	2,184.00	3/01/23	239096
11.00000.12721.341.502.0000.0000.00	MARION COUNTY POLICE RESERVE	224.00	3/01/23	239096
11.00000.12721.341.502.0000.0000.00	MARION COUNTY POLICE RESERVE	644.00	3/01/23	239096
11.00000.12721.341.502.0000.0000.00	MARION COUNTY POLICE RESERVE	1,456.00	3/01/23	239096
11.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOY	375.00	3/01/23	239071
11.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOY	55,330.06	3/01/23	239071
61.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOY	8,333.19	3/01/23	239071
71.00000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOY	510.00	3/01/23	239071
11.00000.12321.582.001.0000.0000.00	MARRIOTT BUSINESS SERVICES	165.00	3/13/23	1492

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.00479.004.000.0000.0000.00	MATRIX TRUST COMPANY	565.00	3/01/23	239090
11.00000.00476.004.000.0000.0000.00	METROPOLITAN LIFE	280.83	3/01/23	239073
11.00000.11111.611.501.2320.0000.00	MICHAEL CARPENTER	874.62	3/09/23	239206
11.00000.00476.004.000.0000.0000.00	MIDLAND NATIONAL ANNUITY	50.00	3/01/23	239084
11.00000.12621.431.216.0000.0000.00	MILLER'S HARDWARE, LLC	7.49	3/13/23	239241
11.00000.12621.431.216.0000.0000.00	MILLER'S HARDWARE, LLC	14.38	3/13/23	239241
11.00000.12621.431.216.0000.0000.00	MILLER'S HARDWARE, LLC	39.33	3/13/23	239241
11.00000.11111.611.018.2280.0000.00	MODULAR ROBOTICS INCORPORAT	1,520.00	3/08/23	239158
61.43310.21210.611.205.0000.0000.00	MON HEALTH DASCO HOME	40.00	3/13/23	239242
61.43310.21210.611.209.0000.0000.00	MON HEALTH DASCO HOME	1,498.00	3/13/23	1504
61.43310.21282.611.216.0000.0000.00	MON HEALTH DASCO HOME	528.96	3/13/23	1504
11.00000.12611.622.205.0000.0000.00	MON POWER	313.87	3/13/23	239230
11.00000.12611.622.001.0000.0000.00	MON POWER	2,896.54	3/14/23	239258
11.00000.12611.622.001.0000.0000.00	MON POWER	5,986.84	3/14/23	239258
11.00000.12611.622.002.0000.0000.00	MON POWER	453.70	3/14/23	239258
11.00000.12611.622.005.0000.0000.00	MON POWER	122.79	3/14/23	239258
11.00000.12611.622.005.0000.0000.00	MON POWER	279.99	3/14/23	239258
11.00000.12611.622.005.0000.0000.00	MON POWER	325.13	3/14/23	239258
11.00000.12611.622.005.0000.0000.00	MON POWER	611.91	3/14/23	239258
11.00000.12611.622.011.0000.0000.00	MON POWER	47.93	3/14/23	239258
11.00000.12611.622.011.0000.0000.00	MON POWER	110.33	3/14/23	239258
11.00000.12611.622.011.0000.0000.00	MON POWER	187.30	3/14/23	239258
11.00000.12611.622.011.0000.0000.00	MON POWER	211.09	3/14/23	239258
11.00000.12611.622.011.0000.0000.00	MON POWER	224.23	3/14/23	239258
11.00000.12611.622.011.0000.0000.00	MON POWER	399.40	3/14/23	239258
11.00000.12611.622.101.0000.0000.00	MON POWER	1,327.99	3/14/23	239258
11.00000.12611.622.101.0000.0000.00	MON POWER	1,432.33	3/14/23	239258
11.00000.12611.622.101.1138.0000.00	MON POWER	31.59	3/14/23	239258
11.00000.12611.622.102.0000.0000.00	MON POWER	104.10	3/14/23	239258
11.00000.12611.622.102.0000.0000.00	MON POWER	1,173.99	3/14/23	239258
11.00000.12611.622.102.1135.0000.00	MON POWER	818.56	3/14/23	239258
11.00000.12611.622.102.1136.0000.00	MON POWER	22.07	3/14/23	239258
11.00000.12611.622.102.1139.0000.00	MON POWER	143.47	3/14/23	239258
11.00000.12611.622.205.0000.0000.00	MON POWER	4,184.32	3/14/23	239258
11.00000.12611.622.205.1116.0000.00	MON POWER	571.39	3/14/23	239258
11.00000.12611.622.205.1116.0000.00	MON POWER	742.43	3/14/23	239258
11.00000.12611.622.206.0000.0000.00	MON POWER	1,448.17	3/14/23	239258
11.00000.12611.622.206.1117.0000.00	MON POWER	1,274.83	3/14/23	239258
11.00000.12611.622.207.0000.0000.00	MON POWER	1,703.99	3/14/23	239258
11.00000.12611.622.209.0000.0000.00	MON POWER	23.30	3/14/23	239258
11.00000.12611.622.209.0000.0000.00	MON POWER	3,920.75	3/14/23	239258
11.00000.12611.622.211.0000.0000.00	MON POWER	30.29	3/14/23	239258
11.00000.12611.622.211.0000.0000.00	MON POWER	2,379.09	3/14/23	239258
11.00000.12611.622.211.1140.0000.00	MON POWER	6.14	3/14/23	239258
11.00000.12611.622.212.0000.0000.00	MON POWER	2,123.48	3/14/23	239258
11.00000.12611.622.214.0000.0000.00	MON POWER	3,489.65	3/14/23	239258
11.00000.12611.622.215.0000.0000.00	MON POWER	476.24	3/14/23	239258
11.00000.12611.622.215.0000.0000.00	MON POWER	1,495.70	3/14/23	239258
11.00000.12611.622.216.0000.0000.00	MON POWER	5.00	3/14/23	239258
11.00000.12611.622.216.0000.0000.00	MON POWER	4,343.24	3/14/23	239258
11.00000.12611.622.301.0000.0000.00	MON POWER	26.84	3/14/23	239258
11.00000.12611.622.302.0000.0000.00	MON POWER	1,641.05	3/14/23	239258
11.00000.12611.622.303.0000.0000.00	MON POWER	3,039.76	3/14/23	239258

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12611.622.304.0000.0000.00	MON POWER	1,806.35	3/14/23	239258
11.00000.12611.622.304.1141.0000.00	MON POWER	5.86	3/14/23	239258
11.00000.12611.622.304.1143.0000.00	MON POWER	344.70	3/14/23	239258
11.00000.12611.622.306.0000.0000.00	MON POWER	177.65	3/14/23	239258
11.00000.12611.622.402.0000.0000.00	MON POWER	1,073.84	3/14/23	239258
11.00000.12611.622.501.0000.0000.00	MON POWER	250.05	3/14/23	239258
11.00000.12611.622.501.0000.0000.00	MON POWER	292.03	3/14/23	239258
11.00000.12611.622.501.0000.0000.00	MON POWER	312.99	3/14/23	239258
11.00000.12611.622.501.0000.0000.00	MON POWER	318.13	3/14/23	239258
11.00000.12611.622.502.0000.0000.00	MON POWER	5.45	3/14/23	239258
11.00000.12611.622.502.0000.0000.00	MON POWER	5.60	3/14/23	239258
11.00000.12611.622.502.1124.0000.00	MON POWER	67.71	3/14/23	239258
11.00000.12611.622.502.1125.0000.00	MON POWER	2,354.98	3/14/23	239258
11.00000.12611.622.502.1126.0000.00	MON POWER	55.32	3/14/23	239258
11.00000.12611.622.502.1126.0000.00	MON POWER	1,567.33	3/14/23	239258
11.00000.12611.622.502.1128.0000.00	MON POWER	2,896.53	3/14/23	239258
11.00000.12611.622.502.1137.0000.00	MON POWER	959.94	3/14/23	239258
11.00000.12611.622.503.0000.0000.00	MON POWER	203.97	3/14/23	239258
11.00000.12611.622.503.1131.0000.00	MON POWER	38.80	3/14/23	239258
11.00000.12611.622.504.0000.0000.00	MON POWER	344.85	3/14/23	239258
11.00000.12611.622.504.0000.0000.00	MON POWER	848.99	3/14/23	239258
11.00000.12611.622.701.0000.0000.00	MON POWER	34.40	3/14/23	239258
11.00000.12611.622.716.0000.0000.00	MON POWER	464.51	3/14/23	239258
11.00000.12711.622.003.0000.0000.00	MON POWER	59.26	3/14/23	239258
11.00000.12711.622.003.0000.0000.00	MON POWER	162.21	3/14/23	239258
11.00000.12711.622.003.0000.0000.00	MON POWER	181.81	3/14/23	239258
11.00000.12711.622.003.0000.0000.00	MON POWER	483.64	3/14/23	239258
11.00000.12711.622.003.0000.0000.00	MON POWER	747.24	3/14/23	239258
11.00000.12711.622.003.0000.0000.00	MON POWER	1,460.92	3/14/23	239258
61.05210.31344.611.000.0000.0000.00	MONT LEVINE INC	9.00	3/08/23	239183
61.05210.31351.611.000.0000.0000.00	MONT LEVINE INC	460.80	3/08/23	239183
61.88310.13121.634.006.0000.0000.00	MONTCROFT FARMS, LLC	1,406.00	3/03/23	239119
61.88310.13121.634.006.0000.0000.00	MONTCROFT FARMS, LLC	1,073.00	3/10/23	239223
61.43210.21210.642.001.0000.0000.00	MULTISENSORY LEARNING ASSOC.	1,072.50	3/08/23	239152
61.88310.13121.634.006.0000.0000.00	MULTITUDE FOODS, LLC	2,361.00	3/03/23	239120
61.88310.13121.634.006.0000.0000.00	MULTITUDE FOODS, LLC	2,430.00	3/03/23	239120
61.88310.13121.634.006.0000.0000.00	MULTITUDE FOODS, LLC	2,460.00	3/03/23	239120
61.88310.13121.634.006.0000.0000.00	MULTITUDE FOODS, LLC	2,460.00	3/03/23	239120
61.88310.13121.634.006.0000.0000.00	MULTITUDE FOODS, LLC	2,730.00	3/14/23	239254
11.00000.12791.667.003.0000.0000.00	NEWLONS INTERNATIONAL	171.34	3/09/23	239207
11.00000.12791.667.003.0000.0000.00	NEWLONS INTERNATIONAL	393.60	3/09/23	239207
11.00000.12791.667.003.0000.0000.00	NEWLONS INTERNATIONAL	608.19	3/09/23	239207
11.00000.12411.891.402.0000.0000.00	NORTH MARION HIGH SCHOOL	5,724.00	3/08/23	239142
11.00000.14711.721.205.0000.0000.00	OMNI ASSOCIATES-ARCHITECTS IN	15,175.78	3/01/23	239098
11.00000.11111.611.001.0000.0000.00	PACE ENTERPRISES OF WV, INC.	60.90	3/08/23	239153
11.00000.11111.611.001.2630.0000.00	PARCHMENT, INC.	3,570.00	3/13/23	1505
11.00000.11111.611.503.2280.0000.00	PASCO SCIENTIFIC	626.00	3/06/23	239125
61.95205.11111.611.205.0000.0000.00	PEAR DECK, INC.	1,727.10	3/13/23	1506
11.00000.12611.621.001.0000.0000.00	PEOPLES-WV	1,813.75	3/07/23	239130
11.00000.12611.621.212.0000.0000.00	PEOPLES-WV	2,225.03	3/07/23	239130
11.00000.12611.621.214.0000.0000.00	PEOPLES-WV	1,267.32	3/07/23	239130
11.00000.12611.621.215.0000.0000.00	PEOPLES-WV	2,214.54	3/07/23	239130
11.00000.12611.621.501.0000.0000.00	PEOPLES-WV	2,233.18	3/07/23	239130

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12611.621.502.1128.0000.00	PEOPLES-WV	1,813.75	3/07/23	239130
61.43210.21221.652.001.0000.0000.00	PHONAK LLC	68.09	3/08/23	239154
61.43210.21221.652.001.0000.0000.00	PHONAK LLC	100.00	3/08/23	239154
11.00000.11111.611.102.2320.0000.00	PLANK ROAD PUBLISHING, INC.	205.30	3/03/23	239112
11.00000.12621.431.502.0000.0000.00	PRO V SERVICES, LLC	4,500.00	3/13/23	239243
11.00000.00476.004.000.0000.0000.00	PUTNAM INVESTMENTS	200.00	3/01/23	239075
61.00000.00476.004.000.0000.0000.00	PUTNAM INVESTMENTS	250.00	3/01/23	239075
11.00000.11111.611.001.0000.0000.00	QUILL, LLC	64.58	3/13/23	1507
11.00000.11111.611.701.2760.0000.00	QUILL, LLC	223.45	3/13/23	1507
11.00000.11111.611.701.2760.0000.00	QUILL, LLC	232.56	3/13/23	1507
11.00000.12791.667.003.0000.0000.00	R&M GLASS WORKS, LLC	265.00	3/09/23	239208
61.40210.12213.321.215.0000.0000.00	READING HORIZONS	3,500.00	3/13/23	239244
61.43310.21210.611.214.0000.0000.00	REALLY GOOD STUFF, LLC	209.82	3/09/23	239201
11.00000.00476.004.000.0000.0000.00	RELIASTAR LIFE INSURANCE CO.	48.00	3/01/23	239074
11.00000.12611.421.001.0000.0000.00	REPUBLIC SERVICES #972	3.47	3/13/23	1490
11.00000.12611.421.001.0000.0000.00	REPUBLIC SERVICES #972	142.92	3/13/23	1490
11.00000.12611.421.001.0000.0000.00	REPUBLIC SERVICES #972	519.60	3/13/23	1490
11.00000.12611.421.002.0000.0000.00	REPUBLIC SERVICES #972	511.38	3/13/23	1490
11.00000.12611.421.011.0000.0000.00	REPUBLIC SERVICES #972	974.25	3/13/23	1490
11.00000.12611.421.205.0000.0000.00	REPUBLIC SERVICES #972	519.60	3/13/23	1490
11.00000.12611.421.206.0000.0000.00	REPUBLIC SERVICES #972	86.60	3/13/23	1490
11.00000.12611.421.206.0000.0000.00	REPUBLIC SERVICES #972	449.10	3/13/23	1490
11.00000.12611.421.209.0000.0000.00	REPUBLIC SERVICES #972	389.70	3/13/23	1490
11.00000.12611.421.212.0000.0000.00	REPUBLIC SERVICES #972	866.00	3/13/23	1490
11.00000.12611.421.214.0000.0000.00	REPUBLIC SERVICES #972	182.20	3/13/23	1490
11.00000.12611.421.214.0000.0000.00	REPUBLIC SERVICES #972	389.70	3/13/23	1490
11.00000.12611.421.215.0000.0000.00	REPUBLIC SERVICES #972	173.30	3/13/23	1490
11.00000.12611.421.306.0000.0000.00	REPUBLIC SERVICES #972	866.00	3/13/23	1490
11.00000.12611.421.402.0000.0000.00	REPUBLIC SERVICES #972	866.00	3/13/23	1490
11.00000.12611.421.501.0000.0000.00	REPUBLIC SERVICES #972	1,299.00	3/13/23	1490
11.00000.12611.421.502.0000.0000.00	REPUBLIC SERVICES #972	1,428.90	3/13/23	1490
11.00000.12611.421.502.1128.0000.00	REPUBLIC SERVICES #972	519.60	3/13/23	1490
11.00000.12611.421.504.0000.0000.00	REPUBLIC SERVICES #972	173.20	3/13/23	1490
11.00000.12611.421.716.0000.0000.00	REPUBLIC SERVICES #972	173.20	3/13/23	1490
11.00000.12711.421.003.0000.0000.00	REPUBLIC SERVICES #972	86.60	3/13/23	1490
11.00000.12711.421.003.0000.0000.00	REPUBLIC SERVICES #972	173.20	3/13/23	1490
61.02310.21210.611.001.0000.0000.00	RIVERSIDE INSIGHTS	2,843.50	3/08/23	239146
61.88310.13121.634.006.0000.0000.00	RIVESVILLE HEART JUNCTION	1,671.05	3/08/23	239167
11.00000.12611.411.102.0000.0000.00	RIVESVILLE WATER	997.21	3/09/23	239193
11.00000.12611.411.102.1135.0000.00	RIVESVILLE WATER	177.50	3/09/23	239193
11.00000.12611.411.102.1136.0000.00	RIVESVILLE WATER	402.24	3/09/23	239193
11.00000.12611.421.102.1135.0000.00	RIVESVILLE WATER	515.00	3/09/23	239193
11.00000.12611.812.102.0000.0000.00	RIVESVILLE WATER	15.00	3/09/23	239193
11.00000.12611.812.102.1135.0000.00	RIVESVILLE WATER	15.00	3/09/23	239193
11.00000.12611.812.102.1136.0000.00	RIVESVILLE WATER	15.00	3/09/23	239193
11.00000.11111.611.701.0000.0000.00	SAM'S CLUB	409.25	3/13/23	1482
11.00000.12791.611.003.0000.0000.00	SAM'S CLUB DIRECT	308.90	3/08/23	239184
11.00000.12621.611.002.0000.0000.00	SAM'S CLUB STORE PICKUPS ONLY	160.96	3/13/23	1509
61.95302.12621.693.302.0000.0000.00	SAM'S CLUB STORE PICKUPS ONLY	1,253.00	3/13/23	1509
11.00000.11111.241.306.0000.0000.00	SARA CORNWELL	1,025.00	3/08/23	239143
71.43280.21210.643.502.0000.0000.00	SCHOLASTIC MAGAZINES	412.06	3/08/23	239159
11.00000.12791.667.003.0000.0000.00	SCHOOL MAINTENANCE SUPPLY, IN	1,116.00	3/09/23	239210
61.02310.21210.611.102.0000.0000.00	SCHOOL SPECIALTY, LLC	95.42	3/08/23	239155

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.02310.21210.611.209.0000.0000.00	SCHOOL SPECIALTY, LLC	245.88	3/08/23	239155
61.43310.21210.611.501.0000.0000.00	SCHOOL SPECIALTY, LLC	45.70	3/08/23	239155
61.43310.21221.611.001.0000.0000.00	SCHOOL SPECIALTY, LLC	289.81	3/08/23	239155
11.00000.00479.004.000.0000.0000.00	SECURITY FIRST GROUP	1,044.50	3/01/23	239079
61.00000.00479.004.000.0000.0000.00	SECURITY FIRST GROUP	223.50	3/01/23	239079
61.43210.21241.341.001.0000.0000.00	SHERRY HARNEY	877.50	3/08/23	239160
61.43210.21241.341.001.0000.0000.00	SHERRY HARNEY	1,350.00	3/08/23	239160
11.00000.12621.431.002.0000.0000.00	SHERWIN-WILLIAMS CO.	78.49	3/13/23	1510
11.00000.12621.431.207.0000.0000.00	SHERWIN-WILLIAMS CO.	49.92	3/13/23	1510
11.00000.12621.431.503.0000.0000.00	SHERWIN-WILLIAMS CO.	15.27	3/13/23	1510
11.00000.12621.431.503.0000.0000.00	SHERWIN-WILLIAMS CO.	124.95	3/13/23	1510
11.00000.12621.431.503.0000.0000.00	SHERWIN-WILLIAMS CO.	185.90	3/13/23	1510
11.00000.12585.591.001.0000.0000.00	SOUTHERN EDUCATIONAL SERVICE	11,479.69	3/08/23	239144
61.92000.12911.591.001.0000.0000.00	SOUTHERN EDUCATIONAL SERVICE	17,926.74	3/08/23	239144
11.00000.12220.534.001.0000.0000.00	SPECTRUM BUSINESS	175.33	3/13/23	1513
11.00000.12220.534.002.0000.0000.00	SPECTRUM BUSINESS	133.09	3/13/23	1513
11.00000.12220.534.003.0000.0000.00	SPECTRUM BUSINESS	119.99	3/13/23	1513
11.00000.12791.534.003.0000.0000.00	SPECTRUM BUSINESS	178.66	3/13/23	1513
61.43210.21210.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	17.97	3/08/23	239162
61.43210.21210.611.001.0000.0000.00	SPEEDWAY MARKET, LLC	21.98	3/08/23	239162
11.00000.12611.441.303.0000.0000.00	ST. PATRICK CATHOLIC CHURCH	200.00	3/01/23	239066
11.00000.11111.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	39.95	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	35.79	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	46.54	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	58.72	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	63.98	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	75.40	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	84.88	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	84.98	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	87.94	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	159.04	3/13/23	1511
11.00000.11111.611.001.2670.0000.00	STAPLES BUSINESS ADVANTAGE	167.76	3/13/23	1511
11.00000.11111.611.101.2670.0000.00	STAPLES BUSINESS ADVANTAGE	52.44	3/13/23	1511
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	4.17	3/13/23	1511
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	49.96	3/13/23	1511
11.00000.11111.611.102.2670.0000.00	STAPLES BUSINESS ADVANTAGE	94.15	3/13/23	1511
11.00000.11111.611.205.0000.0000.00	STAPLES BUSINESS ADVANTAGE	162.40	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	21.59	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	30.99	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	36.98	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	40.13	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	51.08	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	58.79	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	95.23	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	106.15	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	121.92	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	127.99	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	128.73	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	129.94	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	130.32	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	169.09	3/13/23	1511
11.00000.11111.611.205.2670.0000.00	STAPLES BUSINESS ADVANTAGE	189.87	3/13/23	1511
11.00000.11111.611.206.2670.0000.00	STAPLES BUSINESS ADVANTAGE	7.73	3/13/23	1511

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.611.206.2670.0000.00	STAPLES BUSINESS ADVANTAGE	7.73	3/13/23	1511
11.00000.11111.611.206.2670.0000.00	STAPLES BUSINESS ADVANTAGE	134.41	3/13/23	1511
11.00000.11111.611.206.2670.0000.00	STAPLES BUSINESS ADVANTAGE	149.99-	3/13/23	1511
11.00000.11111.611.207.2670.0000.00	STAPLES BUSINESS ADVANTAGE	20.89	3/13/23	1511
11.00000.11111.611.207.2670.0000.00	STAPLES BUSINESS ADVANTAGE	32.89	3/13/23	1511
11.00000.11111.611.207.2670.0000.00	STAPLES BUSINESS ADVANTAGE	54.33	3/13/23	1511
11.00000.11111.611.207.2670.0000.00	STAPLES BUSINESS ADVANTAGE	54.64	3/13/23	1511
11.00000.11111.611.207.2670.0000.00	STAPLES BUSINESS ADVANTAGE	108.78	3/13/23	1511
11.00000.11111.611.209.2670.0000.00	STAPLES BUSINESS ADVANTAGE	143.96	3/13/23	1511
11.00000.11111.611.209.2670.0000.00	STAPLES BUSINESS ADVANTAGE	794.82	3/13/23	1511
11.00000.11111.611.211.0000.0000.00	STAPLES BUSINESS ADVANTAGE	84.65	3/13/23	1511
11.00000.11111.611.211.2670.0000.00	STAPLES BUSINESS ADVANTAGE	4.49	3/13/23	1511
11.00000.11111.611.211.2670.0000.00	STAPLES BUSINESS ADVANTAGE	36.28	3/13/23	1511
11.00000.11111.611.211.2670.0000.00	STAPLES BUSINESS ADVANTAGE	49.74	3/13/23	1511
11.00000.11111.611.211.2670.0000.00	STAPLES BUSINESS ADVANTAGE	118.51	3/13/23	1511
11.00000.11111.611.212.2670.0000.00	STAPLES BUSINESS ADVANTAGE	56.31-	3/13/23	1511
11.00000.11111.611.214.2670.0000.00	STAPLES BUSINESS ADVANTAGE	6.88	3/13/23	1511
11.00000.11111.611.214.2670.0000.00	STAPLES BUSINESS ADVANTAGE	27.99	3/13/23	1511
11.00000.11111.611.214.2670.0000.00	STAPLES BUSINESS ADVANTAGE	70.72	3/13/23	1511
11.00000.11111.611.214.2670.0000.00	STAPLES BUSINESS ADVANTAGE	92.63	3/13/23	1511
11.00000.11111.611.214.2670.0000.00	STAPLES BUSINESS ADVANTAGE	98.40	3/13/23	1511
11.00000.11111.611.214.2670.0000.00	STAPLES BUSINESS ADVANTAGE	118.56	3/13/23	1511
11.00000.11111.611.215.2670.0000.00	STAPLES BUSINESS ADVANTAGE	7.49	3/13/23	1511
11.00000.11111.611.215.2670.0000.00	STAPLES BUSINESS ADVANTAGE	26.52	3/13/23	1511
11.00000.11111.611.215.2670.0000.00	STAPLES BUSINESS ADVANTAGE	27.99	3/13/23	1511
11.00000.11111.611.215.2670.0000.00	STAPLES BUSINESS ADVANTAGE	72.73	3/13/23	1511
11.00000.11111.611.215.2670.0000.00	STAPLES BUSINESS ADVANTAGE	92.11	3/13/23	1511
11.00000.11111.611.216.0000.0000.00	STAPLES BUSINESS ADVANTAGE	12.39	3/13/23	1511
11.00000.11111.611.216.0000.0000.00	STAPLES BUSINESS ADVANTAGE	29.29	3/13/23	1511
11.00000.11111.611.216.0000.0000.00	STAPLES BUSINESS ADVANTAGE	557.76	3/13/23	1511
11.00000.11111.611.216.2500.0000.00	STAPLES BUSINESS ADVANTAGE	4.89	3/13/23	1511
11.00000.11111.611.216.2500.0000.00	STAPLES BUSINESS ADVANTAGE	6.85	3/13/23	1511
11.00000.11111.611.216.2500.0000.00	STAPLES BUSINESS ADVANTAGE	21.20	3/13/23	1511
11.00000.11111.611.216.2500.0000.00	STAPLES BUSINESS ADVANTAGE	40.99	3/13/23	1511
11.00000.11111.611.216.2500.0000.00	STAPLES BUSINESS ADVANTAGE	108.93	3/13/23	1511
11.00000.11111.611.216.2670.0000.00	STAPLES BUSINESS ADVANTAGE	2.73	3/13/23	1511
11.00000.11111.611.216.2670.0000.00	STAPLES BUSINESS ADVANTAGE	4.84	3/13/23	1511
11.00000.11111.611.216.2670.0000.00	STAPLES BUSINESS ADVANTAGE	57.24	3/13/23	1511
11.00000.11111.611.216.2670.0000.00	STAPLES BUSINESS ADVANTAGE	65.22	3/13/23	1511
11.00000.11111.611.302.0000.0000.00	STAPLES BUSINESS ADVANTAGE	35.56	3/13/23	1511
11.00000.11111.611.302.0000.0000.00	STAPLES BUSINESS ADVANTAGE	144.32	3/13/23	1511
11.00000.11111.611.302.0000.0000.00	STAPLES BUSINESS ADVANTAGE	145.18	3/13/23	1511
11.00000.11111.611.302.0000.0000.00	STAPLES BUSINESS ADVANTAGE	175.97	3/13/23	1511
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	28.97	3/13/23	1511
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	36.79	3/13/23	1511
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	41.56	3/13/23	1511
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	43.88	3/13/23	1511
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	51.26	3/13/23	1511
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	63.07	3/13/23	1511
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	77.91	3/13/23	1511
11.00000.11111.611.302.2670.0000.00	STAPLES BUSINESS ADVANTAGE	89.96	3/13/23	1511
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	36.00	3/13/23	1511
11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	64.25	3/13/23	1511

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.611.304.0000.0000.00	STAPLES BUSINESS ADVANTAGE	14.29	3/13/23	1511
11.00000.11111.611.304.0000.0000.00	STAPLES BUSINESS ADVANTAGE	51.78	3/13/23	1511
11.00000.11111.611.304.0000.0000.00	STAPLES BUSINESS ADVANTAGE	286.23	3/13/23	1511
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	5.01	3/13/23	1511
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	20.19	3/13/23	1511
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	64.92	3/13/23	1511
11.00000.11111.611.304.2670.0000.00	STAPLES BUSINESS ADVANTAGE	69.51	3/13/23	1511
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	15.95	3/13/23	1511
11.00000.11111.611.306.2670.0000.00	STAPLES BUSINESS ADVANTAGE	599.56	3/13/23	1511
11.00000.11111.611.402.0000.0000.00	STAPLES BUSINESS ADVANTAGE	51.10	3/13/23	1511
11.00000.11111.611.402.0000.0000.00	STAPLES BUSINESS ADVANTAGE	108.92	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	.79	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	6.49	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	9.45-	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	16.59	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	42.45	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	76.75	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	98.25	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	99.48	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	184.69	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	187.58	3/13/23	1511
11.00000.11111.611.402.2670.0000.00	STAPLES BUSINESS ADVANTAGE	268.75	3/13/23	1511
11.00000.11111.611.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	18.29	3/13/23	1511
11.00000.11111.611.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	29.99	3/13/23	1511
11.00000.11111.611.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	46.21	3/13/23	1511
11.00000.11111.611.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	71.89	3/13/23	1511
11.00000.11111.611.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	341.28	3/13/23	1511
11.00000.11111.611.501.2670.0000.00	STAPLES BUSINESS ADVANTAGE	45.29	3/13/23	1511
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	42.80	3/13/23	1511
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	49.92	3/13/23	1511
11.00000.11111.611.503.2670.0000.00	STAPLES BUSINESS ADVANTAGE	51.14	3/13/23	1511
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	11.13	3/13/23	1511
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	54.02	3/13/23	1511
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	89.55	3/13/23	1511
11.00000.11111.611.701.2670.0000.00	STAPLES BUSINESS ADVANTAGE	187.26	3/13/23	1511
11.00000.12220.611.205.2140.0000.00	STAPLES BUSINESS ADVANTAGE	12.69	3/13/23	1511
11.00000.12220.611.205.2140.0000.00	STAPLES BUSINESS ADVANTAGE	14.58	3/13/23	1511
11.00000.12220.611.205.2140.0000.00	STAPLES BUSINESS ADVANTAGE	63.95	3/13/23	1511
11.00000.12220.611.205.2140.0000.00	STAPLES BUSINESS ADVANTAGE	251.08	3/13/23	1511
11.00000.12220.611.211.2140.0000.00	STAPLES BUSINESS ADVANTAGE	122.94	3/13/23	1511
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	6.49	3/13/23	1511
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	8.44	3/13/23	1511
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	11.59	3/13/23	1511
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	11.69	3/13/23	1511
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	29.99	3/13/23	1511
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	40.89	3/13/23	1511
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	64.89	3/13/23	1511
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	96.98	3/13/23	1511
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	353.01	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	7.81	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	8.99	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	11.59	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	11.59	3/13/23	1511

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	11.69	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	12.30	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	12.96	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	13.99	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	15.29	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	16.79	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	29.99	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	40.89	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	57.99	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	364.54	3/13/23	1511
11.00000.12220.611.304.2140.0000.00	STAPLES BUSINESS ADVANTAGE	12.79	3/13/23	1511
11.00000.12220.611.304.2140.0000.00	STAPLES BUSINESS ADVANTAGE	17.78	3/13/23	1511
11.00000.12220.611.304.2140.0000.00	STAPLES BUSINESS ADVANTAGE	30.49	3/13/23	1511
11.00000.12220.611.304.2140.0000.00	STAPLES BUSINESS ADVANTAGE	306.26	3/13/23	1511
11.00000.12220.611.304.2140.0000.00	STAPLES BUSINESS ADVANTAGE	328.68	3/13/23	1511
11.00000.12310.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	36.31	3/13/23	1511
11.00000.12310.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	480.69	3/13/23	1511
11.00000.12791.611.003.0000.0000.00	STAPLES BUSINESS ADVANTAGE	17.99	3/13/23	1511
61.02310.21210.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	31.58	3/13/23	1511
61.02310.21210.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	395.77	3/13/23	1511
61.05210.31343.611.000.0000.0000.00	STAPLES BUSINESS ADVANTAGE	49.77	3/13/23	1511
61.05210.31343.611.000.0000.0000.00	STAPLES BUSINESS ADVANTAGE	157.04	3/13/23	1511
61.41170.11111.611.999.0000.0000.00	STAPLES BUSINESS ADVANTAGE	771.31	3/13/23	1511
61.41210.11111.611.216.0000.0000.00	STAPLES BUSINESS ADVANTAGE	171.33	3/13/23	1511
61.41210.11111.651.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	635.76	3/13/23	1511
61.41210.11111.651.216.0000.0000.00	STAPLES BUSINESS ADVANTAGE	348.82	3/13/23	1511
61.41210.12170.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	28.39	3/13/23	1511
61.41210.12170.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	29.69	3/13/23	1511
61.41210.12170.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	112.85	3/13/23	1511
61.41210.12170.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	393.25	3/13/23	1511
61.41210.12170.611.211.0000.0000.00	STAPLES BUSINESS ADVANTAGE	1,850.28	3/13/23	1511
61.41210.12213.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	53.10	3/13/23	1511
61.43310.21210.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	39.07	3/13/23	1511
61.43310.21210.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	40.38	3/13/23	1511
61.43310.21210.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	72.15	3/13/23	1511
61.43310.21210.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	265.72	3/13/23	1511
61.43310.21210.611.209.0000.0000.00	STAPLES BUSINESS ADVANTAGE	180.48	3/13/23	1511
61.43310.21210.611.215.0000.0000.00	STAPLES BUSINESS ADVANTAGE	12.99	3/13/23	1511
61.43310.21210.611.215.0000.0000.00	STAPLES BUSINESS ADVANTAGE	21.99	3/13/23	1511
61.43310.21210.611.215.0000.0000.00	STAPLES BUSINESS ADVANTAGE	21.99	3/13/23	1511
61.43310.21210.611.215.0000.0000.00	STAPLES BUSINESS ADVANTAGE	29.99	3/13/23	1511
61.43310.21210.611.215.0000.0000.00	STAPLES BUSINESS ADVANTAGE	37.13	3/13/23	1511
61.43310.21210.611.215.0000.0000.00	STAPLES BUSINESS ADVANTAGE	87.05	3/13/23	1511
61.43310.21210.611.402.0000.0000.00	STAPLES BUSINESS ADVANTAGE	15.98	3/13/23	1511
61.43310.21210.611.402.0000.0000.00	STAPLES BUSINESS ADVANTAGE	21.49	3/13/23	1511
61.43310.21210.611.402.0000.0000.00	STAPLES BUSINESS ADVANTAGE	293.93	3/13/23	1511
61.43310.21210.611.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	54.48	3/13/23	1511
61.43310.21210.611.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	311.09	3/13/23	1511
61.43310.21210.611.502.0000.0000.00	STAPLES BUSINESS ADVANTAGE	35.98	3/13/23	1511
61.43310.21210.611.502.0000.0000.00	STAPLES BUSINESS ADVANTAGE	141.81	3/13/23	1511
61.43310.21210.611.503.0000.0000.00	STAPLES BUSINESS ADVANTAGE	17.49	3/13/23	1511
61.43310.21210.611.503.0000.0000.00	STAPLES BUSINESS ADVANTAGE	36.58	3/13/23	1511
61.43310.21210.611.503.0000.0000.00	STAPLES BUSINESS ADVANTAGE	58.18	3/13/23	1511

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.43310.21210.611.503.0000.0000.00	STAPLES BUSINESS ADVANTAGE	63.57	3/13/23	1511
61.43310.21210.611.503.0000.0000.00	STAPLES BUSINESS ADVANTAGE	68.59	3/13/23	1511
61.43310.21210.611.503.0000.0000.00	STAPLES BUSINESS ADVANTAGE	177.25	3/13/23	1511
61.43310.21210.611.503.0000.0000.00	STAPLES BUSINESS ADVANTAGE	351.86	3/13/23	1511
61.43310.21210.611.503.0000.0000.00	STAPLES BUSINESS ADVANTAGE	419.98	3/13/23	1511
61.43310.21210.651.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	574.80	3/13/23	1511
61.43310.21210.651.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	113.99	3/13/23	1511
61.43310.21282.611.216.0000.0000.00	STAPLES BUSINESS ADVANTAGE	38.84	3/13/23	1511
61.43310.21282.611.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	22.99	3/13/23	1511
61.43310.21282.611.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	70.60	3/13/23	1511
61.43310.22150.651.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	26.39	3/13/23	1511
61.43310.22150.651.501.0000.0000.00	STAPLES BUSINESS ADVANTAGE	199.90	3/13/23	1511
61.61320.61691.611.716.0000.0000.00	STAPLES BUSINESS ADVANTAGE	204.45	3/13/23	1511
61.61320.61691.611.716.0000.0000.00	STAPLES BUSINESS ADVANTAGE	384.04	3/13/23	1511
61.92000.12911.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	22.69	3/13/23	1511
61.92000.12911.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	292.85	3/13/23	1511
71.43280.21210.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	126.06	3/13/23	1511
71.43280.21210.611.214.0000.0000.00	STAPLES BUSINESS ADVANTAGE	12.99	3/13/23	1511
71.43280.21210.611.214.0000.0000.00	STAPLES BUSINESS ADVANTAGE	29.78	3/13/23	1511
71.43280.21210.651.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	456.48	3/13/23	1511
71.43280.21210.651.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	576.86	3/13/23	1511
11.00000.12791.667.003.0000.0000.00	STATE CHEMICAL SOLUTIONS	29.50	3/09/23	239216
11.00000.12621.612.002.0000.0000.00	STATE CHEMICAL SOLUTIONS	363.34	3/13/23	239245
11.00000.12621.431.002.0000.0000.00	STEPTOE & JOHNSON PLLC	1,326.25	3/13/23	239246
61.88310.13121.634.006.0000.0000.00	SUNBEAM CHILD CARE CENTER LL	2,364.30	3/14/23	239256
61.43210.22150.611.209.0000.0000.00	SUPER DUPER PUBLICATIONS	230.00	3/08/23	239163
11.00000.12791.667.003.0000.0000.00	SYN-TECH SYSTEMS, INC.	825.00	3/09/23	239217
61.40210.12213.321.212.0000.0000.00	TANNY MCGREGOR	3,479.74	3/07/23	239133
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	446.49	3/03/23	239104
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	729.55	3/03/23	239104
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	1,987.45	3/03/23	239104
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	2,510.13	3/03/23	239104
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	3,620.61	3/03/23	239104
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	182.00	3/06/23	239126
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	904.39	3/06/23	239126
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	2,240.53	3/06/23	239126
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	2,771.05	3/06/23	239126
11.00000.11111.651.001.0000.0000.00	TATE COMMUNICATIONS, LLC	3,778.30	3/06/23	239126
11.00000.12611.431.001.0000.0000.00	TATE COMMUNICATIONS, LLC	136.50	3/13/23	1512
11.00000.12611.431.001.0000.0000.00	TATE COMMUNICATIONS, LLC	159.25	3/13/23	1512
11.00000.12611.431.003.0000.0000.00	TATE COMMUNICATIONS, LLC	136.50	3/13/23	1512
11.00000.12611.431.212.0000.0000.00	TATE COMMUNICATIONS, LLC	227.50	3/13/23	1512
11.00000.12611.431.304.0000.0000.00	TATE COMMUNICATIONS, LLC	183.54	3/13/23	1512
11.00000.12220.611.304.2140.0000.00	TEACHER CREATED RESOURCES II	262.72	3/13/23	239247
11.00000.00479.004.000.0000.0000.00	TEXAS LIFE INSURANCE CO.	7,180.10	3/01/23	239085
61.00000.00479.004.000.0000.0000.00	TEXAS LIFE INSURANCE CO.	1,017.49	3/01/23	239085
71.00000.00479.004.000.0000.0000.00	TEXAS LIFE INSURANCE CO.	63.72	3/01/23	239085
61.02310.21210.611.306.0000.0000.00	THE OP SHOP, INC.	793.50	3/08/23	239151
61.43210.21210.531.001.0000.0000.00	THE UPS STORE	12.73	3/07/23	239135
61.43210.21210.531.001.0000.0000.00	THE UPS STORE	34.05	3/08/23	239164
11.00000.12791.667.003.0000.0000.00	TINDER COLLISION REPAIR, LLC	3,304.55	3/09/23	239211
11.00000.12621.431.002.0000.0000.00	TNT INDUSTRIAL SUPPLY LLC	66.20	3/03/23	239113
11.00000.11111.611.101.2260.0000.00	TOLEDO PHYSICAL EDUCATION	246.99	3/13/23	239248

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
11.00000.11111.611.101.2260.0000.00	TOLEDO PHYSICAL EDUCATION	573.08	3/13/23	239248
11.00000.12611.411.101.0000.0000.00	TOWN OF BARRACKVILLE	202.48	3/09/23	239194
11.00000.12611.411.207.0000.0000.00	TOWN OF FAIRVIEW WATER DEPT	350.18	3/09/23	239195
11.00000.12611.411.302.0000.0000.00	TOWN OF FAIRVIEW WATER DEPT	270.21	3/09/23	239195
11.00000.12611.411.211.0000.0000.00	TOWN OF MONONGAH	11.76	3/09/23	239196
11.00000.12611.411.211.0000.0000.00	TOWN OF MONONGAH	1,852.42	3/09/23	239196
11.00000.12611.411.304.0000.0000.00	TOWN OF MONONGAH	71.14	3/09/23	239196
11.00000.12611.411.304.0000.0000.00	TOWN OF MONONGAH	1,067.18	3/09/23	239196
11.00000.12611.812.211.0000.0000.00	TOWN OF MONONGAH	75.34	3/09/23	239196
11.00000.12611.812.304.0000.0000.00	TOWN OF MONONGAH	18.00	3/09/23	239196
11.00000.12611.812.304.0000.0000.00	TOWN OF MONONGAH	97.73	3/09/23	239196
11.00000.00479.004.000.0000.0000.00	TOWN OF RIVESVILLE	103.12	3/01/23	239092
61.00000.00479.004.000.0000.0000.00	TOWN OF RIVESVILLE	11.46	3/01/23	239092
11.00000.11111.651.001.0000.0000.00	TRAFERA, LLC	5,997.00	3/03/23	239105
61.41310.12170.571.214.0000.0000.00	TYGART VALLEY CINEMAS	25.00	3/13/23	239237
11.00000.00101.001.000.0000.0000.00	U.S. BANK	4,858.66	3/13/23	239227
11.00000.00101.001.000.0000.0000.00	U.S. BANK	29,826.02	3/13/23	239228
11.00000.00101.001.000.0000.0000.00	U.S. BANK	471,548.87	3/13/23	239229
11.00000.00479.004.000.0000.0000.00	UHC, C/O EDWARD L. HARMAN, JR.	269.90	3/01/23	239095
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	19.62	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	117.94	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	171.58	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	171.71	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	184.25	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	210.57	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	221.85	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	306.11	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	354.45	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	365.86	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	395.06	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	395.43	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	446.19	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	459.23	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	485.54	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	510.99	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	513.12	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	549.69	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	564.63	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	587.20	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	813.16	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	6.16	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	6.16	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	6.16	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	12.10	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	12.10	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	12.32	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	13.84	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	19.22	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	20.00	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	23.86	3/03/23	239122
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	91.51	3/03/23	239122
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	19.62	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	91.87	3/08/23	239170

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	143.75	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	144.64	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	145.64	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	156.55	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	184.87	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	196.40	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	300.43	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	313.09	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	315.34	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	316.47	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	341.17	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	341.66	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	367.36	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	367.73	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	380.51	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	446.94	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	469.89	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	498.71	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	576.41	3/08/23	239170
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	4.60	3/08/23	239170
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	36.30	3/08/23	239170
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	44.41	3/08/23	239170
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	70.65	3/08/23	239170
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	86.96	3/08/23	239170
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	31.57	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	51.64	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	63.14	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	63.36	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	65.55	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	65.68	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	76.36	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	89.24	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	92.50	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	101.46	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	102.35	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	104.52	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	105.53	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	127.27	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	130.48	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	152.88	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	158.67	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	161.23	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	164.31	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	178.69	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	183.74	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	197.65	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	203.12	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	203.41	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	208.94	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	209.06	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	210.06	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	232.75	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	235.50	3/14/23	239257

DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	236.13	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	241.72	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	252.32	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	254.44	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	263.08	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	285.62	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	288.14	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	302.43	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	305.18	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	330.39	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	342.67	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	365.48	3/14/23	239257
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	2.30	3/14/23	239257
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	9.80	3/14/23	239257
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	12.10	3/14/23	239257
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	14.40	3/14/23	239257
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	36.30	3/14/23	239257
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	47.10	3/14/23	239257
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	72.49	3/14/23	239257
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	84.27	3/14/23	239257
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	84.27	3/14/23	239257
11.00000.11111.651.001.0000.0000.00	UNITED SOUND & ELECTRONICS	3,691.56	3/07/23	239134
11.00000.00479.004.000.0000.0000.00	UNITED WAY OF MARION AND	616.20	3/01/23	239076
71.00000.00479.004.000.0000.0000.00	UNITED WAY OF MARION AND	5.20	3/01/23	239076
11.00000.12621.431.501.0000.0000.00	V & W ELECTRICAL SALES & SERV.	322.37	3/03/23	239114
11.00000.12621.431.501.0000.0000.00	V & W ELECTRICAL SALES & SERV.	935.00	3/08/23	239165
61.05210.31351.611.000.0000.0000.00	V & W ELECTRICAL SALES & SERV.	796.60	3/08/23	239186
61.05210.31391.611.000.0000.0000.00	V & W ELECTRICAL SALES & SERV.	1,132.10	3/08/23	239186
61.05210.31391.611.000.0000.0000.00	V & W ELECTRICAL SALES & SERV.	1,518.77	3/08/23	239186
61.05310.31381.611.501.0000.0000.00	V & W ELECTRICAL SALES & SERV.	416.00	3/08/23	239186
11.00000.12621.431.002.0000.0000.00	V & W ELECTRICAL SALES & SERV.	414.55	3/13/23	239249
11.00000.12621.431.003.0000.0000.00	V & W ELECTRICAL SALES & SERV.	453.15	3/13/23	239249
11.00000.00479.004.000.0000.0000.00	VOYA INSTITUTIONAL TRUST CO.	125.00	3/01/23	239086
11.00000.11111.611.503.2280.0000.00	WARD'S SCIENCE	26.95	3/06/23	239127
11.00000.11111.611.503.2280.0000.00	WARD'S SCIENCE	39.99	3/06/23	239127
11.00000.11111.611.503.2280.0000.00	WARD'S SCIENCE	98.99	3/06/23	239127
11.00000.00479.004.000.0000.0000.00	WASHINGTON NATIONAL INS. CO.	599.83	3/01/23	239078
61.00000.00479.004.000.0000.0000.00	WASHINGTON NATIONAL INS. CO.	265.72	3/01/23	239078
11.00000.12611.421.211.0000.0000.00	WASTE MANAGEMENT OF WV, INC.	989.29	3/13/23	1488
11.00000.12611.421.304.0000.0000.00	WASTE MANAGEMENT OF WV, INC.	594.67	3/13/23	1488
11.00000.12711.662.503.0000.0000.00	WEX BANK	25.39	3/08/23	239145
11.00000.12791.662.003.0000.0000.00	NEW WEX BANK	189.20	3/08/23	239145
11.00000.31391.662.701.0000.0000.00	NEW WEX BANK	71.09	3/08/23	239145
11.00000.12611.411.215.0000.0000.00	WHITE HALL PSD	285.51	3/09/23	239197
11.00000.12621.441.205.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,816.22	3/13/23	1515
11.00000.12621.441.205.0000.0000.00	WILLIAMS SCOTSMAN, INC.	3,102.96	3/13/23	1515
11.00000.12621.831.102.0000.0000.00	WILLIAMS SCOTSMAN, INC.	4,061.24	3/13/23	1515
11.00000.12621.831.214.0000.0000.00	WILLIAMS SCOTSMAN, INC.	6,633.76	3/13/23	1515
11.00000.12621.831.215.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,518.29	3/13/23	1515
11.00000.12621.831.215.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,907.35	3/13/23	1515
11.00000.12621.831.504.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,193.26	3/13/23	1515
61.05210.31351.611.000.0000.0000.00	WINNER'S CHOICE, INC.	229.50	3/08/23	239187
11.00000.12621.431.002.0000.0000.00	WM CORPORATE SERVICES, INC.	33.56	3/13/23	1514

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61.88310.13121.634.006.0000.0000.00	WONDERLAND LEARNING AND CHII	1,476 80	3/08/23	239171
61.88310.13121.634.006.0000.0000.00	WV DEPT OF AGRICULTURE	8,386 10	3/08/23	239172
11.00000.12661.341.211.0000.0000.00	WV POLICE RESERVE INC	910 00	3/01/23	239097
11.00000.12661.341.304.0000.0000.00	WV POLICE RESERVE INC	910 00	3/01/23	239097
11.00000.12721.341.001.0000.0000.00	WV POLICE RESERVE INC	200 00	3/01/23	239097
11.00000.12721.341.001.0000.0000.00	WV POLICE RESERVE INC	200 00	3/01/23	239097
11.00000.12721.341.101.0000.0000.00	WV POLICE RESERVE INC	224 00	3/01/23	239097
11.00000.12721.341.211.0000.0000.00	WV POLICE RESERVE INC	224 00	3/01/23	239097
11.00000.12721.341.503.0000.0000.00	WV POLICE RESERVE INC	672 00	3/01/23	239097
11.00000.12721.341.503.0000.0000.00	WV POLICE RESERVE INC	896 00	3/01/23	239097
11.00000.12721.341.503.0000.0000.00	WV POLICE RESERVE INC	1,456 00	3/01/23	239097
11.00000.12791.667.003.0000.0000.00	ZEP SALES & SERVICE	713 89	3/09/23	239218
61.41110.11111.652.001.0000.0000.00	ZONES, LLC	2,424 24	3/03/23	239106
11.00000.11111.611.001.0000.0000.00	4IMPRINT, INC.	359 51	3/08/23	239173

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COUNTY

ASSETS

11.00000.00101.001.000.0000.0000.00	CASH IN BANK	24,329,426.59
11.00000.00121.001.000.0000.0000.00	TAXES RECEIVABLE	7,942,285.08
11.00000.00122.001.000.0000.0000.00	EST. UNCOLLECTIBLE TAXES	1,545,007.32
11.00000.00131.001.000.0000.0000.00	INTERFUND LOANS RECEIVABLE	48,787.34
11.00000.00141.001.000.0000.0000.00	INTERGOVERNMENTAL ACCTS/R	52,459.64
11.00000.00142.001.000.0000.0000.00	STATE AID RECEIVABLE	364,556.00
11.00000.00143.001.000.0000.0000.00	PEJA RECEIVABLE	1,075,362.00
11.00000.00153.001.000.0000.0000.00	OTHER ACCTS RECEIVABLE	396,247.71
11.00000.00183.001.000.0000.0000.00	PREPAID WORKERS COMP EXP.	377,992.68
11.00000.00195.001.000.0000.0000.00	DEPOSIT WITH CPRB	88,099.12

*** TOTAL ASSETS

33,032,634.16

LIABILITIES

11.00000.00411.004.000.0000.0000.00	INTERFUND FISCAL AGENTS	518,710.98
11.00000.00421.004.000.0000.0000.00	ACCOUNTS PAYABLE	.00
11.00000.00471.004.000.0000.0000.00	FEDERAL WITHOLDING	154,813.86
11.00000.00472.004.000.0000.0000.00	STATE WITHOLDING	90,510.77
11.00000.00473.004.000.0000.0000.00	STATE RETIREMENT	.00
11.00000.00473.004.000.9000.0000.00	STATE RETIREMENT	13,826.82
11.00000.00473.004.000.9004.0000.00	STATE RETIREMENT	358,256.44
11.00000.00474.004.000.0000.0000.00	FICA	2,118,136.20
11.00000.00475.004.000.0000.0000.00	INSURANCE	302,102.78
11.00000.00475.004.502.0000.0000.00	TAX SHELTERED ANNUITY	4,151,681.30
11.00000.00476.004.000.0000.0000.00	VOLUNTARY DEDUCTIONS	62.00
11.00000.00479.004.000.0000.0000.00	ENCUMBRANCES	8,323.61
11.00000.00603.006.000.0000.0000.00	ENCUMBRANCES/PAYROLL	63,665.60

** TOTAL LIABILITIES

6,742,668.40

DIRECT_INELOWS

11.00000.00601.006.000.0000.0000.00	DEFERRED INFLOWS	5,411,237.21
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** TOTAL DIRECT INFLOWS

5,411,237.21

FUND EQUITY

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11.00000.00751.007.000.0000.0000.00	NONSPENDABLE FUND BALANCE	347,867.61
11.00000.00752.007.000.0000.0000.00	RESTRICTED FUND BALANCE	31,426.71
11.00000.00753.007.000.0000.0000.00	ASSIGNED FUND BALANCE	4,111,154.65
11.00000.00771.007.000.0000.0000.00	COMMITTED FUND BALANCE	997,909.00
11.00000.00772.007.000.0000.0000.00	UNASSIGNED FUND BALANCE	12,444,989.17
	EXCESS OF REVENUES OVER EXPENSES	3,709,977.15

21,643,324.29

** TOTAL FUND EQUITY

33,797,229.90

*** TOTAL LIABILITIES, DIRECT INFLOWS AND FUND EQUITY

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*** ENTRIES ARE OUT OF BALANCE ***

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 DEBT SERVICE

ASSETS
 21.00000.00101.001.000.0000.0000.00 CASH IN BANK 41,820.22
 21.00000.00111.001.000.0000.0000.00 INVESTMENTS 1,363,286.49
 21.00000.00121.001.000.0000.0000.00 TAXES RECEIVABLE 339,315.36
 21.00000.00122.001.000.0000.0000.00 EST. UNCOLLECTIBLE TAXES 6,068.79-
 *** TOTAL ASSETS 1,738,353.28

LIABILITIES
 21.00000.00141.004.000.0000.0000.00 INTERGOVERNMENTAL ACCTS/R 134,000.00
 ** TOTAL LIABILITIES 134,000.00

DIRECT INFLOWS
 21.00000.00601.006.000.0000.0000.00 DEFERRED INFLOWS 327,774.77
 ** TOTAL DIRECT INFLOWS 327,774.77

FUND EQUITY
 21.00000.00752.007.000.0000.0000.00 RESTRICTED FUND BALANCE 1,144,453.36
 EXCESS OF REVENUES OVER EXPENSES 22,928.12
 ** TOTAL FUND EQUITY 1,167,381.48

*** TOTAL LIABILITIES, DIRECT INFLOWS AND FUND EQUITY 1,629,156.25

*** ENTRIES ARE OUT OF BALANCE ***

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PERMANENT IMPROVEMENT

ASSETS

41.00000.00183.001.000.0000.0000.00 PREPAID WORKERS COMP EXP. .00
*** TOTAL ASSETS .00

LIABILITIES

41.00000.00411.004.000.0000.0000.00 INTERFUND FISCAL AGENTS .00
41.00000.00471.004.000.0000.0000.00 FEDERAL WITHOLDING .00
41.00000.00472.004.000.0000.0000.00 STATE WITHOLDING .00
41.00000.00473.004.000.9004.0000.00 STATE RETIREMENT .00
41.00000.00474.004.000.0000.0000.00 FICA .00
** TOTAL LIABILITIES .00

EXCESS OF REVENUES OVER EXPENSES .00

** TOTAL FUND EQUITY .00

*** TOTAL LIABILITIES, DIRECT INFLOWS AND FUND EQUITY .00

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CAP. PROJ. - EAST/WEST STAD.

LIABILITIES

52.00000.00411.004.000.0000.0000.00
INTERFUND FISCAL AGENTS 9,654.51-
** TOTAL LIABILITIES 9,654.51-

FUND_EQUITY

52.00000.00752.007.000.0000.0000.00
RESTRICTED FUND BALANCE .00
52.00000.00754.007.000.0000.0000.00
RESERVED FOR CAPITOL PROJ 8,454.51
EXCESS OF REVENUES OVER EXPENSES .00
** TOTAL FUND EQUITY 8,454.51
*** TOTAL LIABILITIES, DIRECT INFLOWS AND FUND EQUITY 1,200.00-

*** ENTRIES ARE OUT OF BALANCE ***

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GEN. FUND - SPEC. REVENUE

ASSETS

61.00000.00141.001.000.0000.0000.00	INTERGOVERNMENTAL ACCTS/R	1,999,521.50
61.00000.00153.001.000.0000.0000.00	OTHER ACCTS RECEIVABLE	833,738.50
61.00000.00154.001.000.0000.0000.00	EST. UNCOLLECTIBLE ACCT/R	125,060.77-
61.00000.00183.001.000.0000.0000.00	PREPAID WORKERS COMP EXP.	157,513.35-

*** TOTAL ASSETS

2,550,685.88

LIABILITIES

61.00000.00411.004.000.0000.0000.00	INTERFUND FISCAL AGENTS	2,496,866.31
61.00000.00421.004.000.0000.0000.00	ACCOUNTS PAYABLE	.00
61.00000.00471.004.000.0000.0000.00	FEDERAL WITHOLDING	14,773.96
61.00000.00472.004.000.0000.0000.00	STATE WITHOLDING	9,008.53
61.00000.00473.004.000.9000.0000.00	STATE RETIREMENT	1,414.37
61.00000.00473.004.000.9001.0000.00	STATE RETIREMENT	2,523.12
61.00000.00473.004.000.9004.0000.00	STATE RETIREMENT	23,323.64
61.00000.00474.004.000.0000.0000.00	FICA	31,772.22
61.00000.00475.004.000.0000.0000.00	INSURANCE	211,838.34
61.00000.00476.004.000.0000.0000.00	TAX SHELTERED ANNUITY	585.00
61.00000.00479.004.000.0000.0000.00	VOLUNTARY DEDUCTIONS	8,687.82
61.00000.00603.006.000.0000.0000.00	ENCUMBRANCES	.00
61.00000.00604.006.000.0000.0000.00	ENCUMBRANCES/PAYROLL	.00
61.88210.13121.006.000.0000.0000.00	FOOD PREP/DISPENSING	43.68-

** TOTAL LIABILITIES

2,800,749.63

DIRECT INFLOWS

61.00000.00601.006.000.0000.0000.00	DEFERRED INFLOWS	708,637.73
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** TOTAL DIRECT INFLOWS

708,637.73

FUND-EQUITY

61.00000.00752.007.000.0000.0000.00	RESTRICTED FUND BALANCE	1,948,925.35
61.00000.00753.007.000.0000.0000.00	ASSIGNED FUND BALANCE	491,205.11
	EXCESS OF REVENUES OVER EXPENSES	732,495.54-

** TOTAL FUND EQUITY

1,707,634.92

*** TOTAL LIABILITIES, DIRECT INFLOWS AND FUND EQUITY

5,217,022.28

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ARRA FUNDS

ASSETS

OTHER ACCTS RECEIVABLE 1,288,033.36
PREPAID WORKERS COMP EXP. 9,886.79

1,278,146.57

*** TOTAL ASSETS

LIABILITIES

INTERFUND FISCAL AGENTS 1,569,296.58
ACCOUNTS PAYABLE .00
FEDERAL WITHOLDING 5,816.06
STATE WITHOLDING 3,425.25
STATE RETIREMENT 369.71
STATE RETIREMENT 518.44
STATE RETIREMENT 16,878.36
STATE RETIREMENT 11,343.40
FICA 81,642.73
INSURANCE 400.00
TAX SHELTERED ANNUITY 531.74
VOLUNTARY DEDUCTIONS .00
ENCUMBRANCES .00
ENCUMBRANCES/PAYROLL .00

1,690,222.27

** TOTAL LIABILITIES

FUND EQUITY

RESTRICTED FUND BALANCE 356,317.31

356,317.31

1,333,904.96

** TOTAL FUND EQUITY

*** TOTAL LIABILITIES, DIRECT INFLOWS AND FUND EQUITY

February 28, 2023

ACCOUNT TITLE	YTD EXPENSE	BUDGET	YTD EXPENSE PRIOR YEAR
FUND 11 COUNTY			
PROF. SALARIES	17,402,290.02	33,243,390.00	17,775,519.96
SERVICE SALARIES	6,865,996.74	11,012,383.00	6,931,215.76
PROF. SUB. SALARIES	883,141.00	916,000.00	1,323,935.24
SERVICE SUB. SALARIES	410,215.12	562,000.00	546,188.97
PART-TIME SERVICE SAL.	726,957.30	.00	.00
BOARD MEMBERS SALARIES	19,840.00	40,000.00	18,720.00
INSURANCE	4,074,915.77	7,741,776.00	4,334,902.12
SOCIAL SECURITY	1,943,691.91	3,365,219.08	1,961,217.93
RETIREMENT	1,860,793.69	13,017,805.00	1,984,737.95
TUITION	9,649.50	.00	.00
UNEMPLOYMENT COMP.	.00	15,000.00	3,042.13
WORKERS COMP.	141,390.17	274,016.80	171,228.59
PROF. EDUCATOR SVC.	110,187.92	70,000.00	77,952.35
OTHER PROF. SERVICES	3,855.00	43,302.00	24,580.00
TECHNICAL SERVICES	499,063.22	1,391,089.00	792,303.84
WATER/SEWAGE	164,184.01	254,000.00	121,030.66
CLEANING SERVICES	145,876.61	255,000.00	151,479.84
REPAIR/MAINTNEANCE	1,224,625.15	1,303,791.03	1,199,115.77
RENTALS	109,476.68	309,375.00	242,536.83
CONSTRUCTION	.00	1,029,335.42	.00
STUDENT TRANS.	56,000.00	5,000.00	56,000.00
INSURANCE	430,449.23	600,000.00	306,725.42
COMMUNICATIONS	476,675.42	874,882.55	469,682.61
ADVERTISING	26,698.07	21,600.00	3,318.16
PRINTING	35,535.92	55,000.00	15,616.00
TUITION	48,480.37	100,000.00	26,310.86
TRAVEL	55,907.48	111,478.00	57,223.56
MISC. PURCHASE SERV.	101,649.42	21,500.00	32,731.04
SUPPLIES	811,521.44	2,435,179.28	1,859,894.71
ENERGY	1,088,392.14	1,740,000.00	975,820.52
BOOKS, PERIODICALS, ETC	767,546.27	2,199,152.79	1,346,858.47
SUPPLIES - TECHNOLOGY REL	510,327.26	2,150,475.33	1,021,424.97
VEHICLE SUPPLIES	700,798.01	1,530,376.86	546,266.31
LAND & IMPROVE.	.00	.00	156,950.00
BUILDINGS	58,084.32	3,585,969.12	279,950.00
EQUIPMENT	538,549.52	200,628.20	67,143.00
BUS REPLACEMENT	.00	1,361,492.00	606,560.00
DUES AND FEES	25,673.32	55,000.00	27,465.79
INTEREST EXPENSE	318,125.33	.00	103.24
RESERVED	.00	3,425,000.00	.00
MISC.	12,504.00	.00	18,919.00
TRANSFERS OUT	.00	6,043,859.00	.00
COUNTY	42,542,898.69	101,360,075.46	45,534,671.60
FUND 21 DEBT SERVICE			
RESERVED	.00	1,144,424.43	.00
DEBT SERVICE	.00	1,144,424.43	.00
FUND 52 CAP.PROJ.-EAST/WEST STAD.			
REPAIR/MAINTNEANCE	.00	8,454.51	.00
CAP.PROJ.-EAST/WEST STAD.	.00	8,454.51	.00
FUND 61 GEN. FUND - SPEC. REVENUE			
PROF. SALARIES	1,979,282.90	5,201,732.11	1,576,831.07
SERVICE SALARIES	1,078,650.23	2,127,405.21	1,106,689.94
PROF. SUB. SALARIES	41,120.61	415,908.19	107,576.22
SERVICE SUB. SALARIES	65,812.60	147,173.40	79,357.36
INSURANCE	412,251.10	1,040,867.17	399,836.02
SOCIAL SECURITY	235,007.43	627,456.00	212,879.67
RETIREMENT	222,233.50	673,104.24	204,583.66
TUITION	.00	30,573.50	10,974.00
UNEMPLOYMENT COMP.	.00	4,104.00	2,304.00
WORKERS COMP.	30,204.20	84,128.36	32,940.48
PROF. EDUCATOR SVC.	149,855.00	105,996.11	376,294.59
OTHER PROF. SERVICES	307,699.38	279,512.30	193,001.40
TECHNICAL SERVICES	52,607.54	273,766.79	57,162.58
TECHNICAL SERVICES	.00	5,000.00	.00
REPAIR/MAINTNEANCE	132,608.59	1,183,887.75	85,049.90
RENTALS	8,750.00	45,548.61	6,270.28

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 PROG - GNL 570
 REPT - BOARD EXP OBJ

MARION COUNTY SCHOOLS
 BOARD EXPENSE BY OBJECT

February 28, 2023

ACCOUNT TITLE	YTD EXPENSE	BUDGET	YTD EXPENSE PRIOR YEAR
COMMUNICATIONS	6,073.96	19,114.67	13,150.59
ADVERTISING	8,314.76	20,005.15	.00
PRINTING	6,203.78	41,079.72	10,087.91
FOOD SERVICE MANAGEMENT	11,924.32	53,766.66	6,610.69
TRAVEL	39,356.74	259,038.38	121,136.31
MISC. PURCHASE SERV.	76,409.17	8,360.68	64,285.90
SUPPLIES	912,008.78	1,375,868.04	580,091.32
CHILD NUTRITION SUPPLIES	1,693,673.44	3,704,571.18	1,482,697.71
BOOKS, PERIODICALS, ETC	81,020.54	239,678.88	8,543.87
SUPPLIES - TECHNOLOGY REL	707,908.32	788,265.10	1,210,360.88
	1,406.13	400.00	.00
BUILDINGS	1,577,325.00	1,577,325.00	.00
EQUIPMENT	121,307.82	611,102.05	76,600.64
DUES AND FEES	.00	420.00	.00
INTEREST EXPENSE	3,534.80	.00	.00
RESERVED	234,000.00	842,423.00	244,600.00
TRANSFERS OUT	46,651.94	215,312.75	112,729.46
GEN. FUND - SPEC. REVENUE	10,243,202.58	21,986,173.64	8,382,646.45
FUND 71 ARRA FUNDS			
PROF. SALARIES	1,100,566.32	6,685,439.42	.00
SERVICE SALARIES	295,843.77	2,270,725.76	.00
PROF. SUB. SALARIES	28,000.95	.00	.00
SERVICE SUB. SALARIES	9,525.57	.00	.00
INSURANCE	158,715.46	981,144.81	.00
SOCIAL SECURITY	107,203.40	677,357.06	.00
RETIREMENT	100,902.06	913,017.43	.00
WORKERS COMP.	4,285.47	134,933.46	.00
PROF. EDUCATOR SVC.	3,990.00	.00	.00
OTHER PROF. SERVICES	.00	3,491.76	.00
TECHNICAL SERVICES	224.00	.00	.00
REPAIR/MAINTNEANCE	.00	6,520,899.22	.00
STUDENT TRANS.	.00	5,000.00	.00
COMMUNICATIONS	2,082.44	.00	.00
PRINTING	.00	1,000.00	.00
TUITION	.00	50,000.00	.00
TRAVEL	.00	8,000.00	.00
SUPPLIES	39,485.09	581,087.37	.00
CHILD NUTRITION SUPPLIES	.00	341,548.00	.00
BOOKS, PERIODICALS, ETC	3,188.06	60,887.97	.00
SUPPLIES - TECHNOLOGY REL	376,237.01	2,126,134.76	.00
BUILDINGS	1,389,313.00	.00	.00
EQUIPMENT	55,598.00	60,000.00	.00
MISC.	.00	20,000.00	.00
TRANSFERS OUT	135,254.92	3,105,013.16	.00
ARRA FUNDS	3,810,415.52	24,545,680.18	.00
REPORT TOTAL	56,596,516.79	149,044,808.22	53,917,318.05

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 TIME - 17:12:10
 PROG - GNL.570
 REPT - BOARDREVBUDGET

MARION COUNTY SCHOOLS
 BOARD FINANCIAL REVENUE BUDGET
 February 28, 2023

ACCOUNT NUMBER / TITLE	BUDGET	YTD REVENUES	RECEIVABLES	% OF REVENUE RECEIVED
FUND 11 COUNTY				
11.XXXXX.00751.XXX.XXX.XXXX.XXXX.XX NONSPENDABLE FUND BALANCE	.00	.00	347,867.61	9999.99-%
11.XXXXX.00752.XXX.XXX.XXXX.XXXX.XX RESTRICTED FUND BALANCE	31,426.71-	.00	.00	100.00 %
11.XXXXX.00753.XXX.XXX.XXXX.XXXX.XX ASSIGNED FUND BALANCE	4,111,255.04-	.00	100.39-	100.00 %
11.XXXXX.00771.XXX.XXX.XXXX.XXXX.XX COMMITTED FUND BALANCE	997,908.71-	.00	.29	100.00 %
11.XXXXX.00772.XXX.XXX.XXXX.XXXX.XX UNASSIGNED FUND BALANCE	6,300,000.00-	.00	6,144,989.17	197.54 %
11.XXXXX.01111.XXX.XXX.XXXX.XXXX.XX REGULAR TAX CURRENT YEAR	14,661,492.00-	10,669,179.33-	3,992,312.67-	72.77 %
11.XXXXX.01112.XXX.XXX.XXXX.XXXX.XX EXCESS LV TAX CURRENT YR	17,890,897.00-	11,782,598.35-	6,108,298.65-	65.86 %
11.XXXXX.01115.XXX.XXX.XXXX.XXXX.XX REGUALR TAX PRIOR YR	.00	1,254,600.93-	1,254,600.93	9999.99-%
11.XXXXX.01116.XXX.XXX.XXXX.XXXX.XX EXCESS LVY TAX-PRIOR YR	.00	1,502,605.09-	1,502,605.09	9999.99-%
11.XXXXX.01117.XXX.XXX.XXXX.XXXX.XX SALES/REDEMPTIONS	.00	35,065.36-	35,065.36	9999.99-%
11.XXXXX.01511.XXX.XXX.XXXX.XXXX.XX BANKS ACCOUNTS	25,000.00-	18,239.61-	6,760.39-	72.96 %
11.XXXXX.01515.XXX.XXX.XXXX.XXXX.XX SHERIFF	.00	7,428.29-	7,428.29	9999.99-%
11.XXXXX.01751.XXX.XXX.XXXX.XXXX.XX STUDENT BODY	225,000.00-	102,127.15-	122,872.85-	45.39 %
11.XXXXX.01989.XXX.XXX.XXXX.XXXX.XX OTHER	500,000.00-	597,008.87-	97,008.87	119.40 %
11.XXXXX.03111.XXX.XXX.XXXX.XXXX.XX BASIC STATE AID	34,597,862.00-	18,856,518.00-	15,741,344.00-	54.50 %
11.XXXXX.03911.XXX.XXX.XXXX.XXXX.XX RETIRE. ALLOCATION	2,963,669.00-	.00	2,963,669.00-	.00 %
11.XXXXX.03915.XXX.XXX.XXXX.XXXX.XX OPEB ALLOCATION	570,183.00-	.00	570,183.00-	.00 %
11.XXXXX.03917.XXX.XXX.XXXX.XXXX.XX UNFUNDED RETIREMENT	9,289,305.00-	.00	9,289,305.00-	.00 %
11.XXXXX.03918.XXX.XXX.XXXX.XXXX.XX PEIA REVENUE	5,881,986.00-	.00	5,881,986.00-	.00 %
11.XXXXX.04221.XXX.XXX.XXXX.XXXX.XX MEDICAID REIMBURSEMENTS	400,000.00-	60,127.28-	339,872.72-	15.03 %
11.XXXXX.05261.XXX.XXX.XXXX.XXXX.XX INTERFUND TFR FROM SPREV	.00	181,906.86-	181,906.86	9999.99-%
11.XXXXX.05281.XXX.XXX.XXXX.XXXX.XX INTRAFUND TRANSFER IN	2,914,091.00-	652,578.00-	2,261,513.00-	22.39 %
11.XXXXX.XXXXX.XXX.XXX.XXXX.XXXX.XX COUNTY	101,360,075.46-	45,719,983.12-	37,706,745.20-	62.80 %
FUND 21 DEBT SERVICE				
21.XXXXX.00752.XXX.XXX.XXXX.XXXX.XX RESTRICTED FUND BALANCE	1,144,424.43-	.00	28.93	100.00 %
21.XXXXX.01111.XXX.XXX.XXXX.XXXX.XX REGULAR TAX CURRENT YEAR	.00	6,109.96-	6,109.96	9999.99-%
21.XXXXX.01115.XXX.XXX.XXXX.XXXX.XX REGUALR TAX PRIOR YR	.00	15,285.49-	15,285.49	9999.99-%
21.XXXXX.01511.XXX.XXX.XXXX.XXXX.XX BANKS ACCOUNTS	.00	1.78-	1.78	9999.99-%
21.XXXXX.01515.XXX.XXX.XXXX.XXXX.XX SHERIFF	.00	15.89-	15.89	9999.99-%
21.XXXXX.XXXXX.XXX.XXX.XXXX.XXXX.XX DEBT SERVICE	1,144,424.43-	21,413.12-	21,442.05	101.87 %
FUND 52 CAP.PROJ.-EAST/WEST STAD.				
52.XXXXX.00752.XXX.XXX.XXXX.XXXX.XX RESTRICTED FUND BALANCE	8,454.51-	.00	8,454.51-	.00 %
52.XXXXX.00754.XXX.XXX.XXXX.XXXX.XX RESERVED FOR CAPITOL PROJ	.00	.00	8,454.51	9999.99-%
52.XXXXX.XXXXX.XXX.XXX.XXXX.XXXX.XX CAP.PROJ.-EAST/WEST STAD.	8,454.51-	.00	.00	100.00 %

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 PROG - GNL 570
 REPT - BOARDREVBUDGET

MARION COUNTY SCHOOLS
 BOARD FINANCIAL REVENUE BUDGET

February 28, 2023

ACCOUNT NUMBER / TITLE	BUDGET	YTD REVENUES	RECEIVABLES	% OF REVENUE RECEIVED
FUND 61 GEN. FUND - SPEC. REVENUE				
61.XXXXX.00451.XXX.XXX.XXXX.XXXX.XX LOANS PAYABLE	.00	1,652.28-	1,652.28	9999.99-%
61.XXXXX.00752.XXX.XXX.XXXX.XXXX.XX RESTRICTED FUND BALANCE	2,804,688.21-	.00	855,762.86-	69.49 %
61.XXXXX.00753.XXX.XXX.XXXX.XXXX.XX ASSIGNED FUND BALANCE	.00	.00	491,205.11	9999.99-%
61.XXXXX.01611.XXX.XXX.XXXX.XXXX.XX LUNCH-STUDENT	7,765.00-	66,628.16-	58,863.16	858.06 %
61.XXXXX.01989.XXX.XXX.XXXX.XXXX.XX OTHER	30,305.95-	109,245.76-	78,939.81	360.48 %
61.XXXXX.03211.XXX.XXX.XXXX.XXXX.XX RESTRICTED	1,443,208.89-	1,175,938.85-	267,270.04-	81.48 %
61.XXXXX.03311.XXX.XXX.XXXX.XXXX.XX SBA REVENUE	837,167.07-	837,167.07-	.00	100.00 %
61.XXXXX.04510.XXX.XXX.XXXX.XXXX.XX FED THRU STATE	.00	53,413.50-	53,413.50	9999.99-%
61.XXXXX.04511.XXX.XXX.XXXX.XXXX.XX THRU STATE RESTRICTED	11,790,136.52-	5,069,916.17-	6,720,220.35-	43.00 %
61.XXXXX.04650.XXX.XXX.XXXX.XXXX.XX FED PMTS FOR SCH LUNCH	1,943,134.00-	2,640,087.54-	696,953.54	135.87 %
61.XXXXX.05211.XXX.XXX.XXXX.XXXX.XX INTER TRANS GEN CURR EXP	3,129,768.00-	.00	3,129,768.00-	.00 %
61.XXXXX.XXXXX.XXX.XXX.XXXX.XXXX.XX GEN. FUND - SPEC. REVENUE	21,986,173.64-	9,954,049.33-	9,591,993.85-	56.37 %
FUND 71 ARRA FUNDS				
71.XXXXX.00752.XXX.XXX.XXXX.XXXX.XX RESTRICTED FUND BALANCE	1,237,864.02	.00	1,237,864.02	.00 %
71.XXXXX.04511.XXX.XXX.XXXX.XXXX.XX THRU STATE RESTRICTED	25,783,544.20-	3,573,632.95-	22,209,911.25-	13.86 %
71.XXXXX.XXXXX.XXX.XXX.XXXX.XXXX.XX ARRA FUNDS	24,545,680.18-	3,573,632.95-	20,972,047.23-	14.56 %
REPORT TOTAL	149,044,808.22-	59,269,078.52-	68,249,344.23-	54.21 %

BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
	MONTH - MARCH NUMBER - 00035 ENTRY DATE 3/09/23 TO SUPPLEMENT BUDGET FOR MATH4LIFE GRANT AWARD		
0001	61.28303.12213.112.000.0000.0000.00 NEW 4,230.00 PROFESSIONAL SUPP SALARY	4,230.00	
0002	61.28303.12213.221.000.0000.0000.00 NEW 382.50 SOCIAL SECURITY	382.50	
0003	61.28303.12213.233.000.0000.0000.00 NEW 375.00 SUPPLEMENTAL PLAN PREM.	375.00	
0004	61.28303.12213.261.000.0000.0000.00 NEW 12.50 WORKERS COMPENSATION	12.50	
0005	61.28303.03211.009.000.0000.0000.00 5,000.00 REVENUE		5,000.00
0006	TO SUPPLEMENT MATH4LIFE PROFESSIONAL		
0007	LEARNING GRANT.		
	* J/E TOTALS	5,000.00	5,000.00

	MONTH - MARCH NUMBER - 00036 ENTRY DATE 3/09/23 TO SUPPLEMENT NMHS COUNTRY ROADS GRANT BUDGET		
0001	61.22310.12213.112.503.0000.0000.00 NEW 300.00 PROFESSIONAL SUPP SALARY	300.00	
0002	61.22310.12213.122.503.0000.0000.00 NEW 115.00 SERVICE SUPPLEMENT SALARY	115.00	
0003	61.22310.12213.221.503.0000.0000.00 NEW 31.75 SOCIAL SECURITY	31.75	
0004	61.22310.12213.233.503.0000.0000.00 NEW 31.13 SUPPLEMENTAL PLAN PREM.	31.13	
0005	61.22310.12213.261.503.0000.0000.00 NEW 1.04 WORKERS COMPENSATION	1.04	
0006	61.22310.12213.611.503.0000.0000.00 NEW 1,521.08 GENERAL SUPPLIES	1,521.08	
0007	61.22310.03211.009.000.0000.0000.00 2,000.00 REVENUE		2,000.00
0008	TO SUPPLEMENT COUNTRY ROADS GRANT AWARD		
0009	RECEIVED BY NORTH MARION HIGH SCHOOL.		
	* J/E TOTALS	2,000.00	2,000.00

	MONTH - MARCH NUMBER - 00037 ENTRY DATE 3/10/23 TO SUPPLEMENT HIGH COST HIGH ACUITY STATE GRANT		
0001	61.43335.04511.009.000.0000.0000.00 NEW 4,553.00 REVENUE		4,553.00

BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
0002	61.43335.21210.611.000.0000.00 NEW GENERAL SUPPLIES	4,446.72	
0003	61.43335.76191.911.000.0000.00 NEW FUND TRANSFERS OUT	106.28	
0004	TO SUPPLEMENT HIGH COST HIGH ACUITY		
0005	REIMBURSEMENT GRANT FOR IDEA PROGRAMS		
0006	BUDGET.		

* J/E TOTALS 4,553.00 4,553.00

MONTH - MARCH NUMBER - 00038 ENTRY DATE 3/10/23
 TO SUPPLEMENT STATE IDEA HIGH COST HI ACUITY GRANT

0001	61.02350.21210.611.000.0000.00 NEW GENERAL SUPPLIES	7,464.00	
0002	61.02350.03211.009.000.0000.00 REVENUE		7,464.00
0003	TO SUPPLEMENT STATE HIGH COST/HIGH		
0004	ACUITY REIMBURSEMENT FOR IDEA STUDENTS		
0005	BUDGET AWARD.		

* J/E TOTALS 7,464.00 7,464.00

MONTH - MARCH NUMBER - 00039 ENTRY DATE 3/13/23
 TO SUPPLEMENT CN SCRATCH TRAINING GRANT BUDGET

0001	61.88313.13121.331.006.0000.0000.00 NEW EMPLOYEE TRAINING SVC	3,000.00	
0002	61.88313.03211.009.000.0000.00 REVENUE		3,000.00
0003	TO SUPPLEMENT CHILD NUTRITION SCRATCH		
0004	TRAINING GRANT AWARD BUDGET.		

* J/E TOTALS 3,000.00 3,000.00

MONTH - MARCH NUMBER - 01007 ENTRY DATE 3/09/23
 TO TRANSFER FUNDS IN LOCAL SCIENCE FUNDS

0001	11.00000.11111.653.001.2280.0000.00 NEW SUPPLIES - SOFTWARE	27,621.00	
0002	11.00000.11111.611.001.2280.0000.00 GENERAL SUPPLIES		27,621.00

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PROG - GNL.520

MARION COUNTY SCHOOLS
JOURNAL ENTRY LISTING

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BUDGET JOURNAL ENTRY

LINE NO.	ACCOUNT / DESCRIPTION	DEBIT	CREDIT
2100	11.00000.11111.112.000.2280.0000.00 NEW PROFESSIONAL SUPP SALARY	2,500.00	
2200	11.00000.11111.611.000.2280.0000.00 GENERAL SUPPLIES		2,500.00
0003	TO TRANSFER SCIENCE BUDGET FOR		
0004	TECHNOLOGY SOFTWARE NEEDED INSTEAD OF		
0005	SUPPLIES.		

* J/E TOTALS 30,121.00 30,121.00

** REPORT TOTALS 52,138.00 52,138.00

