





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

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

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

Mr. Haught, Please place on the Garro Aglaca	Marian Country	Decod of Ed. 11	///3	5-2416
Please Placeonthe	iviarion County	Board of Educatio	n ////	MAK 07 15/
All field trips requiring Board approvies to one week prior to the trip. All co	val must be submitted at least two completed copies are to be submit	weeks prior to the regular I	Board Meeting. All other sighn and forward to cour	requests must be in at not office for approval.
EFHS School	3/6/23 Date Submitted	Michael Ca	•	
		Sponsor(s)		ıb Needed
<u>Choir</u>	4/20 - 4/23	Cand Marc Chaperone(s)	un Yes	
Group	Date of Trip		St	ıb Needed
37 stadents 9 adults Number to be transported	Pigeon Forge	Destination		
Purpose of activity Music				
Number of School Days Lost	2 Approximate	te Cost 33 000	_ Source of Funding	Choir Boostri
		•	a a se omnon ŝ	
	Transportat	ion Information	15 W 11 C	
V	•			
Time bus to be loaded 6:00	<u>് രന</u> (am)/ pm	Approximate tin	ne to return <u>6:00</u>	am /pm
Type of Transportation	Private Auto Commercial Car Marion County	rrier List Carrier <u>Bu</u> School Bus Number	dget Charty Driver	
Is School to pay driver?	Yes X No	1.07		
Approval (granted) denied) Approval (granted) denied)	Principal County Office	111-11	ate 3/2/2	3
Approval granted / denied)	Transportation	0	ate	
overnight/Out of S	ale - Pleus	place on k	poord ages	rda x
	Driver's	Trip Report		-
Bus Number	Bus Capacity		Total Number Transp	ported
Destination	Date	of Trip	Day of Week	
Times: Pre-Trip Bus available to load Departure Time Return Time Completion of bus cleans	am / pm am / pm am / pm	Day Two am / pm		N.
Sponsor/Chaperone (Verify a				
•	all times) Drive	er Signature	Mileage	Fuel



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

Fage 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

<u>Day 2</u> - 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 Farton'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 Pepsil

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To be places on	the Mario	ກ County Boa	rd of Educat	ion //2,4	35-2417
To be place on agens a to-box of	STOTE DON'T	Field Trip Req	uest Form		3 Wie
All field trips requiring Board least one week prior to the trip Please submit one field trip for	approval must be submit p. All completed copies a	tted at least two week	s prior to the regula the principal who w	rill sighn and forward to	ther requests must be in at county office for approval. NEX SYLOGGYASS
EFMS	3/3/	23	J'ara Fel Ashley (°a	<u>irpenter</u>	Yes
National Honor's		11 th 0 - 0	Sponsor! Charlotte Kylie Re	Romberger Sesman	Sub Needed
Group	Date o		Chaperone		Sub Needed
	Washin	aton D.	C.		
Number to be transported		0.01.	Destination	on	
Purpose of activity 10	visit musi	eums, mor	numents	and four	p.c.
Number of School Days Los	st	Approximate Cos	· <u>II/00</u>	Source of Fund	ding Students
		Transportation I	nformation		
					1.0
Time bus to be loaded	<u>4.10</u>	pm	Approximate	time to return	(am)/ pm
Type of Transportation	Co	rivate Auto Ommercial Carrier Jarion County Schoo			Charter Bus
Is School to pay driver?	Yes	No E	FMS NHS	and STUCO	paying
Approval (granted) deni	ied) Principal	eathers	adoes	Date 3/32	3
Approval (granted / deni		on		Date Date	
		Driver's Trip	Report		
Bus Number	Bus	Capacity	·	Total Number To	ransported
Destination		Date of Tri	p	Day of Week	
Times: Pre-Trip	☐ Day (am				
Bus available to lo	ad an	n/pm	am / pm		
Departure Time Return Time	am am				8
Completion of bus					
Sponsor/Chaperone (V	erify all times)	Driver Sig	nature	Mileage	Fuel
tb/2017 White	e – Accounting	Yellow – Transp	ortation Office	Pink – Driver	Gold – Driver

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

Us Novekt,			F
Herse place on the	Marion County Boa	rd of Education	35-2418
genoa for works	Field Trip Requ	est Form	SUVEN
C. Noeman 3,			JUL MAR 10 ; "///
All field trips requiring Board approv	al must be submitted at least two weeks	s prior to the regular Boar	d Meeting. All other requests must be in a
Please submit one field trip form pe	r bus needed.	ne principal who will sight	and forward to county office for approval
7845	3/9/2023	1 Janes	1 WES (10
School	Date Submitted	GOLASCH	Sub Needed 3
Vcheer	3/16-3/18	Harawa	y ND
Group	Date of Trip	Chaperone(s)	Trusmons Sub Needed
Number to be transported A	Musion,	Destination	
Purpose of activity	er @ B baskete	ball Stat	ED
Number of School Days Lost	Approximate Cost	\$1200.00	Source of Funding Cheer Pre
Se DE 9 11	- 172 - 1 1 1 - 1	AS W. HIND WAS	+ garants/
	Transportation In	nformation	
Time bus to be loaded 800	am) pm 3/16/03	Approximate time t	o return am //pm
Type of Transportation	Private Auto JCDA	CHS + 2 BOE	goroved chaperones
	Commercial Carrier	List Carrier	
	Marion County Schoo	Bus Number	Driver
Is School to pay driver?	Yes	7	all y a a
Approval granted denied)	Principal	Date	3/9/23
Approval (granted) denied)	County Office	-7/	3/10/2023
Approval (granted / denied)	Transportation	•	7/10/1000
	II.		100 E 100 E 2N
	Driver's Trip	Report	
Bus Number	Bus Capacity	т	otal Number Transported
Destination	Date of Tri	p Da	y of Week
Times:	☐ Day One ☐ Day	v Two	. 0
Pre-Trip	am / pm a	·	
Bus available to load	am / pm a	ım / pm	[1

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

_____ am / pm

__ am / pm

__ am / pm

Completion of bus cleanup

Departure Time

Return Time

_ am / pm

_ 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



W. Harght, on the	Marion County Board of Education Field Trip Request Form
Tende to be apple	Field Trip Request Form

3552419A MAR 03 WED

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 sighn and forward to county office for approval. Please submit one field trip form per bus needed. Number of School Days Lost _ **Approximate Cost** Catatoria Parking Lot **Transportation Information** Approximate time to return 10'00 Type of Transportation **Private Auto** Commercial Carrier List Carrier Number _____ Driver_ **Marion County School Bus** Is School to pay driver? Yes Approval (granted (denied) Principal Approval (granted) denied) **County Office** Approval (granted / denied) Transportation **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

tb/2017

(Verify all times)

Driver Signature

Mileage

Fuel

White - Accounting

Yellow - Transportation Office

Pink - Driver

Gold - Driver

Fairmont Senior Girls Lacrosse Itinerary

Date Submitted: 22 23
Coach: Jon Cain
Phone Number: 304-288-5310
Email: vsmcbrig 63 @ aol. Com
• Departure date/time from school: 5/4/22 2/30pm
· Traveling to Greens burg Central Catholic HS
• Departure date/time from school: 5/4/22 2130pm • Traveling to Greens borg Central Catholic HS Venue Greensborg Central Cathol Address Greensborg PA
• Arrival time to destination 43 pm
• Day and Time of Games 5/4/23 6:00pm
 Hotel and address if applicable:
110tol and address if applicable.
WA
NA
Departure time from hotel for the game(s) if applicable
 Departure time from hotel for the game(s) if applicable
Departure time from hotel for the game(s) if applicable
• Departure time from hotel for the game(s) if applicableNA If playing multiple games in the weekend. Name of school(s)NA
• Departure time from hotel for the game(s) if applicableNA If playing multiple games in the weekend. Name of school(s)NA Time(s):NA
 Departure time from hotel for the game(s) if applicable
 Departure time from hotel for the game(s) if applicable

We. Novel, We. place on the Marion agence for board approval. Out of state. E. Norman Thankyou.

Marion County Board of Education Field Trip Request Form

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125					

MAR Ones must be in

All field trips requiring Board appro- least one week prior to the trip. All Please submit one field trip form p	completed copies are to be	ast two weeks prior to the re submitted to the principal w	egular Board Meeting All othe ho will sighn and forward to co	r requests must be in at unty office for approval.
•	2/27/23	Jon Car	1 Cour	h
School	Date Submitted	Spon	sor(s)	Sub Needed
our's Lacrosse	3 31 23 4 1	23 Jerry C	where Coa	.Ch
		,		
40	Martinsburg	H) Hand	ley HS Winches	ite~ Va
Number to be transported	9	\ / Destir	nation	
Purpose of activity	Varsity C	anes		
Number of School Days Lost	4/2 Appro	oximate Cost	Source of Fundin	e Lacrosse
			20 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
catateria Durking	Transp	ortation Information	4/1/23	
Time bus to be loaded 1:00	am /@m	Approxim	ate time to return	am / km
Type of Transportation	Private A	uto		
		cial Carrier List Carrier		ir B
	Marion C	ounty School Bus Nun	nber Driver	
Is School to pay driver?	Yes	No		
	1	the same	3/7	1-1
Approval (granted denied) Approval (granted denied)	Principal	1.00.2/4	Date	2000
Approval (granted / denied)	County Office	and a special	Date	1023
Agrantos / serves/	mansportation	- X 300 Fig. "0	Date	Digital C
250	Dri	iver's Trip Report	W	2
Bus Number	Bus Capacit	y	Total Number Tran	sported
Destination		Date of Trip	Day of Week	
Times:	☐ Day One	☐ Day Two		
Pre-Trip Bus available to load	am / pm	am / pm	X 4 5	
Departure Time	am / pm am / pm	am / pm am / pm	E	
Return Time	am / pm	am / pm		
Completion of bus clear	nup am / pm	am / pm		
Sponsor/Chaperone (Verify	all times)	Driver Signature	Mileage	Fuel
,,,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Fairmont Senior Girls Lacrosse Itinerary

Date Submitted: 2/27/23
Coach: Jon Cain
Phone Number: 304-288-5310
Email: vsmcbrig 63 @ aol. com
• Departure date/time from school: 3/31/23 /100ρη
• Traveling to Martinsbury HS / Hardley HS Wincheste-VA Venue Martinsbury HS Address Martinsburg WW
Venue Matinsburits Address Matinsburi W
• Arrival time to destination 4:00 pm
• Day and Time of Games 500 m 3/3/23 1200 4/13
 Hotel and address if applicable:
Touch the 118 Marceles Cook Wincheste VI
• Departure time from hotel for the game(s) if
applicable 10:00 Am
If playing multiple games in the weekend.
Name of school(s) Matinsbury 45 Handly 45
Time(s): 50 pm / 1200 pm
• Estimate time game(s) will end 2:00 pm
If stopping for meal(s)
Place/Time Martinsburg Area 3:000m
 Return Date and Time to school
4/1/23 7:00 pm

Place place or the 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 sighn and forward to county office for approval. Please submit one field trip form per bus needed. School Date Submitted Sponsor(s) Sub Need School Date of Trip Chaperone(s) Sub Need Coach School Date Submitted Sub Need Coach School Date Submitted Submitted Sponsor(s) Sub Need Coach School Date Sponsor(s) Submitted Sponsor(s) Sponso Conneast Area HS ___ Approximate Cost Number of School Days Lost ___ **Transportation Information** Approximate time to return 1000 Time bus to be loaded Type of Transportation **Private Auto** Commercial Carrier List Carrier Number _____ Driver **Marion County School Bus** Is School to pay driver? Approval (granted denied) Principal . Approval (granted) denied) **County Office** Approval (granted / denied) **Transportation 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

Fairmont Senior Girls Lacrosse Itinerary

Date Submitted: 2/8/1/83
Coach: Jon Cain
Phone Number: 304-288-5310
Email: vsmcbrig 63 @ aol. com
• Departure date/time from school: 5/6/23 8:00 Am
· Traveling to Connent Area HS
Venue Connect HS Address Connect HS Pt
• Arrival time to destination 2:00 pm
• Day and Time of Games 1:00 pm 5/6/23
• Hotel and address if applicable:
• 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 4:00 pm
 If stopping for meal(s)
Place/Time 5:00 pm Connect Area
Return Date and Time to school
10:00 pm

Please place on the agerda for banco Marion County Board of Education (please submit one field trip form per bus needed) 35-2491 35-2491	
Please follow the instructions in the Administrative Manual Section 2.115. All field trips requiring Board approval must be submitted at least two weeks provided to the regular Board meeting. All other requests must be in at least one week prior to the trip. All completed copies are to the submitted to the principal will sign and forward to the county office for approval.	orior who
F5HS 227 23 Jon Cain Coach Sponsor Sub Needed	
Group Date of Trip Chaperone(s) Sub Needed	/
Total Number to be Transported Destination	
Purpose of activity Julusty Games	
Number of School Days Lost Approximate Cost Z50 Source of Funding Lucrosse	
Cafateria Parting Let Transportation Information	
Time bus to be loaded 30 am/on Approximate time to return 1100 am/on	pm)
Type of Transportation Private Auto Commercial Carrier List carrier Marion County School Bus # Driver	_
Approved (granted/denied)	_
	- 3
Driver's Trip Report	_
Bus # Bus Capacity Total Number Transported	
Destination Date of Trip Day of Week	
Times: Pre-trip Bus Available to load studentsam/pm Depart on tripam/pm Bus return from tripam/pm Completion of bus cleanupam/pm	
AND THE RESERVE OF THE PARTY OF	
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: vsmcbrig63@aol.com
• Departure date/time from school: 3 22 23 230 pm
• Traveling to Greater Latrobe 16
Venue Create- 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 Latob Arca
Return Date and Time to school
3/22/23 11:30

All field tr least one	Plankers All combinitions field trip form per b	must be submitted at least two pleted copies are to be submitted	Board of Education Request Form weeks prior to the regular B ed to the principal who will s	MAP O	
M	CTC	2-27-2 > Date Submitted	Postledhue.	4	15
	School	Date Submitted	Sponsor(s)	,	Sub Needed
F	Group	9-20 /4-2/-2 Date of Trip	Chaperone(s)		No
	Group	Date of Trip	Chaperone(s)		Sub Needed
		Cacupon Stata	- Park		
Number	to be transported		/ Destination		
Purpose	of activity WVC/	Envirollion (Contest		
Number	of School Days Lost	2 Approximat	e Cost _ 70 E	Source of Funding	FFA
Chool Var Is Sehool Approval Approval	to pay driver? (granted / denied) (granted / denied)	Private Auto Commercial Car Marion County Yes No Principal County Office Transportation	School Bus Number	Driver	2023
		Driver's	Trip Report	= 21	
Bus Num	ber	Bus Capacity		Total Number Tran	sported
Destinati	on	Date	of Trip	Day of Week	76
Times:	Pre-Trip	Day One	Day Two am / pm		
ŧ	Bus available to load Departure Time Return Time Completion of bus cleanup	am / pm am / pm	am / pm am / pm am / pm am / pm		
Sponsor/	Chaperone (Verify all	times) Drive	er Signature	Mileage	Fuel
tb/2017	White – Acco	unting Yellow - To	ransportation Office	Pink – Driver	Gold – Drive

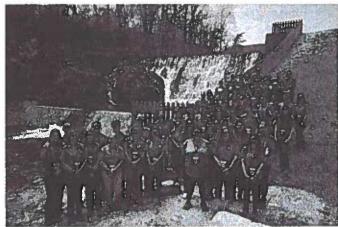


West Virginia Conservation Agency

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 now they can help conserve and protect it for future generations.

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

35-8483

This agre	sement dated the	6th	day of	uch	303	3	l la aborda o	40 .
4.000	-		E CANTAL CO	and the same of th		, by and	between	the
Rhaps Phaps	Sody Perfor	ard of Act	Education LUC	•	known as ter known as Org	MCBOE) anization).	and	the
WHEREA EFHS	AS, the Marion C	ounty Board of	Education	the owner ar	nd manager of	a certain facili	ty known	as
	HEREFORE, in cortion agree that:	sideration of th	e mutual pro	mises and cover	nant herein provi	de that the MC	BOE and t	:he
I. O	organization Name	Rhapsody	Performi	ng Arts, Ll	С			
li. Co	ontact Name Ta	flor Rak	osky			-		
III. Ad	ddress 1114 Spe	educy Ave	nue. Suite	3. Fairm	iont, wv a	4554		
√. Ph	hone Number 30	4-534-624	3			-		
V. Th	ne MCBOE covena	nts and agrees t	hat it shall, fro	m Friday)	une 2nd 20	123 2:30	9:30	
_	hapsody Per			4900:P-00	mak	e available		he he
ехо	CHOYMING AY	OE reserves th	e right to elimi	nate any of the ab		era is no school a	ation's ground/or speci	ial
	ograms occurring in		NO INCOCE W	provide a sulk	ware to the Orga	anzauch wich inc	se dates tr	16
/l. is t	the planned activity	a non-profit ma	king venture?	Yes				
Critic	torio 400P Attornou Gar	114/1001\ Daniel						

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.	Orga	anization agrees to assure that said Organization is a Not-For-Profit entity.
		N Number 842 (41632) (Include a copy of your W-9 Request for Taxpayer Identification on the Certificate)
VIII.		anization covenants and agrees that the scheduling of its events utilizing the state of the scheduling of its events utilizing the state of the schedule with and through the Organization said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.
IX.	Orga	anization agrees to a facility use fee of \$ 300.90 per 40 in addition to a \$ 25.00 odial fee per 40 for for
Χ.	140	anization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance fowents during the term of this agreement.
	infor Insu	mation: (minimum of \$1,000,000 liability required by MCBOE) rance Company: Anthony Insurance Services, Inc.
		Attach a copy of the policy to the application************************************
XI.	losse	inization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities as, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in ection 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.
	8.	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.

Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and

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.

agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XII.

XIII.

XIV.	MCBOE shall inspect EFHS	7510 F1/page 3 of 3 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 others. If the key is used by others or during non-scheduled time terminated.	
XVI.	The terms of this Agreement and all privileges, rights, obligations, force and effect from	
		ys written notice to the other may, with impunity,
	terminate this agreement immediately for any reason whatsoever. It existing between the parties. There are no other agreements, or agreement. The AGREEMENT and all terms and provisions he	ral or otherwise, which modifies or affects this
	successors and assigns.	order of and be briding on their
Repres	Hullaham entative of Organization	2.16-2023 Date 3-6-23
Sta	u wRenetan	3-6-23
Princip	al ordesignee	Date 3-10-23
.dmini	strative Assistant of Maintenance, Facilities and Athletics	Date
Superin	ntendent	Date
Board I	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 of the Tru requester. Do not Qo to www.frs.gov/Pormitt0 for instructions and the latest information send to the IRS. nord. Home is required on this line; do not know this line black Pertornina Arts. LC tion of the parson whose name is entered on line 1. Check only one of the 8 ructions on page 3): dual/acts propr C Corporation S Corporation Partnership ☐ Trust/estate Exempt payee code (if any) United Substity company. Enter the tex electrication (C-C corporation, S-6 corporation, P-Pertnership) Note: Check the appropriate box in the line above for the tax clearlication of the single-member owner. Do not check LLC if the LLC is clearlied as a single-member LLC that is clearlied as the context of the LLC is abother LLC that is set deregarded from the context for U.S. tederal tax purposes. Otherwise, a single-member LLC the is deregarded from the center should check the appropriate box for the lax observation of its owner. Examplion from FATCA reporting form til aboo Socializay Avenue Fairmont, WN Taxpayer Identification Number (11%) Enter your TIM in the appropriate box. The TIM provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your accid security number (SSM). However, for a resident allen, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EM). If you do not have a mamber, see How to get a TINL teter. Note: If the account is in more than one name, use the instructions for fine 1, Also see What Name and Aumber To Qive the Requester for guidalines on whose number to enter. 2 Part III Certification Under penalties of porjury, I certify that: 2. I am not subject to beckup 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 excised to backup withholding as a result of a failure to report all interest or childrends, or (c) the IRS has notified me that I am
no longer subject to backup withholding, and 1. The number shown on this form is my correct tempsyer identification number (or I am waiting for a number to be issued to me); 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. 4. The PALLER STREET, You must cross out item 2 above if you have been notified by the IRS that you are currently subject to beckup withholding because you have failed to report all interest and dividends on your tou return. For real estate transactions, item 2 does not apply. For mortgage interest paid, sequestrion or abandonment of secured property, cancellation of debt, contributions to an individual retrement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the cartification, but you must provide your correct TIN. See the instructions for Part II, later. Date > 2.11.23 General Instructions Form 1099-DIV (dividends, including those from stocks or mutual Section references are to the Internet Flevenue Code unless otherwise Form 1099-MISC (various types of income, prizes, swards, or gross Public 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. proceeds · Form 1099-B (stock or mutual fund sales and certain other transactions by brokersh Form 1989-8 (proceeds from real estate transactions) Purpose of Form Form 1099-K (merchant card and third party network transactions) Form 1098 (name mortgage interest), 1098-E (student loan interest), 1098-T (tuttion)

An individual or entity (Form W-4 requested) who is required to fite an individual or entity (Form W-4 requested) who is required to fite an indomination resturn with the IRS must obtain your correct tempayer identification must be your accid security number (ISSN), instruction temper identification number (ATIN), or employer identification number (ATIN), or employer identification number (ATIN), or employer identification number (ERIN), to report on an information return the emount paid to you, or other country macrostable on an information return. Enterprise of information return. grount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-BVT (interest serned or paid)

- Form 1098-C (canculed debt)
- Form 1099-A (acquisition or ebandonment of secured property)

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

If you do not return Form W-8 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding.

Cal. No. 10231X

Form W-9 star, 10-2010



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 flew of such endorsement(s).

PRODUCER Anthony Insurance Services, Inc. P.O. Box 927	CONTACT NAME: PHONE (A/C, No, Ext):	(877) 811-2271	FAX (A/C, No):	
Edwards, CO 81632 www.dancestudioinsurance.com	E-MAIL ADDRESS:	E-MAIL CONTRACTOR ANTHONYMOUR ANGEOGRAPHOE CONTRACTOR		
	INSURER(S) AFFORDING COVERAGE			NAIC#
	INSURER A:	Great American Insurance Company		16691
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:	INSURER B :			
Rhapsody Performing Arts LLC	INSURER C:			
1114 Speedway Avenue, Suite 3	INSURER D :		ii.	
Fairmont, WV 26554	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.

INS:	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Es occurrence)	\$300,000
	CLAIMS-MADE X OCCUR	1			40/40/0000	40400000	MED EXP (Any one person)	\$0
Α		X		PAC 4265294	10/10/2022 12:00 AM	10/10/2023 12:01 AM	PERSONAL & ADV INJURY	\$1,000,000
	X INCLUDES ATHLETIC PARTICIPANTS					12.077.10	GENERAL AGGREGATE	\$3,000,000
	GENT AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	\$3,000,000
_	X POLICY PRO-				<u> </u>			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	iii 11
l	ANY AUTO]					BODILY INJURY (Per person)	
	ALL OWNED SCHEDULED AUTOS	li			Í	}	BODILY INJURY (Per accident)	
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	<u> </u>						11, 8,1	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
_	DED RETENTION \$							
Α	Professional Liability	×		PAC 4265294	10/10/2022 12:00 AM	10/10/2023 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT	\$1,000,000 \$1,000,000
Α	Abuse and Molestation	×		PAC 4265294	10/10/2022 12:00 AM	10/10/2023 12:01 AM	EACH OCCURRENCE GENERAL AGGREGATE	\$100,000 \$300,000
Α	Accident/Medical Coverage			BSR-E881411-00	10/10/2022 12:00 AM	10/10/2023 12:01 AM	AD&D AGGREGATE AD&D MAXIMUM MEDICAL DEDUCTIBLE	\$500,000 \$100,000 \$100,000 \$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	CANCELLATION		
Marion County Board of Education 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		
	Anthony Insurance Services		

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.

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

35-2484

This a	greement dated the 8th day of Warch. 2023, by and between th
Marion	
WHER	EAS, the Marion County Board of Education is the owner and manager of a certain facility known a East—West Stadum
	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the zation agree that:
ſ.	Organization Name Fairmont Middle Lacrosse (Fairmont Freeze
II.	Contact Name Kwamé Govine
III.	Address 265 Jasper St., P. Hsburgh PA 15211
IV.	Phone Number 304 - 4-35 - 8581
٧.	through May 21 st 2023, make available to the Carmont Middle Lacrosse (Fairmont Freeze) The MCBOE covenants and agrees that it shall, from March (8 2023), make available to the Carmont Middle Lacrosse (Fairmont Freeze) 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?
	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	l Organization is a	Not-For-Profit entity.
------	------------------------	------------------	---------------------	------------------------

connection with the following:

35-2484

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

/111.	Organization covenants and agrees that the scheduling of its events utilizing the <u>EGS+-WeS+ Stadium</u> 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.
X .	Organization agrees to a facility use fee of \$
Κ.	Organization covenants and agrees they shall provide a minimum of \$1,000,000 fiability and accident insurance for all events during the term of this agreement.
	Information: (minimum of \$1,000,000 liability required by MCBOE)
	Insurance Company: A COID
	Policy Number 12262, 19445
	And the policy to the application and the applicat
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

- 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, sult 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.

35-2484

XIV.	MCBOE shall inspect <u>EGS+-Vest Stadium</u>	7610 F1/page 3 of 3 after Organization's usage to ensure that no
•	damages occurred as a direct result of Organization's usage.	de avec allegant and angle to ensure that the
C	Organization will receive one key to be used by signer and assi- others. If the key is used by others or during non-scheduled terminated.	gns only, with no duplicates to be made or used by times by others, this contract will be immediately
te e	The terms of this Agreement and all privileges, rights, obligation orce and effect from March 18th 2023 Twenty First; however, either party upon thirty (30) erminate this agreement immediately for any reason whatsoever existing between the parties. There are no other agreements agreement. The AGREEMENT and all terms and provisions	day of days written notice to the other may, with impunity, r. This agreement constitutes the entire agreement, oral or otherwise, which modifies or affects this
1/8	accessors and assigns.	
Represen	ntative of organication	Date 3/9/73
1	or Déglames	Date 3/15/23
Administra	ative Assistant of Maintenance, Facilities and Athletics	Date
Superinter	ndent	Date
Board Pre	esident	Date
8/28/08 2/23/15 8/12/21 11/30/21 3/3/22 07/28/22		



CERTIFICATE OF LIABILITY INSURANCE

Page 1.of 2

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.

tl	is certificate does not confer rights t	to ti o the	cert	rms and conditions of th lificate holder in lieu of su	e posk ich en	cy, certain po dorsement(s	blicles may 1).	require an endorsemen	i. A st	atement on
PRO	PRODUCER				CONTACT Willis Towers Watson Certificate Center					
	Willis Towers Watson Southeast, Inc.				PHONE FAX (AC. No. Ext): 1-877-945-7378 (AC. No.): 1-888-467-2378					
	c/o 26 Century Blvd P.O. Box 305191				E-MAIL ADDRESS; certificates@wlllis.com					
	hville, TN 372305191 USA			i	INSURER(S) AFFORDING COVERAGE HAIC #					
										12262
INSL	IRED			···						12262
	Lacrosse, Inc. dba USA Lacrosse oveton Circle									19445
	rks Glencoe, ND 21152				INSURE	•				
_					INSURER E :					
					INSURE					
CO	VERAGES CER	TIFIC	ATE	NUMBER: W28230989	MOORE	RF.	······································	REVISION NUMBER:		
_	HIS IS TO CERTIFY THAT THE POLICIES				Æ BEE	N ISSUED TO			HE POL	CY PERIOD
11	IDICATED. NOTWITHSTANDING ANY RE	QUIF	EME	NT, TERM OR CONDITION (OF AN'	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	MHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH:								O ALL T	HE TERMS,
INSR LTR			SUBR		POLICY EFF POLICY EXP LIMITS					
LIR	X COMMERCIAL GENERAL LIABILITY	INSD	WVII	POLICI ROMBER		(MANUU)TTTT)	(MMULLUTTT)	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	 	1,000,000
λ	Company Fr 00004							PREMISES (Ea occurrence)	s	10,000
		¥	Y	302301-14-25-36-2	:	01/01/2023	01/01/2024	MED EXP (Any one person)		1,000,000
	GENTL AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	5	5,000,000
								GENERAL AGGREGATE	S	2,000,000
								PRODUCTS - COMP/OP AGG	S S	2,000,000
	AUTOMOBILE LIABILITY	_						COMBINED SINGLE LIMIT	5	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	s	
	OWNED SCHEDULED							BODILY INJURY (Per accident)		
	HIRED AUTOS NON-OWNED							PROPERTY DAMAGE	s	
	AUTOS ONLY AUTOS ONLY							(Per accident)	s	
	UMBRELLALIAB X OCCUR					-				5,000,000
В	- COUR			652301-14-25-36-2		01/01/2023	01 /01 /2024	EACH OCCURRENCE	S	5,000,000
							0-, 0-, -0-0	AGGREGATE	\$	3,000,000
	WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY								_	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
A	General Liability -			302301-14-25-36-2		01/01/2023	01/01/2024		\$2,000	. 000
	Sexual Abuse/Nolestation							Per occurrence	\$1,000	-
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Scheduk	e, may be	attached if more	space le require	ıd)		
	Coaches/Officials/Assignor A	-								
	erage only applies to US Lacre			_						
	rnamenta and officials and com	ache	3 88	sociations provided	that	they follo	ow 100% re	gistered member gui	deline	es set
	forth by US Lacrosse. SEE ATTACHED									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
								·		
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
					ACCORDANCE WITH THE POLICY PROVISIONS.					
Marion County Board of Education				AUTHORIZED REPRESENTATIVE						
1516 Mary Lou Retton Drive				John Beau						
Fairmont, WV 26554					form sain					

SR ID: 23813463

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OGDEN UT 84201-0038

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



002393

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

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 (hereafter known as Organization). Central WV 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:
1. Organization Name Girls on the Run of North Central
II. Contact Name Jo Marie Chandler
III. Address 19 Mayberry Drive, Fairment 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 Gurls on the Bun of North Central V/V
the gymnasum/multipurpuseracm for the purpose of
. 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?
Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making

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.

organizations.

VII.	Orga	nization agrees to assure that said Organization is a Not-For-Profit entity. $35 - 2425$
	FEIN	Number 47135826 (INCLUDE A VERIFICATION OF FEIN FROM THE IRS)
VIII.	throu	nization covenants and agrees that the scheduling of its events utilizing the attraction covenants and agrees that the scheduling of its events utilizing the attraction covenants and serious provided for herein shall be coordinated with and ghost the Organization, and said schedule will be provided to THE Administrative Assistant sintenance, Facilities, and Athletics.
IX.	\$	per Walle for addition to a custodial fee per hour for NA for NA
X.	Orgai accid	nization covenants and agrees they shall provide a minimum of \$1,000,000 liability and ent insurance for all events during the term of this agreement.
	Liabili	ity Insurance Information: (minimum of \$1,000,000 liability required by MCBOE) ance Company: NFP Curp. Services All America Number Figure Cical Benefit Insurance
XI.	again	nization covenants and agrees that it shall save MCBOE harmless from and indemnify it st all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature g 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.
	В.	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.

	after usage and agrees to be responsible for any damages or ex Organization's use of the facility.	penses resulting from						
XIII.	Organization covenants and agrees that it shall comply with all laws, ore Federal, State, and municipal authorities including but not limited to all health department rules and regulations.	•						
XIV.	MCBOE shall inspect White Hall multipurpose after to ensure that no damages occurred as a direct result of Organization's of the state							
XV.	Organization will receive one key to be used by signer and assigns only be made or used by others. If the key is used by others or during nothers, this contract will be immediately terminated.	•						
XVI.	VI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from Nach 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, ora	l 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.							
Passed	entative of Organization	3/9/13						
Kehies	entative of Organization	Date						
/10	Merray	319123						
rincipa	or Designee	Date						
Adminis	strative Assistant of Maintenance, Facilities and Athletics	3/15/23 Date						
· commit	Manyo / Goldan of Mantonanos, / Admited and / America	Baic						
Superin	tendent	Date						
Board F	President	Date						

Organization covenants and agrees that it shall be responsible for the condition of the facility

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

XII.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2023

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.

	MPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subjective	is an	ADI he te	DITIONAL INSURED, the perms and conditions of the	he polic	v. certain n	olicies may	NAL INSURE	D provision	ons or b	e endorsed.
	inis certificate does not confer rights	to the) cer	tificate holder in lieu of s	such end	dorsement(s)	1044mo	Haviouitie	111. ~	raraineur An
	ODUCER FP Corporate Services (SE), Inc.				CONTACT Alison Hernandez						
19	PP Corporate Services (SE), Inc. 901 Roxborough Road			!	PHONE (A/C, No. Ext): 17046725144 (A/C, No.):						
Sι	uite 300			!	E-MAIL ADDRES		rnandez@nf	n com	- I PAGING	<u>u:</u>	
C	harlotte NC 28211			!	ADVINE			RDING COVERA			1
				/	INCHES			enefit Insurar			NAIC#
INS	URED			GOTROFN-01						ny	41840
Gi	ids on the Run of N. Central West Vi	irginia	a				onia ingemni	ity Insurance	<u>Company</u>		18058
91	19 Canyon Road	_			INSURE			_			= -
ÌΫΙς	organtown WV 26508				INSURE						7 8
					INSURE	RE:					== =
-	1/25 1 0 5 0				INSURE	RF:					
	OVERAGES CER	TIFIC	CATE	E NUMBER: 155778649			101	REVISION I	NUMBER:		111
C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE- CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT/ POLIC	KEMEI TAIN.	:N1, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT V	WITH DEED	COT TO	140 000 71 00
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIM	HTS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			PHPK2511298		2/1/2023	2/1/2024	EACH OCCURE DAMAGE TO R PREMISES (Ea	ENTED	\$1,000	111-111-111
	X Aubse/Molestatio		1		1			MED EXP (Any		\$ 5.000	
	X Special Events		1 '					PERSONAL & A		\$ 1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		1 '					GENERAL AGG		\$3,000	
	POLICY PRO- X LOC		1 '		- 1						
	OTHER:	111	1 /					PRODUCTS - C	OMP/OP AGG	\$ 3,000	1,000
В	AUTOMOBILE LIABILITY			PHPK2511298		2/1/2023	2/1/2024	COMBINED SIN	IGLE LIMIT	\$1,000	000
	ANY AUTO		1 !	1 (11) 300 (1000	- [Z IIZGZG	4111444	(Ea accident)			,000
	OWNED SCHEDULED		i^{-1}			i		BODILY INJURY		-	100
	X HIRED X NON-OWNED		ı 1			- 1		PROPERTY DA		1	Hateley W
	AUTOS ONLY AUTOS ONLY	1 1	, !			i	ļ	(Per accident)	MAGE	\$	111 - 32
8	V (MADDELLA LIAD		لتنس			11	1	=3:	17/.	\$	= 551
	X UMBRELLA LIAB X OCCUR		, ,	PHUB848960		2/1/2023	2/1/2024	EACH OCCURR	ENCE	\$ 10,00	0,000
	CLAIMS-MADE		, 1					AGGREGATE		\$ 10,00	0,000
<u>.</u>	DED X RETENTION \$ 10,000	\vdash	لــــــ		\longrightarrow		=1	<u> </u>		\$	
A	AND EMPLOYERS' LIABILITY		, 1	W26D437786		1/6/2023	1/6/2024	X PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	, 1			i	ſ	E.L. EACH ACC		\$ 500,0	00
	(Mandatory in NH)	/ · · · ·	,]		İ		ļ	E.L. DISEASE -	EA EMPLOYE	1	
	If yes, describe under DESCRIPTION OF OPERATIONS below					i	Ì	E.L. DISEASE -			
	VIII 🖶 %	\Box	\Box	1.0				11		1000,0	
											See.
DES(CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (AC	CORD	101, Additional Remarks Schedule	le, may be	attached if more	space is require	ed)			
CEL	RTIFICATE HOLDER				CANOI	E1 1 A 71011					117 17
-	THIORIE HOEDER				CANCE	ELLATION	- 111				
	Marion County Board of Ed	lucati	ion		THE	EXPIRATION	DATE THE	ESCRIBED POI EREOF, NOTIC Y PROVISIONS	CE WILL	ANCELL Be del	ED BEFORE IVERED IN
	1516 Mary Lou Retton Drive	е								-	IIIS
	Fairmont WV 26554			ľ	AUTHORI	ZED REPRESEN	TATIVE				

Form **W-9**

(Rev. October 2018) Department of the Treasury Internal Revenue Service

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.

	Girls on the Run of North Central West Virginia, Inc.											
2 Business name/disregarded entity name, if different from above												_
	1.0											
age 3.	3 Check appropriate box for federal tax classification of the person whose nam following seven boxes.	e is entered on line 1. Ch	eck only i	one (of the	4 Exemptions (codes apply only to certain entities, not individuals; see						
9	Individual/sole proprietor or C Corporation S Corporation	instructions on page 3):										
. Se	single-member LLC		Ехел	npt payee	code	(if ar	1y)_					
野	Limited liability company. Enter the tax classification (C=C corporation, S=	<u> </u>										
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded fror another LLC that is not disregarded from the owner for U.S. federal tax pu is disregarded from the owner should check the appropriate box for the ta	om the owner unless the ourposes. Otherwise, a sing	owner of t gle-memb	owner of the LLC is code (if any)								
ecif	✓ Other (see instructions) ► Non-profit corporation exem					(Applie	s to accoun	s maint:	ained o	utside	the U.S.J)
	5 Address (number, street, and apt. or suite no.) See Instructions.		Request	er's	name a	nd ad	idress (or	tiona	1)			_
88	919 Canyon Road]									
	6 City, state, and ZIP code		-									
	Morgantown, WV 26508				2							
	7 List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)											_
	your TIN in the appropriate box. The TIN provided must match the nam	e given on line 1 to av	oid	Soc	ial sec	urity	number					_
	p withholding. For individuals, this is generally your social security num nt alien, sole proprietor, or disregarded entity, see the instructions for F		or a		\top	7	\Box	1			T	Ĩ
	nt allert, sole proprietor, or disregarded entity, see the instructions for F s, it is your employer identification number (EIN). If you do not have a n		ta] -] -				
TIN, la	iter.	,		or								
	If the account is in more than one name, see the instructions for line 1. er To Give the Requester for guidelines on whose number to enter.	Also see What Name	and [Em	ployer	denti	ification	numb	er			
IVUITIL	er to dive the nequester for guidelines on whose number to enter.			4	7 .	. 1	3 5	8	2	6	2	
Par	II Certification			}				لبل	لـــا			_
	penalties of perjury, I certify that:											_
	number shown on this form is my correct taxpayer identification numb	er (or I am waiting for	a numbe	er to	be iss	ued t	lo me): a	ınd				
2. I an Ser	n not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	kup withholding, or (b)	I have r	ot b	een no	otified	d by the	Inter	nal f ed m	Reve	nue at i ar	n
3. I an	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 exemp	t from FATCA reportin	ıg is com	ect.								
you ha	cation instructions. You must cross out item 2 above if you have been no ive failed to report all interest and dividends on your tax return. For real est- ition or abandonment of secured property, cancellation of debt, contribution han interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 ins to an individual retir	does no ement ar	t app	ply. For	mor (IRA)	tgage in	terest nerall	paid v. pa	d, avme	nts	96
Sign Here	Signature of U.S. person ▶		Date ►	Ü	Janu	ary	24, 2	023	}			
Ge	neral Instructions	• Form 1099-DIV (difunds)	vidends,	incl	uding	hose	from s	ocks	or n	nutu	al	
noted		Form 1099-MISC (proceeds)	various t	ype	s of inc	ome	, prizes,	awa	rds,	or g	ross	
relate	e developments. For the latest information about developments d to Form W-9 and its instructions, such as legislation enacted hey were published, go to www.irs.gov/FormW9.	Form 1099-8 (stock transactions by broken)	(ers)						ther			
		 Form 1099-S (prod 										
Pur	pose of Form	• Form 1099-K (men										
inform	lividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	• Form 1098 (home 1098-T (tuition)			erest),	1098	3-E (stud	lent 1	oan	inter	est),	
	ication number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	• Form 1099-C (can										
taxpa	ver identification number (ATIN), or employer identification number	• Form 1099-A (acqu						•	,	• •		
amou	to report on an information return the amount paid to you, or other nt reportable on an information return. Examples of information s include, but are not limited to, the following.	Use Form W-9 onl alien), to provide you	ar correc	t TIN	۱.		•	•				
	n 1099-INT (interest earned or paid)	If you do not return be subject to backup										

later.

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

35-2486

This a	greement dated the	21	_day of	March	,	1023	, by and	between	ı the
Marion	Commence of the commence of th	Board of	Education	(hereafter	known	as	MCBOE)	and	the
Little	League Bas	eball DBA mont Litt	. 1		after known as	s Organ	ization).		
WHED			7						
WILE N	EAS, the Marion	Lounty Board	or Education	is the owner	and manage	rofa	certain facilit	y known	as
	A SHALLOW	100 1 1001)			*				
NOW,	THEREFORE, in o	consideration of	the mutual p	romises and cov	venant herein	provide	that the MCE	30E and	the
	zation agree that:								
		-	1	1					
1.	Organization Nam	e +AIRMONI	LITTU	<u>LEAGUE</u>					
HE	Contact Name	YAST PIC	075						
		•				 -			
III.	Address 964	PUE GRAVE	B., F.	LIRMONT, NI	120554				
,	Phone Number		•	,					
. V.	Phone Number	<u>CS04) (64)</u>	- 800 21						
V.	The MCBOE cover	nants and agrees	s that it shall, f	rom 3-2	1-23				
	through	-1-23				make	available	to	the
	townest	Little.	League						the
	Watson	Bascball	Field		for		he purp		of
	T Ba	_		activities herei					
	exclusively. The M programs occurring								
	facility will not be a		1110 1110000	Will provide a st	ortendie to the	Organiz	alion with tho	se dates i	ine
VI.	Is the planned activ	rity a non-profit n	naking venture	e? Yes					
	Criteria: 490P Attorney			6	vol proparti to	ie anatria –			
		(1001) 0001		to roth or reade actific	or broberty to biol	remaking	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.

FEIN Number 55-06 [2327 (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 Warson Bureau Getham 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							
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.							
	Information: (minimum of \$1,000,000 liability required by MCBOE)							
	Insurance Company: LEXINGTON INSURANCE COMPANY							
	Policy Number 011405746							

Xł.	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 Warson Buseban Feel	7510 F1 after Organization's usage to er	1/page 3 of 3
	damages occurred as a direct result of Organization's usage.		
		35-	: 486
XV.	Organization will receive one key to be used by signer and assig	ins only, with no duplicates to be mad	le or used by
	others. If the key is used by others or during non-scheduled terminated.		
XVI.	The terms of this Agreement and all privileges, rights, obligation		
	force and effect from	, until the	day of
	existing between the parties. There are no other agreements, agreement. The AGREEMENT and all terms and provisions successors and assigns.		
		2/1/2003	
Repres	seniative of Organization	5/13/ 2025	
K	am Ph Decker	3-14-23	
Princip	pal or Designee	Date	
	tolo Isl	3-14-23	
dmini	strative Assistant of Maintenance, Facilities and Athletics	Date	
Superir	ntendent	Date	
Board I	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

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

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

	2 Business name/disregarded entity name, if different from above		e League	98-2680			
page 3.	Check appropriate box for federal tax classification of the person whose nar following seven boxes.	_	k only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
no si	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership	Trust/estate				
tion a	Limited liability company. Enter the tax classification (C=C corporation, S	-S corporation P-Partnershi	io) b	Exempt payee code (if any)			
Print or type. Specific Instructions	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax p is disregarded from the owner should check the appropriate box for the transfer of the single propriate box for the single propri	er. Do not check her of the LLC is					
e Ci	Other (see instructions)			(Applies to accounts maintained outside the U.S.)			
တ္တို	5 Address (number, street, and apt. or suite no.) See instructions.	R.	equester's name a	nd address (optional)			
Se Se	6 City, state, and ZIP code						
- 1							
1	7 List account numbers) here (optional)						
	, cal account names by their (optional)						
Part	Taxpayer Identification Number (TIN)						
Enter y	our TIN in the appropriate box. The TIN provided must match the name	ne given on line 1 to avoid	Social sec	urity number			
backup	withholding. For individuals, this is generally your social security num	nber (SSN). However, for a	a				
resider	nt alien, sole proprietor, or disregarded entity, see the instructions for it, it is your employer identification number (EIN). If you do not have a r	Part I, later, For other		- -			
TIN, lat	er.	idiniber, see riow to get a	or				
Note: (f the account is in more than one name, see the instructions for line 1.	. Also see What Name and	Employer i	dentification number			
Numbe	er To Give the Requester for guidelines on whose number to enter.						
Deve	III 0(//)		55	0612322			
Part							
	penalties of perjury, I certify that:	2000					
2. I am Serv	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac ice (IRS) that I am subject to backup withholding as a result of a failure anger subject to backup withholding; and	kup withholding, or (b) I h	have not been no	of fied by the Internal Revenue			
	a U.S. citizen or other U.S. person (defined below); and						
	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting is	s correct.				
acquisit	ation instructions. You must cross out item 2 above if you have been not be failed to report all interest and dividends on your tax return. For real estation or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 do	es not apply. For ent arrangement	mortgage interest paid,			
Sign Here	Signature of U.S. person	Date	311	4/2023			
	eral Instructions	 Form 1099-DIV (divide funds) 	ends, including t	hose from stocks or mutual			
Section noted.	references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (var proceeds)	ious types of inc	come, prizes, awards, or gross			
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted by were published, go to www.irs.gov/FormW9.	Form 1099-8 (stock or mutual fund sales and certain other transactions by brokers)					
	340 25	• Form 1099-S (proceed					
•	ose of Form			d party network transactions)			
informa	ridual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer ation number (TIN) which may be your social security number	1098-T (tuition)		1098-E (student loan interest),			
(SSN), i	ndividual taxpayer identification number (ITIN), adoption	• Form 1099-C (cancels	7,00				
taxpaye	er identification number (ATIN), or employer identification number			nent of secured property)			
amount	report on an information return the amount paid to you, or other reportable on an information return. Examples of information	Use Form W-9 only if alien), to provide your c	you are a U.S. p orrect TIN.	person (including a resident			

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.

returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)



CERTIFICATE OF LIABILITY INSURANCE

35

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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(les) 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).

	is certificate does not confer rights to	o the	certi	ficate holder in lieu of su	CONTAC NAME:	lorsement(s)		·			
					PHONE	(670) 4			FAX	(570)	472 2454
	ystone Risk Managers, LLC				A/C. No	LAG	73-2150		(A/C, No):	(5/0)	473-2151
19:	95 Point Township Drive				ADDRES	33: 0	Keystoneinsg				
				D. 47007	<u> </u>			DING COVERAGE			NAIC#
-	rthumberland			PA 17867	INSURE		on Insurance				19437
INSL	RED				INSURE	RB: AIG Spe	cialty Insurar	nce Company		-	26883
	Little League Baseball Risk I	ourch	asing	Group, Incorporated	INSURE	RC:					
	FAIRMONT LL				INSURE	RD:					
	44 Manor Drive				INSURE	RE:					(2)
	Fairmont			WV 26554	INSURE	RF					9
ÇO	VERAGES CER	TIFIC	CATE	NUMBER:			-	REVISION NUM	ABER:		
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.											WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	8	
N 1 PK	X COMMERCIAL GENERAL LIABILITY	TOTAL P	26.27	. 45141 Hallands				EACH OCCURRENT		\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENT	FD	s	300,000
	COMMS-MADE ZZ OCCOR	1						PREMISES (Ea occi		<u> </u>	Excluded
A		x		011405745		01/01/2023	01/01/2024	MED EXP (Any one		\$	1,000,000
Α		^		011405746		01/01/2023	0110112024	PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					<u> </u>		GENERAL AGGREC		\$	
	POLICY PRO-	1					'	PRODUCTS - COM		5	1,000,000
_	X OTHER Per League	ļ						SEXUAL ABUSE OF		\$	1M/\$1M
	AUTOMOBILE LIABILITY		ŝ	8			.72	(Es accident)	LIMIT	\$	The same
	ANY AUTO							BODILY INJURY (P	ar person)	\$	
	OWNED SCHEDULED AUTOS	1						BODILY INJURY (P		\$	
	HIRED NON-OWNED AUTOS ONLY						1	PROPERTY DAMAG	žΕ	3	
	3113-33	1								\$	11
Į.	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE		1)	1		111		AGGREGATE		5	The second of
	DED RETENTION\$	Ï	10							5	
	WORKERS COMPENSATION	†						PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE		1			1	8			3	- 1 //
	OFFICER/MEMBEREXCLUDED?	N/A	1 9					E.L. EACH ACCIDE		 	
	(Mandatory in NH) If yes, describe under		3					E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - PO	LICY LIMIT	2	
							1			E:	
	1		1 8	5-						Ī	
<u> </u>	<u> </u>	1				<u> </u>				<u> </u>	-
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)											
CE	RTIFICATE HOLDER				CAN	CELLATION					
	arion 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.						
	516 Mary Lou Retton Drive				AUTHO	RIZED REPRES	NTATIVE	9 /	$\overline{}$		
F	simont			WV 26554		/	Lan	d No		_	

CERTIFICATE OF	DATE (MW/DDMY) 12/29/22					
PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive	one Risk Managers, LLC					
Northumberland, PA 17867	INSURERS AI	FORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A:	Lexington Insurance Company				
FAIRMONT LL 44 Manor Drive	INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA				
Fairmont, WV 26554	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 DISO POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT 814 OF THE MASTER DISO 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 814 OF THE MASTER CYBER POLICY.

INSR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000	
Α	х	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000	
		X	INCL PARTICIPANTS	Property Damag	e Deductible: \$250	PRODUCTS/COMP OPS AGGREGATE	\$1,000,000		
		V	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000	
		_	SEXUAL ABUSE				Sexual Abuse AGGREGATE	\$1,000,000	
			MEDICAL PAYMENTS				Any One Person	-, - ,, -	
		X DIRECTORS & OFFICERS		015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *	
С	X			015454400	015454400 0170172025 0170172024		AGGREGATE	\$1,000,000	
С	Х	CY	BER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT OF	F LIABILITY **	POLICY INCEPTION POLICY INCEPTION		
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY		EAGUE SUBLIMIT OF	F LIABILITY	POEDT NOEFHON	POLICY INCEPTION	
	EM	EV	ENT MANAGEMENT INSURANCE		EAGUE SUBLIMIT OF COMMENT OF COMM	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION	
A	x		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000	
	<u> </u>			Crime Deductibl	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE	
В	х	SI	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50 As in Master Police 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

1	N	S	U	R	E	D

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 KEPRESENTATIVE

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

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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

35-2420

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 after the coverage afforded by the policies listed thereon.

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT



This agreement dated the 21 day of March , 2023 , by and between the
Marian County Board of Education (hereafter known as MCBOE) and the League Raseball DBA (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:
1. Organization Name Farmont Little League
11. Contact Name Chris Naternicola
III. Address 90 Bly Sky Lane Rivesville WV 76588
V. Phone Number 304-216-2558
through 6-1-23 make available to the Workson Baseball Field for the purpose of 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?
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.

VIII.	Organization agrees to assure that said Organization is a Not-For-Profit entity.							
	FEIN Number 55 - 06/2322 (Include a copy of your W-9 Request for Taxpayer Identification A. Number & Certificate)	1						
VIII.	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 \$							
	(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 fall events during the term of this agreement.							
	Information: (minimum of \$1,000,000 liability required by MCBOE) Insurance Company: Lexingh. Indurance Company							
	Policy Number <u>01/405746</u> ***********************************							
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 premise or any adjoining property arising from or connected with the premises during the term of this agreement.							
	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 defending any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.	nd						

Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and

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.

agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XII.

XIII.

VIX.	MCBOE shall inspect Watson Busebull Field	after Organization's usage to e	1/page 3 of 3 nsure that no					
	damages occurred as a direct result of Organization's usage.							
	50		-24 8					
XV.	Organization will receive one key to be used by signer and assign	ns only, with no duplicates to be ma	de or used by					
	others. If the key is used by others or during non-scheduled ti terminated.	mes by others, this contract will be	immediately					
XVI.	The terms of this Agreement and all privileges, rights, obligations force and effect from 3-71-23; however, either party upon thirty (30) of	_, until the $(c-1-23)$	day of					
	terminate this agreement immediately for any reason whatsoever.							
	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							
	successors and assigns.	nerent shall extend to and be blin	ung on their					
		27/ - /						
Represe	entative of Organization	03/09/2c23 Date						
}	Cam M Decker	3-14-23 Date						
Principa	or Designee	Date						
	Val Out	3-14-23						
dminis	trative Assistant of Maintenance, Facilities and Athletics	Date						
بالموسيا								
Superin	tendent	Date						
Board P	resident	Date						
		Dale						

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

Internal	Revenue Service	► Go to v	ww.irs.go	v/FormW:	9 for inst	tructions ar	nd the late	est infor	matio	n.			send 1	to the	RS.	
	1 Name (as shown	on your income tax return). Name is re	quired on ti	his line, do	not leave thi	s line blank.						-		-	-
	LIMIC	League In	c D.1	BA.	For	must	LiH,	k L	caj	CE	6	יח (_ (3	7	60	
	/	lisregarded entity name, if			200		2000 - 100	William Control)	V	-	ر المنه ال	10	1	- 1	_
က်	3 Check appropriate		144	gue	139	2130					_		2/10/1			
on page	Tallowing seven b	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. 1 Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate								in entiti	es, not i	ndividu	y only to lals; see	;		
ype.	single-member LLC								Ехеп	npt paye	e code (if any)		_		
Print or type. Specific Instructions on								Exemption from FATCA reporting code (if any)								
bec	Other (see insti	ructions) >									(Apple	s to accour	its maintain	ed outsid	n the US)	
See S	5 Address (number,	street, and apt, or suite p	io.) See instru	ictions.				Reques	ter's na	ame a	nd ad	dress (o	plional)			_
ഗ്	6 City state and Zli															
	Fairmon		16554													
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-										25.90						
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reginer	it alien, sole propri	etor, or disregarded er er identification numbe	itity, see the	e instruction	ons for P	art I later 5	or other		!		-		-	-		
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Part	II Certifica	ation							1		C	w /	12 /	2		_
Under	penalties of perjury															_
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Section noted.	references are to t	the Internal Revenue C	ode unless	otherwise	•	funds) • Form 109	9-MISC (v	arious t	ypes a	of inco	ome,	prīzes,	award:	s, or g	ross	
related I	Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted				S	• Form 109	9-B (stock	k or muti	ual fun	id sa	les ar	nd certa	ain othe	er		
after they were published, go to www.irs.gov/FormW9. Form 1099-S (proceeds from real estate transactions)																
	ose of Form					• Form 109	9-K (merci	hant car	rd and	third	party	y netwo	ork tran			
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					• Form 109 1098-T (tuit	tion)			est), 1	1098-	E (stud	lent Ioa	n inter	rest),		
(55N), ir	(SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number					Form 109Form 109				lonm	ent c	fearur	ad nen-	District.		
(EIN), to	report on an inform	nation return the amou	int paid to v	OU or oth	er ner		n W-9 only								nt	
amount	reportable on an in	nformation return. Exar	noles of info	ormation		alien) to pr	ovide your	correct	TIN.							
	returns include, but are not limited to, the following. Form 1099-INT (interest earned or paid)					If you do be subject i later	not return to backup	Form W withhold	V-9 to t ding. S	the re See W	dues That is	ter witi s backı	h a TIN, up with	, <i>you r</i> holdin	night g.	



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).

th	is certificate does not confer rights to					edane an enacisement w	awtement off			
PRO	DUCER			CONTACT David Irwin						
Ke	ystone Risk Managers, LLC			PHONE (A/C, No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151						
,	95 Point Township Drive			E-MAIL ADDRESS: Dirwin@Keystoneinsgrp.com						
				INS	NAIC#					
No	rthumberland		PA 17867		on Insurance		19437			
INSU	RED				ecialty Insurai	nce Company	26883			
	Little League Baseball Risk P	urchasi	ing Group, Incorporated	INSURER C		<u> </u>				
	FAIRMONT LL			INSURER D						
	44 Manor Drive			INSURER E :						
	Fairmont		WV 26554	INSURER F		1	10			
CO	VERAGES CER	TIFICA	TE NUMBER:	OA.	<u>-</u>	REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FUNCTIONS OF SUCH	QUIREN PERTAIN POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES, LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT 1	TO WHICH THIS			
INSR	TYPE OF INSURANCE	ADDL SU INSD W	YD POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP	LIMITS				
	COMMERCIAL GENERAL LIABILITY	3.5		1		EACH OCCURRENCE \$	1,000,000			
	CLAIMS-MADE X OCCUR			1		PREMISES (Ea occurrence) 5	300,000			
		1	12	j.		MED EXP (Any one person) \$	Excluded			
Α		X	011405746	01/01/2023	01/01/2024	PERSONAL & ADV INJURY \$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER	- 1				GENERAL AGGREGATE \$	2,000,000			
	POLICY PRO. LOC	- 1			1	PRODUCTS - COMP/OP AGG \$	1,000,000			
	X OTHER Per League	(1)				SEXUAL ABUSE OCC/AGG \$	1M/\$1M			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT [En accident) \$				
	ANY AUTO			i		BODILY INJURY (Per person) \$				
	OWNED SCHEDULED AUTOS			1	1	BODILY INJURY (Per accident) \$				
	HIRED NON-OWNED AUTOS ONLY			1		PROPERTY DAMAGE (Per accident)	555			
				1		\$				
	UMBRELLA LIAB OCCUR		=	1		EACH OCCURRENCE \$				
_	EXCESS LIAB CLAIMS-MADE		1			AGGREGATE \$				
	DED RETENTIONS				10	S				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	4		1		PER OTH-				
ŀ	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$				
	(Mandatory in NH)			1		E.L. DISEASE - EA EMPLOYEE \$				
ļ	If yes, describe under DESCRIPTION OF OPERATIONS below	â				E.L. DISEASE - POLICY LIMIT \$				
				i						
		13	İ	•						
<u> </u>						<u> </u>				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACC	ORD 101, Additional Remarks Schedu	ule, may be attached if mo	re space is requir	ed)				
	different Maldaria namadan Additional I		f CC 2026 (04/42)							
Le	rtificate Holder is named as Additional Ir	isureu j	per form CG 2026 (04/13)							
<u> </u>										
CE	RTIFICATE HOLDER			CANCELLATION						
				SHUILD AND OF	THE APONE ?	SECOIDED DOLICIES DE CANA	CLIEN BECARE			
٨	farion County BOE				N DATE TH	DESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE CYPROVISIONS.				
1516 Mary Lou Retton Drive			AUTHORIZED REPRESENTATIVE							

ACORD 25 (2016/03)

Fairmont

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WV 26554

CERTIFICATE OF	DATE (MWDDMY) 12/29/22					
Reystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	3480701-2023-1 3 48 05				
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:					
ADDITIONAL NAMED INSURED	INSURER A:	Lexington Insurance Company				
FAIRMONT LL 44 Manor Drive	INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA				
Fairmont, WV 26554	INSURER C:	AIG Specialty Insurance Company				

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW MAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF THE POLICIES OF INSURANCE CITY DE BELOW PARK DEED 13 THE HIS SURD MANY ED THE POLICIES OF INSURANCE AFFORDED BY THE POLICIES OESCRIBED TO THE RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES OESCRIBED 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 #14 OF THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
			GENERAL LIABILITY		<i>a</i>		EACH OCCURRENCE	\$1,000,000
Α	х	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damag	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
i		X	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		_	SEXUAL ABUSE			<u> </u>	Sexual Abuse AGGREGATE	\$1,000,000
_			MEDICAL PAYMENTS		-		Any One Person	
				015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	X		DIRECTORS & OFFICERS	015454400	0170172023	01/01/2024	AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	RETROACTIVE DATE	CONTINUITY DATE
		RE	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			POLICY INCEPTION	POLICY INCEPTION
	EM	EVENT MANAGEMENT INSURANCE			EAGUE SUBLIMIT C GUE RETENTION	NOT APPLICABLE	POLICY INCEPTION	
Α	х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductibl	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	×	SF	PORTS 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 ansing 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

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

POLICY NUMBER: 011405746 COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

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

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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
Mario)
WHE	REAS, the Marion County Board of Education is the owner and manager of a certain facility known as
NOW Organ	, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the nization agree that:
1.	Organization Name Fairmont Little League
Ħ.	Contact Name David Joseph
III.	Address 1815 Dogwood Drive, Fairmont, WV 26554 Phone Number 304-363-7811
V.	through
VI.	Is the planned activity a non-profit making venture?
	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.

35-8428

FEIN Number 55 - DE12322 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII.		inization covenants and agrees that the scheduling of its events utilizing the							
		said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.							
		nization agrees to a facility use fee of \$_Walve_per in addition to a \$							
IX.	Orga	nization agrees to a facility use fee of \$ Walve per in addition to a \$							
	custo	odial fee per							
	(Add	itional fees may apply depending on facility) \$ for							
Χ.		nization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for ents during the term of this agreement.							
		Tation: (minimum of \$1,000,000 liability required by MCBOE)							
	Insur	ance Company: Lexington Insurance Company							
		Number 011405.746							
	*****	**************************************							
XI.		Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities,							
		s, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in ection with the following:							
	Α.	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.							
	В.	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.	Organ	sization covenants and agrees that it shall be responsible for the condition of the facility after usage and							
		s to be responsible for any damages or expenses resulting from Organization's use of the facility.							
XIII.	Organ	ization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and							
	munic	ipal authorities including but not limited to all safety regulations and health department rules and regulations.							

XIV.	damages occurred as a direct result of Organization's usage.	after Organization's usage to ens 35 $\!=\!$ $\!$	
XV.	Organization will receive one key to be used by signer and assign others. If the key is used by others or during non-scheduled titerminated.	•	-
XVI.	The terms of this Agreement and all privileges, rights, obligation force and effect from	_, until the	day of h impunity, agreement affects this
Repres	successors and assigns	$\frac{03/09/2023}{\text{Date}}$ Date	
K	am M Decker	3-14-23	
	at or Designee Strative Assistant of Maintenance, Facilities and Athletics	Date 3-14-23 Date	
Superir	ntendent	Date	
Board F	President	Date	
8/26/08			

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

(Rev. October 2018) Department of the Treasury

inclinication intimper and Certification

requester. Do not

Interna	Revenue Service	► Go to www.irs.gov/FormW9 for i	structions and the lates	st information.	send to the INS.	
	1 Name (as shown	on your income tax return). Name is required on this line	do not leave this line blank.			
	LIHK	League Inc DBA E	wmst LiHA	Leasie	25-2428	
	2 Business name/	disregarded entity name, if different from above	(v ///// 2/11/1	- Lago	35-0400	
	Fair	west Little Lougel			0 P. 8.6	
(r)		ite box for federal tax classification of the person whose n	ame is entered on line 1. Che	ck only one of the	4 Exemptions (codes apply only to	
Print or type. Specific Instructions on page	following seven	boxes,	arre is criticad on the 1. One	ck only one of the	certain entities, not individuals; see	
Ę		e proprietor or C Corporation S Corporati	on Partnership		instructions on page 3):	
4: S	single-memb		n 🗀 Partnership	Trust/estate	5	
Print or type.	[Limited habile	th company Extention law standing to 10.00			Exempt payee code (if any)	
or t	Note: Check	y company, Enter the lax classification (C=C corporation, the appropriate box in the line above for the tax classification).	S=S corporation, P=Partners	ship) >		
int	LLC If the LLC	is classified as a single-member LLC that is disregarded	from the owner unless the ou	wher of the LLC is	Exemption from FATCA reporting	
E D	another LLC	hat is not disregarded from the owner for U.S., federal tax if from the owner should check the appropriate box for the	nuronses Otherwise a small	e-member LLC that	code (if any)	
Cit	Other (see ins		tax crassingation of its owne	· ·	Manhatana	
Sp		r, street, and apt. or suite no.) See instructions.		Requester's name a	Applies to accounts maintained outside the U.S.) nd address (optional)	
See	1511	Fesall st	1	ricquester straine b	no address (optional)	
S	6 City state and Z					
	Fairmer	1 1 1 alexil				
1	7 List account num					
Par	Taynay	er Identification Number (TIN)				
	The second secon	propriate box. The TIN provided must match the na		Casiel ear	with a see by a	
Dacku	o withholding. For	individuals, this is generally your social security or	mber (SSN). However, for	ra Social sec	urity number	
esidei	nt alien, sole propi	letor, or disregarded entity, see the instructions for	Part I later For other	1 1 1	[- -	
entitie: TIN, la	s, it is your employ ler	ver identification number (EIN). If you do not have a	number, see How to get		J	
		more than one name, see the instructions for line	4	or		
Vumbe	er To Give the Rec	suester for guidelines on whose number to enter.	1. Also see What Name a	nd Employer	dentification number	
				55 -	06/2322	
Part	II Certific	ation				
	penalties of perjur					
		this form is my correct taxpayer identification num	bor for Lom waiting for a	accests as the first		
. I am	not subject to ba	ckup withholding because (a) I am exempt from b	ider (or ram waiting for a	number to be issu	Jed to me); and	
Selv	ice (ino) mari am	SUDJECT to Dackup withholding as a result of a faile	re to report all interest or	dividends, or (c) t	he IRS has notified me that I am	
no ic	inger subject to b	ackup withholding; and		990 S. 13 1		
		other U.S. person (defined below); and				
		tered on this form (if any) indicating that I am exen				
ertific	ation instructions	. You must cross out item 2 above if you have been i	notified by the IRS that you	are currently subje	ect to backup withholding because	
ou nav	e raneu to report a	ii interest and dividends on your lax return. For real e	state transactions, item 2 d	ines not apply. For	mortgage interest paid	
ther th	an interest and div	nt of secured property, cancellation of debt, contribution of debt, contributions, you are not required to sign the certification.	tions to an individual retirer	ment arrangement	(IRA), and generally, payments	
Sign		1	or you man promot your	CONTROL THE OCCU	ne maductions for Part 11, later.	
lere	Signature of U.S. person ▶	The standard		2	11111	
100	U.S. person	hill	Da	ste 🕨	119192	
Gen	eral Instri	uctions	• Form 1099-DIV (divid	dends, including t	hose from stocks or mutual	
		the Internal Revenue Code unless otherwise	funds)			
oted.	references are to	the internal Revenue Code unless otherwise	 Form 1099-MISC (value) 	arious types of inc	ome, prizes, awards, or gross	
uture	developments. F	or the latest information about developments	proceeds)			
elated	uture developments. For the latest information about developments lated to Form W-9 and its instructions, such as legislation enacted transactions by brokers.					
fter the	er they were published, go to www.irs.gov/FormW9.					
urn	ose of Forn	n	• Form 1099-S (procee			
					party network transactions)	
iforma	nuual or entity (Fo tion return with th	rm W-9 requester) who is required to file an e IRS must obtain your correct taxpayer	 Form 1098 (home minutes) 1098-T (tuition) 	ortgage interest),	1098-E (student loan interest),	
lentific	ntification number (TIN) which may be your social security number Form 1099-C (canceled debt)					

(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-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 cartificate holder is an ADDITIONAL INSURED, the policy(les) 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 Irv	vin				
Keystone F	Risk Managers, LLC			PHONE (A/C, No, Ex	o: (570) 4	73-2150		FAX (A/C, No):	(570)	473-2151
1995 Point	Township Drive			E-MAIL ADDRESS:		Keystoneinsg				
					INS	URER(S) AFFOR	RDING COVERAGE			NAIC#
Northumbe	erland	Ş	PA 17867	INSURER A	Lexingto	on Insurance	Company			19437
INSURED				INSURER B	. AIG Spe	ecialty Insura	nce Company			26883
	Little League Baseball Risk	Purchasing Group, I	ncorporated	INSURER C	:					
	FAIRMONT LL			INSURER D	:					100
	44 Manor Drive			INSURER E						
	Fairmont	V	VV 26554	INSURER F	;					
COVERAG	SES CEI	RTIFICATE NUMB	ER:				REVISION NUM	BER:		
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	TYPE OF INSURANCE	ADOL SUSR	POLICY NUMBER	P(OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	10-20-20-20-20-20-20-20-20-20-20-20-20-20
X co	MMERCIAL GENERAL LIABILITY		10.12.6%				EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea pocur		\$	300,000
1		The state of the s								

LTR	TITE OF INSUIONCE	INSO WYD	POLICY NUMBER	(MM/DD/TTTY)	(MINVOD/YYYY)	Limit I	3
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
A	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	s Excluded
		X	011405746	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO-			1 3		PRODUCTS - COMP/OP AGG	s 1,000,000
	X OTHER: Per League		m 85 P			SEXUAL ABUSE OCC/AGG	s 1M/\$1M
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Eq accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS		I v v m		-	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	S
1							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTIONS						S
9 1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A	- 27.7			E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	"'"				E.L. DISEASE - EA EMPLOYEE	5
_	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s ILO
							2
150				G			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACOR	tD 101, Additional Remarks Schedule, may	be attached if mo	re space is requir	ed)	

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	Lain ein

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

CERTIFICATE OF	LIABILITY INSURANCE	DATE (MM/DD/YY) 12/29/22			
PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #: 3480701-2023-1 3 48 05				
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED:	INSURER A: Lexington Insurance Company				
FAIRMONT LL 44 Manor Drive	INSURER B: (Non-Liability)	National Union Fire insurance Company of Pittsburgh, PA			
Fairmont, WV 26554	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 LUBILITY 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 LUBILITY 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	
		GENERAL LIABILITY					EACH OCCURRENCE	\$1,000,000
Α	Х	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damag	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
			0574141 ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
		X	SEXUAL ABUSE		<u> </u>		Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	= 13 Pro=
					24/24/2222	04/04/00004	EACH LOSS	\$1,000,000 *
С	X	DIRECTORS & OFFICERS		015454400 01/01/2023 01/0		01/01/2024	AGGREGATE	\$1,000,000
С	х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	POLICY INCEPTION
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION				
	EM	EV	ENT MANAGEMENT INSURANCE		EAGUE SUBLIMIT OF	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
A	х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
В	х	SF	PORTS 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

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

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

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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
- 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



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

35.2420

This a	agreement dated theday ofdarch, 2023_, by and between the
Mario	n County Board of Education (hereafter known as MODOS)
_Hl	League Baseball OBA Farment (hereafter known as Organization). Little League
WHEF	REAS, the Marion County Board of Education is the owner and manager of a certain facility known as LOCASED PASEDAN FIELD.
	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the ization agree that:
1.	Organization Name Fairmost Little league
H.	Contact Name Tyler Jackson
III.	Address III Meadowlane Ave Fairment, WV 20554
√.	Phone Number (304) 657-0762
V.	The MCBOE covenants and agrees that it shall, from 3-21-23
	through 10-1-23, make available to the Fairment Little League the
	Watson Basiball Field for the purpose of
	B Rall 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?
	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.

	FEIN Num	Number <u>55 0 1232)</u> (Include a copy of your W-9 Request for Taxpayer Identification ber & Certificate)
VIII.	wo	nization covenants and agrees that the scheduling of its events utilizing the last the last the scheduling of its events utilizing the last last last last last last last last
IX.		nization agrees to a facility use fee of \$ fer in addition to a \$
		tional fees may apply depending on facility) \$ for
Χ.		nization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for ents during the term of this agreement.
	Inforr	This section must be completed Liability Insurance mation: (minimum of \$1,000,000 liability required by MCBOE) ance Company: Lexing Toggard Company Number 011405 744 Attach a copy of the policy to the application
XI.	losses	nization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, s, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in action 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.
	В.	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.

Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and

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.

agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

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

VII.

XII.

XIII.

XIV. MCBOE shall inspect Watson Baseball Fi	7510 F1/page 3 of 3 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 ass	•
others. If the key is used by others or during non-scheduled terminated.	d times by others, this contract will be immediately
XVI. The terms of this Agreement and all privileges, rights, obligation force and effect from 3-71-73	ions, duties and liabilities hereunder shall remain in
1000 123 ; however, either party upon thirty (3)	0) days written notice to the other may, with impunity,
terminate this agreement immediately for any reason whatsoev	
existing between the parties. There are no other agreement	_
agreement. The AGREEMENT and all terms and provision	ns herein shall extend to and be binding on their
successors and assigns.	
Representative of Organization	3/14/03
Kam M Decker	3-14-23
Principal or Designee	Date
John Ost	3-14-23
dministrative Assistant of Maintenance, Facilities and Athletics	Date
	5.00 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×
Superintendent	Date
Board President	Date
8/26/08	
2/23/15 8/12/21	

11/30/21 3/3/22 07/28/22

(Rev. October 2018) Department of the Treasury Internal Revenue Service

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.

			ot illioithation.	
	1 Name (as shown on your income tax return). Name is required on this line; of LHR LEAGUE, INC. DEA	fo not leave this line blank.	ittle le	and
	2 Business name/disregarded entity name, if different from above			J
	Fairment Little League			
page 3.	2.01	4 Exemptions (codes apply only to certain entities, not individuals; see		
s on r	Individual/sole proprietor or C Corporation S Corporation single-member LLC	☐ Trust/estate	instructions on page 3):	
tion to	Limited liability company. Enter the tax classification (C=C corporation, S	2-Comparation D-Cod	NIA N	Exempt payee code (if any)
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification. LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax p is disregarded from the owner for U.S. federal tax p is disregarded from the owner should check the appropriate box for the t	on of the single-member ow rom the owner unless the ov purposes. Otherwise, a single	ner. Do not check wner of the LLC is	Exemption from FATCA reporting code (if any)
Ğ.	Other (see instructions)	an alabamation of its office	''	(Applies to accounts maintained outside the U.S.)
S	5 Address (number, street, and apt. or suite no.) See instructions.	T	Requester's name a	nd address (optional)
See	6 City, state, and ZIP code			
	Fairmond, WY 26554			
	7 List account number(s) here (optional)			
Do				
Pa				
back	your TIN in the appropriate box. The TIN provided must match the nan up withholding. For individuals, this is generally your social security nun	ne given on line 1 to avoi	id Social sec	urity number
entitie	ent alien, sole proprietor, or disregarded entity, see the instructions for is, it is your employer identification number (EIN). If you do not have a r	Part I. later, For other		
TIN, I			or	
Note: Numb	If the account is in more than one name, see the instructions for line 1 er To Give the Requester for guidelines on whose number to enter.	. Also see What Name a	nd Employer i	dentification number
			55-	0612322
Par				
	penalties of perjury, I certify that:			
2. I an Ser no l	number shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from backice (IRS) that I am subject to backup withholding as a result of a failur onger subject to backup withholding; and	ckup withholding, or (b) I	have not been no	tified by the Internal Dovenus
	n 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 exemp	ot from FATCA reporting	is correct.	
acquis	cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real est ition or abandonment of secured property, cancellation of debt, contribution han interest and dividends, you are not required to sign the certification, b	tate transactions, item 2 d ons to an individual retirer	loes not apply. For	mortgage interest paid,
Sign Here	Signature of U.S. person ▶	Da	ite > 3	14/2023
Ger	neral Instructions	Form 1099-DIV (dividends)	dends, including t	hose from stocks or mutual
Sectio noted,	n references are to the Internal Revenue Code unless otherwise		arious types of inc	ome, prizes, awards, or gross

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-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

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 David Irwin			
Keystone	Risk Managers, LLC		PHONE (A/C, No. Ext): (570) 473-2150 FAX (A/C, No. Ext): (570) 473-21			
1995 Poin	t Township Drive		ADDRESS: DIrwin@Keystoneinsgrp.com			
			INSURER(S) AFFORDING COVERAGE	NAIC#		
Northumb	erland	PA 17867	INSURER A. Lexington Insurance Company	19437		
INSURED			INSURER B. AIG Specialty Insurance Company	26883		
	Little League Baseball Risk Purchasing Group,	Incorporated	INSURER C:			
	FAIRMONT LL		INSURER D :			
	44 Manor Drive		INSURER E			
	Fairmont	NV 26554	INSURER F:			

COVERAGES	CERTIFICATE NUMBER	R:	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.

LTR	TYPE OF INSURANCE	INSD WYD			(MM/DD/YYYY)	LIMITS	
-	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED	\$ 1,000,000 \$ 300,000
A		1		01/01/2023	01/01/2024	MED EXP (Any one person)	s Excluded
		x	011405746			PERSONAL & ADV INJURY	s 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	X OTHER Per League			67.5		SEXUAL ABUSE OCC/AGG	\$ 1M/\$1M
	AUTOMOBILE LIABILITY				Si i	COMBINED SINGLE LIMIT (Es accident)	\$
	ANY AUTO			i .		BODILY INJURY (Per person)	5
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	= -	3		1.		- W H I(= -	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	5
490	DED RETENTIONS			ļ			\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1	1		PER OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA	1	İ		E.L. EACH ACCIDENT	\$
	(Mandatory in NH)		4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			E.L. DISEASE - EA EMPLOYEE	\$
<u> </u>	DESCRIPTION OF OPERATIONS below	1 4				E.L. DISEASE - POLICY LIMIT	\$
			†		ļ	22	
	1	1			!		
]		I L		<u> </u>	i i	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	l 101, Additional Remarks Schedule, may l	be attached if mor	re space is require	ed)	
l ca	rtificate Holder is named as Additional I	neuzed nez	form CG 2026 (04/13)				
٦	Timoste Floride: 13 Harried as Additional F	isureu per	101111 000 2020 (04/13)				
CE	RTIFICATE HOLDER		CAN	CELLATION			

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	Lain Jenn	
		© 1988-2015 ACORD CORPORATION. All rights reserved.	

CERTIFICATE OF		DATE (MM/DD/Y) 12/29/22		
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #	3480701-2023-1	35 348 05/1 99	
Northumberland, PA 17867	INSURERS AF	FORDING COVERAGE:		
ADDITIONAL NAMED INSURED	INSURER A:	Lexington Insurance Company		
FAIRMONT LL 44 Manor Drive	INSURER B: (Non-Liability)	National Union Fire Insura Pittsburgh, PA		
Fairmont, WV 26554	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 HERRIN 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	ADO'L]	E MASTER CYBER POLICY		POLICY EFFECTIVE	POLICY EXPIRATION		
LTR	NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	LIN	NITS
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
Α	Х	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS		Property Damage Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		Y	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
			ODAGAE NOOCE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
		DIRECTORS & OFFICERS		015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	×						AGGREGATE	\$1,000,000
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE POLICY INCEPTION
		REG	SULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION				
	EM	E۷	ENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			NOT APPLICABLE	POLICY INCEPTION
Α	х	CRIME COVERAGE		9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
В	×	SF	PORTS 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

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

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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
- 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



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 after the coverage afforded by the policies listed thereon.

35-2470

This a	greement dated the	21	day of	March	, á	2023	by and	d betweer	n the
Marior		ard of	Education	(hereafter	known eafter known as	as Organi	MCBOE)	and	the
WHER	EAS, the Marion Co Watson Ba	ounty Board	of Education	on is the owner	and manager	of a	certain facil	ty knowr	n as
	THEREFORE, in conzation agree that:					provide	that the MC	BOE and	I the
1.	Organization Name _	Faire	ment L.	He Leagu	د				
II.	Contact Name	Joseph	Commod	dore					
101.	Address //O	Friend	Drive,	fairment	WV 26	554 			
W.	Phone Number	304/20	18-580	5					
V,	The MCBOE covenar through	nts and agree		, from3		make	,available	to	the
	exclusively. The MCE programs occurring in facility will not be available.	OE reserves	s the right to e		above days tha	ertain to at there	the Organiz	and/or spe	of roup ecial
VI.	Is the planned activity	a non-profit	making vent	ure?		<u></u>			
	Criteria: 490P Attorney Ger	n 114 (1961) Bo	pard not authorize	ed to rent or lease sch	ool property to prof	t-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.

	FEIN Number 55-06/2322 (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 \$ per in addition to a \$ custodial fee per							
	(Additional fees may apply depending on facility) \$ for							
Χ.	Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance fo all events during the term of this agreement.							
	Information: (minimum of \$1,000,000 liability required by MCBOE) Insurance Company: Lexing fon Insurance Company:							
	Policy Number 01/405746 ***********************************							
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.							
KII.	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.							
CIII.	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.							

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

VII.

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 assign		
	others. If the key is used by others or during non-scheduled tir terminated.	nes by others, this contract will t	oe immediately
XVI.	The terms of this Agreement and all privileges, rights, obligations force and effect from $3-77-73$		shall remain in
	June 173 ; however, either party upon thirty (30) d		
	terminate this agreement immediately for any reason whatsoever.		
	existing between the parties. There are no other agreements, or	oral or otherwise, which modifies	or affects this
	agreement. The AGREEMENT and all terms and provisions to	nerein shall extend to and be bi	nding on their
	successors and assigns.		
	sentative of Organization	3/14/23	
Repre	sentative of Organization	Date	
_/	far M Dicker	3-14-23	
Princip	pal or Designee	Date	
	John Mel	3-14-23	
dmin	strative Assistant of Maintenance, Facilities and Athletics	Date	
Superi	intendent	Date	
Board	President	Date	
8/26/08 2/23/19	5		
8/12/2	1		

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

(Rev. October 2018) Department of the Treasury Internal Revenue Service

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.

_			0111100111			
	1 Name (as shown on your income tax return). Name is required on this line; d Li HIC League Inc D. BA. Fan	onot leave this line blank.	League	3	5-8	43
	2 Business name/disregarded entity name, if different from above					
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for lederal tax classification of the person whose nar following seven boxes. C Corporation S Corporation	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
ons.	single-member LLC	Exempt payee code (if any)				
Print or type.	Limited liability company. Enter the tax classification (C=C corporation, S Note: Check the appropriate box in the line above for the tax classificatio LLC if the LLC is classified as a single-member LLC that is disregarded fr	on of the single-member owner.	Do not check		om FATCA rep	orting
Pri cific I	another LLC that is not disregarded from the owner for U.S. federal tax p is disregarded from the owner should check the appropriate box for the to	urposes. Otherwise, a single-me ax classification of its owner.	mber LLC that	code (if any)		
pe	Other (see instructions) ► 5 Address (number, street, and apt, or suite no.) See instructions	Dog			is maintained outsid	le the US)
See	1511 Ferrell St	Kedr	iester's name a	ino address (op	tionall	
	Fairmont WV 26554					
	7 List account number(s) here (optional)					
Par	Taxpayer Identification Number (TIN)					
The Real Property lies, the Parket of the Pa	your TIN in the appropriate box. The TIN provided must match the name	ne given on line 1 to avoid	Social sec	urity number		
backu	p withholding. For individuals, this is generally your social security nun	nber (SSN). However, for a	Joens sec	arry number	1 [T T
resider entities	nt alien, sole proprietor, or disregarded entity, see the instructions for is, it is your employer identification number (EIN). If you do not have a r	Part I, later. For other		-	-	
TIN, la	ter.	iditiber, see now to get a	or	ــــــــــــــــــــــــــــــــــــــ	J	4
Note:	If the account is in more than one name, see the instructions for line 1.	. Also see What Name and		identification number		
Numbe	er To Give the Requester for guidelines on whose number to enter.		1-6		000	10
			55 -	061	232	X
Part	The state of the s	****				
	penalties of perjury, I certify that:					
2.1 am Serv	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac rice (IRS) that I am subject to backup withholding as a result of a failur longer subject to backup withholding; and	kup withholding or (h) I hav	e not been or	stified by the	Internal Day	enue nat I am
3. I am	a U.S. citizen or other U.S. person (defined below); and					
	FATCA code(s) entered on this form (if any) indicating that I am exemp					
acquisi	cation instructions. You must cross out item 2 above if you have been no re failed to report all interest and dividends on your tax return. For real est tion or abandonment of secured property, cancellation of debt, contribution han interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 does	not apply. For	mortgage int	erest paid,	ente
Sign Here	Signature of U.S. person	Date ▶	3	11412	13	
Gen	eral Instructions	Form 1099-DIV (dividend funds)	ds, including t	hose from st	ocks or muti	uał
Section noted.	references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (variou proceeds)	s types of inc	ome, prizes,	awards, or g	gross
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. • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)					in other	
	-	• Form 1099-S (proceeds	from real esta	te transactio	ns)	
1,670	ose of Form	 Form 1099-K (merchant 				
informa	vidual or entity (Form W-9 requester) who is required to file an attion return with the IRS must obtain your correct taxpayer	 Form 1098 (home mortgation) 		1098-E (stud	ent loan inte	rest),
(SSN)	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	• Form 1099-C (canceled				
A	or intend flooring according to TATIAN	 Form 1099-A facquisition 	or abandose	ant of eacher	ad aronamia	

· 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.

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)



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PRODUCER		CONTA	CT				
		NAME:	DOYIO II Y	/in			
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					
·		INSURER(S) AFFORDING COVERAGE					NAIC#
Northumberland	PA 17867	INSURE		n Insurance		- 1	19437
INSUREO		1	410.0	-	nce Company		26883
Little League Baseball Risk Purchasing Gro	un Incompeted	INSURE		oldity mooral	ioc company		20003
	Jup, incorporated	INSURE				<u> </u>	
FAIRMONT LL		INSURE	RO:		*****		
44 Manor Drive		INSURE	RE	_			
Fairmont	WV 26554	INSURE	RF:				
COVERAGES CERTIFICATE NL					REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INDICATED, NOTWITHSTANDING ANY REQUIREMENT, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMI	TERM OR CONDITION INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER (S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO Y	WHICH THIS
NSR TYPE OF INSURANCE ADOL'SUBR' INSD WYD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
COMMERCIAL GENERAL LIABILITY			I.	392)	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR				Ä.	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000
55.00					MED EXP (Any one person)	5	Excluded
A X 01	11405746		01/01/2023	01/01/2024	PERSONAL & ADV INJURY	s	1,000,000
	1700770		0 110 112020	3110112024			2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO. LOC			1		GENERAL AGGREGATE	\$	1,000,000
			1.		PRODUCTS - COMP/OP AGG SEXUAL ABUSE OCC/AGG	\$	
X OTHER Per League					COMBINED SINGLE LIMIT	\$	1M/\$1M
AUTOMOBILE LIABILITY					(Es accident)	\$	
ANY AUTO			j.		BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	5	
					20	\$	
UMBRELLA LIAB OCCUR			1		EACH OCCURRENCE	5	
EXCESS LIAB CLAIMS-MADE			¥ = 22		AGGREGATE	\$	
DED RETENTIONS						s	10
WORKERS COMPENSATION					PER OTH-	i	
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			1		E.L. EACH ACCIDENT	\$	8 9
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)			1		E.L. DISEASE - EA EMPLOYEE		
If yes, describe under			i				1.00
DÉSCRIPTION OF OPERATIONS below	= = = = = = = = = = = = = = = = = = = =		-	-	E.L. DISEASE - POLICY LIMIT	3	
					i i		
			<u> </u>		<u> </u>	<u> </u>	10%
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Certificate Holder is named as Additional Insured per for		dule, may i	be affached if mor	e space is requi	red)		
CERTIFICATE HOLDER		CAN	CELLATION				
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.						
	AUTHORIZED REPRESENTATIVE						
1516 Mary Lou Retton Drive		AUTH	ORIZED REPRESI	MTATIVE	,		

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ABILITY INSURANCE 12/29/22
CERTIFICATE #: 3480701-2023-1 3 48 05
INSURERS AFFORDING COVERAGE:
INSURER A: Lexington Insurance Company
INSURER B: National Union Fire Insurance Company of (Non-Liability) 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 SUBJUINIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER DAO POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER DAO POLICY.

**SUBJECT TO \$5,000,000 AGGREGATE SUBJUINIT 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	ADD'L NAMED INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MWDD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY					EACH OCCURRENCE	\$1,000,000
Α	Х	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damag	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		x	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
			SEXUAL ABOSE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
				015454400	01/01/2023	01/01/2024	EACHLOSS	\$1,000,000 *
С	X DIRECTORS & OFFICERS		013434400 0170172024		01/01/2024	AGGREGATE	\$1,000,000	
С	х	CY	BER 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
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY			F LIABILITY	POLICY INCEPTION	POLICY INCEPTION
	EM	EVI	ENT MANAGEMENT INSURANCE		EAGUE SUBLIMIT C GUE RETENTION	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α _	×		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
В	х	SF	PORTS 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	CANCELLATION
Little League Baseball Risk Purchasing Group, Inco 539 U.S.RT. 15 Highway South Williamsport, PA 17702	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:
 - In the performance of your ongoing operations; or
 - In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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

35-2480

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 after the coverage afforded by the policies listed thereon.

	LIABILITY INSURANCE				
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #: 3480701=2028-1 3 48 05				
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:				
ADDITIONAL NAMED INSURED	INSURER A: Lexington Insurance Company				
FAIRMONT LL 44 Manor Drive	INSURER B. National Union Fire Insurance Company of (Non-Liability) Pittsburgh, PA				
Fairmont, WV 26554	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 NOTWITHSTAYDING 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 HODORSEMENT #14 OF THE MASTER CYBER POLICY.

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)	L	MITS	
			GENERAL LIABILITY		- Listan 23	THE PERSON NAMED IN	EACH OCCURRENCE	\$1,000,000	
Α	х	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000	
	_	X	INCL PARTICIPANTS	Property Damag	e Deductible: \$250	V	PRODUCTS/COMP OPS AGGREGATE	\$1,000,000	
		X	SEXUAL ABUSE	==10000			Sexual Abuse OCCURRENCE	\$1,000,000	
				= X		manage of	Sexual Abuso AGGREGATE	\$1,000,000	
		1981	MEDICAL PAYMENTS	The second secon			Any One Person	Part brillian	
С	X		NOSCIONE & OFFICIA	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *	
	- 2	X DIRECTORS & OFFICERS		alternative plants and the second	A all the booking of the san	10 10 10 10 10 10 10 10 10 10 10 10 10 1	AGGREGATE	\$1,000,000	
С	Х	CY	BER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE	
	S&P	S&P SECURITY AND PRIVACY LIABILITY INSURANCE		\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE	
		REG	ULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA	AGUE SUBLIMIT O	POLICY INCEPTION	POLICY INCEPTION		
	EM	EVE	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION	
A	х	97.36	CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000	
	(i) [1]	18		Crime Deductible	e: \$250 Property/\$1,	000 Money	AGGREGATE	NONE	
В	X	SP	ORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess	

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

35-24 1

This ag	preement dated the 7th day of March 2023, by and between the
Marion	
	Brackall / Fairmont Little League (hereafter known as Organization).
	DBA Little league INC
WHER	EAS the Marion County Board of Education is the owner and manager of a certain facility known as
	Gayenne.
	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the
Organiz	zation agree that:
1	Organization Name Fairment Little League
L ₀	Organization tvarie 7277 State Castle
II;	Contact Name Acon Maje
HI.	Address 116 Box wood lane
	204-657 7/11
IV.	Phone Number 304-657-7611
	The state of the s
V.	The MCBOE covenants and agrees that it shall, from
	through $\frac{6/1/2023}{}$, make available to the
	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?
	Collegies 4000 Allegers Cons 114 (4001) Consideration the size of
	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.

	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
	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 Waivedin addition to a \$ NA
	custodial fee per
	(Additional fees may apply depending on facility) \$ for for
Χ.	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.
	Information: (minimum of \$1,000,000 liability required by MCBOE)
	Insurance Company: Keystone Risk Managers
	Policy Number

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.
XII).	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.

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

VII.

XIV.	damages occurred as a direct result of Organization's usage.	after Organization's usage to ensure that no
XV.	Organization will receive one key to be used by signer and assign others. If the key is used by others or during non-scheduled terminated.	ins only, with no duplicates to be made or used by times by others, this contract will be immediately
XVI.	The terms of this Agreement and all privileges, rights, obligation force and effect from; however, either party upon thirty (30) terminate this agreement immediately for any reason whatsoever existing between the parties. There are no other agreements, agreement. The AGREEMENT and all terms and provisions successors and assigns.	day of days written notice to the other may, with impunity, This agreement constitutes the entire agreement oral or otherwise, which modifies or affects this herein shall extend to and be binding on their
Princip	sentative of Organization pal or Designee istrative Assistant of Maintenance, Facilities and Athletics	3/7/2023 Date 3/14/23 Date
Superi	ntendent	Date
Board	President	Date
8/26/08 2/23/15 8/12/21 11/30/2	5 1	

3/3/22 07/28/22



CERTIFICATE OF LIABILITY INSURANCE

	Γ	DATE (MUUDD/YYYY)
3	H	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(les) 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 CO			CONTACT David Irwin						
Keystone Risk Managers, LLC			PHONE (670) 472 2350 FAX (670) 473 2351						
1995 Point Township Drive				(A/C, No, Ext): (370) 473-2130 (A/C, No): (370) 473-2131 (A/C, No): (370) 473-2131 (A/C, No): (370) 473-2131 (A/C, No): (370) 473-2131					
Too Tour Tournamp Stro				AUUKE:	. <u> </u>		DING COVERAGE	NAIC	
Northumberland			PA 17867	INSURE	F7 H 1500 II	on Insurance		1943	
INSURED	-	_	17 11001				nce Company	2688	
	Durah	asina	Group Incompraied	INSURE	Latery - Control	cially modian	ice company	2000	~_
Little League Baseball Risk I	-uren	asıng	Group, incorporateu	INSURE	1.2				
FAIRMONT LL				INSURE	2011				-
44 Manor Drive				INSURE	RE:				
Fairmont			WV 26554	INSURE	RF:				
THIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	ur bre	I IOOUED TO		REVISION NUMBER:	C DOLLOW DEDI	100
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	EME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER D S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT	T TO WHICH TO	HIS I
INSR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		ii.
COMMERCIAL GENERAL LIABILITY						Bad II	EACH OCCURRENCE !	1,000	000,0
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$ 300	0,000
								s Exclu	uded
A	Х		011405746		01/01/2023	01/01/2024	PERSONAL & ADV INJURY	1,000	000,
GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$ 2,000	0,000
POLICY PRO. LOC							PRODUCTS - COMP/OP AGG	s 1,000	000,
X OTHER Per League							SEXUAL ABUSE OCC/AGG	\$ 1M/	/\$1M
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANYAUTO								\$	
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)	5	
UMBRELLA LIAB OCCUP		1					minima et a para a minima de la compansa de la comp	s //	-
0000K								\$	
OLAMA TO CO								<u> </u>	
DED RETENTION \$	\vdash	 					PER STATUTE ER		
AND EMPLOYERS' LIABILITY Y/N								\$	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA		[E.L. DISEASE - EA EMPLOYEE		
(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
DESCRIPTION OF OPERATIONS below							E.C. DISEASE * FOLIOT EIMIT		
DESCRIPTION OF OPERATIONS / LOGATIONS / VEHIC	159 //	CORT	1 101. Additional Remarks Schadu	ile may b	e attached if mor	e soace is require	ed)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES N	CORL	101 Moditional Remarks School	are, may b	e attacisco il illor	e space is require	20)		
Certificate Holder is named as Additional I	nsure	d per	form CG 2026 (04/13)						
			•						
									-
CERTIFICATE HOLDER			<u> </u>	CAN	CELLATION				
Marion County BOE				THE	EXPIRATIO	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BE BY PROVISIONS.		
1516 Mary Lou Retton Drive				AUTHO	RIZED REPRESS	MTATIVE	, 0.		
Fairmont			WV 26554		/	Lui	1 return	-	

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35-2448

This ag	greement dated the 7th day of March 203	, by and between the
Marion	County Board of Education (hereafter known as	MCBOE) and the
	Bischall / Fairmont Little League (hereafter known as Orga	nization).
WHER	REAS, the Marion County Board of Education is the owner and manager of a	a certain facility known as
	Jayenne	octions racinty known as
NOW,	THEREFORE, in consideration of the mutual promises and covenant herein provide	e that the MCBOE and the
Organia	ization agree that:	
l:	Organization Name Fairment Little League	
	33	-
11.	Contact Name David Mezzanoth	
	Address Int. But the state of t	
III.	Address 101 Bayberry lane	=
IV.	Phone Number 304-844-0098	_
V.	The MCBOE covenants and agrees that it shall, from \$\frac{3}{2}\lambda_1 \lambda_2 \lambda_3	5070
	through $6/1/2023$ mak	e available to the
	FLL	the
	Jayenne for	the purpose of
	The activities herein described pertain	to the Organization's group
	exclusively. The MCBOE reserves the right to eliminate any of the above days that the	
	programs occurring in said facility. The MCBOE will provide a schedule to the Orga	nization 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-make	ing 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 theas 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 \[\watering addition to a \$ \] custodial fee per \[\] (Additional fees may apply depending on facility) \$ \[\watering acceptance of a continuous
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.
	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.	damages occurred as a direct result of Organization's usage.	after Organization's usage to ensure that no
XV.	Organization will receive one key to be used by signer and assign others. If the key is used by others or during non-scheduled terminated.	ins only, with no duplicates to be made or used by times by others, this contract will be immediately
Princip	The terms of this Agreement and all privileges, rights, obligation force and effect from; however, either party upon thirty (30) terminate this agreement immediately for any reason whatsoever existing between the parties. There are no other agreements, agreement. The AGREEMENT and all terms and provisions successors and assigns. Sentative of Organization pall or Designee istrative Assistant of Maintenance, Facilities and Athletics	
	ntendent	Date
Board	President	Date
8/26/08		

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

35-2449

This ag	reement dated the 7th day of March 2023, by and between the
Marion	County Board of Education (hereafter known as MCBOE) and the
	Beschall / Fairmont Little League (hereafter known as Organization).
WILEO	EAS the Median County Board of Education in the owner and managed of a lightly facility facility
VVIIER	EAS, 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
Organia	zation agree that:
1.	Organization Name Farmont 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 3/21/2013
V +5	through, make available to the
	FLL
	Beschall
	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?
	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.

	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
	and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics,
IX	Organization agrees to a facility use fee of \$ \(\mathcal{N} \) per \(\mathcal{N} \) in addition to a \$ \(\mathcal{N} \) custodial fee per \(\mathcal{N} \)
	(Additional fees may apply depending on facility) \$ for 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: Keystone Risk Managers
	Policy Number <u>011405746</u>

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:
	And instrument the death of any particular and any and any and any and any and any and any and any and any and any and any and any and any and any and any and any and any any and any any any and any any and any any and any any and any any any and any any any and any any any any any any any any any any
	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.

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

VII.

XIV.	damages occurred as a direct result of Organization's usage.	after Organization's usage to ensure that no
XV.	Organization will receive one key to be used by signer and assign others. If the key is used by others or during non-scheduled ti- terminated.	as only, with no duplicates to be made or used by mes by others, this contract will be immediately
Principa	existing between the parties. There are no other agreements, agreement. The AGREEMENT and all terms and provisions successors and assigns. The agreement of Organization and or Designee Strative Assistant of Maintenance, Facilities and Athletics	day of lays written notice to the other may, with impunity, This agreement constitutes the entire agreement oral or otherwise, which modifies or affects this
Superin	ntendent	Date
Board F	President	Date
8/26/08 2/23/15 8/12/21 11/30/2		

3/3/22 07/28/22

35-8444

This ag	greement dated the 7 day of March . 2023 , by and between the
Marion	
	Beachall / Fairmont Little League (hereafter known as Organization).
WHER	EAS, the Marion County Board of Education is the owner and manager of a certain facility known as
	Cayenn,
NOW,	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the
Organi	ization agree that:
ł;	Organization Name Fairmont hittle League
II.	Contact Name Louis O'Dell
11,	
III.	Address 103 AsHbury LANE Farmer to 26551
IV:	Phone Number 304 - 216 - 689
V.	The MCBOE covenants and agrees that it shall, from
	through 6/1/2023 make available to the
	the
	for the purpose of
	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 as provided for herein shall be coordinated with and through the Organization, and sald schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.
	and said scriedule will be provided to TAE Administrative Assistant of Maintenance, Tacinities, and Atmetics.
1X	Organization agrees to a facility use fee of \$per
	(Additional fees may apply depending on facility) S for for
Χ.	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.

	Insurance Company: Krystone Risk Managers
	Policy Number 011405746

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.

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.

XIII.

XIV.	MCBOE shall inspect	after Organization's usage to ensure that no
	damages occurred as a direct result of Organization's usage.	35-2444
		* (1)
XV.	Organization will receive one key to be used by signer and assign	ns only, with no duplicates to be made or used by
	others. If the key is used by others or during non-scheduled ti terminated.	mes by others, this contract will be immediately
XVI.	The terms of this Agreement and all privileges, rights, obligation force and effect from 3/2/2023	_, until the $6/1/2023$ day of
	terminate this agreement immediately for any reason whatever	days written notice to the other may, with impunity,
	terminate this agreement immediately for any reason whatsoever.	ins 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.	
	1 P	5 - ESIA
Repre	esentative of Organization	3-7-2023
	111 Dalo	3-7-2023 Date
Date	Aut K. Illin	3/7/2023
Princip	pal of Designee	3/7/2023 Date 3/14/23
	forhele	3/14/23
Admir	nistrative Assistant of Maintenance, Facilities and Athletics	Date
Super	intendent	Date
Board	President	Date
8/26/0	8	
2/23/1		
8/12/2	1	

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

35-8446

This ag	greement dated theday ofMarch
Marion	County Board of Education (hereafter known as MCBOE) and the
	Brachall / Fairmost Little League (hereafter known as Organization).
WHER	REAS the Marion County Board of Education is the owner and manager of a certain facility known as
	Gayine
NOW	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the
	ization agree that:
1.	Organization Name Farmont Little League
	Pa. 9
11.	Contact Name BRAD Ross
m	Address 907 FLEMING AVE
111.	Address 907 FLEMING AVE
IV.	Phone Number 304-816-2160
V.	The MCBOE covenants and agrees that it shall, from
	through $6/1/2023$, make available to the
	the
	Tayenne for the purpose of
	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?
	Criterial 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.

	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 as provided for herein shall be coordinated with and through the Organization, and sald schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.
	and said schedule will be provided to THE Administrative Assistant of Maintenance, 1 actimes, and Atments.
IX.	Organization agrees to a facility use fee of \$ perin addition to a \$A
	(Additional fees may apply depending on facility) \$
Χ.	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.
	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.

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

VII.

XIV.	damages occurred as a direct result of Organization's usage.	_ after Organization's usage to ensure that no
XV.	Organization will receive one key to be used by signer and assigns others. If the key is used by others or during non-scheduled time terminated.	
XVI.	The terms of this Agreement and all privileges, rights, obligations, force and effect from; however, either party upon thirty (30) daterminate this agreement immediately for any reason whatsoever, existing between the parties. There are no other agreements, or agreement. The AGREEMENT and all terms and provisions his successors and assigns.	day of ays written notice to the other may, with Impunity, This agreement constitutes the entire agreement and or otherwise, which modifies or affects this erein shall extend to and be binding on their
Repre	sentative of Organization	3/14/23 Date 3/14/23
Princi	pal or Designee	Date 3/14/23
Admir	nistrative Assistant of Maintenance, Facilities and Athletics	Date
Super	rintendent	Date
Board	President	Date
8/26/0 2/23/1 8/12/2	15	

11/30/21 3/3/22 07/28/22

35-2436

This a	greement dated the 14 day of MARCH, 2023, by and between the
Biv.	esville Youth Baseball Fringe Little (hereafter known as MCBOE) and the League
WHER	EAS, the Marion County Board of Education is the owner and manager of a certain facility known as Pivesville Elementary School / Field.
	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the ization agree that:
I _e	Organization Name Pivesville Youth Baseball Fringe Little League
11.	Contact Name Melissa Clelland
III.	Address 1135 McCurdysville Pike Privesville, WV 26588
IV.	Phone Number 304- 657- 4599
٧.	The MCBOE covenants and agrees that it shall, from 3/14/208 (Upon approtal RTP) through 7/1/2023 make available to the the purpose of
	Prochices Tor the purpose of Tor the Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of Tor the purpose of
	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-Front 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 hireWill Elementary Schools 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 \$
175	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.
	Insurance Company: See Allached Liability Insurance Liability Insurance Liability Insurance Liability Insurance
	Policy Number 3480710 - 2023-1

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 Fig. damages occurred as a direct result of Organization's usage.	7510 F1/page 3 of 3 fter Organization's usage to ensure that no
XV.	Organization will receive one key to be used by signer and assigns only others. If the key is used by others or during non-scheduled times terminated.	y, with no duplicates to be made or used by by others, this contract will be immediately
XVI.	The terms of this Agreement and all privileges, rights, obligations, dutiforce and effect from	of the day of written notice to the other may, with impunity, agreement constitutes the entire agreement otherwise, which modifies or affects this
Priercip	SSA Clelland / Jodie Matheny Dentative of Organization all or Designee Strative Assistant of Maintenance, Facilities and Athletics	3/15/2023 Date 3/16/23 Date
Superin	tendent	Date
Board P	President	Date
8/26/08 2/23/15 8/12/21 11/30/2	1	

3/3/22 07/28/22



Form (Rev. October 2018)
Department of the Treasury Internal Revenue Service

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.

							-		_				
	Name (as shown on your income tax return). Name is required on this fine; d	io not leave this line blank.											
	Fringe Little League				-,	7 700							
	2 Business name/disregarded entity name, if different from above												
اب													
page 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.								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
. 60	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC							Exempt payee code (if any)					
8 6	Timited Schille and LLD								(any)				
Print or type. Specific instructions	LLC if the LLC is classified as a single-member LLC that is discounted from the owner unless the corner of the LLC is:							Exemption from FATCA reporting code (if any)					
9	✓ Other (see Instructions) ► Sports Tea				Mont	ies to ac	count	mantan	ed orunsi	ole the U.	\$1		
Spe	5 Address (number, street, and apt, or suite no.) See instructions.		ester's	name			4				-		
See	414 Bellview Ave												
GI	6 City, state, and ZIP code												
	Fairmont, WV 26554												
	7 List account number(s) here (optional)		100				-	_					
1	188 · · ·												
Par	Taxpayer Identification Number (TIN)				-	-							
Enter	your TIN in the appropriate box. The TIN provided must match the name	ne given on line 1 to avoid	So	cial se	curity	num	ber	-			-		
	p withholding. For individuals, this is generally your social security nun								T	T			
	nt alien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN), if you do not have a r				1	-		-					
77N, la		and a control of gara	or					_		1			
	If the account is in more than one name, see the instructions for fine 1	. Also see What Name and	En	ploye	r iden:	tificat	ion n	umber					
Numb	er To Give the Requester for guidelines on whose number to enter.							7.7	T				
			9	2	- 0	7	3	0 8	3 6	4			
Part	II Certification			all management of the		-							
	penalties of perjury, I certify that:												
2. I am Sen	number shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from backet (IRS) that I am subject to backup withholding as a result of a failur onger subject to backup withholding; and	kup withholding, or (b) I have	e not l	been a	otifie	d by	the I	nterna	ıl Rev me t	renue hat I a	am		
3, 1 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 exemp	ot from FATCA reporting is c	crrect.	,									
ou ha	cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real est tion or abandonment of secured property, cancellation of debt, contribution can interest and dividends, you are not required to sign the certification, b	ate transactions, item 2 does	not ap	ply. Fo	er mo	rtgage	e inte Laea	erest p eralfy.	aid.	rents	use		
Sign Here	Signature of U.S. person > alie Malhum	Date ▶		3/	0/	12.	3						
Ger	eral Instructions	 Form 1099-DfV (dividend funds) 	is, inc	luding	thos	e fron	n stc	cks o	r mut	ual			
noted.	references are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (various proceeds) 	s type	s of ir	come	e, priz	ies, a	award	s, or	gross			
elated	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted ey were published, go to www.lrs.gov/FormW9.	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)											
		Form 1099-S (proceeds from real estate transactions)											
11.5	ose of Form	 Form 1099-K (merchant card and third party network transactions) 											
ntonna	vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 											
SSM)	individual taxpayer identification number (ITIN), adoption	* Form 1099-C (canceled a	,			-4 -							
	er identification number (ATIN), or employer identification number	■ Form 1099-A (acquisition											
moun	o report on an information return the amount paid to you, or other treportable on an information return. Examples of information	Use Form W-9 only if yo alien), to provide your com	ect T#	Υ,									
eturns include, but are not limited to, the following. Form 1099-INT (interest earned or paid) Form 1099-INT (interest earned or paid) Hyou 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.							ť						

CERTIFICATE OF LIV	BILITY INSURANCE
Keystone Risk Managers, LLC 1995 Point Township Drive	CERTIFICATE #: 3480710-2023-1 3 48 05
Northumberland, PA 17867	INSURERS AFFORDING COVERAGE:
ADDITIONAL NAMED INSURED: FRINGE LL 414 Bellview Ave Fairmont, WV 26554	INSURER A: Lexington Insurance Company INSURER B: (Non-Liability) INSURER C: National Union Fire Insurance Company of Pittsburgh, PA AlG 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 CLAMAS.

"SUBJECT TO 16:000.000 AGGREGATE SUBLISHT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER DAD POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAMAS AND COMMON LEAGUE CLAMAS AS MORE FULLY DESCRIBED IN ENDORSEMENT \$14 OF THE MASTER DAD POLICY.

"SUBJECT TO 16:000.000 AGGREGATE SUBLISHT 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/DOYYYY)	Lu	NITS
			GENERAL LIABILITY	044405740			EACH OCCURRENCE	\$1,000,000
Α	×	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damag	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		х	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
			OEXONE ADODE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
С	х			015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
	. ^		DIRECTORS & OFFICERS	013434400	0 170 172023	01/01/2024	AGGREGATE	\$1,000,000
С	х	CY	BER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATI
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	RETROACTIVE DATE	CONTINUITY DATE
i		REC	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAS \$1,000 PER LEAS	AGUE SUBLIMIT O	FLIABILITY	POLICY INCEPTION	POLICY INCEPTION
	EM	EV	EHT MANAGEMENT INSURANCE	\$100,000 PER LEAG \$1,000 PER LEAG	AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
A	х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
				Crime Deductible	e: \$250 Property/\$1,	,000 Money	DREY AGGREGATE NO	
₿	×	SF	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy; Med. Max. \$100,000 Deductible \$50	As in Master Polic 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 atterations, new construction, maintenance, repair or demotituon 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	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S.RT. 15 Highway South W翻amsport, PA 17702	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

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.

35-2437

This a	greement dated the 8^{th} day of $March$, 2023 , by and between the
Marion	County Board of Education (hereafter known as MCBOE) and the $\overline{FGAA/FringeL.L.}$ (hereafter known as Organization).
WHER	EAS, the Marion County Board of Education is the owner and manager of a certain facility known as Factives Middle Ball Reld.
	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the ization agree that:
l.	Organization Name FG AA Fringe LL
II.	Contact Name Clay Floharty / Jodi Matheny (Pres.)
III.	Address 414 Bellview Ave Fairmont WV 76554
√ .	Phone Number 304-694-3531 304 657-0784
V.	The MCBOE covenants and agrees that it shall, from 3-8-2023
	through $73/-2023$, make available to the $FGAA/Fringe L.L.$ the
	Fairner Middle Ballfield for the purpose of
	Baseball / Soft 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?
	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 3 180 7 10 (Include a copy of your W-9 Request for Taxpayer Identification
	Number & Certificate) attached
\$ #H	Organization covenants and agrees that the scheduling of its events utilizing the
VIII.	Organization covenants and agrees that the scheduling of its events utilizing the
	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
	Show faging 110 fee 5
Χ.	Organization covenants and agrees they shall provide a minimum of \$1,990,000 liability and accident insurance for all events during the term of this agreement.

	Information: (minimum of \$1,000,000 liability required by MCBOE) Nation Vinion Fire Instance Con
	Insurance Company Lexington Insurince Company of Pittsburgh PA, AIG Specials
	ALLINA FOR PLAN Managers In 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 Specials Company Policy Number 11405746 (Keystone Risk Manageos LLC) Insurance Compa

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.
	of any asjoning property aroung new at connection was the property and the second
	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.
	agreed to be responded to any defineges of expenses resulting them enganizations and at the latenty.
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.

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

CERTIFICATE #	0100710 2020 1 0 40 00
INCUDEDO AC	
INSURERS AF	FFORDING COVERAGE:
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: INSURER B: (Non-Liability)

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 O'THER 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.

'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 #34 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	
			GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
A	×	X	OCCURRENCE	011405746	01/01/2023	01/01/2024	GENERAL AGGREGATE	\$2,000,000
		X	INCL PARTICIPANTS	Property Damag	e Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		x	SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
			OEXOXE ADODE				Sexual Abuse AGGREGATE	\$1,000,000
			MEDICAL PAYMENTS				Any One Person	
	,	DIRECTORS & OFFICERS		015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *
С	X			010404400 0110112023 0110112024		AGGREGATE	\$1,000,000	
С	Х	CYBER LIABILITY COVERAGE		015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 per LEAGUE AGGREGATE
	S&P	SE	CURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REC	GULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEA \$1,000 PER LEA	AGUE SUBLIMIT O	F LIABILITY	POLICY INCEPTION POLICY INCEPTION	
	EM	EVI	ENT MANAGEMENT INSURANCE		AGUE SUBLIMIT O	F LIABILITY **	NOT APPLICABLE	POLICY INCEPTION
Α	х		CRIME COVERAGE	9472683	01/01/2023	01/01/2024	EACH LOSS	\$35,000
	11			Crime Deductible	e: \$250 Property/\$1	,000 Money	AGGREGATE	NONE
В	×	SP	PORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

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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:

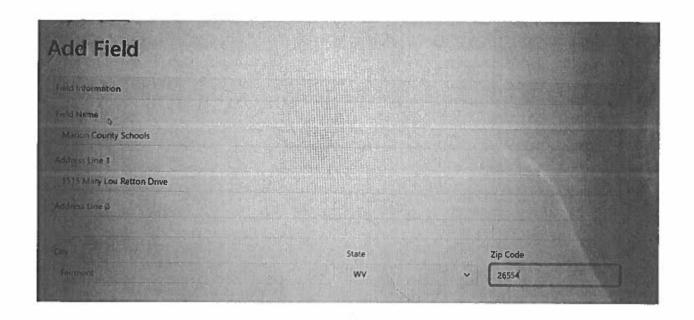
INSURED	CANCELLATION
Little League Baseball Risk Purchasing Group, Incorporated 539 U.S.RT. 15 Highway South Williamsport, PA 17702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED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

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• 3



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.

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35-2437

Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

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.

	Name (as shown on your income tax return). Name is required on this line Fringe Little League	; do not leave this line blank,		
	2 Business name/disregarded entity name, if different from above			
on page 3.	3 Check appropriate box for federal tax classification of the person whose r following seven boxes. Individual/sole proprietor or C Corporation S Corporation Single-member LLC	_	only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Print or type. Specific Instructions	Umited liability company. Enter the tax classification (C=C corporation, Note: Check the appropriate box in the line above for the tax classifica LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	ation of the single-member owner. I from the owner unless the owner Opurposes. Otherwise, a single-m	Do not check	Exemption from FATCA reporting code (if any)
ě		eams (Other)		(Applies to accounts maintained outside the U.S.)
ζ,	5 Address (number, street, and apt. or suite no.) See Instructions.	Req	tuester's name e	and address (optional)
See	414 Beliview Ave			
	6 City, state, and ZIP code			
- 1	Fairmont, WV 26554			
	7 List account number(s) here (optional)			
Parl	Taxpayer Identification Number (TIN)			
Enter y	our TIN in the appropriate box. The TIN provided must match the na	ame given on line 1 to avoid	Social sec	curity number
backu	withholding. For individuals, this is generally your social security no	umber (SSN). However, for a	12 392 3	
entities	nt allen, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have a	or Mart !, later. For other		
TIN, la	ler.	a ridiliber, see now to get a	or	
Note:	f the account is in more than one name, see the instructions for line	1. Also see What Name and		identification number
Numbe	er To Give the Requester for guidelines on whose number to enter.	V-1 31		
			9 2 -	- 0 7 3 0 8 6 4
Part	II Certification			
Under	penalties of perjury, I certify that:			
2. I am Serv no id	number shown on this form is my correct taxpayer identification nun not subject to backup withholding because: (a) I am exempt from b ice (IRS) that I am subject to backup withholding as a result of a failunger subject to backup withholding; and	ackup withholding or (b) I has	ue not been no	atified by the Internal Revenue
	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 exen	npt from FATCA reporting is o	correct.	
Certific you hav acquisit other th	ation instructions. You must cross out item 2 above if you have been re failed to report all interest and dividends on your tax return. For real e ion or abandonment of secured property, cancellation of debt, contribut	notified by the IRS that you are state transactions, item 2 does tions to an individual retirement	currently subject on apply. For	mortgage interest paid,
Sign Here	Signature of U.S. person > Odie Walkung	Date ▶	3/11	/23
	eral Instructions	Form 1099-DIV (dividend funds)	ds, including t	hose from stocks or mutual
noted.	references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various proceeds)	us types of inc	come, prizes, awards, or gross
elated	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted by were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock or n transactions by brokers) 	mutual fund sa	tles and certain other
	ose of Form	• Form 1099-S (proceeds		
				party network transactions)
nforma	ridual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer ation number (TIN) which may be your social security number	1098-T (tuition)		1098-E (student loan interest).
SSN), ii	ndividual taxpayer identification number (ITIN), adoption	• Form 1099-C (canceled		
axpaye	r identification number (ATIN), or employer identification number	Form 1099-A (acquisition		
mount	report on an information return the amount paid to you, or other reportable on an information return. Examples of information include, but are not limited to, the following.	alien), to provide your corr	rect TIN.	person (including a resident
	1099-INT (Interest earned or paid)	if you do not return Form be subject to backup withi	n W-9 to the n holding. See V	equester with a TIN, you might What is backup withholding.

	42		
*			

5:16:08 PM

3/14/2023	SEQUEL47F/MARIONINV - Design		5:16	:08 PM
DEFAULT	VENDOR *	AMOUNT	CHECK	CHECK
ACCOUNT NUMBER	NAME	CHECK	DATE	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
61.00000.00479.004.000.0000.0000.000	AFLAC (AMERICAN FAMILY LIFE	31.94	3/01/23	239067
	AFLAC (AMERICAN FAMILY LIFE	158.55	3/01/23	239067
61.00000.00479.004.000.0000.0000.00	AIG VALIC	203,50	3/01/23	239077
11.00000.00476.004.000.0000.0000.00	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		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.		3/03/23	
61.88310.13121.634.006.0000.0000.00	ALFRED NICKLES BAKERY, INC.	45.25		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	
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	49.95	3/13/23	
	AMAZON COM SALES, INC.	165.66	3/13/23	
11,00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	273.66	3/13/23	
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	833.84		
11.00000.11111.611.001.0000.0000.00	AMAZON.COM SALES, INC.	735.84	3/13/23	
11.00000.11111.611.001.2500.0000.00	1	11.99		
11.00000.11111.611.001.2670.0000.00	AMAZON.COM SALES, INC.	35.52		
11.00000.11111.611.001.2670.0000.00	AMAZON.COM SALES, INC.	So.oz Page 1		1400
	10.140.200.17/QTEMP/SQLE62167	raye	01 21	

3/14/2023	SEQUEL4/ FIMARIONINV - Design	****	0.10	
DEFAULT ACCOUNT	VENDOR	AMOUNT OF	CHECK	CHECK
NUMBER	NAME	CHECK	DATE	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
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61,41310.12170.611.209.0000.0000.00	AMAZON, COM SALES, INC.	9.69		
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61.95302.12621.693.302.0000.0000.00	AMAZON, COM SALES, INC.	379.84		
71.43280.21210.651.503.0000.0000.00	AMAZON.COM SALES, INC.	39.89		
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11.00000.21211.212.001.0000.000.00	AMERICAN BENEFIT CORPORATION			
11.00000.00479.004.000.0000.0000.00	AMERICAN FIDELITY ASSURANCE	12,981.52		
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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
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61.43310.21210.652.402.0000.0000.00	APPLE, INC.	528.00	3/13/23	1487
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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
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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
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61.50310.31391.611.701.0000.0000.00	B&H FOTO & ELECTRONICS CORP	148.48	3/08/23	239174
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61.40210.12213.611.215.0000.0000.00	BARNES & NOBLE BOOKSELLERS		3/13/23	239234
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	BLUE BIRD BUS SALES OF	430.30	3/09/23	
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11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	744.36	3/09/23	
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	747.32	3/09/23	
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	1,022.90	3/09/23	
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	1,542.26		
11.00000.12791.667.003.0000.0000.00	BLUE BIRD BUS SALES OF	1,803.42		
11.00000.12731.007.003.0000.0000.00	BONNIE TOOTHMAN	4,537.50		
11.00000.12711.831.002.0000.0000.00	BONNIE TOOTHMAN	1,512.50		
	10.140.200.17/QTEMP/SQLE62167	Page 3		

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11.00000.12321.331.001.0000.0000.00 NEV	BOWLES RICE LLP	600.00	3/13/23	1489
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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
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	CINTAS CORPORATION	479.50	3/13/23	1508
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3/14/2023	SEQUEL47F/MARIONINV - Design
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11.00000.12611.819.306.0000.0000.00	CITY OF FAIRMONT	8.67	3/13/23	1493
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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		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
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11,00000.12611.532.102.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
11,00000.12611.532.205.0000.000	COMCAST	1,799.54		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		1491
11.00000.12611.532.207.0000.0000.00	COMCAST	1,799.54		
11.00000.12611.532.211.0000.0000.00	COMCAST	1,799.54		
11,00000.12611.532.211.0000.0000.00	COMCAST	1,799.54		_
11,00000,12611,532,212,0000,0000,00	COMCAST	1,799.54		
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11.00000, 120 11.032.210.0000.0000.00	10 140 200 17/OTEMP/SQLE62167	Page 6		

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DEFAULT		AMOUNT		
ACCOUNT	VENDOR	OF CHECK	DATE	CHECK
NUMBER	NAME	1,799.54	3/13/23	NUMBER 1491
11.00000.12611.532.216.0000.0000.00	COMCAST	1,799.54	3/13/23	1491
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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
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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	CONTINENTAL GENERAL INS. CO.	40.13	3/01/23	239081
11.00000.00479.004.000.0000.0000.00	COUNTRY SEEDS & SUPPLIES	5,690.00	3/03/23	239100
61,42210.12213.611.212.0000.0000.00	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
61.88310.13121.634.006.0000.000.00	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
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	CROOK BROTHERS	604.55		239117
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61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	206.61	3/14/23	
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	232.70	3/14/23	
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61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	287.25	3/14/23	
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61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	492.20	3/14/23	
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	625.76	3/14/23	
61.88310.13121.634.006.0000.0000.00	CROOK BROTHERS	889.23		
01.00010.10121.004.000.0000.0000.00	10 140 200 17/OTEMP/SQLE62167			

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DEFAULT	014011	AMOUNT		
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NUMBER	NAME	CHECK	DATE	NUMBER
01.00310.13121.004.000.0000.0000.00	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
11.00000.112327.5777.5677.5655.5655.565	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		3/03/23	239110
11.00000.12621.431.701.0000.0000.00	FERGUSON ENTERPRISES HVAC 14			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	
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		
11.00000.12220.642.207.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	847.51	3/13/23	1484
11.00000.12220.642.207.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	380.66		
11.00000.12220.642.216.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	1,253.38		
11,00000.12220.642.216.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	409.00		
11.00000.12220.642.306.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC			1484
	FOLLETT SCHOOL SOLUTIONS, INC			
11.00000.12220.642.306.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC			
11,00000,12220.642.306.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC			
11.00000.12220.642.402.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC			
11,00000,12220,642,402,2140,0000,00	FOLLETT SCHOOL SOLUTIONS, INC			
11.00000.12220.642.502.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC			
11.00000.12220.642.502.2140.0000.00	10.140.200.17/QTEMP/SQLE62167	Page 8		,
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DEFAULT	VENDOR	AMOUNT	CHECK	CHECK
ACCOUNT NUMBER	VENDOR NAME	CHECK		NUMBER
***************************************	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
11.00000.12220.642.502.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	1,251.55	3/13/23	1484
11.00000.12220.642.503.2140.0000.00		2,513.37	3/13/23	1484
11.00000.12220.642.503.2140.0000.00	FOLLETT SCHOOL SOLUTIONS, INC	•	3/03/23	239109
11.00000.12621.431.002.0000.0000.00	FOUNDATION BUILDING MATERIALS	425.00		
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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
	FRONTIER WEST VIRGINIA, INC.	363.82	3/13/23	1500
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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	v. III.	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.		3/13/23	1500
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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	
11.00000.12711.532.003.0000.0000.00	FRONTIER WEST VIRGINIA, INC.	363.82		
61.02310.21210.611.502.0000.0000.00	FUN AND FUNCTION	704.49		
61.43310.21210.611.207.0000.0000.00	FUN AND FUNCTION	374.77		
61.43310.21210.611.214.0000.0000.00	FUN AND FUNCTION	441.89		239202
	10.140.200.17/QTEMP/SQLE62167	Page 9	ot 27	

SEQUEL47F/MARIONINV - Design	5:16:08 PM
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3/14/2023	SEQUEL47F/MARIONINV - Design		5:16	5:08 PM
DEFAULT	VENDOD	AMOUNT	CHECK	CHECK
ACCOUNT	VENDOR NAME	CHECK		NUMBER
NUMBER 11.00000.11111.651.001.0000.0000.00		14,130.00	3/07/23	239131
	GOPHER	481.53	3/03/23	239111
11.00000.11111.611.306.2260.0000.00	GOPHER	962.30	3/03/23	239111
11.00000.11111.611.501.2260.0000.00	GORDON FOOD SERVICE	5.95-		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		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-		1501
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61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE			1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE		3/13/23	
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		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		3/13/23	1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE		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
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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		1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,227.97		
61,88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,234.01	3/13/23	
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,284.31		
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,319.10		1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,338.74		1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,357.23		
61,88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,412.33		
61,88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,436.58		
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,447.40		
	GORDON FOOD SERVICE	1,467.87		
61.88310.13121.634.006.0000.0000.00	10.140.200.17/QTEMP/SQLE62167	Page 10		
	10. 1-012001 FIRE LIMITORELUZION	90 11	- -	

SEQUEL47F/MARIONINV - Design	5:16:08 PM
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DEFAULT	-	AMOUNT		
ACCOUNT	VENDOR		CHECK	CHECK
NUMBER	NAME	CHECK		NUMBER 1501
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	1,481.15	3/13/23	
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
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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	
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,363.99	3/13/23	
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,492.98		
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,573.84		
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3,844.53	3/13/23	
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	3.921.61	3/13/23	
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	4,121.25	3/13/23	
	GORDON FOOD SERVICE	4,175.11	3/13/23	
61.88310.13121.634.006.0000.0000.00	GORDON FOOD SERVICE	10.57	3/13/23	
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	23.68		
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	45.68		
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	138.60		
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	297.70		
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	303.79		
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	444.56		
61.88310.13121.636.006.0000.0000.00		462.16		
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	462.16		
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	464.91		
61.88310.13121.636.006.0000.0000.00		550.78		
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	609.13		
61.88310.13121.636.006.0000.0000.00	GORDON FOOD SERVICE	Page 11		1301
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3/14/2023	SEQUEL47F/MARIONINV - Design		5:10	:00 PIVI
DEFAULT	VENDOR	AMOUNT	CHECK	CHECK
70000111	NAME	CHECK		NUMBER
	GORDON FOOD SERVICE	637.51	3/13/23	1501
	GORDON FOOD SERVICE	663.04	3/13/23	1501
	GORDON FOOD SERVICE	672.70	3/13/23	1501
	GORDON FOOD SERVICE	847.09	3/13/23	1501
	GORDON FOOD SERVICE	894.63	3/13/23	1501
01,00010:1012	GORDON FOOD SERVICE	925.97	3/13/23	1501
	GORDON FOOD SERVICE	1,246.23	3/13/23	1501
	GORDON FOOD SERVICE	1,284.49	3/13/23	1501
	GORDON FOOD SERVICE	1,592.95	3/13/23	1501
	GORDON FOOD SERVICE	1,988.96	3/13/23	1501
	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		
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		1502
11.00000.12611.621.102.0000.0000.00	HOPE GAS	4,981.68		1502
11,00000,12611.621,205.0000.000.00	HOPE GAS	903.45		
11,00000.12611.621.206.0000.0000.00	HOPE GAS	954.82		
11.00000.12611.621.206.0000.0000.00	HOPE GAS	7,288.45		
11.00000.12611.621.207.0000.0000.00	HOPE GAS	760.78		
11.00000.12011.021.207.0000.0000.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D 44		

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SEQUEL47F/MARIONINV - Design	5:16:08 PM
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3/14/2023	SEQUEL4/F/MARIONINV - Design	AAAOUNT	J. 10	.001101
DEFAULT ACCOUNT	VENDOR	AMOUNT	CHECK	CHECK
NUMBER	NAME	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
11.00000.12611.621.502.1124.3000.00	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
	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
11.00000.12711.621.003.0000.0000.00	HOPE GAS INC	5,164.30	3/13/23	239238
11.00000.12611.621.502.0000.0000.00	V	7,625.89	3/13/23	239238
11.00000.12611.621.503.0000.0000.00	HOPE GAS INC	3,268.24	3/13/23	239238
11.00000.12611.621.701.0000.0000.00	HOPE GAS INC	870.00	3/01/23	239230
11.00000.00476.004.000.0000.0000.00	HORACE MANN LIFE INS CO			
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
	10.140.200.17/QTEMP/SQLE62167	Page 13	of 27	

3/14/2023	SEQUELATI MIANTONINV - Design	****	0,10	
DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK	CHECK
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
	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 NEV		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
11,00000,12621,431,002,0000,000,00	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		
11,00000.12621,612,002,0000.0000.00	LIBERTY DISTRIBUTORS, INC.	2,400.00		
11.00000.12621.612.002.0000.0000.00	LIBERTY DISTRIBUTORS, INC.	4,792.94		
61.05210.31391.611.000.0000.0000.00	LOWE'S	486.28		239182
	10,140,200,17/QTEMP/SQLE62167	Page 14	or 2/	

3/14/2023	SEQUEL4/F/MARIONINV - Design		5:16	SOS PIVI
DEFAULT ACCOUNT	VENDOR	AMOUNT OF	CHECK	CHECK
NUMBER	NAME	CHECK	DATE	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
61.0000.00479.004.000.0000.0000.00	MARION COUNTY SCHOOL EMPLOY		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
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3/14/2023	SEQUEL47F/MARIONINV - Design		5:16	:08 PM
DEFAULT	VENDOR	AMOUNT	CHECK	CHECK
ACCOUNT NUMBER	NAME	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
	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
	MILLER'S HARDWARE, LLC	7.49	3/13/23	239241
	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 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	
11.00000.12611.622.209.0000.0000.00	MON POWER	23.30	3/14/23	
11.00000.12611.622.209.0000.0000.00	MON POWER	3,920.75	3/14/23 3/14/23	
11.00000.12611.622.211.0000.0000.00	MON POWER	30.29 2,379.09	3/14/23	
11.00000.12611.622.211.0000.0000.00	MON POWER	6.14		
11.00000.12611.622.211.1140.0000.00	MON POWER		3/14/23	
11.00000.12611.622.212.0000.0000.00	MON POWER	2,123.48 3,489.65		
11.00000.12611.622.214.0000.0000.00	MON POWER	476.24		
11.00000.12611.622.215.0000.0000.00	MON POWER	1,495.70		
11.00000.12611.622.215.0000.0000.00	MON POWER	5.00	-	
11.00000.12611.622.216.0000.0000.00	MON POWER	4,343.24		
11,00000.12611.622.216.0000.0000.00	MON POWER MON POWER	26.84		
11.00000.12611.622.301.0000.0000.00	MON POWER	1,641.05		
11,00000.12611.622.302.0000.0000.00	MON POWER	3,039.76		
11.00000.12611.622.303.0000.0000.00	10.140.200.17/QTEMP/SQLE62167	Page 16		J
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3/14/2023	SEQUEL4/F/MARIONINV - Design		5:10	O PIVI
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
	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
11.00000.12611.622.502.0000.000.00	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
	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
11.00000.12611.622.502.1126.0000.00	MON POWER		3/14/23	239258
11.00000.12611.622.502.1128.0000.00		2,896.53		
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		239130
11.00000.12611.621.501.0000.000.00	PEOPLES-WV	2,233.18	3/07/23	239130
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3/14/2023	SEQUEL47F/MARIONINV - Design		5:16	:08 PM
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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
	PLANK ROAD PUBLISHING, INC.	205.30	3/03/23	239112
11.00000.11111.611.102.2320.0000.00	PRO V SERVICES, LLC	4,500.00	3/13/23	239243
11.00000.12621.431.502.0000.0000.00	PUTNAM INVESTMENTS	200.00	3/01/23	239075
11.00000.00476.004.000.0000.0000.00	PUTNAM INVESTMENTS	250.00	3/01/23	239075
61.00000.00476.004.000.0000.0000.00	QUILL, LEC	64.58	3/13/23	1507
11.00000.11111.611.001.0000.0000.00	QUILL, LLC	223.45	3/13/23	1507
11.00000.11111.611.701.2760.0000.00		232.56	3/13/23	1507
11.00000.11111.611.701.2760.0000.00	QUILL, LLC R&M GLASS WORKS, LLC	265.00	3/09/23	239208
11.00000.12791.667.003.0000.0000.00	READING HORIZONS	3,500.00	3/13/23	239244
61,40210,12213.321,215.0000.0000.00	REALLY GOOD STUFF, LLC	209.82	3/09/23	239201
61,43310,21210.611,214,0000.0000.00			3/01/23	239201
11,00000.00476.004.000.0000.0000.00	RELIASTAR LIFE INSURANCE CO.	48.00	3/13/23	1490
11.00000.12611.421.001.0000.0000.00	REPUBLIC SERVICES #972	3.47		1490
11.00000.12611.421.001.0000.0000.00	REPUBLIC SERVICES #972	142.92	3/13/23	
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
	10.140.200.17/QTEMP/SQLE62167	Page 18	of 27	

3/14/2023	SEQUEL4/F/MARIONINV - Design	****	5.10	SUB PIN
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NUMBER	NAME	CHECK	DATE	NUMBER
61.02310.21210.611.209.0000.0000.00	SCHOOL SPECIALTY, LLC	245.88	3/08/23	239155
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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
	SHERWIN-WILLIAMS CO.	185.90	3/13/23	1510
11.00000.12621.431.503.0000.0000.00			3/08/23	
11.00000.12585.591.001.0000.0000.00	SOUTHERN EDUCATIONAL SERVICE			239144 239144
61.92000.12911.591.001.0000.0000.00	SOUTHERN EDUCATIONAL SERVICE	162	3/08/23	
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
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11.00000.11111.011.200.2070.0000.00	10.140.200.17/QTEMP/SQLE62167	Page 19		1311
	10, 140.200.17/Q1EMF/3QLE02107	raye 15	VI 21	

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3/14/2023	SEQUEL47F/MARIONINV - Design		5:16	3:08 PM
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ACCOUNT	VENDOR	OF CHECK	CHECK	CHECK
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11.00000.11111.611.207.2670.0000.00	STAPLES BUSINESS ADVANTAGE	54.33	3/13/23	1511
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11.00000.11111.611.214.2670.0000.00	STAPLES BUSINESS ADVANTAGE	70.72	3/13/23	1511
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11.00000.11111.611.215.2670.0000.00	STAPLES BUSINESS ADVANTAGE	26,52	3/13/23	1511
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11.00000.11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	36.00	3/13/23	
11.00000,11111.611.303.2670.0000.00	STAPLES BUSINESS ADVANTAGE	64.25	3/13/23	1511
	10.140,200,17/QTEMP/SQLE62167	Page 20	OT 21	

3/14/2023	SEQUEL47F/MARIONINV - Design		5:16	8:08 PM
		AMOUNT		
	VENDOR	OF	CHECK	CHEC
	NAME	CHECK	DATE	NUMBER
00.00	STAPLES BUSINESS ADVANTAGE	14.29	3/13/23	1511

3/14/2023	SEQUEL4/F/MARIONINV - Design		5:16	5:08 PM
DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK	CHECK NUMBER
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11.00000.11111.611.304.0000.000.00	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
11.00000.11111.611.304.2670.0000.00	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
	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
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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
11.00000.11111.611.402.2670.0000.00	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
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11.00000.11111.611.501.2670.0000.00	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
11.00000.11111.611.503.2670.0000.00	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
11.00000.11111.611.504.2670.0000.00	STAPLES BUSINESS ADVANTAGE	187.26	3/13/23	1511
11.00000.11111.611.701.2670.0000.00	STAPLES BUSINESS ADVANTAGE	12.69	3/13/23	1511
11.00000.12220.611.205.2140.0000.00		14.58		1511
11.00000.12220.611.205.2140.0000.00	STAPLES BUSINESS ADVANTAGE		3/13/23	1511
11.00000.12220.611.205.2140.0000.00	STAPLES BUSINESS ADVANTAGE	63.95	3/13/23	
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 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	
11.00000.12220.611.212.2140.0000.00	STAPLES BUSINESS ADVANTAGE	353.01	3/13/23	1511 1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	7.81 8.99	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE		3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	11.59 11.59	3/13/23 3/13/23	1511
11.00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	Page 21	-	1911

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3/14/2023	SEQUEL4/F/MARIONINV - Design		5.16	008 PM
DEFAULT	LIGHTON	AMOUNT	CLIECK	CUECK
ACCOUNT	VENDOR NAME	CHECK	DATE	CHECK NUMBER
NUMBER	STAPLES BUSINESS ADVANTAGE	11.69	3/13/23	1511
11.00000.12220.611.215.2140.0000.00	1			1511
11,00000.12220.611.215.2140.0000.00	STAPLES BUSINESS ADVANTAGE	12.30	3/13/23	
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
61,41210,11111,651,102,0000,0000,00	STAPLES BUSINESS ADVANTAGE	348.82	3/13/23	1511
	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 61.41210.12170.611.102.0000.0000.00	STAPLES BUSINESS ADVANTAGE	112.85	3/13/23	1511
	STAPLES BUSINESS ADVANTAGE	393.25	3/13/23	1511
61,41210.12170.611.102,0000.0000.00	STAPLES BUSINESS ADVANTAGE	1,850.28	3/13/23	1511
61.41210.12170.611.211.0000.0000.00	STAPLES BUSINESS ADVANTAGE	53.10	3/13/23	1511
61,41210.12213.611.001.0000.0000.00	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				1511
61.43310.21210.611.001.0000.0000.00	STAPLES BUSINESS ADVANTAGE	72.15	3/13/23	
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
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3/14/2023	SEQUEL4/F/MARIONINV - Design		5.16	DUS PIVI
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
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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
	STAPLES BUSINESS ADVANTAGE	38.84	3/13/23	1511
61.43310.21282.611.216.0000.0000.00	STAPLES BUSINESS ADVANTAGE	22.99	3/13/23	1511
61.43310.21282.611.501.0000.000.00				
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
11.00000.11111.651.001.0000.000.00	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
11.00000.11111.651.001.0000.000.00	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 NEV		136.50	3/13/23	1512
11.00000.12611.431.003.0000.0000.00 NEV	TATE COMMUNICATIONS, LLC	227.50	3/13/23	1512
	TATE COMMUNICATIONS, LLC	183.54	3/13/23	1512
11.00000.12611.431.304.0000.0000.00	TEACHER CREATED RESOURCES II	262.72	3/13/23	239247
11.00000.12220.611.304.2140.0000.00	TEXAS LIFE INSURANCE CO.	7,180.10	3/01/23	239085
11.00000.00479.004.000.0000.0000.00	1			
61.0000.00479.004.000.0000.0000.00	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
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4/2023	SEQUEL	47F/MARIONINV	- Design

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3/14/2023	SEQUEL47 PANARIONINV - Design	ANACHINIT	5.10	
DEFAULT ACCOUNT	VENDOR	AMOUNT OF	CHECK	CHECK
NUMBER	NAME	CHECK	DATE	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		
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	549.69	3/03/23	
61,88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	564.63		
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	587.20		239122
61,88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	813.16		
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	6.16		
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	6.16		
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	6.16		
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY INC	12.10		
	UNITED DAIRY, INC.	12.10		
61.88310.13121.634.006.0000.0000.00 61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	12.32		
61,88310,13121,634.006.0000.0000.00	UNITED DAIRY, INC.	13.84		
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	19.22		
	UNITED DAIRY, INC.	20.00		
61.88310.13121.634.006.0000.0000.00 61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	23.86		
	UNITED DAIRY, INC.	91.51		
61.88310.13121.634.006.0000.0000.00	UNITED DAIRY, INC.	19.62		
61,88310,13121,632,006,0000,0000,000	UNITED DAIRY, INC.	91.87		
61.88310.13121.632.006.0000.0000.00	10 140 200 17/OTEMP/SQLE62167			

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3/14/2023	SEQUEL47F/MARIONINV - Design

DECAUT.	022022-11111111111111111111111111111111	AMOUNT		*e*
DEFAULT ACCOUNT NUMBER	VENDOR NAME		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
	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		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.			
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
	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		102.35		239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	102.53	3/14/23	239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	104.52		239257
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.			
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	
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	152.88	3/14/23	
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	158.67		
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	161.23		
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	164.31	3/14/23	
61,88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	178.69		
61,88310,13121,632,006,0000,0000,00	UNITED DAIRY, INC.	183.74		
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	197.65		
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	203.12		
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	203.41	3/14/23	
61.88310.13121.632.006.0000.0000.00	UNITED DAIRY, INC.	208.94		
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		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
	10.140.200.17/QTEMP/SQLE62167	Page 25	of 27	

3/14/2023	SEQUEL47F/MARIONINV - Design		5:10	:UO PIVI
DEFAULT	(ENDOR	AMOUNT	CHECK	CHECK
70000111	VENDOR NAME	CHECK		NUMBER
HOMBEN	UNITED DAIRY, INC.	236.13	3/14/23	239257
01.00010.10121.002.000	UNITED DAIRY, INC.	241.72	3/14/23	239257
01.00010.10121.002.000	JNITED DAIRY, INC.	252.32	3/14/23	239257
01.00510.10121.002.000.0000	JNITED DAIRY, INC.	254.44	3/14/23	239257
01,00010.10121.00E.000.0000.000	JNITED DAIRY, INC.	263.08	3/14/23	239257
01.00510.10121.002.005.5000.000	JNITED DAIRY, INC.	285.62	3/14/23	239257
01:00010:10121:002:00		288.14	3/14/23	239257
01.00010.10121.002.000.000	JNITED DAIRY, INC. JNITED DAIRY, INC.	302.43	3/14/23	239257
01.00510.15121.002.000.000.000.000		305.18	3/14/23	239257
01.00010.10121.002.000.000.000.000	JNITED DAIRY, INC.	330.39	3/14/23	239257
01:00010:1012	UNITED DAIRY, INC.	342.67	3/14/23	239257
01:00010:1012	UNITED DAIRY, INC.			239257
01:00010:10121:00	UNITED DAIRY, INC.	365.48	3/14/23	
01.00010.10121.00	UNITED DAIRY, INC.	2.30	3/14/23	239257
01.00010.10121.001.000.000	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
	UNITED DAIRY, INC.	47.10	3/14/23	239257
	UNITED DAIRY, INC.	72.49	3/14/23	239257
	UNITED DAIRY, INC.	84.27	3/14/23	239257
	UNITED DAIRY, INC.	84.27	3/14/23	239257
	UNITED SOUND & ELECTRONICS	3,691.56	3/07/23	239134
	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
	V & W ELECTRICAL SALES & SERV.	322.37	3/03/23	239114
	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
01.00210.01001.011.000	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
01,00210.01001.011.000	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		
	WASTE MANAGEMENT OF WV, INC.	989.29	3/13/23	1488
11.00000.12611.421.211.0000.0000.00	WASTE MANAGEMENT OF WV, INC.			
11.00000.12611.421.304.0000.0000.00	WEX BANK	25.39		
11.00000.12711.662.503.0000.0000.00		189.20		
11.00000.12791.662.003.0000.0000.00 NE\		71.09		
11.00000.31391.662.701.0000.0000.00 NEV		285.51		
11.00000.12611.411.215.0000.0000.00	WHITE HALL PSD	1,816.22		
11.00000.12621.441.205.0000.0000.00	WILLIAMS SCOTSMAN, INC.	3,102.96		
11.00000.12621.441.205.0000.0000.00	WILLIAMS SCOTSMAN, INC.			
11.00000.12621.831.102.0000.0000.00	WILLIAMS SCOTSMAN, INC.	4,061.24		
11.00000.12621.831.214.0000.0000.00	WILLIAMS SCOTSMAN, INC.	6,633.76		
11,00000.12621.831.215.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,518.29		
11.00000.12621.831.215.0000.0000.00	WILLIAMS SCOTSMAN, INC.	1,907.35		
11,00000,12621,831,504,0000,0000.00	WILLIAMS SCOTSMAN, INC.	1,193.26		
61.05210.31351.611.000.0000.0000.00	WINNER'S CHOICE, INC.	229.50		
11.00000.12621.431.002.0000.0000.00	WM CORPORATE SERVICES, INC.	33.56		3 1514
	10.140.200.17/QTEMP/SQLE62167	Page 2	b 01 2/	

3/14/2023	SEQUEL47F/MARIONINV - Design		5:16	8:08 PM
DEFAULT ACCOUNT NUMBER	VENDOR NAME	AMOUNT OF CHECK	CHECK DATE	CHECK NUMBER
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

PAGE		33,032,634.16	6,742,668.40	5,411,237.21
COUNTY		 	518,710.98- 154,813.86 90,510.77 13,58,256.44 2,118,136.20 302,102.78 4,151,681.30 62.00 8,323.61 63,665.60	5,411,237.21
MARION COUNTY SCHOOLS BALANCE SHEET BALANCE SHEET MARCH 14, 2023	CASH IN BANK TAXES RECEIVABLE EST. UNCOLLECTIBLE TAXES INTERGOVERNMENTAL ACCTS/R STATE AID RECEIVABLE PEIA RECEIVABLE OTHER ACCTS RECEIVABLE PREPAID WORKERS COMP EXP. DEPOSIT WITH CPRB	LIABILITIES	INTERFUND FISCAL AGENTS ACCOUNTS PAYABLE FEDERAL WITHOLDING STATE WITHOLDING STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT FICA INSURANCE INSURANCE TAS SHELTERED ANNUITY VOLUNTARY DEDUCTIONS ENCUMBRANCES ENCUMBRANCES	DIRECT_INELOWS DEFERRED INFLOWS
PROG - GNL.586 REPT - BALANCE SHEET DATE - 3/14/23 TIME - 17:08:27	11.00000.00101.001.000.0000.0000.0000.	*** TOTAL ASSETS	11.00000.00411.004.000.0000.0000.0000.0	11.00000.00601.006.000.0000.0000.000

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PAGE				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
			COUNTY		347,867.61	31,426.71	4,111,154.65	997,909.00	12,444,989.17	3,709,977.15	
MARION COUNTY SCHOOLS	BALANCE SHEET	BALANCE SHEET	MARCH 14, 2023	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NONSPENDABLE FUND BALANCE	RESTRICTED FUND BALANCE	ASSIGNED FUND BALANCE	COMMITTED FUND BALANCE	UNASSIGNED FUND BALANCE		
PROG - GNL.586	REPT - BALANCE SHEET	DATE - 3/14/23	TIME - 17:08:27		11.00000.00051.007.000.0000.0000.0000.00	11.00000.00752.007.000.0000.0000.00	11.00000.00753.007.000.0000.0000.00	11,00000,00771,007,000.0000,0000.00	11.00000.00772.007.000.0000.0000.000	EXCESS OF REVENUES OVER EXPENSES	

** TOTAL FUND EQUITY

*** TOTAL LIABILITIES, DIRECT INFLOWS AND FUND EQUITY

*** ENTRIES ARE OUT OF BALANCE ***

21,643,324.29

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REPT - BALANCE SHEET	BALANCE SHEET		
- 3/14/23	BALANCE SHEET		
TIME - 17:08:27	MARCH 14, 2023	DEBT SERVICE	

ROG - GNL.586 EPT - BALANCE SH ATE - 3/14/23 IME - 17:08:27	MARION COUNTY SCHOOLS BALANCE SHEET BALANCE SHEET MARCH 14, 2023	DEBT SERVIC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	A S. S. E. T		
21.00000.00101.001.000.0000.0000.0000.0	CASH IN BANK INVESTMENTS TAXES RECEIVABLE EST. UNCOLLECTIBLE TAXES	41,820.22 1,363,286.49 339,315.36 6,068.79	
*** TOTAL ASSETS			1,738,353.28
	LIABLLITIES		
21.00000.00141.004.000.00000.0000.00	INTERGOVERNMENTAL ACCTS/R	134,000.00	134,000.00
	DIRECT_INELOMS		
21.00000.00601.006.000.0000.0000.000	DEFERRED INFLOWS	327,774.77	327,774.77
TOTAL DIRECT INCLOM	EUND_EQUITY		
21.00000.00752.007.000.0000.0000.00 EXCESS OF REVENUES OVER EXPENSES	RESTRICTED FUND BALANCE	1,144,453.36 22,928.12	
** TOTAL FUND EQUITY *** TOTAL LIABILITIES, DIRECT IN	INFLOWS AND FUND EQUITY		1,167,381.48

*** ENTRIES ARE OUT OF BALANCE ***

PAGE 4		00.			00.
PERMANENT IMPRO		00.			
MARION COUNTY SCHOOLS BALANCE SHEET BALANCE SHEET MARCH 14, 2023	3.T.33.3.5.4	PREPAID WORKERS COMP EXP.	SHITTTEVIT	INTERFUND FISCAL AGENTS FEDERAL WITHOLDING STATE WITHOLDING STATE RETIREMENT FICA	
PROG GNL.586 REPT - BALANCE SHEET DATE - 3/14/23 TIME - 17:08:27		41.00000.00183.001.000.0000.0000.00		41.00000.00411.004.000.0000.0000.0000.0	* TOTAL LIABILITIES

00.	00.		
EXPENSES		*** TOTAL LIABILITIES, DIRECT INFLOWS AND FUND EQUITY	
EVENUES OVER EXPENSES	** TOTAL FUND EQUITY	LIABILITIES,	
EXCESS OF R	** TOTAL	* * * TOTAL	

PAGE 5 CAP.PROJEAST/WEST STAD.			9,654,51-			8,454.51	1,200.00-
CAP.P		9,654.51-			8,454.51		
BAL BAL MAR	SETTTTTEVTT	INTERFUND FISCAL AGENTS		EUND-EQUITY	RESTRICTED FUND BALANCE RESERVED FOR CAPITOL PROJ		INFLOWS AND FUND EQUITY
G + GNL.586 T - BALANCE SHE E - 3/14/23 E - 17:08:27		52.00000.00411.004.000.0000.0000.00	** TOTAL LIABILITIES		52.00000.00752.007.000.0000.0000.00 52.00000.00754.007.000.0000.0000.00 EXCESS OF REVENUES OVER EXPENSES	** TOTAL FUND EQUITY	*** TOTAL LIABILITIES, DIRECT INF

*** ENTRIES ARE OUT OF BALANCE ***

PAGE 6			GEN. FUND - SPEC. REVENUE
MARION COUNTY SCHOOLS	BALANCE SHEET	BALANCE SHEET	MARCH 14, 2023
PROG - GN1.586	REPT - BALANCE SHEET	DATE - 3/14/23	TIME - 17:08:27

		2,550,685.88
	1,999,521.50 833,738.50 125,060.77- 157,513.35-	
ASSETS	INTERGOVERNMENTAL ACCTS/R OTHER ACCTS RECEIVABLE EST. UNCOLLECTIBLE ACCT/R PREPAID WORKERS COMP EXP.	
	61,00000,00141.001.000.0000.0000.0000.00 61,00000.00153.001.000.0000.0000.00 61,00000.00154.001.000.0000.0000.00 61,00000.00183.001.000.0000.0000.00	*** TOTAL ASSETS

0000.00154.001.000.0000.0000.00	EST. UNCOLLECTIBLE ACCT/R	125,060.77-	
0000.00183.001.000.0000.0000.00	PREPAID WORKERS COMP EXP.	157,513,35-	
:		111111111111111111111111111111111111111	0
*** TOTAL ASSETS			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	SHITTIES		
0000.00411.004.000.0000.0000.00	INTERFUND FISCAL AGENTS	2,496,866.31	
0000.00471.004.000.0000.0000.00	FEDERAL WITHOLDING	14,773.96	

2,496,866.31	00.	14,773.96	9,008.53	1,414.37	2,523.12	23,323.64	31,772.22	211,838.34	585.00	8,687.82	00.	00.	43.68	
INTERFUND FISCAL AGENTS	ACCOUNTS PAYABLE	FEDERAL WITHOLDING	STATE WITHOLDING	STATE RETIREMENT	STATE RETIREMENT	STATE RETIREMENT	FICA	INSURANCE	TAX SHELTERED ANNUITY	VOLUNTARY DEDUCTIONS	ENCUMBRANCES	ENCUMBRANCES / PAYROLL	FOOD PREP/DISPENSING	
61.00000.00411.004.000.0000.0000.000	61,00000.00421.004.000.0000.0000.00	61.00000,00471,004.000.0000,0000.00	61,00000,00472,004,000,0000,0000.00	61.00000.00473.004.000.9000.0000.00	61,00000.00473.004.000.9001.0000.00	61.00000.00473.004.000.9004.0000.00	61.00000.00474.004.000.0000.0000.00	61.00000.00475.004.000.0000.0000.000	61.00000.00476.004.000.0000.0000.00	61,00000.00479.004.000.0000.0000.000	61.00000.00603.006.000.0000.0000.0000	61,00000.00604.006.000.0000.0000.00	61,88210,13121.006.000,0000.0000.00	

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DIRECTINELOWS	8 : 0 x 1 : 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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** TOTAL LIABILITIES

708,637,73	
DEFERRED INFLOWS	
61.00000.00601.006.000.0000.0000.000	** TOTAL DIRECT INFLOWS

708,637.73

2,800,749.63

	1,948,925.35 491,205.11 732,495.54-
EUND_EQUITY	RESTRICTED FUND BALANCE ASSIGNED FUND BALANCE
	61.00000.00752.007.000.0000.0000.000 61.00000.00753.007.000.0000.0000.000 EXCESS OF REVENUES OVER EXPENSES

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MARION COUNTY SCHOOLS BALANCE SHEET BALANCE SHEET

BALANCE SHEET 3/14/23

GNL.586

PROG -

REPT DATE TIME

MARCH 14, 2023

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21122200	OTHER ACCTS RECEIVABLE	PREPAID WORKERS COMP EXP.
	00.00153.001.000.0000.0000.00	71.00000.00183.001.000.0000.0000.00
	71.000	71.000

1,278,146.57 1,288,033.36

1,569,296.58 INTERFUND FISCAL AGENTS LIABLLITIES *** TOTAL ASSETS

5,816.06 3,425.25 369.71 FEDERAL WITHOLDING ACCOUNTS PAYABLE

STATE WITHOLDING STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT FICA

INSURANCE

16,878,36 11,343,40 81,642,73

400.00

518.44

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TAX SHELTERED ANNUITY VOLUNTARY DEDUCTIONS ENCUMBRANCES ENCUMBRANCES/PAYROLL

** TOTAL LIABILITIES

1,690,222.27

EUND EQUITY

RESTRICTED FUND BALANCE

356,317.31-

** TOTAL FUND EQUITY

*** TOTAL LIABILITIES, DIRECT INFLOWS AND FUND EQUITY

356,317.31-1,333,904.96

*** ENTRIES ARE OUT OF BALANCE ***

PAGE

ARRA FUNDS

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DATE - 3/14/23 TIME - 17:12:04 PROG - GNL.570 REPT - BOARD EXP OBJ

PROG - GNL.570	DONED DE DE DOUGE			
ADDE DOUBS BYS ORT	February 28, 2023			
A C C O U N T T I T L E FUND 11 COUNTY PROF. SALARIES SERVICE SALARIES PROF. SUB. SALARIES SERVICE SUB. SALARIES PART-TIME SERVICE SAL. BOARD MEMBERS SALARIES INSURANCE SOCIAL SECURITY	YTD EXPENSE	BUDGET	YTD EXPENSE	
ACCOUNT TITLE			PRIOR YEAR	
FUND 11 COUNTY				
PROF. SALARIES	17,402,290.02	33,243,390.00		
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	916,000.00 562,000.00 .00 40,000.00	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		
RETIREMENT		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	.00 15,000.00 274,016.80	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	70,000.00 43,302.00 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		1,303,791.03		
RENTALS	109,476.68	309,375.00	242,536.83	
CONSTRUCTION	.00	1,029,335.42	.00	
STUDENT TRANS.	56,000.00	1,029,335.42 5,000.00 600,000.00 874,882.55	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	55,000.00 100,000.00 111,478.00	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		2,435,179.28		
ENERGY		1,740,000.00		
BOOKS, PERIODICALS, ETC		2,199,152.79		
SUPPLIES - TECHNOLOGY REL		2,150,475.33		
VEHICLE SUPPLIES				
LAND & IMPROVE.	.00	1,530,376.86	156,950,00	
	58.084.32	- 3,585,969.12	279.950.00	
BUILDINGS	538 549 52	200.628.20	67.143.00	
EQUIPMENT	000,049.52	200,628.20 1,361,492.00	606.560.00	
BUS REPLACEMENT	25 673 32	55,000.00	27.465.79	
DUES AND FEES	118 125 33	0.0	103.24	
INTEREST EXPENSE	510,123.53	.00	0.0	
RESERVED	12 504 00	0.425,400.00	18.919.00	
MISC.	.00 12,504.00 	E 043 859 00	0.0	
TRANSFERS OUT	5	0,043,033.00		
	42 542 500 50	101,360,075.46	45 534 671 60	
COUNTY	42,342,630.03	101,300,013.40	45,554,071.00	
FUND 21 DEBT SERVICE	0.0	1,144,424.43	0.0	
RESERVED		1,144,424.43		
DEBT SERVICE	.00	1,144,424.43	.00	
FUND 52 CAP.PROJEAST/WEST STAD.	0.0	8,454.51	.00	
REPAIR/MAINTNEANCE	.00	0,404.01	.00	
		8,454.51	.00	
CAP.PROJEAST/WEST STAD.	.00	8,454.51	.00	
FUND 61 GEN. FUND - SPEC. REVENUE	4 000 000 00		1 525 021 07	
PROF. SALARIES		5,201,732.11		
SERVICE SALARIES	1,078,650.23		1,106,689.94	
PROF. SUB. SALARIES	41,120.61		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 10,974.00	
TUITION	.00	30,573.50		
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	32,940.48 376,294.59 193,001.40 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	

MARION COUNTY SCHOOLS BOARD EXPENSE BY OBJECT

DATE - 3/14/23 TIME - 17:12:04 PROG - GNL.570 REPT - BOARD EXP OBJ

REPORT TOTAL

February 28, 2023

YTD EXPENSE BUDGET YTD EXPENSE PRIOR YEAR ACCOUNT TITLE 6,073.96 19,114.67 13,150.59
8,314.76 20,005.15 ...00
6,203.78 41,079.72 10,087.91
11,924.32 53,766.66 6,610.69
39,356.74 259,038.38 121,136.31
76,409.17 8,360.68- 64,285.90
912,008.78 1,375,868.04 580.091.32
1,693.673.44 3,704.571.18 1,482,697.71
81,020.54 239,678.88 8,543.87
707,908.32 788,265.10 1,210,360.88
1,406.13 400.00
1,577,325.00 1,577,325.00 ...00
121,307.82 611,102.05 76,600.64
...00 420.00
3,534.80 ...00 ...00
234,000.00 842,423.00 244,600.00
46,651.94 215,312.75 112,729.46 COMMUNICATIONS ADVERTISING PRINTING FOOD SERVICE MANAGEMENT TRAVEL MISC. PURCHASE SERV. SUPPLIES CHILD NUTRITION SUPPLIES BOOKS, PERIODICALS, ETC SUPPLIES - TECHNOLOGY REL BUILDINGS EOUIPMENT DUES AND FEES INTEREST EXPENSE RESERVED TRANSFERS OUT 10,243,202.58 21,986,173.64 8,382,646.45 GEN. FUND - SPEC. REVENUE FUND 71 ARRA FUNDS 1,100,566.32 6.685,439.42 295,843.77 2,270,725.76 28,000.95 .00 9,525.57 .00 158,715.46 981,144.81 107,203.40 677,357.06 .00 PROF. SALARIES .00 SERVICE SALARIES .00 PROF. SUB. SALARIES .00 SERVICE SUB. SALARIES INSURANCE 107,203.40 677,357.06
100,902.06 913,017.43
4,285.47 134,933.46
3,990.00 .00
.00 3,491.76
.224.00 .00
.00 6,520,899.22
.00 5,000.00
2.082.44 .00
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.39,485.09 581,087.37
.00 341,548.00
3,188.06 60,887.97
376,237.01 2,126,134.76
1,389,313.00 .00
55,598.00 60,000.00
.00 20,000.00
.135,254.92 3,105,013.16 SOCIAL SECURITY RETIREMENT .00 WORKERS COMP. .00 PROF. EDUCATOR SVC. .00 OTHER PROF. SERVICES .00 TECHNICAL SERVICES .00 REPAIR/MAINTNEANCE .00 STUDENT TRANS. .00 COMMUNICATIONS .00 PRINTING .00 THITTION TRAVEL SUPPLIES CHILD NUTRITION SUPPLIES .00 BOOKS, PERIODICALS, ETC .00 SUPPLIES - TECHNOLOGY REL .00 BUILDINGS .00 EQUIPMENT .00 MISC. .00 TRANSFERS OUT _____ 3,810,415.52 24,545,680.18 .00 ARRA FUNDS _______ REPORT TOTAL 56,596,516.79 149,044,808.22 53,917,318.05

PAGE 1

MARION COUNTY SCHOOLS
BOARD FINANCIAL REVENUE BUDGET

DATE - 3/14/23 TIME - 17:12:10 PROG - GNL.570

REPT - BOARDREVBUDGET

February 28, 2023

_____ BUDGET YTD REVENUES RECEIVABLES & OF REVENUE RECEIVED ACCOUNT NUMBER / TITLE FUND 11 COUNTY 347,867.61 9999.99-% .00 .00 11.XXXXX.00751.XXX.XXX.XXXX.XXXX.XX NONSPENDABLE FUND BALANCE .00 31,426.71-.00 100.00 % 11.XXXXX.00752.XXX.XXX.XXXX.XXXX.XXXX RESTRICTED FUND BALANCE .00 100.39-100.00 % 4.111.255.04-11.XXXXX.00753.XXX.XXX.XXXX.XXXX ASSIGNED FUND BALANCE 997,908.71-.00 . 29 100.00 % 11.XXXXX.00771.XXX.XXX.XXXX.XXXX.XX COMMITTED FUND BALANCE .00 6,144,989.17 197.54 % 11.XXXXX.00772.XXX.XXX.XXXX.XXXX.XXX 6.300.000.00-HNASSIGNED FUND BALANCE 14,661,492.00- 10,669,179.33- 3,992,312.67-72.77 % REGULAR TAX CURRENT YEAR 17,890,897.00- 11,782,598.35- 6,108,298.65-11.XXXXX.01112.XXX.XXX.XXXX.XXXX.XX EXCESS LV TAX CURRENT YR 9999.99-% .00 1.254.600.93- 1.254.600.93 11.XXXXX.01115.XXX.XXX.XXXX.XXXX.XX REGUALR TAX PRIOR YR .00 1,502,605.09- 1,502,605.09 9999.99-% 11.XXXXX.01116.XXX.XXX.XXXX.XXXX.XX EXCESS LVY TAX-PRIOR YR .00 35,065.36- 35,065.36 9999.99-% 11.XXXXX.01117.XXX.XXX.XXXX.XXXX.XX SALES/REDEMPTIONS 72.96 % 25,000.00-18,239.61-6,760.39-11.XXXXX.01511.XXX.XXX.XXXX.XXXX.XX BANKS ACCOUNTS 7,428.29-7,428.29 9999.99-% .00 11.XXXXX.01515.XXX.XXX.XXXX.XXXX. SHERIFF 225,000.00- 102,127.15- 122,872.85-45.39 % 11.XXXXX.01751.XXX.XXX.XXXX.XXXX.XXXX STUDENT BODY 500,000.00- 597,008.87- 97,008.87 119.40 % 11.XXXXX.01989.XXX.XXX.XXXX.XXXX.XX OTHER 34,597,862.00- 18,856,518.00- 15,741,344.00-54.50 % 11.XXXXX.03111.XXX.XXX.XXXX.XXXX.XX BASIC STATE AID .00 2,963,669.00-2.963.669.00-11.XXXXX.03911.XXX.XXX.XXXX.XXXX.XX RETIRE. ALLOCATION 570,183.00-.00 570,183.00-.00 % 11.XXXXX.03915.XXX.XXX.XXXX.XXXX.XX OPEB ALLOCATION .00 9,289,305.00-.00 % 11.XXXXX.03917.XXX.XXX.XXXX.XXXX.XX 9,289,305.00-UNFUNDED RETIREMENT .00 5,881,986.00-5,881,986.00-.00 % 11.XXXXX.03918.XXX.XXX.XXXX.XXXX.XX PEIA REVENUE 400,000.00- 60,127.28- 339,872.72-15.03 % 11.XXXXX.04221.XXX.XXX.XXXX.XXXX.XX MEDICAID REIMBURSEMENTS 181,906.86- 181,906.86 9999.99-8 11.XXXXX.05261.XXX.XXX.XXXX.XXXX.XX .00 INTERFUND TFR FROM SPEREV 2,914,091.00- 652,578.00- 2,261,513.00-11.XXXXX.05281.XXX.XXX.XXXX.XXXX.XX INTRAFUND TRANSFER IN 101,360,075.46- 45,719,983.12- 37,706.745.20-62.80 % COUNTY FUND 21 DEBT SERVICE .00 28.93 1,144,424.43-100.00 % 21.XXXXX.00752.XXX.XXX.XXXX.XXXX.XX RESTRICTED FUND BALANCE 6,109.96 9999.99=% 6.109.96-21.XXXXX.01111.XXX.XXX.XXXX.XXXX.XX .00 REGULAR TAX CURRENT YEAR 15,285.49- 15,285.49 9999.99-% .00 21.XXXXX.01115.XXX.XXX.XXXX.XXXX.XX REGUALR TAX PRIOR YR .00 1.78-1.78 9999.99-% 21.XXXXX.01511.XXX.XXX.XXXX.XXXX.XX BANKS ACCOUNTS .00 15.89-15.89 9999,99-% 21.XXXXX.01515.XXX.XXX.XXXX.XXXX.XX SHERIFF 1,144,424.43- 21,413.12- 21,442.05 101.87 % DEBT SERVICE FUND 52 CAP.PROJ.-EAST/WEST STAD. .00 % 8,454.51- .00 8,454.51-52.XXXXX.00752.XXX.XXX.XXXX.XXXX.XX RESTRICTED FUND BALANCE 9999.99-% 8,454.51 52 . XXXXX . 00754 . XXX . XXX . XXXX . XXXX . XX RESERVED FOR CAPITOL PROJ _____ 8,454.51- .00 .00 100.00 % 52.XXXXX.XXXXX.XXX.XXX.XXXX.XXXX.XX CAP.PROJ.-EAST/WEST STAD.

PAGE 2 MARION COUNTY SCHOOLS

DATE - 3/14/23 TIME - 17:12:10 BOARD FINANCIAL REVENUE BUDGET

PROG - GNL.570

FUND 71 ARRA FUNDS

71.XXXXX.00752.XXX.XXX.XXXX.XXXX.XX

71.XXXXX.04511.XXX.XXX.XXXX.XXXX.XXX

71.XXXXX.XXXXX.XXX.XXX.XXXX.XXXX.XXX

RESTRICTED FUND BALANCE

THRU STATE RESTRICTED

	 BUDGET	YTD REVENUES	RECEIVABLES	% OF REVENUE
COUNT NUMBER / TITLE				RECEIVED
IND 61 GEN. FUND - SPEC. REVENUE				
.XXXXX.00451.XXX.XXX.XXXX.XXXX.XX	.00	1,652.28-	1,652.28	9999.99-%
LOANS PAYABLE	0 004 600 01	.00	055 767 86-	69.49 %
., XXXXX.00752, XXX.XXX, XXXX.XXX	2,804,688.21-	.00	655,702.00-	05.45
RESTRICTED FUND BALANCE	.00	.00	491,205.11	9999.99-%
ASSIGNED FUND BALANCE				
.XXXXX.01611.XXX.XXX.XXXX.XXXX.XX	7,765.00-	66,628.16-	58,863.16	858.06 %
LUNCH-STUDENT				240 40 0
XXXXX.01989.XXX.XXX.XXXX.XXXX.XX	30,305.95-	109,245.76-	78,939.81	360.48 %
OTHER	1 442 200 80	1 175 070 05	267,270.04-	81 48 %
XXXXX.03211.XXX.XXX.XXXX.XXXX.XX	1,443,208.89	1,1/3,330.03	201,270.04	02.40
RESTRICTED	837.167.07-	837.167.07-	.00	100.00 %
.XXXXX.03311.XXX.XXX.XXXX.XXXX.XX SBA REVENUE	037,107.07			
XXXXX.04510.XXX.XXX.XXXX.XXXX.XX	.00	53,413.50-	53,413.50	9999.99-%
FED THRU STATE				
. XXXXX.04511.XXX.XXX.XXXX.XXXX.XX	11,790,136.52-	5,069,916.17	6,720,220.35-	43.00 %
THRU STATE RESTRICTED			COC 053 54	125 07 9
L.XXXXX.04650.XXX.XXX.XXXX.XXXX.XX	1,943,134.00-	2,640,087.54	- 696,953.54	133.07 %
FED PMTS FOR SCH LUNCH	3 120 760 00-	60	3,129,768.00-	.00 %
L.XXXXX.05211.XXX.XXX.XXXX.XXXX.XX	3,129,700.00-		3,203,.00	
INTER TRANS GEN CURR EXP	 			
XX.XXX.XXXX.XXX.XXX.XXXX.XXXX.XX	21,986,173.64-	9,954,049.33	- 9,591,993.85-	56.37 %
GEN. FUND - SPEC. REVENUE				

ARRA FUNDS 149,044,808.22- 59,269,078.52- 68,249,344.23- 54.21 % REPORT TOTAL

1,237,864.02 .00 1,237,864.02

25.783,544.20- 3,573,632.95- 22,209,911.25- 13.86 %

24,545,680.18- 3,573,632.95- 20,972,047.23- 14.56 %

.00 %

PAGE	3 / 0 9 / 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5,000.00	3/09/23	.000.	4,553.00
DEBIT	ENTRY DATE CRANT AWARD 4,230.00 382.50 375.00	2,000.00	Y DA'	300.000 115.00 31.75 31.13 1.04 1.521.08 2,000.00	
URNAL ENTRY LISTING DGET JOURNAL ENTRY CCOUNT / DESCRIPTION	MONTH MARCH 61.28303.12213.112.000.0000.0000.00 NEW FROFESSIONAL SUPP SALARY 61.28303.12213.221.000.0000.000.00 NEW SOCIAL SECURITY 61.28303.12213.233.000.0000.000.00 NEW 61.28303.12213.233.000.0000.0000.00 NEW SUPPLEMENTAL PLAN PREM. 61.28303.12213.233.000.00000.0000.00 NEW	61.28303.03211.009.000.0000.000.00 EXUENDE TO SUPPLEMENT MATH4LIFE PROFESSIONAL LEARNING GRANT.	MARCH NUMBER - 0003 EMENT NMHS COUNTRY ROADS	12.503.0000.0000.00 NEW AL SUPP SALARY 22.503.0000.0000.00 NEW PPLEMENT SALARY 33.503.0000.0000.00 NEW AL PLAN PREM. 61.503.0000.0000.00 NEW AL PLAN PREM. 7.0000.0000.00 NEW PPLIES 7.0000.0000.00 NEW PPLIES 7.0000.0000.00 NEW PPLIES 8.1 F TOTALS 8.3 F TOTALS 8.3 F TOTALS 9.000.000.000.00	61,43335,04511.009.000,0000,0000.00 NEW REVENUE
DATE TIME PROG	00001	0000		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0001

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	DEBI	4,446.72	4,553.00 ENTRY DATE 3	7,464.00	7,464.00	ENTRY DATE GRANT BUDGET	3,000.0	3,000.00	ENTRY DATE FUNDS	27,621.00
3/14/23 MARION COUNTY SCHOOLS 17:07:33 JOURNAL ENTRY LISTING GNL.520 BUDGET JOURNAL ENTRY	ACCOU	61.4335.21210.611.000.0000.000.00 NEW GENERAL SUPPLIES 61.4335.76191.911.000.0000.000.00 NEW FUND TRANSFERS OUT TO SUPPLEMENT HIGH COST HIGH ACUITY REIMBURSEMENT GRANT FOR IDEA PROGRAMS BUDGET.	* J/E TOTALS MONTH - MARCH TO SUPPLEMENT STATE IDEA HIGH COST	61.02350.21210.611.000.0000.0000.00 NEW GENERAL SUPPLIES 61.02350.03211.009.000.0000.0000.00 REVENUE TO SUPPLEMENT STATE HIGH COST/HIGH ACUITY REIMBURSEMENT FOR IDEA STUDENTS BUDGET AWARD.	· J/E TOTALS	MONTH - MARCH NUMBER - 00039 TO SUPPLEMENT CN SCRATCH TRAINING O	61.88313.13121.331.006.0000.0000.00 NEW EMPLOYEE TRAINING SVC 61.88313.03211.009.000.0000.000.00 REVENUE TO SUPPLEMENT CHILD NUTRITION SCRATCH TRAINING GRANT AWARD BUDGET.	. J/E TOTALS	MONTH - MARCH NUMBER - 01007 TO TRANSFER FUNDS IN LOCAL SCIENCE	11.00000.111111.653.001.2280.0000.00 NEW SUPPLIES - SOFTWARE 11.00000.11111.611.001.2280.0000.00 GENERAL SUPPLIES
DATE TIME	LINE NO	t .		000 000 000 000 000 000 000 000 000 00			00001			0001

PAGE	CREDIT	
	DEBIT	2,500.00
14/23 MARION COUNTY SCHOOLS 07:33 JOURNAL ENTRY LISTING 520 BUDGET JOURNAL ENTRY	LINE NO. DESCRIPTION CRED	2100 11.00000.11111.112.000.2280.0000.00 NEW PROFESSIONAL SUPP SALARY 2200 11.00000.11111.611.000.2280.0000.00 GENERAL SUPPLIES TO TRANSFER SCIENCE BUDGET FOR TECHNOLOGY SOFTWARE NEEDED INSTEAD OF SUPPLIES.
DATE - 3/14/23 TIME - 17:07:33 PROG - GNL.520	LINE NO.	2200 2200 0003 0004

30,121.00

30,121.00

52,138.00

52,138.00

** REPORT TOTALS

* J/E TOTALS

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	58		