

AGENDA

NOTICE OF MEETING

COMMITTEE: PUBLIC SAFETY COMMITTEE
PLACE: ONEIDA COUNTY COURTHOUSE
COMMITTEE ROOM #2
DATE: Thursday, April 9, 2026
TIME: 9:30 A.M.

It is possible that a quorum of County Board members will be at this meeting to gather information about a subject over which they have decision-making responsibility. This constitutes a meeting of the County Board pursuant to State ex rel. Badke v. Village Board of Greendale, 173 Wis. 2d 553, 494 N.W.2d 408 (1993), and must be noticed as such, although the County Board will not take any formal actions at this meeting. It is also possible that there may be quorums of other County Board Committees present, although those committees will not take any formal action at this meeting.

AGENDA:

1. Call to order
2. Approve Agenda
3. Approve previous meeting minutes
4. Public Comments
5. Schedule Committee meeting date(s)
6. Bills, vouchers and line item transfers for Public Safety Departments

County Clerk

7. Approval of Large Assembly Applications
 - Bubba's Big Party Large Assembly – BBP, LLC
 - Hodag Country Festival Large Assembly – Hodag '50' Inc.
 - Red, White and Boom Large Assembly – Rondele Ranch, LLC
 - Saluting Heroes Balloon Rally Large Assembly – We Love Ballooning, Inc.
8. Public Comments
9. Items for future agenda(s)
10. Adjourn

NOTICE OF POSTING: STEVEN SCHREIER, CHAIRPERSON

TIME: 9:00 a.m. **DATE:** April 7, 2026 **PLACE:** Oneida County Courthouse

Notice posted by Dawn Robinson, Oneida County Sheriff's Office. Additional information on a specific agenda item may be obtained by contacting the person who posted this notice at 715-361-5167.

News Media Notified via Mail/Fax/Email: Time: 9:00 a.m. Date: 04/07/2026

Northwoods River News	The Lakeland Times	North Star Journal
New Radio Group (NRG Media)	WJFW-TV 12	Tomahawk Leader
WXPR Radio	WCYE Radio	WRJO Radio
Vilas News Review		

Notice is hereby further given that pursuant to the Americans with Disabilities Act reasonable accommodations will be provided for qualified individuals with disabilities upon request. Please call County Clerk/Tracy Hartman at 715-369-6144, with specific information on your request allowing adequate time to respond to your request.

GENERAL REQUIREMENTS:

1. Must be held in a location which is reasonably accessible to the public.
2. Must be open to all members of the public unless the law specifically provides otherwise.

NOTICE REQUIREMENTS:

1. In addition to any requirements set forth below, notice must also be in compliance with any other specific statute.
2. Chief presiding officer or his/her designee must give notice to the official newspaper and to any members of the news media likely to give notice to the public.

MANNER OF NOTICE:

Date, time, place and subject matter, including subject matter to be considered in a closed session, must be provided in a manner and form reasonably likely to apprise members of the public and news media.

TIME FOR NOTICE:

1. Normally, a minimum of 24 hours prior to the commencement of the meeting.
2. No less than 2 hours prior to the meeting if the presiding officer establishes there is good cause that such notice is impossible or impractical.
3. Separate notice for each meeting of the governmental body must be given.

EXEMPTIONS FOR COMMITTEES & SUBUNITS

Legally constituted sub-units of a parent governmental body may conduct a meeting during the recess or immediately after the lawful setting to act or deliberate upon the subject which was the subject of the meeting, provided the presiding officer publicly announces the time, place and subject matter of the sub-unit meeting in advance of the meeting of the parent governmental body.

PROCEDURE FOR GOING INTO CLOSED SESSION:

1. Motion must be made, seconded and carried by roll call majority vote and recorded in the minutes.
2. If motion is carried, chief presiding officer must advise those attending the meeting of the nature of the business to be conducted in the closed session, and the specific statutory exemption under which the closed session is authorized.

SYNOPSIS OF STATUTORY EXEMPTIONS UNDER WHICH CLOSED SESSIONS ARE PERMITTED:

1. Concerning a case which was the subject of Judicial or quasi-judicial trial before this governmental body Sec. 19.85(1)(a)
2. Considering dismissal, demotion or discipline of any public employee or the investigation of charges against such person and the taking of formal action on any such matter; provided that the person is given actual notice of any evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action is taken. The person under consideration must be advised of his/her right that the evidentiary hearing be held in open session and the notice of the meeting must state the same. Sec. 19.85(1)(b).
3. Considering employment, promotion, compensation or performance evaluation data of any public employee over which this body has jurisdiction or responsibility. Sec. 19.85(1)(c).
4. Considering strategy for crime detection or prevention. Sec. 19.85(1)(d).
5. Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session. Sec. 19.85(1)(e).
6. Considering financial, medical, social or personal histories or disciplinary data of specific person, preliminary consideration of specific personnel problems or the investigation of specific charges, which, if discussed in public, would likely have a substantial adverse effect on the reputation of the person referred to in such data. Sec. 19.85(1)(f), except where paragraph 2 applies.
7. Conferring with legal counsel concerning strategy to be adopted by the governmental body with respect to litigation in which it is or is likely to become involved. Sec. 19.85(1)(g).
8. Considering a request for advice from any applicable ethics board. Sec. 19.85(1)(h).

PLEASE REFER TO CURRENT STATUTE SECTION 19.85 FOR FULL TEXT

CLOSED SESSION RESTRICTIONS:

1. Must convene in open session before going into closed session.
2. May not convene in open session, then convene in closed session and thereafter reconvene in open session

within twelve hours unless proper notice of this sequence was given at the same time and in the same manner as the original open meeting.

3. Final approval or ratification of a collective bargaining agreement may not be given in closed session.
4. No business may be taken up at any closed session except that which relates to matters contained in the chief presiding officer's announcement of the closed session.
5. In order for a meeting to be closed under Section 19.85(1)(f) at least one committee member would have to have actual knowledge of information which he or she reasonably believes would be likely to have a substantial adverse effect upon the reputation involved and there must be a probability that such information would be divulged. Thereafter, only that portion of the meeting where such information would be discussed can be closed. The balance of that agenda item must be held in open session.

BALLOTS, VOTES AND RECORDS:

1. Secret ballot is not permitted except for the election of officers of the body or unless otherwise permitted by specific statutes.
2. Except as permitted above, any member may require that the vote of each member be ascertained and recorded.
3. Motions and roll call votes must be preserved in the record and be available for public inspection.

USE OF RECORDING EQUIPMENT:

The meeting may be recorded, filmed, or photographed, provided that it does not interfere with the conduct of the meeting or the rights of the participants.

LEGAL INTERPRETATION:

1. The Wisconsin Attorney General will give advice concerning the applicability or clarification of the Open Meeting Law upon request.
2. The municipal attorney will give advice concerning the applicability or clarification of the Open Meeting Law upon request.

PENALTY:

Upon conviction, any member of a governmental body who knowingly attends a meeting held in violation of Subchapter IV, Chapter 19, Wisconsin Statutes, or who otherwise violates the said law shall be subject to forfeiture of not less than \$25.00 nor more than \$300.00 for each violation.

Prepared by Oneida County Corporation Counsel Office - 5/16/96

AGENDA

MINUTES OF THE ONEIDA COUNTY PUBLIC SAFETY COMMITTEE MEETING March 12, 2026

COMMITTEE MEMBERS PRESENT: Chairperson Steven Schreier, Billy Fried, Debbie Condado, Russ Fisher, Michael Tautges

COMMITTEE MEMBERS ABSENT: none

OTHERS PRESENT: Sheriff Grady Hartman, Honorable Judge Michael Schiek, Amy Weinfurter

CALL TO ORDER

Chairman Schreier called the meeting to order at 9:30 a.m. at the Oneida County Courthouse, Committee Room #2, stated the meeting notice had been posted and mailed in accordance with the Wisconsin Open Meeting Law and noted accommodations would be made for handicap accessibility.

APPROVE AGENDA

MOTION: To approve the Agenda (Fisher/Condado, PASSED 5/0)

APPROVE PREVIOUS MEETING MINUTES

MOTION: To approve the December 11, 2026, Public Safety Committee Meeting Minutes (Fried/ Schreier, PASSED 5/0)

Correction made by Tautges for previous minutes in reference to the vote for request for opioid funds. The vote should be 3-1 instead of 3-0.

Vote to approve the amended minutes (All ayes/Approved 5/0)

SCHEDULE COMMITTEE MEETING DATE(S)

The next meeting was scheduled for April 9, 2026

PUBLIC COMMENTS

No comments/concerns

BILLS, VOUCHERS AND LINE ITEM TRANSFERS FOR PUBLIC SAFETY DEPARTMENTS

Chairperson Schreier noted all vouchers and line item transfers were received and within budget. No concerns and no vote taken.

CIRCUIT COURT BRANCH I

Staffing Request - 30 Days of overlap training for Juvenile Clerk position.
Exhibit #1 Submitted: Fiscal Impact

Discussion regarding need for overlap training. Discussions about changing wording of request of 30 days to 160 hours. Committee willing to move on to Executive Committee.

MOTION: To approve the Staffing Request for Juvenile Clerk Position with language to reduce overlap to 160 hrs and to replace the 30 day language and move on to Executive Committee. (Schreier/Fisher, 1 Nay vote (Fried), PASSED, 4/1)

SHERIFF'S OFFICE

Annual Account Adjustments

Sheriff Hartman indicated this is mostly for medical debt from the jail. Discussion.

MOTION: Motion to approve Annual Account Adjustments (Condado/Schreier, PASSED, 5/0)

CLOSED SESSION Closed Session - It is anticipated that a motion will be made, seconded, and approved by roll call vote to enter into closed session pursuant to Wisconsin Statute 19.85(1)(e) Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session (Topic: Ambulance Service Contract). A roll call vote will be taken to go into closed session and it is anticipated that the Committee will return to open session by roll call vote to consider the remainder of the meeting agenda.

Announcement of action taken in closed session, or take action based on closed session (NOTE: If the announcement of action taken in closed session would compromise the need for the closed session, the action taken will not be announced. Any action taken in closed session may be announced when the need for the closed session has passed).

MOTION: To go into Closed Session (Fisher/Condado, Roll Call vote; Tautges 'aye', Fried 'aye', Condado 'aye', Fisher 'aye', Schreier 'aye', PASSED 5-0)

Time: 10:00 a.m.

MOTION: To return to open session at 11:05 a.m.

MOTION: A motion was made to return to open session (Fisher/Condado, Roll Call vote; Tautges 'aye', Fried 'aye', Condado 'aye', Fisher 'aye', Schreier 'aye', PASSED 5-0)

Schreier announced that no action was taken in closed session. No motions were made out of closed session.

PUBLIC COMMENTS

None

ITEMS FOR FUTURE AGENDA(S)

No future agenda items

ADJOURN

Meeting adjourned at 11:10 a.m.

Steven Schreier, Chairman

Desiree Duwe, Committee Secretary

Michael Tautges, Vice-Chairman

DRAFT

AGENDA

End.GLPeriod 1425 AND [Report].FormattedAccountNumber 101.60.50000.000000{-}101.60.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
Fund101 - GENERAL FUND					
101.60.51210.511102	WAGES-PERM EMPLOYEE(E)	61,654.09	61,829.00	174.91	99.71%
101.60.51210.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.60.51210.511105	WAGES-LIMITED TERM EMPLOYEE(E)	17,565.00	40,950.00	23,385.00	42.89%
101.60.51210.511113	COVID-19 PAY(E)	.00	.00	.00	100.00%
101.60.51210.512001	SOCIAL SECURITY(E)	5,283.12	7,997.00	2,713.88	66.06%
101.60.51210.512002	RETIREMENT-EMPLOYER'S SHARE(E)	4,131.89	7,815.00	3,683.11	52.87%
101.60.51210.512003	RETIREMENT-EMPLOYEE'S SHA(E)	.00	.00	.00	100.00%
101.60.51210.512004	HEALTH/DENTAL INSURANCE(E)	28,155.46	28,155.46	.00	100.00%
101.60.51210.512005	LIFE INSURANCE(E)	399.63	399.63	.00	100.00%
101.60.51210.512006	WORKER'S COMPENSATION(E)	124.45	124.45	.00	100.00%
101.60.51210.512007	INCOME CONTINUATION INS(E)	.00	.00	.00	100.00%
101.60.51210.512018	CASH IN LIEU OF HEALTH IN(E)	.00	.00	.00	100.00%
101.60.51210.521101	MEDICAL SERVICES(E)	32,089.25	35,000.00	2,910.75	91.68%
101.60.51210.521202	GUARDIAN AD LITEM(E)	51,056.18	65,000.00	13,943.82	78.54%
101.60.51210.521203	FAMILY COURT COMMISSIONER(E)	.00	.00	.00	100.00%
101.60.51210.521204	MEDIATION SERVICES(E)	3,551.86	5,700.00	2,148.14	62.31%
101.60.51210.521206	COURT APPOINTED ATTORNEY(E)	20,384.51	28,477.66	8,093.15	71.58%
101.60.51210.522005	TELEPHONE AND FAX(E)	.00	1,200.00	1,200.00	0.00%
101.60.51210.523203	MACY AND EQUIP SVC CONTRACTS(E)	.00	1,200.00	1,200.00	0.00%
101.60.51210.523301	TRANSCRIPTIONS(E)	1,200.50	1,600.00	399.50	75.03%
101.60.51210.531101	POSTAGE AND BOX RENT(E)	745.48	1,000.00	254.52	74.54%
101.60.51210.531102	PRINTING AND DUPLICATION(E)	2.91	50.00	47.09	5.82%
101.60.51210.531103	CENTRAL PURCHASING(E)	397.52	1,000.00	602.48	39.75%
101.60.51210.531202	SUBSCRIPTIONS(E)	725.40	1,756.00	1,030.60	41.30%

End.GLPeriod 1425 AND [Report].FormattedAccountNumber 101.60.50000.000000{-}101.60.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.60.51210.531203	MEMBERSHIP DUES(E)	403.00	403.00	.00	100.00%
101.60.51210.531204	ADVERTISING(E)	292.80	292.80	.00	100.00%
101.60.51210.531301	TRAINING/CONFERENCE FEES(E)	.00	50.00	50.00	0.00%
101.60.51210.531302	EMPLOYEE AUTO ALLOWANCE(E)	84.00	84.00	.00	100.00%
101.60.51210.531304	MEALS-TAXABLE(E)	.00	.00	.00	100.00%
101.60.51210.531305	MEALS LODGING & MISC TRAVEL(E)	.00	.00	.00	100.00%
101.60.51210.531755	PROFESSIONAL LIABILITY(E)	.00	.00	.00	100.00%
101.60.51210.531901	OTHER SUPPLIES & EXPENSES(E)	.00	50.00	50.00	0.00%
101.60.51230.511101	SALARIES-PERM EMPLOYEE(E)	.00	291.00	291.00	0.00%
101.60.51230.511102	WAGES-PERM EMPLOYEE(E)	134,180.11	134,402.84	222.73	99.83%
101.60.51230.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.60.51230.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00	100.00%
101.60.51230.511113	COVID-19 PAY(E)	.00	.00	.00	100.00%
101.60.51230.512001	SOCIAL SECURITY(E)	9,995.28	10,330.00	334.72	96.75%
101.60.51230.512002	RETIREMENT-EMPLOYER'S SHARE(E)	8,991.85	9,332.03	340.18	96.35%
101.60.51230.512004	HEALTH/DENTAL INSURANCE(E)	34,081.28	35,557.79	1,476.51	95.84%
101.60.51230.512005	LIFE INSURANCE(E)	865.99	865.99	.00	100.00%
101.60.51230.512006	WORKER'S COMPENSATION(E)	220.02	220.02	.00	100.00%
101.60.51230.512007	INCOME CONTINUATION INS(E)	.00	.00	.00	100.00%
101.60.51230.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00	100.00%
101.60.51230.512018	CASH IN LIEU OF HEALTH INS(E)	400.00	400.00	.00	100.00%
101.60.51230.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00	100.00%
101.60.51230.522005	TELEPHONE AND FAX(E)	.00	350.00	350.00	0.00%
101.60.51230.523203	MACY AND EQUIP SVC CONTRACTS(E)	85.00	100.00	15.00	85.00%
101.60.51230.531101	POSTAGE AND BOX RENT(E)	1,801.33	1,801.33	.00	100.00%

End.GLPeriod 1425 AND [Report].FormattedAccountNumber 101.60.50000.000000{-}101.60.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.60.51230.531102	PRINTING AND DUPLICATION(E)	.14	.14	.00	100.00%
101.60.51230.531103	CENTRAL PURCHASING(E)	831.06	831.06	.00	100.00%
101.60.51230.531203	MEMBERSHIP DUES(E)	155.00	155.00	.00	100.00%
101.60.51230.531204	ADVERTISING(E)	.00	.00	.00	100.00%
101.60.51230.531301	TRAINING/CONFERENCE FEES(E)	100.00	100.00	.00	100.00%
101.60.51230.531302	EMPLOYEE AUTO ALLOWANCE(E)	184.80	184.80	.00	100.00%
101.60.51230.531304	MEALS-TAXABLE(E)	.00	.00	.00	100.00%
101.60.51230.531305	MEALS LODGING & MISC TRAVEL(E)	691.00	691.00	.00	100.00%
101.60.51230.531901	OTHER SUPPLIES & EXPENSES(E)	.00	.00	.00	100.00%
101.60.51240.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00	100.00%
101.60.51240.512001	SOCIAL SECURITY(E)	.00	.00	.00	100.00%
101.60.51240.512002	RETIREMENT-EMPLOYER'S SHARE(E)	.00	.00	.00	100.00%
101.60.51240.512005	LIFE INSURANCE(E)	.00	.00	.00	100.00%
101.60.51240.512006	WORKER'S COMPENSATION(E)	.00	.00	.00	100.00%
101.60.51240.521201	LEGAL SERVICES(E)	50,250.00	50,250.00	.00	100.00%
101.60.51240.522005	TELEPHONE AND FAX(E)	.00	50.00	50.00	0.00%
101.60.51240.523301	TRANSCRIPTIONS(E)	56.00	300.00	244.00	18.66%
101.60.51240.531101	POSTAGE AND BOX RENT(E)	.00	.00	.00	100.00%
	AccountTypeExpenditure	471,135.91	536,347.00	65,211.09	
101.60.51210.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00	100.00%
101.60.51210.435101	STATE AID-COURT SYSTEM(R)	-89,761.50	-71,500.00	18,261.50	125.54%
101.60.51210.435107	STATE AID-GUARDIAN AD LITEM(R)	-26,957.50	-26,864.00	93.50	100.34%
101.60.51210.435116	STATE AID-GAL 4E CHIP(R)	-5,411.70	.00	5,411.70	100.00%
101.60.51210.461010	PUBLIC CHGS-MEDIATION FEES(R)	.00	.00	.00	100.00%
101.60.51210.461403	PUBLIC CHGS-GUARDIAN AD LITE(R)	-19,526.67	-12,229.00	7,297.67	159.67%

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Account Number	Account Title	YTD	Budget	Variance	% Budget
101.60.51210.461404	PUBLIC CHGS-COURT APPT ATTY(R)	-5,303.51	-12,654.00	-7,350.49	41.91%
101.60.51210.472113	INTERGOV CHGS-LAW CLERK(R)	-10,393.35	-29,120.00	-18,726.65	35.69%
101.60.51210.489140	REIMB PRIOR YR EXPENDITURE(R)	.00	.00	.00	100.00%
101.60.51230.461500	PUBLIC CHGS-PROBATE FEES(R)	-19,133.29	-18,000.00	1,133.29	106.29%
AccountTypeRevenue		-176,487.52	-170,367.00	6,120.52	
Fund101 - GENERAL FUND		294,648.39	365,980.00	71,331.61	
Total:		294,648.39	365,980.00	71,331.61	

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Account Number	Account Title	YTD	Budget	Variance	% Budget
Fund101 - GENERAL FUND					
101.60.51210.511102	WAGES-PERM EMPLOYEE(E)	13,343.52	63,500.00	50,156.48	21.01%
101.60.51210.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.60.51210.511105	WAGES-LIMITED TERM EMPLOYEE(E)	3,050.00	42,300.00	39,250.00	7.21%
101.60.51210.511113	COVID-19 PAY(E)	.00	.00	.00	100.00%
101.60.51210.512001	SOCIAL SECURITY(E)	954.64	7,750.00	6,795.36	12.31%
101.60.51210.512002	RETIREMENT-EMPLOYER'S SHARE(E)	962.52	4,950.00	3,987.48	19.44%
101.60.51210.512003	RETIREMENT-EMPLOYEE'S SHA(E)	.00	.00	.00	100.00%
101.60.51210.512004	HEALTH/DENTAL INSURANCE(E)	7,357.44	15,500.00	8,142.56	47.46%
101.60.51210.512005	LIFE INSURANCE(E)	97.98	415.00	317.02	23.60%
101.60.51210.512006	WORKER'S COMPENSATION(E)	21.40	165.00	143.60	12.96%
101.60.51210.512007	INCOME CONTINUATION INS(E)	.00	.00	.00	100.00%
101.60.51210.512018	CASH IN LIEU OF HEALTH IN(E)	.00	.00	.00	100.00%
101.60.51210.521101	MEDICAL SERVICES(E)	9,975.00	35,000.00	25,025.00	28.50%
101.60.51210.521202	GUARDIAN AD LITEM(E)	1,783.00	60,000.00	58,217.00	2.97%
101.60.51210.521203	FAMILY COURT COMMISSIONER(E)	.00	.00	.00	100.00%
101.60.51210.521204	MEDIATION SERVICES(E)	550.00	5,700.00	5,150.00	9.64%
101.60.51210.521206	COURT APPOINTED ATTORNEY(E)	1,528.46	66,500.00	64,971.54	2.29%
101.60.51210.522005	TELEPHONE AND FAX(E)	.00	1,200.00	1,200.00	0.00%
101.60.51210.523203	MACY AND EQUIP SVC CONTRACTS(E)	.00	1,200.00	1,200.00	0.00%
101.60.51210.523301	TRANSCRIPTIONS(E)	291.00	1,600.00	1,309.00	18.18%
101.60.51210.531101	POSTAGE AND BOX RENT(E)	78.06	1,000.00	921.94	7.80%
101.60.51210.531102	PRINTING AND DUPLICATION(E)	.00	50.00	50.00	0.00%
101.60.51210.531103	CENTRAL PURCHASING(E)	393.60	1,000.00	606.40	39.36%
101.60.51210.531202	SUBSCRIPTIONS(E)	376.60	1,756.00	1,379.40	21.44%

End.GLPeriod 0326 AND [Report].FormattedAccountNumber 101.60.50000.000000{-}101.60.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.60.51210.531203	MEMBERSHIP DUES(E)	.00	400.00	400.00	0.00%
101.60.51210.531204	ADVERTISING(E)	198.46	140.00	-58.46	141.75%
101.60.51210.531301	TRAINING/CONFERENCE FEES(E)	.00	50.00	50.00	0.00%
101.60.51210.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	50.00	50.00	0.00%
101.60.51210.531304	MEALS-TAXABLE(E)	.00	.00	.00	100.00%
101.60.51210.531305	MEALS LODGING & MISC TRAVEL(E)	.00	.00	.00	100.00%
101.60.51210.531755	PROFESSIONAL LIABILITY(E)	.00	.00	.00	100.00%
101.60.51210.531901	OTHER SUPPLIES & EXPENSES(E)	.00	50.00	50.00	0.00%
101.60.51230.511101	SALARIES-PERM EMPLOYEE(E)	.00	.00	.00	100.00%
101.60.51230.511102	WAGES-PERM EMPLOYEE(E)	27,427.33	138,600.00	111,172.67	19.78%
101.60.51230.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.60.51230.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00	100.00%
101.60.51230.511113	COVID-19 PAY(E)	.00	.00	.00	100.00%
101.60.51230.512001	SOCIAL SECURITY(E)	2,026.88	10,600.00	8,573.12	19.12%
101.60.51230.512002	RETIREMENT-EMPLOYER'S SHARE(E)	1,978.48	10,000.00	8,021.52	19.78%
101.60.51230.512004	HEALTH/DENTAL INSURANCE(E)	11,636.40	32,000.00	20,363.60	36.36%
101.60.51230.512005	LIFE INSURANCE(E)	211.08	900.00	688.92	23.45%
101.60.51230.512006	WORKER'S COMPENSATION(E)	43.93	400.00	356.07	10.98%
101.60.51230.512007	INCOME CONTINUATION INS(E)	.00	.00	.00	100.00%
101.60.51230.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00	100.00%
101.60.51230.512018	CASH IN LIEU OF HEALTH INS(E)	150.00	.00	-150.00	100.00%
101.60.51230.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00	100.00%
101.60.51230.522005	TELEPHONE AND FAX(E)	.00	350.00	350.00	0.00%
101.60.51230.523203	MACY AND EQUIP SVC CONTRACTS(E)	85.00	100.00	15.00	85.00%
101.60.51230.531101	POSTAGE AND BOX RENT(E)	331.48	1,250.00	918.52	26.51%

End.GLPeriod 0326 AND [Report].FormattedAccountNumber 101.60.50000.000000{-}101.60.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.60.51230.531102	PRINTING AND DUPLICATION(E)	.00	50.00	50.00	0.00%
101.60.51230.531103	CENTRAL PURCHASING(E)	203.69	1,000.00	796.31	20.36%
101.60.51230.531203	MEMBERSHIP DUES(E)	80.00	155.00	75.00	51.61%
101.60.51230.531204	ADVERTISING(E)	.00	.00	.00	100.00%
101.60.51230.531301	TRAINING/CONFERENCE FEES(E)	50.00	100.00	50.00	50.00%
101.60.51230.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	500.00	500.00	0.00%
101.60.51230.531304	MEALS-TAXABLE(E)	.00	.00	.00	100.00%
101.60.51230.531305	MEALS LODGING & MISC TRAVEL(E)	.00	500.00	500.00	0.00%
101.60.51230.531901	OTHER SUPPLIES & EXPENSES(E)	.00	50.00	50.00	0.00%
101.60.51240.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00	100.00%
101.60.51240.512001	SOCIAL SECURITY(E)	.00	.00	.00	100.00%
101.60.51240.512002	RETIREMENT-EMPLOYER'S SHARE(E)	.00	.00	.00	100.00%
101.60.51240.512005	LIFE INSURANCE(E)	.00	.00	.00	100.00%
101.60.51240.512006	WORKER'S COMPENSATION(E)	.00	.00	.00	100.00%
101.60.51240.521201	LEGAL SERVICES(E)	5,150.00	50,000.00	44,850.00	10.30%
101.60.51240.522005	TELEPHONE AND FAX(E)	.00	300.00	300.00	0.00%
101.60.51240.523301	TRANSCRIPTIONS(E)	10.50	300.00	289.50	3.50%
101.60.51240.531101	POSTAGE AND BOX RENT(E)	.00	.00	.00	100.00%
AccountTypeExpenditure		90,346.45	557,431.00	467,084.55	
101.60.51210.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00	100.00%
101.60.51210.435101	STATE AID-COURT SYSTEM(R)	-54,017.50	-108,000.00	-53,982.50	50.01%
101.60.51210.435107	STATE AID-GUARDIAN AD LITEM(R)	.00	-26,864.00	-26,864.00	0.00%
101.60.51210.435116	STATE AID-GAL 4E CHIP(R)	.00	.00	.00	100.00%
101.60.51210.461010	PUBLIC CHGS-MEDIATION FEES(R)	.00	.00	.00	100.00%
101.60.51210.461403	PUBLIC CHGS-GUARDIAN AD LITE(R)	-3,659.34	-12,229.00	-8,569.66	29.92%

End.GLPeriod 0326 AND [Report].FormattedAccountNumber 101.60.50000.000000{-}101.60.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.60.51210.461404	PUBLIC CHGS-COURT APPT ATTY(R)	-2,145.92	-12,654.00	-10,508.08	16.95%
101.60.51210.472113	INTERGOV CHGS-LAW CLERK(R)	.00	-29,120.00	-29,120.00	0.00%
101.60.51210.489140	REIMB PRIOR YR EXPENDITURE(R)	.00	.00	.00	100.00%
101.60.51230.461500	PUBLIC CHGS-PROBATE FEES(R)	-4,548.86	-18,000.00	-13,451.14	25.27%
AccountTypeRevenue		-64,371.62	-206,867.00	-142,495.38	
Fund101 - GENERAL FUND		25,974.83	350,564.00	324,589.17	
Total:		25,974.83	350,564.00	324,589.17	

Report Criteria:

Report type: Invoice detail

Invoice Detail.GL account (5 Characters) = "10160"

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
AMAZON CAPITAL SERVICES LLC									
OFFICE SUPPLIES - PROBATE	26975	03/18/2026	03/16/2026	1X1V-G9TV-61YN	101.60.51230.531103	31.46	03/26/2026	438779	31.46
Total AMAZON CAPITAL SERVICES LLC:									31.46
ANCHOR POINT THERAPY & EVALUATION SERVIC									
MEDICAL - 25ME30	24295	03/03/2026	02/23/2026	2026 - 03	101.60.51210.521101	840.00	03/12/2026	438572	840.00
MEDICAL - 24ME67	24295	03/19/2026	03/19/2026	2026 - 03 - 2	101.60.51210.521101	310.00	03/26/2026	438780	310.00
Total ANCHOR POINT THERAPY & EVALUATION SERVIC:									1,150.00
Anderson, Britney L									
TRANSCRIPT - 24CF279 (LINCOLN CO)	500375	03/12/2026	03/12/2026	2026 - 03	101.60.51210.523301	216.00	03/26/2026	438781	216.00
Total Anderson, Britney L:									216.00
BENEFIT COORDINATORS CORPORATION									
03/2026 FAHP FEE - INV B0M9QP	29486	03/03/2026	03/01/2026	B0M9QP	101.60.51230.512004	160.92	03/26/2026	438786	160.92
Total BENEFIT COORDINATORS CORPORATION:									160.92
CIRILLI LAW OFFICES SC									
CAA - 25CF294 (JAN-FEB)	1876	03/23/2026	03/23/2026	2026 - 03	101.60.51210.521206	321.98	03/26/2026	438793	321.98
Total CIRILLI LAW OFFICES SC:									321.98
Cveykus Law LLC									
CAA - 25CF236	500754	03/12/2026	03/11/2026	2026 - 03	101.60.51210.521206	496.48	03/26/2026	438799	496.48
Total Cveykus Law LLC:									496.48
DIVERSIFIED BENEFIT SERVICES INC									
DBS FRA BRANCH I/REGISTER IN PROBATE	24171	02/09/2026	02/05/2026	469188	101.60.51230.512004	4.60	03/12/2026	438590	4.60
DBS FRA BRANCH I/REGISTER IN PROBATE	24171	03/10/2026	03/05/2026	472107	101.60.51230.512004	4.60	03/26/2026	438801	4.60

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
Total DIVERSIFIED BENEFIT SERVICES INC:									9.20
Everson & Richards LLP									
CAA - 23CT76, 23CM305, 24CM139	500771	01/14/2026	12/31/2025	2026 - 2025 - 12	101.60.51210.521206	1,785.00-	03/26/2026	437811	1,785.00- V
CAA - 23CT76, 23CM305, 24CM139	500771	01/14/2026	12/31/2025	2026 - 2025 - 12	101.60.51210.521206	1,785.00	03/26/2026	438804	1,785.00
Total Everson & Richards LLP:									.00
FINLAN LAW FIRM SC									
GAL - 19PA31PJ - OGRADY-MILLER	6434	03/13/2026	03/13/2026	2026 - 03	101.60.51210.521202	424.00	03/26/2026	438805	424.00
Total FINLAN LAW FIRM SC:									424.00
HATFIELD FRANSKE, DEBORAH L									
FCC - FEBRUARY 2026	1178	03/03/2026	02/25/2026	2026 - 03	101.60.51240.521201	4,400.00	03/12/2026	438602	4,400.00
Total HATFIELD FRANSKE, DEBORAH L:									4,400.00
HOGAN, JOHN J									
COURT COMMISSIONER - BRANCH 1 (INTAKE)	29461	03/03/2026	03/03/2026	2026 - 03	101.60.51210.521206	1,950.00	03/12/2026	438605	1,950.00
Total HOGAN, JOHN J:									1,950.00
KANE, PATRICIA									
TRANSCRIPT - 24CF279 (LINCOLN CO)	28619	03/12/2026	03/11/2026	2026 - 03	101.60.51210.523301	19.50	03/26/2026	438812	19.50
Total KANE, PATRICIA:									19.50
ONEIDA COUNTY SHERIFFS DEPT									
PROCESS SERVICE - PROBATE	10	03/03/2026	03/02/2026	244643167	101.60.51230.523203	85.00	03/12/2026	438632	85.00
Total ONEIDA COUNTY SHERIFFS DEPT:									85.00
PENFIELD, LYNN M									
TRANSCRIPT - PHONE SW - CRAWFORD	24090	03/03/2026	02/26/2026	2026 - 03	101.60.51210.523301	21.00	03/12/2026	438636	21.00
TRANSCRIPT - PHONE SW - SNOW	24090	03/12/2026	03/06/2026	2026 - 03 - 2	101.60.51210.523301	9.00	03/26/2026	438834	9.00

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
Total PENFIELD, LYNN M:									30.00
Phoenix Counseling LLC									
MEDIATION - 17FA76	500755	03/03/2026	02/19/2026	2026 - 03	101.60.51210.521204	250.00	03/12/2026	438637	250.00
MEDIATION - 22FA79	500755	03/12/2026	03/06/2026	2026 - 03 - 02	101.60.51210.521204	125.00	03/26/2026	438835	125.00
MEDIATION - 25PA14PJ	500755	03/13/2026	03/13/2026	2026 - 03 - 03	101.60.51210.521204	175.00	03/26/2026	438835	175.00
Total Phoenix Counseling LLC:									550.00
PHYSICIAN BEHAVIORAL HEALTH EVALUATIONS									
MEDICAL - 25ME30	26611	03/03/2026	02/23/2026	2026 - 03	101.60.51210.521101	1,480.00	03/12/2026	438638	1,480.00
Total PHYSICIAN BEHAVIORAL HEALTH EVALUATIONS:									1,480.00
STATE BAR OF WI									
LAW OF DAMAGES IN WI	2417	03/03/2026	02/18/2026	5159311	101.60.51210.531202	267.50	03/12/2026	438649	267.50
WI CRIMINAL CODE - 2026	2417	03/12/2026	02/27/2026	5160049	101.60.51210.531202	109.10	03/26/2026	438846	109.10
Total STATE BAR OF WI:									376.60
STUBER LAW LLC									
GAL - 24GN17	25599	03/18/2026	01/01/2026	2026 - 03 - 2025 CB	101.60.51210.521202	945.00	03/26/2026	438847	945.00
Total STUBER LAW LLC:									945.00
WI JUVENILE CLERK ASSOC									
WJCCA MEMBERSHIP DUES	3175	03/02/2026	03/02/2026	030226	101.60.51230.531203	80.00	03/12/2026	438679	80.00
Total WI JUVENILE CLERK ASSOC:									80.00
WI REGISTER IN PROBATE ASSOC									
WRIPA 2026 SPRING CONFERENCE	3626	03/24/2026	03/24/2026	20260324	101.60.51230.531301	50.00	03/26/2026	438870	50.00
Total WI REGISTER IN PROBATE ASSOC:									50.00
Grand Totals:									12,776.14

Summary by General Ledger Account Number

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
101.211100	1,785.00	14,561.14-	12,776.14-
101.60.51210.511105	1,350.00	.00	1,350.00
101.60.51210.521101	2,630.00	.00	2,630.00
101.60.51210.521202	1,369.00	.00	1,369.00
101.60.51210.521204	550.00	.00	550.00
101.60.51210.521206	3,203.46	1,785.00-	1,418.46
101.60.51210.523301	265.50	.00	265.50
101.60.51210.531202	376.60	.00	376.60
101.60.51230.512004	170.12	.00	170.12
101.60.51230.523203	85.00	.00	85.00
101.60.51230.531103	31.46	.00	31.46
101.60.51230.531203	80.00	.00	80.00
101.60.51230.531301	50.00	.00	50.00
101.60.51240.521201	4,400.00	.00	4,400.00
Grand Totals:	<u>16,346.14</u>	<u>16,346.14-</u>	<u>.00</u>

Reviewed by: _____

Date: ____ / ____ / _____

Report Criteria:

Report type: Invoice detail

Invoice Detail.GL account (5 Characters) = "10160"

Report Criteria:
 Report type: Invoice detail
 Invoice Detail.GL account (5 Characters) = "10162"

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
AMAZON CAPITAL SERVICES OFFICE SUPPLIES	26975	03/12/2025	01/20/2025	111T-K174-7CK6	101.62.51211.531103	37.47	03/27/2025	442028	37.47
Total AMAZON CAPITAL SERVICES:									
ANCHOR POINT THERAPY AND EVALUATION SERV MEDICAL 16ME78	24295	03/13/2025	03/11/2025	03.2025.24295	101.62.51211.521101	630.00	03/27/2025	442029	630.00
Total ANCHOR POINT THERAPY AND EVALUATION SERV:									
ANNE KATTE LAW OFFICES LLC GAL - 23JC24-27	17261	03/24/2025	03/24/2025	03.2025.17261	101.62.51211.521202	350.00	03/27/2025	442030	350.00
Total ANNE KATTE LAW OFFICES LLC:									
Engen Forensic Consulting LLC MEDICAL 24JC53-24JC56	500647	03/13/2025	02/17/2025	1003	101.62.51211.521101	5,915.00	03/27/2025	442059	5,915.00
Total Engen Forensic Consulting LLC:									
ERICKSON LAW OFFICES LLC GAL - 22JC25	22731	02/28/2025	01/01/2025	13.2024.22731.	101.62.51211.521202	1,810.00	03/13/2025	411751	1,810.00
Total ERICKSON LAW OFFICES LLC:									
Halyburton Law LLC GAL - 24JV28 GAL - 15FA128	500281 500281	02/26/2025 02/27/2025	01/01/2025 01/01/2025	13.2024.500281 13.2024.500281 - 2	101.62.51211.521202 101.62.51211.521202	1,540.00 3,740.85	03/13/2025 03/13/2025	411759 411759	1,540.00 3,740.85
Total Halyburton Law LLC:									
PAVLIK, VALERIE A TRANSCRIPT - 23CV208	25742	03/12/2025	03/07/2025	03.2025.25742	101.62.51211.523301	194.00	03/27/2025	442105	194.00



Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
Total PAVLIK, VALERIE A:									
PENFIELD, LYNN M	24090	03/12/2025	03/06/2025	03.2025.24090	101.62.51211.523301	52.50	03/27/2025	442106	52.50
TRANSCRIPT - WARRANT 2/22/25 & 2/23/25									
Total PENFIELD, LYNN M:									
PHYSICIAN BEHAVIORAL HEALTH EVALUATIONS	26611	03/12/2025	03/03/2025	03.2025.26611	101.62.51211.521101	1,095.00	03/27/2025	442107	1,095.00
MEDICAL - 24ME66									
Total PHYSICIAN BEHAVIORAL HEALTH EVALUATIONS:									
THRIVE & EMPOWER LLC	29240	03/13/2025	03/10/2025	2511	101.62.51211.521204	500.00	03/27/2025	442135	500.00
MEDIATION 24FA59									
Total THRIVE & EMPOWER LLC:									
Grand Totals:									
						15,864.82			15,864.82

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
101.211100	.00	15,864.82-	15,864.82-
101.62.51211.521101	7,640.00	.00	7,640.00
101.62.51211.521202	6,920.85	.00	6,920.85
101.62.51211.521204	500.00	.00	500.00
101.62.51211.521206	520.00	.00	520.00
101.62.51211.523301	246.50	.00	246.50
101.62.51211.531103	37.47	.00	37.47
Grand Totals:		15,864.82	15,864.82-
		.00	.00



Reviewed by: _____

Date: ____ / ____ / ____

Report Criteria:

Report type: Invoice detail
Invoice Detail.GL account (5 Characters) = "10162"

End.GLPeriod 226 AND [Report].FormattedAccountNumber 101.62.50000.000000{-}{101.62.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
Fund101 - GENERAL FUND					
101.62.51211.511102	WAGES-PERM EMPLOYEE(E)	8,094.03	63,683.00	55,588.97	12.70%
101.62.51211.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.62.51211.511105	WAGES-LIMITED TERM EMPLOYEE(E)	560.00	14,100.00	13,540.00	3.97%
101.62.51211.512001	SOCIAL SECURITY(E)	659.37	5,800.00	5,140.63	11.36%
101.62.51211.512002	RETIREMENT-EMPLOYER'S SHARE(E)	584.55	5,515.00	4,930.45	10.59%
101.62.51211.512003	RETIREMENT-EMPLOYEE'S SHA(E)	.00	.00	.00	100.00%
101.62.51211.512004	HEALTH/DENTAL INSURANCE(E)	115.00	35,000.00	34,885.00	0.32%
101.62.51211.512005	LIFE INSURANCE(E)	47.60	259.00	211.40	18.37%
101.62.51211.512006	WORKER'S COMPENSATION(E)	13.91	76.00	62.09	18.30%
101.62.51211.512007	INCOME CONTINUATION INS(E)	.00	102.00	102.00	0.00%
101.62.51211.512017	RETIREE HEALTH INSURANCE(E)	4,132.00	.00	-4,132.00	100.00%
101.62.51211.512018	CASH IN LIEU OF HEALTH IN(E)	300.00	.00	-300.00	100.00%
101.62.51211.521101	MEDICAL SERVICES(E)	5,440.00	50,000.00	44,560.00	10.88%
101.62.51211.521202	GUARDIAN AD LITEM(E)	136.25	65,000.00	64,863.75	0.20%
101.62.51211.521204	MEDIATION SERVICES(E)	250.00	7,100.00	6,850.00	3.52%
101.62.51211.521206	COURT APPOINTED ATTORNEY(E)	370.00	52,200.00	51,830.00	0.70%
101.62.51211.522005	TELEPHONE AND FAX(E)	.00	1,000.00	1,000.00	0.00%
101.62.51211.523301	TRANSCRIPTIONS(E)	222.00	1,500.00	1,278.00	14.80%
101.62.51211.531101	POSTAGE AND BOX RENT(E)	402.56	1,500.00	1,097.44	26.83%
101.62.51211.531102	PRINTING AND DUPLICATION(E)	.00	300.00	300.00	0.00%
101.62.51211.531103	CENTRAL PURCHASING(E)	.00	1,200.00	1,200.00	0.00%
101.62.51211.531202	SUBSCRIPTIONS(E)	.00	600.00	600.00	0.00%
101.62.51211.531204	ADVERTISING(E)	.00	100.00	100.00	0.00%
101.62.51211.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	200.00	200.00	0.00%



Budget / Actual

ONEIDA COUNTY

End.GLPeriod 226 AND [Report].FormattedAccountNumber 101.62.50000.000000 { } 101.62.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.62.51211.531305	MEALS LODGING & MISC TRAVEL(E)	.00	164.00	164.00	0.00%
101.62.51211.531761	OFFICIALS BONDS & NOTARY(E)	.00	50.00	50.00	0.00%
101.62.51211.531901	OTHER SUPPLIES & EXPENSES(E)	.00	350.00	350.00	0.00%
AccountTypeExpenditure		21,327.27	305,799.00	284,471.73	
101.62.51211.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00	100.00%
101.62.51211.435101	STATE AID-COURT SYSTEM(R)	-54,017.50	-108,036.00	-54,018.50	49.99%
101.62.51211.435107	STATE AID-GUARDIAN AD LITEM(R)	.00	-26,657.00	-26,657.00	0.00%
101.62.51211.435116	STATE AID-GAL 4E CHIP(R)	.00	-12,100.00	-12,100.00	0.00%
101.62.51211.461010	PUBLIC CHGS-MEDIATION FEES(R)	.00	.00	.00	100.00%
101.62.51211.461403	PUBLIC CHGS-GUARDIAN AD LITE(R)	-420.01	-12,400.00	-11,979.99	3.38%
101.62.51211.461404	PUBLIC CHGS-COURT APPT ATTY(R)	-605.00	-6,600.00	-5,995.00	9.16%
101.62.51211.472113	INTERGOV CHGS-LAW CLERK(R)	.00	.00	.00	100.00%
AccountTypeRevenue		-55,042.51	-165,793.00	-110,750.49	
Fund101 - GENERAL FUND		-33,715.24	140,006.00	173,721.24	
Total:		-33,715.24	140,006.00	173,721.24	



End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.62.50000.000000{-}101.62.59999.9999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
Fund101 - GENERAL FUND					
101.62.51211.511102	WAGES-PERM EMPLOYEE(E)	13,194.51	63,683.00	50,488.49	20.71%
101.62.51211.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.62.51211.511105	WAGES-LIMITED TERM EMPLOYEE(E)	1,840.00	14,100.00	12,260.00	13.04%
101.62.51211.512001	SOCIAL SECURITY(E)	1,147.48	5,800.00	4,652.52	19.78%
101.62.51211.512002	RETIREMENT-EMPLOYER'S SHARE(E)	951.79	5,515.00	4,563.21	17.25%
101.62.51211.512003	RETIREMENT-EMPLOYEE'S SHA(E)	.00	.00	.00	100.00%
101.62.51211.512004	HEALTH/DENTAL INSURANCE(E)	1,188.86	35,000.00	33,811.14	3.39%
101.62.51211.512005	LIFE INSURANCE(E)	71.37	259.00	187.63	27.55%
101.62.51211.512006	WORKER'S COMPENSATION(E)	24.13	76.00	51.87	31.75%
101.62.51211.512007	INCOME CONTINUATION INS(E)	.00	102.00	102.00	0.00%
101.62.51211.512017	RETIREE HEALTH INSURANCE(E)	6,198.00	.00	-6,198.00	100.00%
101.62.51211.512018	CASH IN LIEU OF HEALTH IN(E)	450.00	.00	-450.00	100.00%
101.62.51211.521101	MEDICAL SERVICES(E)	9,326.00	50,000.00	40,674.00	18.65%
101.62.51211.521202	GUARDIAN AD LITEM(E)	3,473.25	65,000.00	61,526.75	5.34%
101.62.51211.521204	MEDIATION SERVICES(E)	250.00	7,100.00	6,850.00	3.52%
101.62.51211.521206	COURT APPOINTED ATTORNEY(E)	-2,500.00	52,200.00	54,700.00	-4.78%
101.62.51211.522005	TELEPHONE AND FAX(E)	.00	1,000.00	1,000.00	0.00%
101.62.51211.523301	TRANSCRIPTIONS(E)	521.00	1,500.00	979.00	34.73%
101.62.51211.531101	POSTAGE AND BOX RENT(E)	402.56	1,500.00	1,097.44	26.83%
101.62.51211.531102	PRINTING AND DUPLICATION(E)	.00	300.00	300.00	0.00%
101.62.51211.531103	CENTRAL PURCHASING(E)	124.63	1,200.00	1,075.37	10.38%
101.62.51211.531202	SUBSCRIPTIONS(E)	.00	600.00	600.00	0.00%
101.62.51211.531204	ADVERTISING(E)	.00	100.00	100.00	0.00%
101.62.51211.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	200.00	200.00	0.00%



End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.62.50000.000000{{}}101.62.59999.9999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.62.51211.531305	MEALS LODGING & MISC TRAVEL(E)	.00	164.00	164.00	0.00%
101.62.51211.531761	OFFICIALS BONDS & NOTARY(E)	.00	50.00	50.00	0.00%
101.62.51211.531901	OTHER SUPPLIES & EXPENSES(E)	.00	350.00	350.00	0.00%
AccountTypeExpenditure		36,663.58	305,799.00	269,135.42	
101.62.51211.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00	100.00%
101.62.51211.435101	STATE AID-COURT SYSTEM(R)	-54,017.50	-108,036.00	-54,018.50	49.99%
101.62.51211.435107	STATE AID-GUARDIAN AD LITEM(R)	.00	-26,657.00	-26,657.00	0.00%
101.62.51211.435116	STATE AID-GAL 4E CHIP(R)	.00	-12,100.00	-12,100.00	0.00%
101.62.51211.461010	PUBLIC CHGS-MEDIATION FEES(R)	.00	.00	.00	100.00%
101.62.51211.461403	PUBLIC CHGS-GUARDIAN AD LITE(R)	-2,060.90	-12,400.00	-10,339.10	16.62%
101.62.51211.461404	PUBLIC CHGS-COURT APPT ATTY(R)	-1,180.00	-6,600.00	-5,420.00	17.87%
101.62.51211.472113	INTERGOV CHGS-LAW CLERK(R)	.00	.00	.00	100.00%
AccountTypeRevenue		-57,258.40	-165,793.00	-108,534.60	
Fund101 - GENERAL FUND		-20,594.82	140,006.00	160,600.82	
Total:		-20,594.82	140,006.00	160,600.82	



Report Criteria:

Report type: Invoice detail
 Invoice Detail.GL account (5 Characters) = "10102"

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
SWITS LTD INC									
SWITS 11-20-25 INVOICE	19131	03/20/2026	01/01/2026	II-13455	101.02.51220.521901	225.00	03/26/2026	438848	225.00
SWITS 12/22/25 INVOICE	19131	03/20/2026	01/01/2026	II-13696	101.02.51220.521901	562.50	03/26/2026	438848	562.50
SWITS 1/7/26 INVOICE	19131	03/20/2026	01/01/2026	II-13839	101.02.51220.521901	450.00	03/26/2026	438848	450.00
SWITS 2/19/26 INVOICE	19131	03/20/2026	02/19/2026	II-14175	101.02.51220.521901	337.50	03/26/2026	438848	337.50
SWITS 3/17/26 INVOICE	19131	03/20/2026	03/17/2026	ii-14410	101.02.51220.521901	562.50	03/26/2026	438848	562.50
Total SWITS LTD INC:									2,137.50
TRANSUNION RISK AND ALTERNATIVE									
TLO - FEBRUARY 2026	23325	03/05/2026	03/01/2026	6575352-202602-1	101.02.51220.521207	100.00	03/12/2026	438658	100.00
Total TRANSUNION RISK AND ALTERNATIVE:									100.00
Grand Totals:									2,237.50

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
101.02.51220.521207	100.00	.00	100.00
101.02.51220.521901	2,137.50	.00	2,137.50
101.211100	.00	2,237.50-	2,237.50-
Grand Totals:	2,237.50	2,237.50-	.00

Reviewed by: _____

Date: ____ / ____ / _____

Report Criteria:

Report type: Invoice detail

Invoice Detail.GL account (5 Characters) = "10102"

End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.04.50000.000000{-}101.04.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
Fund101 - GENERAL FUND					
101.04.51252.699006	LIBRARY BOOKS AND FILM(E)	3,257.92	21,831.00	18,573.08	14.92%
101.04.51320.511101	SALARIES-PERM EMPLOYEE(E)	50,908.30	254,100.00	203,191.70	20.03%
101.04.51320.511102	WAGES-PERM EMPLOYEE(E)	34,691.26	147,000.00	112,308.74	23.59%
101.04.51320.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.04.51320.511104	WAGES-PART-TIME-EMPLOYEE(E)	14,644.54	74,500.00	59,855.46	19.65%
101.04.51320.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00	100.00%
101.04.51320.511113	COVID-19 PAY(E)	.00	.00	.00	100.00%
101.04.51320.511205	HOLIDAY WORKED PAY(E)	225.84	.00	-225.84	100.00%
101.04.51320.512001	SOCIAL SECURITY(E)	7,543.20	35,900.00	28,356.80	21.01%
101.04.51320.512002	RETIREMENT-EMPLOYER'S SHARE(E)	6,661.93	33,100.00	26,438.07	20.12%
101.04.51320.512004	HEALTH/DENTAL INSURANCE(E)	22,741.57	120,189.00	97,447.43	18.92%
101.04.51320.512005	LIFE INSURANCE(E)	369.30	2,900.00	2,530.70	12.73%
101.04.51320.512006	WORKER'S COMPENSATION(E)	148.02	800.00	651.98	18.50%
101.04.51320.512007	INCOME CONTINUATION INS(E)	.00	.00	.00	100.00%
101.04.51320.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00	100.00%
101.04.51320.512017	RETIREE HEALTH INSURANCE(E)	.00	9,163.00	9,163.00	0.00%
101.04.51320.512018	CASH IN LIEU OF HEALTH INS(E)	1,500.00	2,750.00	1,250.00	54.54%
101.04.51320.521201	LEGAL SERVICES(E)	.00	.00	.00	100.00%
101.04.51320.522005	TELEPHONE AND FAX(E)	208.48	1,575.00	1,366.52	13.23%
101.04.51320.523303	PAPER SERVICE(E)	1,407.00	9,096.00	7,689.00	15.46%
101.04.51320.531101	POSTAGE AND BOX RENT(E)	145.52	3,500.00	3,354.48	4.15%
101.04.51320.531102	PRINTING AND DUPLICATION(E)	206.50	750.00	543.50	27.53%
101.04.51320.531103	CENTRAL PURCHASING(E)	131.77	1,250.00	1,118.23	10.54%
101.04.51320.531202	SUBSCRIPTIONS(E)	146.00	600.00	454.00	24.33%

End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.04.50000.000000{-}101.04.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.04.51320.531203	MEMBERSHIP DUES(E)	100.00	2,375.00	2,275.00	4.21%
101.04.51320.531204	ADVERTISING(E)	.00	.00	.00	100.00%
101.04.51320.531301	TRAINING/CONFERENCE FEES(E)	.00	2,750.00	2,750.00	0.00%
101.04.51320.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	1,500.00	1,500.00	0.00%
101.04.51320.531304	MEALS-TAXABLE(E)	.00	.00	.00	100.00%
101.04.51320.531305	MEALS LODGING & MISC TRAVEL(E)	.00	2,400.00	2,400.00	0.00%
101.04.51320.699007	SOFTWARE(E)	.00	2,600.00	2,600.00	0.00%
AccountTypeExpenditure		145,037.15	730,629.00	585,591.85	
101.04.51320.435116	STATE AID-LEGAL 4E CHIP(R)	-465.73	-10,000.00	-9,534.27	4.65%
101.04.51320.461002	PUBLIC CHGS-DUPLICATION FEES(R)	.00	.00	.00	100.00%
101.04.51320.489140	REIMB PRIOR YR EXPENDITURES(R)	.00	.00	.00	100.00%
AccountTypeRevenue		-465.73	-10,000.00	-9,534.27	
Fund101 - GENERAL FUND		144,571.42	720,629.00	576,057.58	
Total:		144,571.42	720,629.00	576,057.58	

Report Criteria:
 Report type: Invoice detail
 Invoice Detail.GL account (5 Characters) = "10104"

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
BENEFIT COORDINATORS CORPORATION									
03/2026 FAHP FEE - INV B0M9QK	29486	03/03/2026	03/01/2026	B0M9QG	101.04.51320.512004	136.49	03/12/2026	438580	136.49
Total BENEFIT COORDINATORS CORPORATION:									136.49
DIVERSIFIED BENEFIT SERVICES INC									
DBS FRA CORP COUNSEL	24171	02/09/2026	02/05/2026	469188	101.04.51320.512004	9.20	03/12/2026	438590	9.20
DBS FRA CORP COUNSEL	24171	03/10/2026	03/05/2026	472107	101.04.51320.512004	9.20	03/26/2026	438801	9.20
Total DIVERSIFIED BENEFIT SERVICES INC:									18.40
HEADWATERS INC									
FEBRUARY OF 2026 SHREDDING	1598	03/10/2026	02/27/2026	9020	101.04.51320.531102	156.00	03/12/2026	438603	156.00
Total HEADWATERS INC:									156.00
ONEIDA COUNTY SHERIFFS DEPT									
MARCH OF 2026 SERVICE ON D.B. FOR 24ME67	10	03/10/2026	03/06/2026	244643193	101.04.51320.523303	85.00	03/12/2026	438632	85.00
MARCH OF 2026 SERVICE ON J.K. FOR 26GN06	10	03/13/2026	03/10/2026	244643257	101.04.51320.523303	85.00	03/26/2026	438831	85.00
Total ONEIDA COUNTY SHERIFFS DEPT:									170.00
RACINE SHERIFFS DEPT									
FEBRUARY OF 2026 SERVICE ON N.J. FOR 26JV02	2017	03/10/2026	02/03/2026	260217	101.04.51320.523303	102.00	03/12/2026	438641	102.00
Total RACINE SHERIFFS DEPT:									102.00
STATE BAR OF WI									
2 SETS OF WISCONSIN PUBLIC RECORDS HANDBOOK SUPPLEMENTS	2417	03/13/2026	03/05/2026	5160505	101.04.51320.531202	146.00	03/26/2026	438846	146.00
Total STATE BAR OF WI:									146.00
THOMSON REUTERS-WEST PUBLISHING CORP									
FEBRUARY OF 2026 ONLINE/SOFTWARE SUBSCRIPTION CHARGES	308	03/05/2026	03/01/2026	853267453	101.04.51252.699006	1,819.21	03/12/2026	438655	1,819.21

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
Total THOMSON REUTERS-WEST PUBLISHING CORP:									1,819.21
Grand Totals:									2,548.10

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
101.04.51252.699006	1,819.21	.00	1,819.21
101.04.51320.512004	154.89	.00	154.89
101.04.51320.523303	272.00	.00	272.00
101.04.51320.531102	156.00	.00	156.00
101.04.51320.531202	146.00	.00	146.00
101.211100	.00	2,548.10-	2,548.10-
Grand Totals:	2,548.10	2,548.10-	.00

Reviewed by: _____

Date: ____ / ____ / _____

Report Criteria:

Report type: Invoice detail

Invoice Detail.GL account (5 Characters) = "10104"

Report Criteria:

Report type: Invoice detail

Invoice Detail.GL account (5 Characters) = "10114"

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
AMAZON CAPITAL SERVICES LLC									
AMAZON OFFICE SUPPLIES; INVOICE 1X33-9W41-H3LK; PO ONEIDA DISTRICT ATTORNEY OFFICE	26975	03/13/2026	03/02/2026	1X33-9W41-H3LK	101.14.51310.531103	125.08	03/26/2026	438779	125.08
Total AMAZON CAPITAL SERVICES LLC:									125.08
CORPORATE PAYMENT SYSTEMS - FINC DEPT									
JILLIAN PFEIFER X3292	29450	03/16/2026	03/15/2026	4715 1103 0365 8855 3-15	101.14.51310.531103	44.03	03/26/2026	438795	44.03
Total CORPORATE PAYMENT SYSTEMS - FINC DEPT:									44.03
DIVERSIFIED BENEFIT SERVICES INC									
DBS FRA DISTRICT ATTORNEY	24171	02/09/2026	02/05/2026	469188	101.14.51310.512004	4.60	03/12/2026	438590	4.60
DBS FRA CORP DISTRICT ATTORNEY	24171	03/10/2026	03/05/2026	472107	101.14.51310.512004	4.60	03/26/2026	438801	4.60
Total DIVERSIFIED BENEFIT SERVICES INC:									9.20
ONEIDA COUNTY SHERIFFS DEPT									
SERVICE; DA OFFICE; INVOICE 244643160; CASE 25CM121; A DONIS	10	03/13/2026	02/25/2026	244643160	101.14.51310.523303	85.00	03/26/2026	438831	85.00
SERVICE; DA OFFICE; INVOICE 244643164; CASE 25CM121; A ORGAN	10	03/13/2026	02/26/2026	244643164	101.14.51310.523303	85.00	03/26/2026	438831	85.00
SERVICE; DA OFFICE; INVOICE 244643259; CASE 26CT08; O TAYLOR	10	03/13/2026	03/10/2026	244643259	101.14.51310.523303	85.00	03/26/2026	438831	85.00
Total ONEIDA COUNTY SHERIFFS DEPT:									255.00
PENFIELD, LYNN M									
TRANSCRIPT FOR DA OFFICE FOR PRELIM FOR 25CF325 - BEN REPPERT	24090	03/17/2026	03/17/2026	25cf325	101.14.51310.523301	96.00	03/26/2026	438834	96.00
Total PENFIELD, LYNN M:									96.00
STATE BAR OF WI									
ONEIDA CO DISTRICT ATTY OFFICE BENCHBOOK JV SUPP; INVOICE 5159651; ACCT 5881	2417	03/13/2026	02/25/2026	5159651	101.14.51310.531202	96.50	03/26/2026	438846	96.50

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
Total STATE BAR OF WI:									96.50
Grand Totals:									625.81

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
101.14.51310.512004	9.20	.00	9.20
101.14.51310.523301	96.00	.00	96.00
101.14.51310.523303	255.00	.00	255.00
101.14.51310.531103	169.11	.00	169.11
101.14.51310.531202	96.50	.00	96.50
101.211100	.00	625.81-	625.81-
Grand Totals:	625.81	625.81-	.00

Reviewed by: _____

Date: ____ / ____ / _____

Report Criteria:

Report type: Invoice detail

Invoice Detail.GL account (5 Characters) = "10114"

End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.14.50000.000000{-}101.14.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
Fund101 - GENERAL FUND					
101.14.51310.511102	WAGES-PERM EMPLOYEE(E)	30,069.14	151,200.00	121,130.86	19.88%
101.14.51310.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.14.51310.511104	WAGES-PART-TIME EMPLOYEE(E)	.00	.00	.00	100.00%
101.14.51310.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00	100.00%
101.14.51310.511113	COVID-19 PAY(E)	.00	.00	.00	100.00%
101.14.51310.511205	HOLIDAY WORKED PAY(E)	102.72	.00	-102.72	100.00%
101.14.51310.512001	SOCIAL SECURITY(E)	2,222.63	11,500.00	9,277.37	19.32%
101.14.51310.512002	RETIREMENT-EMPLOYER'S SHARE(E)	2,176.47	10,900.00	8,723.53	19.96%
101.14.51310.512004	HEALTH/DENTAL INSURANCE(E)	17,775.04	69,000.00	51,224.96	25.76%
101.14.51310.512005	LIFE INSURANCE(E)	96.20	450.00	353.80	21.37%
101.14.51310.512006	WORKER'S COMPENSATION(E)	48.35	300.00	251.65	16.11%
101.14.51310.512007	INCOME CONTINUATION INS(E)	.00	.00	.00	100.00%
101.14.51310.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00	100.00%
101.14.51310.512018	CASH IN LIEU OF HEALTH INS(E)	300.00	700.00	400.00	42.85%
101.14.51310.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00	100.00%
101.14.51310.521205	EXPERT WITNESS(E)	.00	5,000.00	5,000.00	0.00%
101.14.51310.521901	OTHER PROFESSIONAL SERVICES(E)	56.03	8,000.00	7,943.97	0.70%
101.14.51310.521903	CRIMINAL DIVERSION PROGRAM(E)	.00	.00	.00	100.00%
101.14.51310.522005	TELEPHONE AND FAX(E)	.00	.00	.00	100.00%
101.14.51310.523203	MACY AND EQUIP SVC CONTRACTS(E)	.00	.00	.00	100.00%
101.14.51310.523301	TRANSCRIPTIONS(E)	312.00	550.00	238.00	56.72%
101.14.51310.523303	PAPER SERVICE(E)	1,745.00	20,000.00	18,255.00	8.72%
101.14.51310.523304	VICTIM/WITNESS SERVICES(E)	.00	.00	.00	100.00%
101.14.51310.531101	POSTAGE AND BOX RENT(E)	275.85	2,000.00	1,724.15	13.79%

End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.14.50000.000000{-}101.14.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.14.51310.531102	PRINTING AND DUPLICATION(E)	.00	200.00	200.00	0.00%
101.14.51310.531103	CENTRAL PURCHASING(E)	473.32	3,000.00	2,526.68	15.77%
101.14.51310.531202	SUBSCRIPTIONS(E)	96.50	1,000.00	903.50	9.65%
101.14.51310.531203	MEMBERSHIP DUES(E)	.00	2,058.00	2,058.00	0.00%
101.14.51310.531204	ADVERTISING(E)	.00	.00	.00	100.00%
101.14.51310.531301	TRAINING/CONFERENCE FEES(E)	.00	300.00	300.00	0.00%
101.14.51310.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	300.00	300.00	0.00%
101.14.51310.531303	NON-EMPLOYEE AUTO ALLOWANCE(E)	.00	.00	.00	100.00%
101.14.51310.531304	MEALS-TAXABLE(E)	.00	.00	.00	100.00%
101.14.51310.531305	MEALS LODGING & MISC TRAVEL(E)	.00	700.00	700.00	0.00%
101.14.51311.511102	WAGES-PERM EMPLOYEE(E)	14,346.08	70,700.00	56,353.92	20.29%
101.14.51311.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.14.51311.511104	WAGES-PART-TIME EMPLOYEE(E)	.00	.00	.00	100.00%
101.14.51311.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00	100.00%
101.14.51311.511113	COVID-19 PAY(E)	.00	.00	.00	100.00%
101.14.51311.512001	SOCIAL SECURITY(E)	1,139.49	5,400.00	4,260.51	21.10%
101.14.51311.512002	RETIREMENT-EMPLOYER'S SHARE(E)	1,034.88	5,100.00	4,065.12	20.29%
101.14.51311.512004	HEALTH/DENTAL INSURANCE(E)	.00	.00	.00	100.00%
101.14.51311.512005	LIFE INSURANCE(E)	14.87	200.00	185.13	7.43%
101.14.51311.512006	WORKER'S COMPENSATION(E)	317.64	2,500.00	2,182.36	12.70%
101.14.51311.512007	INCOME CONTINUATION INS(E)	.00	.00	.00	100.00%
101.14.51311.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00	100.00%
101.14.51311.512018	CASH IN LIEU OF HEALTH INS(E)	750.00	3,000.00	2,250.00	25.00%
101.14.51311.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00	100.00%
101.14.51311.521205	EXPERT WITNESS(E)	.00	.00	.00	100.00%

End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.14.50000.000000{-}101.14.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.14.51311.521901	OTHER PROFESSIONAL SERVICES(E)	.00	.00	.00	100.00%
101.14.51311.521903	CRIMINAL DIVERSION PROGRAM(E)	.00	.00	.00	100.00%
101.14.51311.522005	TELEPHONE AND FAX(E)	.00	.00	.00	100.00%
101.14.51311.523203	MACY AND EQUIP SVC CONTRACTS(E)	.00	.00	.00	100.00%
101.14.51311.523301	TRANSCRIPTIONS(E)	.00	.00	.00	100.00%
101.14.51311.523303	PAPER SERVICE(E)	.00	.00	.00	100.00%
101.14.51311.523304	VICTIM/WITNESS SERVICES(E)	.00	.00	.00	100.00%
101.14.51311.531101	POSTAGE AND BOX RENT(E)	166.96	1,000.00	833.04	16.69%
101.14.51311.531102	PRINTING AND DUPLICATION(E)	.00	150.00	150.00	0.00%
101.14.51311.531103	CENTRAL PURCHASING(E)	.00	100.00	100.00	0.00%
101.14.51311.531202	SUBSCRIPTIONS(E)	.00	.00	.00	100.00%
101.14.51311.531203	MEMBERSHIP DUES(E)	100.00	75.00	-25.00	133.33%
101.14.51311.531204	ADVERTISING(E)	.00	.00	.00	100.00%
101.14.51311.531301	TRAINING/CONFERENCE FEES(E)	.00	75.00	75.00	0.00%
101.14.51311.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	250.00	250.00	0.00%
101.14.51311.531304	MEALS-TAXABLE(E)	.00	.00	.00	100.00%
101.14.51311.531305	MEALS LODGING & MISC TRAVEL(E)	.00	350.00	350.00	0.00%
AccountTypeExpenditure		73,619.17	376,058.00	302,438.83	
101.14.51310.435102	STATE AID-VICTIM WITNESS(R)	.00	.00	.00	100.00%
101.14.51310.452910	DA RESTITUTION(R)	.00	.00	.00	100.00%
101.14.51310.461002	PUBLIC CHGS-DUPLICATION FEES(R)	.00	-1,000.00	-1,000.00	0.00%
101.14.51310.461005	PUBLIC CHGS- DUP FEE PRIV ATNY(R)	-73.75	-750.00	-676.25	9.83%
101.14.51310.461006	PUBLIC CHGS- DUP FEE OPEN RCRD(R)	-5.97	-5.00	.97	119.40%
101.14.51310.461600	PUBLIC CHGS-DIST ATTY FEE(R)	.00	.00	.00	100.00%
101.14.51310.485500	CONTRIBUTION-CRIMINAL DIVERS(R)	.00	.00	.00	100.00%

End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.14.50000.000000{-}101.14.59999.999999

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.14.51311.435102	STATE AID-VICTIM WITNESS(R)	.00	-44,450.00	-44,450.00	0.00%
101.14.51311.452910	DA RESTITUTION(R)	.00	.00	.00	100.00%
101.14.51311.461002	PUBLIC CHGS-DUPLICATION FEES(R)	.00	.00	.00	100.00%
101.14.51311.461005	PUBLIC CHGS- DUP FEE PRIV ATNY(R)	.00	.00	.00	100.00%
101.14.51311.461006	PUBLIC CHGS- DUP FEE OPEN RCRD(R)	.00	.00	.00	100.00%
101.14.51311.461600	PUBLIC CHGS-DIST ATTY FEE(R)	.00	.00	.00	100.00%
101.14.51311.485500	CONTRIBUTION-CRIMINAL DIVERS(R)	.00	.00	.00	100.00%
AccountTypeRevenue		-79.72	-46,205.00	-46,125.28	
Fund101 - GENERAL FUND		73,539.45	329,853.00	256,313.55	
Total:		73,539.45	329,853.00	256,313.55	

End.GLPeriod 326

Account Number	Account Title	YTD	Budget	Variance	% Budget
101 - GENERAL FUND					
101.131128	ACCTS REC-MEDICAL EXAMINER(A)	13,431.00	.00	-13,431.00	100.00%
Total Asset:		13,431.00	.00	-13,431.00	
101.28.51270.511104	WAGES-PART-TIME EMPLOYEE(E)	.00	6,000.00	6,000.00	0.00%
101.28.51270.523306	AMBULANCE, CLINIC & HOSP SVC(E)	.00	.00	.00	100.00%
101.28.51270.512002	RETIREMENT-EMPLOYER'S SHARE(E)	1,228.95	5,300.00	4,071.05	23.18%
101.28.51270.531901	OTHER SUPPLIES & EXPENSES(E)	.00	.00	.00	100.00%
101.28.51270.531301	TRAINING/CONFERENCE FEES(E)	.00	2,000.00	2,000.00	0.00%
101.28.51270.512006	WORKER'S COMPENSATION(E)	480.27	4,100.00	3,619.73	11.71%
101.28.51270.531305	MEALS LODGING & MISC TRAVEL(E)	.00	300.00	300.00	0.00%
101.28.51270.531502	MOTOR VEHICLE PARTSPLIES(E)	.00	500.00	500.00	0.00%
101.28.51270.511107	CALL PAY(E)	.00	1,000.00	1,000.00	0.00%
101.28.51270.531103	CENTRAL PURCHASING(E)	.00	5,000.00	5,000.00	0.00%
101.28.51270.512004	HEALTH/DENTAL INSURANCE(E)	8,492.91	36,750.00	28,257.09	23.10%
101.28.51270.531302	EMPLOYEE AUTO ALLOWANCE(E)	919.02	4,000.00	3,080.98	22.97%
101.28.51270.511101	SALARIES-PERM EMPLOYEE(E)	14,392.71	72,800.00	58,407.29	19.77%
101.28.51270.521103	PATHOLOGY(E)	7,649.00	35,000.00	27,351.00	21.85%
101.28.51270.511103	OVERTIME WAGES(E)	.00	.00	.00	100.00%
101.28.51270.512007	INCOME CONTINUATION INS(E)	.00	.00	.00	100.00%
101.28.51270.531101	POSTAGE AND BOX RENT(E)	240.26	320.00	79.74	75.08%
101.28.51270.512001	SOCIAL SECURITY(E)	1,611.33	9,100.00	7,488.67	17.70%
101.28.51270.699001	AUTOMOTIVE EQUIPMENT(E)	.00	.00	.00	100.00%
101.28.51270.531204	ADVERTISING(E)	.00	.00	.00	100.00%
101.28.51270.699009	OTHER CAPITAL EQUIPMENT(E)	.00	.00	.00	100.00%
101.28.51270.531102	PRINTING AND DUPLICATION(E)	.00	.00	.00	100.00%

End.GLPeriod 326

Account Number	Account Title	YTD	Budget	Variance	% Budget
101.28.51270.512005	LIFE INSURANCE(E)	25.87	500.00	474.13	5.17%
101.28.51270.511205	HOLIDAY WORKED PAY(E)	.00	1,000.00	1,000.00	0.00%
101.28.51270.531501	GASOLINE MOTOR OIL ETC(E)	280.79	3,000.00	2,719.21	9.35%
101.28.51270.511105	WAGES-LIMITED TERM EMPLOYEE(E)	7,301.44	40,000.00	32,698.56	18.25%
101.28.51270.522005	TELEPHONE AND FAX(E)	554.14	2,500.00	1,945.86	22.16%
101.28.51270.511102	WAGES-PERM EMPLOYEE(E)	.00	.00	.00	100.00%
Total Expenditure:		43,176.69	229,170.00	185,993.31	
101.28.51270.461030	PUBLIC CHGS-MED EXAMINER FEE(R)	-21,830.00	-125,000.00	-103,170.00	17.46%
101.28.51270.461031	PUBLIC CHGS-MED EX ORGAN(R)	.00	-2,500.00	-2,500.00	0.00%
101.28.51270.472112	INTERGOV CHGS-MEDICAL EXAMIN(R)	.00	-140,443.48	-140,443.48	0.00%
101.28.51270.483100	SALE OF FIXED ASSETS(R)	.00	.00	.00	100.00%
101.28.51270.489150	REIMBURSEMENT OF EXPENDITURE(R)	.00	.00	.00	100.00%
101.28.51270.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00	100.00%
101.28.51270.493123	APPL CONT APPN-ME VEHICLE(R)	.00	.00	.00	100.00%
101.10.51520.461020	PUBLIC CHGS-TREASURERS FEES(R)	-900.00	-2,000.00	-1,100.00	45.00%
Total Revenue:		-22,730.00	-269,943.48	-247,213.48	
Total 101 - GENERAL FUND:		33,877.69	-40,773.48	-74,651.17	

End.GLPeriod 326

Account Number	Account Title	YTD	Budget	Variance	% Budget
203 - AMERICAN RESCUE PLAN ACT					
203.06.59111.699011	TELETYPE EQUIPMENT(E)	.00	.00	.00	100.00%
203.06.59111.523295	INFO TECH SUBSCRIPTION(E)	.00	.00	.00	100.00%
203.06.59111.531464	PUBLIC EDUCATION(E)	.00	.00	.00	100.00%
203.06.59111.699001	AUTOMOTIVE EQUIPMENT(E)	.00	.00	.00	100.00%
203.06.59111.711601	TRANSFER TO SOLID WASTE FUND(E)	.00	.00	.00	100.00%
203.06.59111.699226	CAP OUTLAY-SOCIAL SERVICE(E)	.00	.00	.00	100.00%
203.06.59111.521901	OTHER PROFESSIONAL SERVIC(E)	.00	.00	.00	100.00%
203.06.59111.699045	BUILDING ENTRY IMPROV(E)	.00	.00	.00	100.00%
203.06.59111.699262	BACK UP GENERATOR(E)	.00	.00	.00	100.00%
203.06.59111.581201	GRANTS TO INSTITUTIONS(E)	.00	.00	.00	100.00%
203.06.59111.521946	PROF SERV-ADMINISTRATION(E)	.00	.00	.00	100.00%
203.06.59111.699250	SP PROJECT-MAJOR RENOVATI(E)	.00	.00	.00	100.00%
203.06.59111.699103	ROADWAY CONSTRUCTION(E)	.00	.00	.00	100.00%
203.06.59111.531901	OTHER SUPPLIES & EXPENSES(E)	.00	.00	.00	100.00%
203.06.59111.699041	COMPUTER REPLACEMENT(E)	.00	.00	.00	100.00%
203.06.59111.699040	SOFTWARE PROJECTS(E)	.00	43,560.00	43,560.00	0.00%
203.06.59111.583200	SIDEWALK / PAVEMENT REPAIRS(E)	.00	.00	.00	100.00%
203.06.59111.699274	PAPERLESS AGENDA PROJECT(E)	.00	.00	.00	100.00%
203.06.59111.531407	SAFETY EQUIPMENT(E)	.00	.00	.00	100.00%
203.06.59111.699211	CAP OUTLAY-INFO TECH SERVICE(E)	.00	.00	.00	100.00%
203.06.59111.699665	SOLID WASTE CAPITAL PROJE(E)	.00	.00	.00	100.00%
203.06.59111.531404	HOUSEHOLD & JANITORIAL(E)	.00	.00	.00	100.00%
203.06.59111.699008	COMPUTER HARDWARE(E)	.00	.00	.00	100.00%
203.06.59111.521910	CONTRACTUAL PROGRAMS(E)	.00	.00	.00	100.00%

End.GLPeriod 326

Account Number	Account Title	YTD	Budget	Variance	% Budget
203.06.59111.531102	PRINTING AND DUPLICATION(E)	.00	.00	.00	100.00%
203.06.59111.699225	CAP OUTLAY-SHERIFF(E)	.00	.00	.00	100.00%
203.06.59111.699260	CAP PROJ - JAIL GLASS REP(E)	.00	.00	.00	100.00%
203.06.59111.523322	TRUCKING EXPENSE(E)	.00	.00	.00	100.00%
203.06.59111.711710	TRANSFER TO HIGHWAY FUND(E)	.00	.00	.00	100.00%
203.06.59111.699102	BUILDINGS(E)	.00	.00	.00	100.00%
203.06.59111.531769	OTHER FIXED CHARGES(E)	.00	.00	.00	100.00%
203.06.59111.699261	HVAC UPGRADES(E)	.00	.00	.00	100.00%
203.06.59111.521916	FAMILY CARE(E)	.00	.00	.00	100.00%
203.06.59111.699650	IMPROVEMENTS TO LAND(E)	.00	.00	.00	100.00%
203.06.59111.521301	ACCOUNTING AND AUDITING(E)	.00	8,300.00	8,300.00	0.00%
203.06.59111.711002	OPERATING TRANSFER(E)	.00	.00	.00	100.00%
Total Expenditure:		.00	51,860.00	51,860.00	
Total 203 - AMERICAN RESCUE PLAN ACT:		.00	51,860.00	51,860.00	
Total:		33,877.69	11,086.52	-22,791.17	

Report Criteria:
 Report type: Invoice detail
 Invoice Detail.GL account (5 Characters) = "10128"

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
KWIK TRIP INC									
ME	23876	03/10/2026	03/01/2026	46.02.2026.23876	101.28.51270.531501	93.87	03/26/2026	438814	93.87
Total KWIK TRIP INC:									
									93.87
MARATHON COUNTY									
GRAVEEN AUTOPSY	8323	03/13/2026	03/02/2026	025518	101.28.51270.521103	1,750.00	03/26/2026	438820	1,750.00
STECKER AUTOPSY	8323	03/13/2026	03/02/2026	025523	101.28.51270.521103	1,750.00	03/26/2026	438820	1,750.00
Total MARATHON COUNTY:									
									3,500.00
NMS LABS INC									
SWEENEY TOX	21079	03/05/2026	02/28/2026	1304304	101.28.51270.521103	265.00	03/12/2026	438624	265.00
Total NMS LABS INC:									
									265.00
VERIZON WIRELESS SERVICES LLC									
ME	19453	02/25/2026	02/10/2026	6135740784	101.28.51270.522005	207.70	03/12/2026	438668	207.70
ME	19453	03/19/2026	03/10/2026	6138259292	101.28.51270.522005	207.70	03/26/2026	438859	207.70
Total VERIZON WIRELESS SERVICES LLC:									
									415.40
Grand Totals:									
									4,274.27

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
101.211100	.00	4,274.27-	4,274.27-
101.28.51270.521103	3,765.00	.00	3,765.00
101.28.51270.522005	415.40	.00	415.40
101.28.51270.531501	93.87	.00	93.87

GL Account	Debit	Credit	Proof
Grand Totals:	4,274.27	4,274.27-	.00

Reviewed by: _____

Date: ____/____/____

Report Criteria:
Report type: Invoice detail
Invoice Detail.GL account (5 Characters) = "10128"

End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.16.50000.000000{-}101.16.59999.999999

Account Number	Account Title	YTD	Budget	Variance
Fund101 - GENERAL FUND				
101.16.52310.511101	SALARIES-PERM EMPLOYEE(E)	19,207.90	34,813.00	15,605.10
101.16.52310.511102	WAGES-PERM EMPLOYEE(E)	5,468.02	.00	-5,468.02
101.16.52310.511103	OVERTIME WAGES(E)	.00	.00	.00
101.16.52310.511107	CALL PAY(E)	.00	.00	.00
101.16.52310.511205	HOLIDAY WORKED PAY(E)	33.01	1,258.00	1,224.99
101.16.52310.512001	SOCIAL SECURITY(E)	1,817.07	2,767.00	949.93
101.16.52310.512002	RETIREMENT-EMPLOYER'S SHARE(E)	2,438.60	2,415.00	-23.60
101.16.52310.512004	HEALTH/DENTAL INSURANCE(E)	5,246.16	7,000.00	1,753.84
101.16.52310.512005	LIFE INSURANCE(E)	39.36	118.00	78.64
101.16.52310.512006	WORKER'S COMPENSATION(E)	490.41	1,049.00	558.59
101.16.52310.512007	INCOME CONTINUATION INS(E)	.00	.00	.00
101.16.52310.512011	CLOTHING AND UNIFORMS(E)	177.09	105.00	-72.09
101.16.52310.512014	VEBA CONTRIBUTION(E)	255.28	.00	-255.28
101.16.52310.512018	CASH IN LIEU OF HEALTH INS(E)	32.50	.00	-32.50
101.16.52310.513401	COST ALLOC- WAGES & FRINGE(E)	40,000.02	160,000.00	119,999.98
101.16.52310.523201	VEHICLE REPAIR(E)	51,481.33	50,000.00	-1,481.33
101.16.52310.523203	MACY AND EQUIP SVC CONTRACTS(E)	1,900.00	25,000.00	23,100.00
101.16.52310.523306	AMBULANCE, CLINIC & HOSP SVC(E)	.00	2,523,491.00	2,523,491.00
101.16.52310.523307	POLICE & POLICE RADIO SVC(E)	.00	.00	.00
101.16.52310.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.16.52310.531305	MEALS LODGING & MISC TRAV(E)	30.00	200.00	170.00
101.16.52310.531501	GASOLINE MOTOR OIL ETC(E)	5,101.92	42,000.00	36,898.08
101.16.52310.531503	MACHINERY & EQUIPMENT PARTS(E)	1,044.88	14,250.00	13,205.12
101.16.52310.531702	INDIRECT COST ALLOCATION(E)	14,375.01	57,500.00	43,124.99
101.16.52310.531752	INS ON VEHICLES & EQUIPMENT(E)	.00	25,000.00	25,000.00

101.16.52310.531901	OTHER SUPPLIES & EXPENSES(E)	.00	.00	.00
101.16.52310.581201	GRANTS TO INSTITUTIONS(E)	.00	.00	.00
101.16.52310.699001	AUTOMOTIVE EQUIPMENT(E)	.00	330,000.00	330,000.00
101.16.52310.699009	OTHER CAPITAL EQUIPMENT(E)	.00	60,000.00	60,000.00
101.16.52510.511101	SALARIES-PERM EMPLOYEE(E)	21,804.61	64,651.00	42,846.39
101.16.52510.511102	WAGES-PERM EMPLOYEE(E)	12,815.54	65,016.00	52,200.46
101.16.52510.511103	OVERTIME WAGES(E)	.00	513.00	513.00
101.16.52510.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00
101.16.52510.511205	HOLIDAY WORKED PAY(E)	99.02	2,335.00	2,235.98
101.16.52510.511301	COMMITTEE PER DIEM(E)	.00	.00	.00
101.16.52510.512001	SOCIAL SECURITY(E)	2,527.11	10,877.00	8,349.89
101.16.52510.512002	RETIREMENT-EMPLOYER'S SHARE(E)	1,990.28	9,881.00	7,890.72
101.16.52510.512004	HEALTH/DENTAL INSURANCE(E)	16,459.68	35,500.00	19,040.32
101.16.52510.512005	LIFE INSURANCE(E)	117.08	441.00	323.92
101.16.52510.512006	WORKER'S COMPENSATION(E)	348.10	2,303.00	1,954.90
101.16.52510.512007	INCOME CONTINUATION INS(E)	.00	.00	.00
101.16.52510.512011	CLOTHING AND UNIFORMS(E)	.00	195.00	195.00
101.16.52510.512017	RETIREE HEALTH INSURANCE(E)	.00	.00	.00
101.16.52510.522005	TELEPHONE AND FAX(E)	.00	.00	.00
101.16.52510.523203	MACY AND EQUIP SVC CONTRACTS(E)	.00	.00	.00
101.16.52510.523205	HARD/SOFTWARE CONTRACT(E)	.00	.00	.00
101.16.52510.531101	POSTAGE AND BOX RENT(E)	.00	.00	.00
101.16.52510.531102	PRINTING AND DUPLICATION(E)	.00	.00	.00
101.16.52510.531103	CENTRAL PURCHASING(E)	.00	960.00	960.00
101.16.52510.531201	PUBLICATION OF LEGAL NOTICES(E)	.00	100.00	100.00
101.16.52510.531203	MEMBERSHIP DUES(E)	.00	130.00	130.00
101.16.52510.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	100.00	100.00
101.16.52510.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.16.52510.531305	MEALS LODGING & MISC TRAVEL(E)	19.00	2,000.00	1,981.00
101.16.52510.531468	WEATHER RADIOS(E)	.00	.00	.00

101.16.52510.531486	DOMESTIC PREP EXPENSES(E)	.00	.00	.00
101.16.52510.531501	GASOLINE MOTOR OIL ETC(E)	.00	.00	.00
101.16.52510.531901	OTHER SUPPLIES & EXPENSES(E)	71.58	3,500.00	3,428.42
101.16.52510.531974	SUBSCRIPTION AMORITZATION(E)	.00	.00	.00
101.16.52510.571002	SUBSCRIPTION PRINCIPAL(E)	.00	.00	.00
101.16.52510.572006	SUBSCRIPTION INTEREST(E)	.00	.00	.00
101.16.52510.583200	SUBSCRIPTION CLEAR - CHG ACCTG(E)	.00	.00	.00
101.16.52510.699001	AUTOMOTIVE EQUIPMENT(E)	.00	500.00	500.00
101.16.52510.699009	OTHER CAPITAL EQUIPMENT(E)	.00	4,000.00	4,000.00
101.16.52510.699043	EQUIP-DOMESTIC PREP GRANT(E)	.00	.00	.00
101.16.52510.721025	OTHER FINC SOURE SUBSCRIPTION(E)	.00	.00	.00
101.16.52520.511101	SALARIES-PERM EMPLOYEE(E)	.00	.00	.00
101.16.52520.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00
101.16.52520.511301	COMMITTEE PER DIEM(E)	.00	.00	.00
101.16.52520.512001	SOCIAL SECURITY(E)	.00	.00	.00
101.16.52520.512002	RETIREMENT-EMPLOYER'S SHARE(E)	.00	.00	.00
101.16.52520.512006	WORKER'S COMPENSATION(E)	.00	.00	.00
101.16.52520.521101	MEDICAL SERVICES(E)	.00	.00	.00
101.16.52520.522005	TELEPHONE AND FAX(E)	.00	.00	.00
101.16.52520.531101	POSTAGE AND BOX RENT(E)	.00	.00	.00
101.16.52520.531102	PRINTING AND DUPLICATION(E)	.00	.00	.00
101.16.52520.531103	CENTRAL PURCHASING(E)	.00	.00	.00
101.16.52520.531301	TRAINING/CONFERENCE FEES(E)	.00	.00	.00
101.16.52520.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	.00	.00
101.16.52520.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.16.52520.531305	MEALS LODGING & MISC TRAVEL(E)	.00	.00	.00
101.16.52520.531494	HAZMAT CONTRACTUAL EXPENSES(E)	.00	.00	.00
101.16.52520.531501	GASOLINE MOTOR OIL ETC(E)	.00	.00	.00
101.16.52520.531502	MOTOR VEHICLE PARTSPLIES(E)	.00	.00	.00
101.16.52520.531901	OTHER SUPPLIES & EXPENSES(E)	.00	.00	.00

101.16.52520.699009	OTHER CAPITAL EQUIPMENT(E)	.00	.00	.00
AccountTypeExpenditure		205,390.56	3,539,968.00	3,334,577.44
101.16.52310.435252	STATE AID-AMBULANCE SVC(R)	.00	.00	.00
101.16.52310.435254	STATE AID-FAP TRAINING(R)	.00	.00	.00
101.16.52310.435255	STATE AID-FAP IMPROVEMENTS(R)	-139,832.30	.00	139,832.30
101.16.52310.473200	INTERGOV CHGS-AMBULANCE(R)	-111,100.52	-624,121.00	-513,020.48
101.16.52310.485100	DONATIONS(R)	.00	.00	.00
101.16.52310.493017	APPL CONT APPR-AMB REPAIRS(R)	.00	.00	.00
101.16.52310.493018	APPL CONT APPR-HOSPITAL SUBS(R)	.00	.00	.00
101.16.52310.493019	APPL CONT APPR-AMB REPLACEMT(R)	.00	.00	.00
101.16.52310.493101	FUND BAL APP-GENERAL FUND(R)	.00	.00	.00
101.16.52310.493103	APPL CONT APPR-AMBULANCE(R)	.00	.00	.00
101.16.52310.493125	APPL CONT APPN-AMBUL OTHER(R)	.00	.00	.00
101.16.52310.493254	APPL CONT APPR-FAP TRAINING(R)	.00	.00	.00
101.16.52310.493255	APPL CONT APPR-FAP IMPROVEMENT(R)	.00	.00	.00
101.16.52510.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00
101.16.52510.435204	STATE AID-EMERGENCY GOVNMNT(R)	-7,215.00	-55,850.00	-48,635.00
101.16.52510.435215	STATE AID-DOMESTIC PREP G(R)	.00	.00	.00
101.16.52510.435253	STATE AID-SAFER COMMUNITY(R)	.00	.00	.00
101.16.52510.483210	SALE OF MAT & SUPPLIES(R)	.00	.00	.00
101.16.52510.493053	APPL CONT APPR-TOWER & REPEA(R)	.00	.00	.00
101.16.52510.493083	APPL CONT APPR-EM MGMT AUTO(R)	.00	.00	.00
101.16.52520.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00
101.16.52520.435250	STATE AID-EM PLAN, HAZMAT(R)	.00	.00	.00
101.16.52520.462500	PUBLIC CHGS-HAZMAT FEES(R)	.00	.00	.00
101.16.52520.462501	PUBLIC CHGS-HAZMAT CONTRACT(R)	.00	.00	.00
101.16.52520.473215	INTERGOV CHGS-EM MGMT(R)	.00	.00	.00
101.16.52520.485100	DONATIONS(R)	.00	.00	.00
101.16.52520.493113	APPL CONT APPN-HAZMAT ST GR(R)	.00	.00	.00
AccountTypeRevenue		-258,147.82	-679,971.00	-421,823.18

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<u>-52,757.26</u>	<u>2,859,997.00</u>	<u>2,912,754.26</u>
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Report Criteria:

Report type: Invoice detail

Invoice Detail.GL account (5 Characters) = "10146","10116","40446"

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
ASPIRUS HEALTH PLAN INC									
RETIREE HEALTH INSURANCE	28681	03/05/2026	02/16/2026	260470000056	101.46.52110.512017	11,603.00	03/10/2026	438391	11,603.00
Total ASPIRUS HEALTH PLAN INC:									11,603.00
ASPIRUS INC									
FEBRUARY 2026 INMATE MEDICAL - AD	19771	03/04/2026	03/01/2026	46.02.2026.19771.(1)	101.46.52116.521101	86.27	03/12/2026	438575	86.27
FEBRUARY 2026 INMATE MEDICAL - AD	19771	03/04/2026	03/01/2026	46.02.2026.19771.(2)	101.46.52116.521101	37.00	03/12/2026	438576	37.00
FEBRUARY 2026 INMATE MEDICAL - IC	19771	03/04/2026	03/01/2026	46.02.2026.19771.(3)	101.46.52116.521101	66.18	03/12/2026	438577	66.18
FEBRUARY 2026 BLOOD DRAWS ACCT #1231693	19771	03/12/2026	03/01/2026	46.02.2026.19771	101.46.52117.521101	306.00	03/26/2026	438782	306.00
Total ASPIRUS INC:									495.45
AT&T MOBILITY LLC									
MARCH 2026 INV #287299621948X03152026	28220	03/19/2026	03/07/2026	287299621948X03152026	101.46.52110.522005	96.08	03/26/2026	438783	96.08
Total AT&T MOBILITY LLC:									96.08
AUTOZONE INC									
SHOP INV #01979986903	6657	03/04/2026	02/03/2026	01979986903	101.46.52110.531502	90.00	03/12/2026	438578	90.00
SQUAD 6 INV #01979987596	6657	03/04/2026	02/05/2026	01979987596	101.46.52110.531502	85.03	03/12/2026	438578	85.03
SHOP INV #01979988650	6657	03/04/2026	02/09/2026	01979988650	101.46.52110.531502	55.65	03/12/2026	438578	55.65
SHOP INTERCEPTOR WIPER BLADES INV #01979988965	6657	03/04/2026	02/10/2026	01979988965	101.46.52110.531502	424.90	03/12/2026	438578	424.90
SHOP INTERCEPTOR BRAKE PADS INV #01979989135	6657	03/04/2026	02/11/2026	01979989135	101.46.52110.531502	101.98	03/12/2026	438578	101.98
SQUAD 13 INV #01979989500	6657	03/04/2026	02/12/2026	01979989500	101.46.52110.531502	58.75	03/12/2026	438578	58.75
HUMAN SVC 2019 COROLLA INV #01979992520	6657	03/04/2026	02/23/2026	01979992520	101.46.52110.531502	6.84	03/12/2026	438578	6.84
Total AUTOZONE INC:									823.15
BENEFIT COORDINATORS CORPORATION									
03/2026 FAHP FEE - INV B0M9QM	29486	03/03/2026	03/01/2026	B0M9QM	101.46.52115.512004	1,194.48	03/26/2026	438786	1,194.48
Total BENEFIT COORDINATORS CORPORATION:									1,194.48

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
BERGSTROM FORD OF GREEN BAY									
CREDIT MEMO REVERSAL - APPLIED TO 2 SEPARATE INVOICES IN ERROR SQUAD 17 INV F827653	500340	03/04/2026	02/17/2026	CM-F747265-1(1)	101.46.52110.531502	106.74	03/12/2026	438581	106.74
AMBULANCE 2 INV #F827663	500340	02/25/2026	02/20/2026	F827653	101.46.52110.531502	737.56	03/12/2026	438581	737.56
AMBULANCE 2 INV #F828064	500340	02/25/2026	02/19/2026	F827663	101.16.52310.523201	7,460.85	03/12/2026	438581	7,460.85
SQUAD 24 INV #F828152	500340	02/25/2026	02/20/2026	F828064	101.16.52310.523201	376.55	03/12/2026	438581	376.55
SQUAD 38 INV #F828255	500340	03/04/2026	02/23/2026	F828152	101.46.52110.531502	333.97	03/12/2026	438581	333.97
AMBULANCE 8 INV #F826400-1	500340	03/04/2026	02/23/2026	F828255	101.46.52110.531502	272.18	03/12/2026	438581	272.18
AMBULANCE 8 INV #F826400-1	500340	02/18/2026	02/10/2026	F826400-1	101.16.52310.523201	106.24	03/12/2026	438582	106.24
AMBULANCE 8 INV #F826400-2	500340	02/18/2026	02/12/2026	F826400-2	101.16.52310.523201	136.85	03/12/2026	438582	136.85
Total BERGSTROM FORD OF GREEN BAY:									9,530.94
CHARTER COMMUNICATIONS									
MARCH 2026 DETECTIVE INTERNET INV #171440601030126	5998	03/12/2026	03/01/2026	171440601030126	101.46.52119.531901	139.98	03/26/2026	438791	139.98
Total CHARTER COMMUNICATIONS:									139.98
CORRECT CHOICE INC									
2026 PERIOD 1 INMATE MEALS INV #4940-0126	500644	03/04/2026	02/13/2026	4940-0126	101.46.52116.523311	35,954.21	03/12/2026	438587	35,954.21
2026 PERIOD 1 PREMIUM PLATES INV #4940-0126P	500644	03/12/2026	03/10/2026	4940-0126P	101.46.52116.462012	6,454.01	03/26/2026	438796	6,454.01
Total CORRECT CHOICE INC:									42,408.22
DETECTACHEM INC									
2026 LE DRUG TRAFFICKING RESPONSE GRANT	29437	03/19/2026	03/12/2026	INV22758	101.46.52119.531455	3,751.25	03/26/2026	438800	3,751.25
Total DETECTACHEM INC:									3,751.25
DIVERSIFIED BENEFIT SERVICES INC									
DBS FRA SHERIFF	24171	02/09/2026	02/05/2026	469188	101.46.52115.512004	55.20	03/12/2026	438590	55.20
DBS FRA SHERIFF	24171	03/10/2026	03/05/2026	472107	101.46.52115.512004	55.20	03/26/2026	438801	55.20
Total DIVERSIFIED BENEFIT SERVICES INC:									110.40
ERV'S SALES & SERVICE									
4 SNOWMOBILE HELMETS INV #97332	29256	02/25/2026	02/25/2026	97332	101.46.52117.531460	1,119.84	03/12/2026	438594	1,119.84

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
Total ERV'S SALES & SERVICE:									1,119.84
FAMILY HEALTH CENTER OF MARSHFIELD INC									
FEBRUARY 2026 INMATE DENTAL - OA	24223	03/04/2026	03/01/2026	46.02.2026.(24223)	101.46.52116.521101	488.95	03/12/2026	438595	488.95
Total FAMILY HEALTH CENTER OF MARSHFIELD INC:									488.95
FOSTER COACH SALES INC									
AMBULANCE SUPPLIES INV #30580	28951	03/04/2026	02/23/2026	30580	101.16.52310.523201	1,965.01	03/12/2026	438599	1,965.01
AMBULANCE SUPPLIES INV #30603	28951	03/04/2026	02/27/2026	30603	101.16.52310.523201	96.15	03/12/2026	438599	96.15
Total FOSTER COACH SALES INC:									2,061.16
KWIK TRIP INC									
AMBULANCE	23876	03/10/2026	03/01/2026	46.02.2026.23876	101.16.52310.531501	11,014.41	03/26/2026	438814	11,014.41
Total KWIK TRIP INC:									11,014.41
LANGLADE FORD INCORP									
SQUAD 10 SO #147803	29370	03/19/2026	03/17/2026	147803	101.46.52110.531502	243.90	03/26/2026	438816	243.90
SQUAD 8 SO #148528	29370	03/19/2026	03/17/2026	148528	101.46.52110.531502	69.22	03/26/2026	438816	69.22
SQUAD 48 SO #148676	29370	03/19/2026	03/17/2026	148676	101.46.52110.531502	43.81	03/26/2026	438816	43.81
SQUAD 10 INV #149156	29370	03/12/2026	03/03/2026	149156	101.46.52110.531502	150.80	03/26/2026	438816	150.80
Total LANGLADE FORD INCORP:									507.73
LANGUAGE LINE SERVICES INC									
FEBRUARY 2026 INTERPRETATION SERVICES INV #11861392	6094	03/12/2026	02/28/2026	11861392	101.46.52110.523203	113.04	03/26/2026	438817	113.04
Total LANGUAGE LINE SERVICES INC:									113.04
LEMIEUX & SON INC.									
2026 TOYOTA 4RUNNER JTEVA5BR0T5090894	500215	03/26/2026	03/25/2026	96350	101.46.52110.699001	45,500.00	03/26/2026	438873	45,500.00
Total LEMIEUX & SON INC.:									45,500.00
NAPA AUTO PARTS									
AMBULANCE 6 INV #798285	29408	03/04/2026	03/03/2026	798285	101.16.52310.523201	37.99	03/12/2026	438621	37.99

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
Total NAPA AUTO PARTS:									37.99
NELSON TACTICAL									
DEFENSE SUPPLIES INV #3986	27081	02/25/2026	02/20/2026	3986	101.46.52116.472200	19,212.34	03/12/2026	438623	19,212.34
Total NELSON TACTICAL:									19,212.34
ONEIDA COUNTY BUILDING & GROUNDS									
AMBULANCE SUPPLIES/SPRAY PAINT INV #244643156	12906	02/25/2026	02/23/2026	244643156	101.16.52310.523201	50.88	03/12/2026	438628	50.88
FEBRUARY 2026 STATE INMATE EXPENSES INV #244643175	12906	03/05/2026	03/02/2026	244643175	101.46.52116.523309	7,929.60	03/12/2026	438628	7,929.60
Total ONEIDA COUNTY BUILDING & GROUNDS:									7,980.48
O'REILLY AUTO PARTS INC									
AMBULANCE SUPPLIES INV #3864-151599	22963	03/04/2026	02/05/2026	3864-151599	101.16.52310.523201	267.59	03/12/2026	438633	267.59
SHOP INV #3864-151931	22963	03/04/2026	02/09/2026	3864-151931	101.46.52110.531502	51.96	03/12/2026	438633	51.96
Total O'REILLY AUTO PARTS INC:									319.55
PRO AUTOMOTIVE IMAGES LLC									
SQUAD # DECALS INV #13241	14511	03/12/2026	03/04/2026	13241	101.46.52110.531502	183.60	03/26/2026	438838	183.60
Total PRO AUTOMOTIVE IMAGES LLC:									183.60
RAIN AUTO WASH LLC									
FEB 2026 6 WASHES INV #1220	500274	03/04/2026	03/01/2026	1220	101.46.52110.531502	51.60	03/12/2026	438642	51.60
Total RAIN AUTO WASH LLC:									51.60
REGISTRATION FEE TRUST/WI DOT									
2026 SQUAD 14 REGISTRATION	23968	03/19/2026	03/19/2026	46.2026.23968.1	101.46.52110.699001	219.50	03/26/2026	438839	219.50
2026 SQUAD 45 REGISTRATIONS	23968	03/19/2026	03/19/2026	46.2026.23968.2	101.46.52110.699001	219.50	03/26/2026	438840	219.50
2026 SQUAD 52 REGISTRATION	23968	03/19/2026	03/19/2026	46.2026.23968.3	101.46.52110.699001	219.50	03/26/2026	438841	219.50
2026 SQUAD 57 REGISTRATION	23968	03/19/2026	03/19/2026	46.2026.23968.4	101.46.52110.699001	219.50	03/26/2026	438842	219.50
Total REGISTRATION FEE TRUST/WI DOT:									878.00

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
RHINELANDER AUTO GROUP									
SQUAD 38 INV #34937	10243	03/04/2026	02/27/2026	534937	101.46.52110.531502	119.95	03/12/2026	438644	119.95
Total RHINELANDER AUTO GROUP:									119.95
RITCHIE LAKELAND OIL CO INC									
AMBULANCE OIL 20%	2001	02/26/2026	02/04/2026	2660572	101.16.52310.531501	2,897.50	03/12/2026	438645	2,897.50
Total RITCHIE LAKELAND OIL CO INC:									2,897.50
TALKPOINT TECHNOLOGIES INC									
DISPATCH HEADSETS INV #18876	24249	02/18/2026	02/18/2026	18876	101.46.52118.531901	326.80	03/12/2026	438651	326.80
Total TALKPOINT TECHNOLOGIES INC:									326.80
TIMBER BAY SPORT & DIVE CENTER LLC									
DIVE TEAM SUPPLY REPAIR INV #2602	16896	02/27/2026	02/22/2026	2602	101.46.52150.531901	5,463.19	03/12/2026	438656	5,463.19
DIVE TEAM SUPPLIES INV #2603	16896	03/17/2026	03/29/2026	2603	101.46.52150.531901	358.86	03/26/2026	438852	358.86
Total TIMBER BAY SPORT & DIVE CENTER LLC:									5,822.05
TURNKEY CORRECTIONS (ACH)									
INDIGENT SUPPLIES	26172	03/23/2026	03/03/2026	26017	101.46.52116.462012	74.14	03/25/2026	11961	74.14
CANTEEN ORDERS	26172	03/23/2026	03/03/2026	26019	101.46.52116.462012	16,837.24	03/25/2026	11961	16,837.24
PHONE	26172	03/23/2026	03/04/2026	26060	101.46.52116.462011	241.73	03/25/2026	11961	241.73
Total TURNKEY CORRECTIONS (ACH):									17,153.11
TVTI LLC TOWER VENTURE HOLDINGS III									
MARCH 2026 INV #TVTI-012816	29439	03/05/2026	03/01/2026	TVTI-012816	101.46.52610.531701	484.00	03/12/2026	438661	484.00
Total TVTI LLC TOWER VENTURE HOLDINGS III:									484.00
UNIFORM SHOPPE INC, THE									
PATROL - NOVAK INV #14474	4623	03/12/2026	02/13/2026	14474	101.46.52110.531495	109.90	03/26/2026	438857	109.90
PATROL - NOVAK INV #14780	4623	03/12/2026	03/03/2026	14780	101.46.52110.531495	63.90	03/26/2026	438857	63.90
Total UNIFORM SHOPPE INC, THE:									173.80

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
VERIZON WIRELESS SERVICES LLC									
TTY	19453	02/25/2026	02/10/2026	6135740784	101.46.52117.523318	5,059.43	03/12/2026	438668	5,059.43
TTY	19453	03/19/2026	03/10/2026	6138259292	101.46.52117.523318	4,589.65	03/26/2026	438859	4,589.65
Total VERIZON WIRELESS SERVICES LLC:									9,649.08
VICTORY JANITORIAL SERVICE INC									
INVOICE #139836 - DETERGENT/RINSE AID	5534	03/12/2026	03/04/2026	139836	101.46.52116.531472	332.28	03/26/2026	438861	332.28
Total VICTORY JANITORIAL SERVICE INC:									332.28
VICTORY SUPPLY LLC									
JAIL HYGIENE SUPPLIES INV #INV126606	500150	03/04/2026	02/24/2026	INV126606	101.46.52116.531472	349.50	03/12/2026	438671	349.50
JAIL MATTRESSES INV #INV126965	500150	03/04/2026	03/03/2026	INV126965	101.46.52116.531472	3,598.80	03/12/2026	438671	3,598.80
INMATE CLOTHING INV #INV127582	500150	03/19/2026	03/16/2026	INV127582	101.46.52116.531472	849.60	03/26/2026	438863	849.60
Total VICTORY SUPPLY LLC:									4,797.90
VILAS CO SHERIFFS DEPT									
OCTOBER 2025 HEROIN GRANT REIMBURSEMENT	18	03/13/2026	03/13/2026	46.03.2026.18	101.46.52119.531455	136.74	03/26/2026	438864	136.74
Total VILAS CO SHERIFFS DEPT:									136.74
WAUKESHA CO SHERIFF									
SWAT TRAINING: HORWATH/ZABROWSKI/NYLUND INV #2026-TEU023	315	02/26/2026	02/11/2026	2026-TEU023	101.46.52110.531457	825.00	03/12/2026	438673	825.00
Total WAUKESHA CO SHERIFF:									825.00
WI DEPT OF JUSTICE-RECORDS CHECK									
FEBRUARY 2026 RECORDS CHECK ACCT #L4400T	2243	03/04/2026	02/28/2026	46.02.2026.2243	101.46.52110.523318	14.00	03/12/2026	438676	14.00
Total WI DEPT OF JUSTICE-RECORDS CHECK:									14.00
WI DEPT OF NATURAL RESOURCES									
APRIL 2026 BOAT PATROL CONFERENCE - J. SCHILLING	18667	03/05/2026	03/05/2026	46.03.2026.18667	101.46.52115.531301	20.00	03/12/2026	438678	20.00
Total WI DEPT OF NATURAL RESOURCES:									20.00

Description	Vendor Number	Input Date	Invoice Date	Invoice Number	Invoice GL Account	Invoice Amount	Check Issue Date	Check Number	Check Amount
WYOW									
FEBRUARY 2026 TOWER RENT INV #3536273-23	29362	03/12/2026	02/28/2026	3536273-23	101.46.52610.531701	1,948.50	03/26/2026	438872	1,948.50
Total WYOW:									1,948.50
Grand Totals:									204,322.35

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
101.16.52310.523201	10,498.11	.00	10,498.11
101.16.52310.531501	2,750.73	.00	2,750.73
101.211100	.00	204,322.35-	204,322.35-
101.46.52110.512017	11,603.00	.00	11,603.00
101.46.52110.522005	6,247.84	.00	6,247.84
101.46.52110.523203	113.04	.00	113.04
101.46.52110.523318	14.00	.00	14.00
101.46.52110.531457	825.00	.00	825.00
101.46.52110.531495	173.80	.00	173.80
101.46.52110.531501	10,956.75	.00	10,956.75
101.46.52110.531502	3,188.44	.00	3,188.44
101.46.52110.699001	46,378.00	.00	46,378.00
101.46.52115.512004	1,304.88	.00	1,304.88
101.46.52115.531301	20.00	.00	20.00
101.46.52116.462011	241.73	.00	241.73
101.46.52116.462012	23,365.39	.00	23,365.39
101.46.52116.472200	19,212.34	.00	19,212.34
101.46.52116.521101	678.40	.00	678.40
101.46.52116.523309	7,929.60	.00	7,929.60
101.46.52116.523311	35,954.21	.00	35,954.21
101.46.52116.531472	5,130.18	.00	5,130.18
101.46.52117.521101	306.00	.00	306.00
101.46.52117.523318	3,497.32	.00	3,497.32
101.46.52117.531460	1,316.82	.00	1,316.82
101.46.52117.531467	7.45	.00	7.45
101.46.52118.531901	326.80	.00	326.80

GL Account	Debit	Credit	Proof
101.46.52119.531455	3,887.99	.00	3,887.99
101.46.52119.531901	139.98	.00	139.98
101.46.52150.531901	5,822.05	.00	5,822.05
101.46.52610.531701	2,432.50	.00	2,432.50
Grand Totals:	<u>204,322.35</u>	<u>204,322.35-</u>	<u>.00</u>

Reviewed by: _____

Date: ____ / ____ / _____

Report Criteria:

Report type: Invoice detail

Invoice Detail.GL account (5 Characters) = "10146","10116","40446"

End.GLPeriod 326 AND [Report].FormattedAccountNumber 101.46.50000.000000{-}101.46.59999.999999

Account Number	Account Title	YTD	Budget	Variance
Fund101 - GENERAL FUND				
101.46.52117.531901	OTHER SUPPLIES & EXPENSES(E)	94.87	5,500.00	5,405.13
101.46.52117.511109	SHIFT DIFFERENTIAL(E)	1,732.31	7,095.00	5,362.69
101.46.52116.531101	POSTAGE AND BOX RENT(E)	.00	.00	.00
101.46.52116.512007	INCOME CONTINUATION INS(E)	.00	.00	.00
101.46.52110.522005	TELEPHONE AND FAX(E)	10,395.72	54,815.00	44,419.28
101.46.52111.511102	WAGES-PERM EMPLOYEE(E)	.00	.00	.00
101.46.52119.512018	CASH IN LIEU OF HEALTH INS(E)	750.00	.00	-750.00
101.46.52115.511107	CALL PAY(E)	275.12	266.00	-9.12
101.46.52119.512006	WORKER'S COMPENSATION(E)	2,215.63	21,761.00	19,545.37
101.46.52116.511109	SHIFT DIFFERENTIAL(E)	1,786.58	9,548.00	7,761.42
101.46.52510.523295	INFO TECH SUBSCRIPTION(E)	.00	.00	.00
101.46.52116.512001	SOCIAL SECURITY(E)	25,541.18	152,305.00	126,763.82
101.46.52111.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00
101.46.52115.531901	OTHER SUPPLIES & EXPENSES(E)	297.17	1,000.00	702.83
101.46.52112.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.46.52110.699001	AUTOMOTIVE EQUIPMENT(E)	46,378.00	240,000.00	193,622.00
101.46.52118.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	100.00	100.00
101.46.52116.531305	MEALS LODGING & MISC TRAVEL(E)	507.00	6,250.00	5,743.00
101.46.52118.531901	OTHER SUPPLIES & EXPENSES(E)	401.06	950.00	548.94
101.46.52118.583200	SUBSCRIPTION CLEAR - CHG ACCTG(E)	.00	.00	.00
101.46.52119.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00
101.46.52117.511102	WAGES-PERM EMPLOYEE(E)	426,094.96	2,186,672.00	1,760,577.04
101.46.52117.531460	SNOWMOBILE PATROL EXPENSES(E)	617.50	4,500.00	3,882.50
101.46.52110.531460	SNOWMOBILE PATROL EXPENSE(E)	.00	.00	.00
101.46.52116.511103	OVERTIME WAGES(E)	60,152.19	180,254.00	120,101.81

101.46.52117.511205	HOLIDAY WORKED PAY(E)	3,169.49	44,841.00	41,671.51
101.46.52118.523295	INFO TECH SUBSCRIPTION(E)	.00	.00	.00
101.46.52119.512002	RETIREMENT-EMPLOYER'S SHARE(E)	16,283.02	116,576.00	100,292.98
101.46.52610.511107	CALL PAY(E)	.00	8,634.00	8,634.00
101.46.52111.512007	INCOME CONTINUATION INS(E)	.00	.00	.00
101.46.52110.571002	SUBSCRIPTION PRINCIPAL(E)	.00	.00	.00
101.46.52610.512004	HEALTH/DENTAL INSURANCE(E)	.00	40,500.00	40,500.00
101.46.52111.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.46.52110.531502	MOTOR VEHICLE PARTSPLIES(E)	10,596.46	38,000.00	27,403.54
101.46.52116.531301	TRAINING/CONFERENCE FEES(E)	.00	7,000.00	7,000.00
101.46.52115.531302	EMPLOYEE AUTO ALLOWANCE(E)	140.65	250.00	109.35
101.46.52610.583200	SUBSCRIPTION CLEAR - CHG ACCTG(E)	.00	.00	.00
101.46.52115.512004	HEALTH/DENTAL INSURANCE(E)	62,002.09	223,750.00	161,747.91
101.46.52610.531901	OTHER SUPPLIES & EXPENSES(E)	750.00	3,000.00	2,250.00
101.46.52115.511101	SALARIES-PERM EMPLOYEE(E)	88,729.68	389,533.00	300,803.32
101.46.52150.531204	ADVERTISING(E)	.00	.00	.00
101.46.52119.531305	MEALS LODGING & MISC TRAVEL(E)	1,384.21	6,000.00	4,615.79
101.46.52116.512011	CLOTHING AND UNIFORMS(E)	.00	11,250.00	11,250.00
101.46.52119.511103	OVERTIME WAGES(E)	11,451.24	121,307.00	109,855.76
101.46.52111.511205	HOLIDAY WORKED PAY(E)	.00	.00	.00
101.46.52610.522005	TELEPHONE AND FAX(E)	.00	4,000.00	4,000.00
101.46.52117.512004	HEALTH/DENTAL INSURANCE(E)	136,899.76	609,500.00	472,600.24
101.46.52119.583100	SETTLEMENT(E)	.00	.00	.00
101.46.52117.521101	MEDICAL SERVICES(E)	578.00	6,000.00	5,422.00
101.46.52110.572006	SUBSCRIPTION INTEREST(E)	.00	.00	.00
101.46.52110.531456	WATER SAFETY PROGRAM(E)	.00	.00	.00
101.46.52150.512001	SOCIAL SECURITY(E)	107.29	1,132.00	1,024.71
101.46.52118.511102	WAGES-PERM EMPLOYEE(E)	151,741.89	858,896.00	707,154.11
101.46.52119.581220	INTERAGENCY FOR NORDEG(E)	.00	.00	.00
101.46.52110.531101	POSTAGE AND BOX RENT(E)	939.51	5,000.00	4,060.49

101.46.52118.512002	RETIREMENT-EMPLOYER'S SHARE(E)	13,292.06	73,494.00	60,201.94
101.46.52110.523203	MACY AND EQUIP SVC CONTRACTS(E)	1,293.17	7,950.00	6,656.83
101.46.52115.511205	HOLIDAY WORKED PAY(E)	464.83	13,029.00	12,564.17
101.46.52111.511109	SHIFT DIFFERENTIAL(E)	.00	.00	.00
101.46.52119.531458	LIASON OFFICER(E)	.00	.00	.00
101.46.52117.521102	EMPLOYEE MEDICAL EXAMS(E)	.00	400.00	400.00
101.46.52610.572006	SUBSCRIPTION INTEREST(E)	.00	.00	.00
101.46.52150.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.46.52110.512017	RETIREE HEALTH INSURANCE(E)	50,442.00	174,626.00	124,184.00
101.46.52117.521901	OTHER PROFESSIONAL SERVICES(E)	.00	5,000.00	5,000.00
101.46.52610.523290	SUNDRY REPAIR & MAINTENANCE(E)	.00	.00	.00
101.46.52117.512011	CLOTHING AND UNIFORMS(E)	.00	18,000.00	18,000.00
101.46.52116.531489	TRUANCY PROGRAM EXPENSES(E)	.00	.00	.00
101.46.52116.512005	LIFE INSURANCE(E)	622.57	5,687.00	5,064.43
101.46.52119.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00
101.46.52110.531204	ADVERTISING(E)	1,807.64	5,000.00	3,192.36
101.46.52118.511109	SHIFT DIFFERENTIAL(E)	923.34	6,382.00	5,458.66
101.46.52110.699009	OTHER CAPITAL EQUIPMENT(E)	.00	4,500.00	4,500.00
101.46.52118.571002	SUBSCRIPTION PRINCIPAL(E)	.00	.00	.00
101.46.52116.523311	CATERED FOOD(E)	35,954.21	558,450.00	522,495.79
101.46.52117.511103	OVERTIME WAGES(E)	55,766.20	377,479.00	321,712.80
101.46.52116.511111	SPECIAL ACT PAY(E)	2,323.32	10,000.00	7,676.68
101.46.52117.531301	TRAINING/CONFERENCE FEES(E)	205.90	7,000.00	6,794.10
101.46.52150.699009	OTHER CAPITAL EQUIPMENT(E)	.00	1,000.00	1,000.00
101.46.52119.512004	HEALTH/DENTAL INSURANCE(E)	51,111.83	141,750.00	90,638.17
101.46.52111.512011	CLOTHING AND UNIFORMS(E)	.00	.00	.00
101.46.52110.531515	HEAVY MOTOR EQ-OP EXPENSES(E)	.00	.00	.00
101.46.52120.531901	OTHER SUPPLIES & EXPENSES(E)	.00	100.00	100.00
101.46.52117.523203	MACY AND EQUIP SVC CONTRA(E)	17,428.62	20,500.00	3,071.38
101.46.52118.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00

101.46.52110.531407	SAFETY EQUIPMENT(E)	.00	7,700.00	7,700.00
101.46.52116.699260	PROJECT 1 BOOKING ROOM(E)	.00	.00	.00
101.46.52115.512007	INCOME CONTINUATION INS(E)	.00	.00	.00
101.46.52120.531302	EMPLOYEE AUTO ALLOWANCE(E)	269.50	500.00	230.50
101.46.52610.531301	TRAINING/CONFERENCE FEES(E)	.00	.00	.00
101.46.52116.521901	OTHER PROFESSIONAL SERVICES(E)	.00	7,000.00	7,000.00
101.46.52117.531452	DARE PROGRAM EXPENSES(E)	.00	.00	.00
101.46.52610.512018	CASH IN LIEU OF HEALTH INS(E)	337.50	.00	-337.50
101.46.52610.699260	PROJECT 1(E)	.00	.00	.00
101.46.52115.511109	SHIFT DIFFERENTIAL(E)	.00	.00	.00
101.46.52610.511102	WAGES-PERM EMPLOYEE(E)	22,825.90	143,721.00	120,895.10
101.46.52119.511109	SHIFT DIFFERENTIAL(E)	118.51	795.00	676.49
101.46.52116.511101	SALARIES-PERM EMPLOYEE(E)	20,037.44	101,663.00	81,625.56
101.46.52111.512004	HEALTH/DENTAL INSURANCE(E)	.00	.00	.00
101.46.52110.531457	SPECIAL RESPONSE TEAM(E)	5,911.21	17,000.00	11,088.79
101.46.52119.511205	HOLIDAY WORKED PAY(E)	876.08	13,222.00	12,345.92
101.46.52118.512006	WORKER'S COMPENSATION(E)	624.76	3,980.00	3,355.24
101.46.52111.521901	OTHER PROFESSIONAL SERVICES(E)	.00	.00	.00
101.46.52116.721025	OTHER FINC SOURE SUBSCRIPTION(E)	.00	.00	.00
101.46.52150.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00
101.46.52115.583001	BAD DEBT EXPENSES(E)	24.85	.00	-24.85
101.46.52116.571002	SUBSCRIPTION PRINCIPAL(E)	.00	.00	.00
101.46.52118.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.46.52118.512018	CASH IN LIEU OF HEALTH INS(E)	2,030.00	.00	-2,030.00
101.46.52116.531102	PRINTING AND DUPLICATION(E)	.00	.00	.00
101.46.52120.512001	SOCIAL SECURITY(E)	27.54	120.00	92.46
101.46.52115.521101	MEDICAL SERVICES(E)	.00	200.00	200.00
101.46.52510.511107	CALL PAY(E)	.00	.00	.00
101.46.52110.523317	RECRUITMENT AND TESTING(E)	.00	.00	.00
101.46.52111.699009	OTHER CAPITAL EQUIPMENT(E)	.00	.00	.00

101.46.52116.583200	SUBSCRIPTION CLEAR - CHG ACCTG(E)	.00	.00	.00
101.46.52119.531301	TRAINING/CONFERENCE FEES(E)	1,041.65	5,500.00	4,458.35
101.46.52610.512011	CLOTHING AND UNIFORMS(E)	531.26	1,000.00	468.74
101.46.52150.512006	WORKER'S COMPENSATION(E)	30.01	429.00	398.99
101.46.52117.531502	MOTOR VEHICLE PARTSPLIES(E)	.00	.00	.00
101.46.52117.531467	ATV ENFORCEMENT EXPENSES(E)	44.32	500.00	455.68
101.46.52117.512001	SOCIAL SECURITY(E)	40,911.02	210,512.00	169,600.98
101.46.52116.523295	INFO TECH SUBSCRIPTION(E)	.00	.00	.00
101.46.52610.512001	SOCIAL SECURITY(E)	1,806.42	11,954.00	10,147.58
101.46.52610.512005	LIFE INSURANCE(E)	21.45	489.00	467.55
101.46.52116.511105	WAGES-LIMITED TERM EMPLOYEE(E)	8,390.60	54,399.00	46,008.40
101.46.52610.721025	OTHER FINC SOURE SUBSCRIPTION(E)	.00	.00	.00
101.46.52115.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.46.52116.572006	SUBSCRIPTION INTEREST(E)	.00	.00	.00
101.46.52111.531305	MEALS LODGING & MISC TRAVEL(E)	.00	.00	.00
101.46.52116.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	100.00	100.00
101.46.52610.571002	SUBSCRIPTION PRINCIPAL(E)	.00	.00	.00
101.46.52117.699009	OTHER CAPITAL EQUIPMENT(E)	.00	5,000.00	5,000.00
101.46.52117.512007	INCOME CONTINUATION INS(E)	.00	.00	.00
101.46.52110.523201	VEHICLE REPAIR(E)	.00	.00	.00
101.46.52117.511111	SPECIAL ACT PAY(E)	3,479.27	28,086.00	24,606.73
101.46.52111.511103	OVERTIME WAGES(E)	.00	.00	.00
101.46.52115.511102	WAGES-PERM EMPLOYEE(E)	85,129.11	481,802.00	396,672.89
101.46.52119.512011	CLOTHING AND UNIFORMS(E)	.00	3,600.00	3,600.00
101.46.52610.523203	MACY AND EQUIP SVC CONTRACTS(E)	6,650.00	30,820.00	24,170.00
101.46.52119.523295	INFO TECH SUBSCRIPTION(E)	.00	.00	.00
101.46.52116.511112	HOLD OVER PAY(E)	.00	.00	.00
101.46.52117.512005	LIFE INSURANCE(E)	884.76	7,584.00	6,699.24
101.46.52116.512002	RETIREMENT-EMPLOYER'S SHARE(E)	23,935.89	134,588.00	110,652.11
101.46.52110.523205	SOFTWARE MAINTENANCE(E)	.00	.00	.00

101.46.52118.572006	SUBSCRIPTION INTEREST(E)	.00	.00	.00
101.46.52118.511103	OVERTIME WAGES(E)	14,280.70	54,232.00	39,951.30
101.46.52116.531472	JAIL SUPPLIES(E)	13,904.67	85,000.00	71,095.33
101.46.52130.521901	OTHER PROFESSIONAL SERVICES(E)	.00	.00	.00
101.46.52111.511111	SPECIAL ACT PAY(E)	.00	.00	.00
101.46.52610.531305	MEALS LODGING & MISC TRAV(E)	.00	250.00	250.00
101.46.52115.512001	SOCIAL SECURITY(E)	13,227.35	69,393.00	56,165.65
101.46.52117.531458	LIASON OFFICER(E)	.00	500.00	500.00
101.46.52610.523205	SOFTWARE MAINTENANCE(E)	.00	.00	.00
101.46.52119.531491	BOMB DISPOSAL UNIT(E)	.00	.00	.00
101.46.52116.523202	MACY AND EQUIP REPAIR(E)	916.67	1,000.00	83.33
101.46.52150.531305	MEALS LODGING & MISC TRAVEL(E)	.00	420.00	420.00
101.46.52110.531974	SUBSCRIPTION AMORITZATION(E)	.00	.00	.00
101.46.54190.581201	GRANTS TO INSTITUTIONS(E)	.00	500.00	500.00
101.46.52118.512007	INCOME CONTINUATION INS(E)	.00	.00	.00
101.46.52111.512005	LIFE INSURANCE(E)	.00	.00	.00
101.46.52610.523307	MICROWAVE RADIO MAINTENANCE(E)	.00	2,600.00	2,600.00
101.46.52119.511101	SALARIES-PERM EMPLOYEE(E)	46,523.58	151,470.00	104,946.42
101.46.52110.531495	UNIFORM SUPPLIES(E)	2,133.85	25,000.00	22,866.15
101.46.52119.511111	SPECIAL ACT PAY(E)	448.96	5,877.00	5,428.04
101.46.52116.531901	OTHER SUPPLIES & EXPENSES(E)	.00	4,500.00	4,500.00
101.46.52117.512014	VEBA CONTRIBUTION(E)	22,207.62	99,551.00	77,343.38
101.46.52118.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00
101.46.52116.512006	WORKER'S COMPENSATION(E)	7,321.00	57,737.00	50,416.00
101.46.52119.521102	EMPLOYEE MEDICAL EXAMS(E)	.00	200.00	200.00
101.46.52116.583001	BAD DEBT EXPENSES(E)	.00	.00	.00
101.46.52110.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00
101.46.52110.531402	CHEMISTRY LAB & MED SUPPLIES(E)	-20.80	.00	20.80
101.46.52118.511105	WAGES-LIMITED TERM EMPLOY(E)	.00	16,264.00	16,264.00
101.46.52116.512017	RETIREE HEALTH INSURANCE(E)	.00	.00	.00

101.46.52115.512005	LIFE INSURANCE(E)	475.31	2,898.00	2,422.69
101.46.52115.512018	CASH IN LIEU OF HEALTH INS(E)	900.00	.00	-900.00
101.46.52118.511205	HOLIDAY WORKED PAY(E)	1,028.13	23,490.00	22,461.87
101.46.52119.531402	CHEMISTRY LAB & MED SUPPLIES(E)	.00	2,500.00	2,500.00
101.46.52610.581203	GRANTS TO MINOCQUA(E)	51,915.00	51,915.00	.00
101.46.52116.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00
101.46.52150.531301	TRAINING/CONFERENCE FEES(E)	.00	350.00	350.00
101.46.52119.511105	WAGES-LIMITED TERM EMPLOYEE(E)	.00	.00	.00
101.46.52111.512001	SOCIAL SECURITY(E)	.00	.00	.00
101.46.52150.521101	MEDICAL SERVICES(E)	.00	1,400.00	1,400.00
101.46.52110.531454	CRIME PREVENTION(E)	255.00	700.00	445.00
101.46.52117.523202	MACY AND EQUIP REPAIR(E)	.00	4,200.00	4,200.00
101.46.52116.531466	LITERACY GRANT EXPENSES(E)	10.49	5,000.00	4,989.51
101.46.52117.523295	INFO TECH SUBSCRIPTION(E)	.00	.00	.00
101.46.52119.699009	OTHER CAPITAL EQUIPMENT(E)	.00	2,100.00	2,100.00
101.46.52115.511105	WAGES-LIMITED TERM EMPLOY(E)	454.73	.00	-454.73
101.46.52117.512018	CASH IN LIEU OF HEALTH INS(E)	6,500.00	.00	-6,500.00
101.46.52118.512004	HEALTH/DENTAL INSURANCE(E)	85,838.63	284,500.00	198,661.37
101.46.52110.531102	PRINTING AND DUPLICATION(E)	.00	4,000.00	4,000.00
101.46.52115.512014	VEBA CONTRIBUTION(E)	1,276.28	6,575.00	5,298.72
101.46.52117.511101	SALARIES-PERM EMPLOYEE(E)	47,048.20	143,673.00	96,624.80
101.46.52118.531305	MEALS LODGING & MISC TRAVEL(E)	.00	2,050.00	2,050.00
101.46.52117.531456	WATER SAFETY PROGRAM(E)	48.48	4,000.00	3,951.52
101.46.52610.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	.00	.00
101.46.52117.511112	HOLD OVER PAY(E)	.00	.00	.00
101.46.52610.511103	OVERTIME WAGES(E)	.00	3,182.00	3,182.00
101.46.52110.531450	SPECIAL EMERGENCY ASSIGNM(E)	.00	8,000.00	8,000.00
101.46.52116.511102	WAGES-PERM EMPLOYEE(E)	244,692.51	1,577,053.00	1,332,360.49
101.46.52111.531301	TRAINING/CONFERENCE FEES(E)	.00	.00	.00
101.46.52110.531501	GASOLINE MOTOR OIL ETC(E)	17,645.37	147,000.00	129,354.63

101.46.52119.512001	SOCIAL SECURITY(E)	13,325.29	62,778.00	49,452.71
101.46.52120.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.46.52120.512006	WORKER'S COMPENSATION(E)	.54	2.00	1.46
101.46.52130.699008	COMPUTER HARDWARE(E)	.00	.00	.00
101.46.52115.531301	TRAINING/CONFERENCE FEES(E)	1,435.00	3,900.00	2,465.00
101.46.52116.531103	CENTRAL PURCHASING(E)	545.72	1,700.00	1,154.28
101.46.52117.511107	CALL PAY(E)	2,852.71	16,299.00	13,446.29
101.46.52118.511111	SPECIAL ACT PAY(E)	38.55	4,633.00	4,594.45
101.46.52117.531492	RECREATION PROGRAM EXPENSES(E)	190.00	165.00	-25.00
101.46.52116.523316	JUVENILE DETENTION(E)	.00	.00	.00
101.46.52118.531204	ADVERTISING(E)	.00	.00	.00
101.46.52118.721025	OTHER FINC SOURE SUBSCRIPTION(E)	.00	.00	.00
101.46.52117.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.46.52119.512005	LIFE INSURANCE(E)	264.07	2,153.00	1,888.93
101.46.52111.512014	VEBA CONTRIBUTION(E)	.00	.00	.00
101.46.52110.523295	INFO TECH SUBSCRIPTION(E)	.00	.00	.00
101.46.52116.511107	CALL PAY(E)	496.92	4,610.00	4,113.08
101.46.52610.512002	RETIREMENT-EMPLOYER'S SHARE(E)	1,685.42	10,861.00	9,175.58
101.46.52115.531305	MEALS LODGING & MISC TRAVEL(E)	524.00	4,000.00	3,476.00
101.46.52110.531901	OTHER SUPPLIES & EXPENSES(E)	573.18	4,000.00	3,426.82
101.46.52118.531301	TRAINING/CONFERENCE FEES(E)	7,571.00	4,500.00	-3,071.00
101.46.52130.699007	SOFTWARE(E)	.00	.00	.00
101.46.52117.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	.00	.00
101.46.52115.512011	CLOTHING AND UNIFORMS(E)	.00	1,200.00	1,200.00
101.46.52119.531455	NORDEG PROGRAM EXPENSES(E)	2,603.99	6,000.00	3,396.01
101.46.52110.523202	MACY AND EQUIP REPAIR(E)	.00	500.00	500.00
101.46.52111.511107	CALL PAY(E)	.00	.00	.00
101.46.52118.511101	SALARIES-PERM EMPLOYEE(E)	15,917.83	87,531.00	71,613.17
101.46.52115.511103	OVERTIME WAGES(E)	6,072.30	21,263.00	15,190.70
101.46.52117.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00

101.46.52119.512014	VEBA CONTRIBUTION(E)	4,084.16	19,910.00	15,825.84
101.46.52610.523214	COMM TOWER MAINTENANCE(E)	.00	8,000.00	8,000.00
101.46.52117.512006	WORKER'S COMPENSATION(E)	10,869.39	79,802.00	68,932.61
101.46.52116.512004	HEALTH/DENTAL INSURANCE(E)	90,356.97	527,500.00	437,143.03
101.46.52119.581215	GRANTS TO OTHERS(E)	.00	.00	.00
101.46.52118.511107	CALL PAY(E)	417.28	1,540.00	1,122.72
101.46.52116.523309	BOARDING PRISONERS(E)	16,634.40	.00	-16,634.40
101.46.52116.531481	JAIL PRESCRIPT & MED SUPPLIE(E)	5,327.67	100,000.00	94,672.33
101.46.52110.531103	CENTRAL PURCHASING(E)	559.10	6,700.00	6,140.90
101.46.52111.511112	HOLD OVER PAY(E)	.00	.00	.00
101.46.52115.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00
101.46.52150.522005	TELEPHONE AND FAX(E)	.00	.00	.00
101.46.52610.531701	RENTS AND LEASES(E)	9,238.82	35,000.00	25,761.18
101.46.52119.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.46.52119.512007	INCOME CONTINUATION INS(E)	.00	.00	.00
101.46.52117.512002	RETIREMENT-EMPLOYER'S SHARE(E)	75,679.75	409,328.00	333,648.25
101.46.52110.583200	SUBSCRIPTION CLEAR - CHG ACCTG(E)	.00	.00	.00
101.46.52119.511102	WAGES-PERM EMPLOYEE(E)	115,624.57	520,490.00	404,865.43
101.46.52610.512006	WORKER'S COMPENSATION(E)	517.35	4,532.00	4,014.65
101.46.52116.511205	HOLIDAY WORKED PAY(E)	2,053.88	41,876.00	39,822.12
101.46.52116.699009	OTHER CAPITAL EQUIPMENT(E)	.00	.00	.00
101.46.52111.531901	OTHER SUPPLIES & EXPENSES(E)	.00	.00	.00
101.46.52610.523295	INFO TECH SUBSCRIPTION(E)	.00	.00	.00
101.46.52116.512008	UNEMPLOYMENT COMPENSATION(E)	.00	.00	.00
101.46.52150.511105	WAGES-LIMITED TERM EMPLOYEE(E)	1,402.40	14,793.00	13,390.60
101.46.52116.523205	SOFTWARE MAINTENANCE(E)	.00	.00	.00
101.46.52110.523318	TELETYPE(E)	1,535.00	8,000.00	6,465.00
101.46.52116.531304	MEALS-TAXABLE(E)	.00	.00	.00
101.46.52150.531302	EMPLOYEE AUTO ALLOWANCE(E)	257.38	3,200.00	2,942.62
101.46.52610.531974	SUBSCRIPTION AMORITZATION(E)	.00	.00	.00

101.46.52116.521101	MEDICAL SERVICES(E)	107,894.89	500,000.00	392,105.11
101.46.52610.699009	OTHER CAPITAL EQUIPMENT(E)	.00	6,900.00	6,900.00
101.46.52117.531305	MEALS LODGING & MISC TRAVEL(E)	4,682.05	15,000.00	10,317.95
101.46.52117.583001	BAD DEBT EXPENSES(E)	.00	.00	.00
101.46.52110.721025	OTHER FINC SOURE SUBSCRIPTION(E)	.00	.00	.00
101.46.52119.511107	CALL PAY(E)	2,353.68	4,521.00	2,167.32
101.46.52111.512002	RETIREMENT-EMPLOYER'S SHARE(E)	.00	.00	.00
101.46.52118.512005	LIFE INSURANCE(E)	325.54	3,239.00	2,913.46
101.46.52110.531455	NORDEG PROGRAM EXPENSES(E)	.00	.00	.00
101.46.52118.531974	SUBSCRIPTION AMORITZATION(E)	.00	.00	.00
101.46.52610.512007	INCOME CONTINUATION INS(E)	.00	.00	.00
101.46.52117.523318	TELETYPE(E)	4,092.15	21,000.00	16,907.85
101.46.52115.512017	RETIREE HEALTH INSURANCE(E)	.00	.00	.00
101.46.52119.531489	TRUANCY PROGRAM EXPENSES(E)	.00	.00	.00
101.46.52115.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00
101.46.52120.511301	COMMITTEE PER DIEM(E)	360.00	1,565.00	1,205.00
101.46.52116.512014	VEBA CONTRIBUTION(E)	.00	.00	.00
101.46.52119.512017	RETIREE HEALTH INSURANCE(E)	.00	.00	.00
101.46.52118.523205	SOFTWARE MAINTENANCE(E)	.00	.00	.00
101.46.52115.512002	RETIREMENT-EMPLOYER'S SHARE(E)	14,112.13	87,430.00	73,317.87
101.46.52116.523203	MACY AND EQUIP SVC CONTRACTS(E)	12,201.51	20,295.00	8,093.49
101.46.52150.531901	OTHER SUPPLIES & EXPENSES(E)	5,822.05	7,000.00	1,177.95
101.46.52116.531974	SUBSCRIPTION AMORITZATION(E)	.00	.00	.00
101.46.52111.512006	WORKER'S COMPENSATION(E)	.00	.00	.00
101.46.52119.511112	HOLD OVER PAY(E)	.00	.00	.00
101.46.52117.513901	COST ALLOC-VACANCY/REDUCTION(E)	.00	.00	.00
101.46.52610.699261	PROJECT 2-RADIO PHASE III(E)	.00	.00	.00
101.46.52118.512011	CLOTHING AND UNIFORMS(E)	-150.00	4,500.00	4,650.00
101.46.52110.699007	SOFTWARE(E)	.00	.00	.00
101.46.52110.583001	BAD DEBT EXPENSES(E)	.00	.00	.00

101.46.52119.531302	EMPLOYEE AUTO ALLOWANCE(E)	.00	.00	.00
101.46.52117.512017	RETIREE HEALTH INSURANCE(E)	.00	.00	.00
101.46.52110.531405	FIREARM SUPPLIES(E)	2,585.81	15,000.00	12,414.19
101.46.52110.699004	HEAVY MOTORIZED EQUIPMENT(E)	.00	.00	.00
101.46.52119.531901	OTHER SUPPLIES & EXPENSES(E)	619.94	15,828.00	15,208.06
101.46.52115.512006	WORKER'S COMPENSATION(E)	1,504.00	10,197.00	8,693.00
101.46.52116.512018	CASH IN LIEU OF HEALTH INS(E)	4,200.00	.00	-4,200.00
101.46.52118.512001	SOCIAL SECURITY(E)	13,671.27	80,896.00	67,224.73
101.46.52120.531204	ADVERTISING(E)	.00	.00	.00
101.46.52115.513401	COST ALLOC- WAGES & FRINGE(E)	-24,000.00	-96,000.00	-72,000.00
101.46.52118.513401	COST ALLOC- WAGES & FRINGE(E)	-3,200.01	-12,800.00	-9,599.99
101.46.52610.513401	COST ALLOC- WAGES & FRINGE(E)	-12,800.01	-51,200.00	-38,399.99
AccountTypeExpenditure		2,621,548.69	13,568,013.00	10,946,464.31
101.46.52119.473202	INTERGOV CHGS-SCHOOL LIASON(R)	.00	.00	.00
101.46.52117.462025	PUBLIC CHGS-BLOOD DRAWS(R)	-794.79	-1,200.00	-405.21
101.46.52610.482110	LEASE PRINC. REVENUE(R)	.00	.00	.00
101.46.52118.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00
101.46.52130.493104	APPL CONT APPR-RECORDS MGMT(R)	.00	.00	.00
101.46.52116.462026	PUBLIC CHGS-ELEC MONITORING(R)	35.00	-1,000.00	-1,035.00
101.46.52110.493457	APPL CONT APPR-SPEC RESP TEAM(R)	.00	.00	.00
101.46.52116.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00
101.46.52110.493021	APPL CONT APPR-JAIL ASSESSME(R)	.00	.00	.00
101.46.52150.473208	INTERGOV CHGS-MUTUAL AID REP(R)	.00	.00	.00
101.46.52116.462013	PUBLIC CHGS-PRISONER BOOKING(R)	-3,048.43	-20,000.00	-16,951.57
101.46.52117.483100	SALE OF FIXED ASSETS(R)	.00	.00	.00
101.46.52117.435206	STATE AID-WATER SAFETY(R)	.00	-1,500.00	-1,500.00
101.46.52110.483400	SALE OF SALVAGE/VEHICLE/E(R)	-177.00	.00	177.00
101.46.52117.435227	STATE AID-FIELD FORCE REVENUE(R)	.00	.00	.00
101.46.52118.473210	INTERGOV CHGS-PATROL/INVE(R)	.00	.00	.00
101.46.52119.493069	APPL CONT APPR-SHERIFF DEPT(R)	.00	.00	.00

101.46.52116.462016	PUBLIC CHGS-LOCAL HOUSING FE(R)	-8,068.99	-40,000.00	-31,931.01
101.46.52116.462010	PUBLIC CHGS-BOARD OF PRISON(R)	-1,060.00	-15,000.00	-13,940.00
101.46.52116.493127	APPL CONT APPN-HUMAN SERV(R)	.00	.00	.00
101.46.52116.493021	APPL CONT APPR-JAIL ASSESSME(R)	.00	.00	.00
101.46.52110.489150	REIMBURSEMENT OF EXPENDITURE(R)	.00	.00	.00
101.46.52110.435213	STATE AID-SAFETY/BODY ARMOR(R)	.00	-1,300.00	-1,300.00
101.46.52116.462018	PUBLIC CHGS-JAIL COMMUNICATI(R)	-16,375.40	-20,000.00	-3,624.60
101.46.52117.473202	INTERGOV CHGS-SCHOOL LIASON(R)	-67,762.87	-280,000.00	-212,237.13
101.46.52150.493098	APPL CONT APPR-DIVE TEAM(R)	.00	.00	.00
101.46.52117.493069	APPL CONT APPR-SHERIFF DEPT(R)	.00	.00	.00
101.46.52117.493092	APPL CONT APPR-ATV TRAILS(R)	.00	.00	.00
101.46.52110.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00
101.46.52119.462021	PUBLIC CHGS-STORAGE FEES(R)	.00	.00	.00
101.46.52110.452900	SHERIFF RESTITUTION(R)	-22.50	-1,800.00	-1,777.50
101.46.52117.435218	STATE AID-ATV PATROL(R)	.00	-5,000.00	-5,000.00
101.46.52116.489150	REIMBURSEMENT OF EXPENDITURE(R)	.00	.00	.00
101.46.52119.435203	STATE AID-NORDEG-DRUG ENFORC(R)	-20,967.00	-11,500.00	9,467.00
101.46.52111.462003	PUBLIC CHGS-CIVIL PROCESS(R)	.00	.00	.00
101.46.52118.489150	REIMBURSEMENT OF EXPENDITURE(R)	.00	.00	.00
101.46.52116.462011	PUBLIC CHGS-JAIL PHONE FEES(R)	-4,139.96	-25,000.00	-20,860.04
101.46.52117.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00
101.46.52116.493050	APPL CONT APPR-JAIL CONT SERV(R)	.00	.00	.00
101.46.52110.493061	APPL CONT APPR-SNOMO PATROL(R)	.00	.00	.00
101.46.52150.485100	DONATIONS(R)	.00	-6,400.00	-6,400.00
101.46.52119.474500	LOCAL DEPT CHGS-FRAUD INVEST(R)	.00	-250.00	-250.00
101.46.52117.489150	REIMBURSEMENT OF EXPENDITURE(R)	.00	.00	.00
101.46.52116.435217	STATE AID-DNA SAMPLES(R)	-300.00	-3,000.00	-2,700.00
101.46.52610.482120	LEASE INT. REVENUE(R)	.00	.00	.00
101.46.52115.462001	PUBLIC CHGS-SHERIFF FEES(R)	-1,026.88	-4,000.00	-2,973.12
101.46.52119.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00

101.46.52116.462017	PUBLIC CHGS-MEDICATION SET U(R)	-1,328.27	-7,000.00	-5,671.73
101.46.52117.462020	PUBLIC CHGS-RECREATION SAFET(R)	-320.00	-165.00	155.00
101.46.52110.493044	APPL CONT APPR-DARE CONTRIBU(R)	.00	.00	.00
101.46.52116.462014	PUBLIC CHGS-JUV DET RESTITU(R)	.00	.00	.00
101.46.52610.474503	LOCAL DEPT CHGS-MECHANIC(R)	-35,804.91	-43,500.00	-7,695.09
101.46.52117.435207	STATE AID-SATURATION(R)	.00	.00	.00
101.46.52110.493106	APPL CONT APPR-FIREARMS(R)	.00	.00	.00
101.46.52117.473210	INTERGOV CHGS-PATROL/INVEST(R)	-17,614.08	.00	17,614.08
101.46.52119.489100	MISCELLANEOUS REVENUES(R)	.00	.00	.00
101.46.52115.433100	FEDERAL GRANTS-CARES ACT(R)	.00	.00	.00
101.46.52110.493016	APPL CONT APPR-SHERIFF VEHIC(R)	.00	.00	.00
101.46.52116.493052	APPL CONT APPR-COMMISARY FEE(R)	.00	.00	.00
101.46.52115.489150	REIMBURSEMENT OF EXPENDITURE(R)	.00	.00	.00
101.46.52117.462004	PUBLIC CHGS-WARRANT FEES(R)	-355.43	-4,000.00	-3,644.57
101.46.52610.482100	RENT OF OTHER FACILITIES(R)	-22,968.21	-54,000.00	-31,031.79
101.46.52130.435224	STATE AID-RECORDS MGMT(R)	.00	.00	.00
101.46.52117.493052	APPL CONT APPR-COMMISARY FEE(R)	.00	.00	.00
101.46.52110.435214	STATE AID-NW COMM POLICING(R)	-30,805.00	-30,000.00	805.00
101.46.52110.493081	APPL CONT APPN-SHERIFF SAFET(R)	.00	.00	.00
101.46.52119.483100	SALE OF FIXED ASSETS(R)	.00	-250.00	-250.00
101.46.52117.493061	APPL CONT APPR-SNOMO PATROL(R)	.00	.00	.00
101.46.52116.435225	STATE AID-TRUANCY PROGRAM(R)	.00	.00	.00
101.46.52119.473210	INTERGOV CHGS-PATROL/INVEST(R)	.00	.00	.00
101.46.52115.462002	PUBLIC CHGS-SHERIFF DUP FEES(R)	-206.53	-500.00	-293.47
101.46.52119.472202	INTERGOV CHGS-BOMB DISPOSAL(R)	.00	.00	.00
101.46.52110.435228	STATE AID-EM SERV FED LANDS(R)	.00	.00	.00
101.46.52111.462004	PUBLIC CHGS-WARRANT FEES(R)	.00	.00	.00
101.46.52119.489150	REIMBURSEMENT OF EXPENDITURE(R)	.00	.00	.00
101.46.52610.481100	INTEREST EARNED(R)	.00	.00	.00
101.46.52116.462012	PUBLIC CHGS-COMMISARY FEES(R)	-17,850.04	.00	17,850.04

101.46.52116.462015	PUBLIC CHGS-SOC SEC INCENTIV(R)	-400.00	-500.00	-100.00
101.46.52117.485504	CONTRIBUTION-DARE(R)	.00	.00	.00
101.46.52610.493020	APPL CONT APPR-911 SYSTEM(R)	.00	.00	.00
101.46.52116.493084	APPL CONT APPR-JAIL SS REV(R)	.00	.00	.00
101.46.52117.462003	PUBLIC CHGS-CIVIL PROCESS(R)	-13,640.00	-50,000.00	-36,360.00
101.46.52117.435210	STATE AID-SNOWMOBILE PATROL(R)	-105.00	-5,000.00	-4,895.00
101.46.52110.451950	PARKING ENFORCEMENT REVENUE(R)	-423.00	-1,000.00	-577.00
101.46.52118.473206	INTERGOV CHGS-DISPATCH(R)	.00	.00	.00
101.46.52116.472200	INTERGOV CHGS-BD OF PRISONER(R)	-404,529.21	-1,400,000.00	-995,470.79
101.46.52110.462002	PUBLIC CHGS-SHERIFF DUP F(R)	.00	.00	.00
101.46.52110.493046	APPL CONT APPR-CRIMINAL PREV(R)	.00	.00	.00
101.46.52110.435201	STATE AID-LAW ENFORCE TRNING(R)	.00	-12,000.00	-12,000.00
101.46.52110.485506	CONTRIBUTION-CRIME PREVENTIN(R)	.00	.00	.00
101.46.52110.493049	APPL CONT APPR-WATER PATROL(R)	.00	.00	.00
AccountTypeRevenue		-670,058.50	-2,044,865.00	-1,374,806.50
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AGENDA

**Oneida County
Large Assembly Application**

Oneida County Clerk
P. O. Box 400
Rhineland, WI 54501
715-369-6125

Name of Event: Bubba's Big Party			
Applicant's last name: Troutman		First: Keith	MI: R
Mailing address: 10243 Jack Pine Ln		City: Tomahawk	
State and Zip: WI 54487	Email: troutamb@hotmail.com	Phone: 715-966-0074	
Property owner's last name: Troutman		First: Keith	MI: R
Mailing address: 10243 Jack Pine Ln		City: Tomahawk	
State and Zip: WI 54487	Email: troutamb@hotmail.com	Phone: 715-966-0074	
*Corporation Name (if applicable): BBP, LLC			
Mailing address: 10243 Jack Pine Ln		City: Tomahawk	
State and Zip: WI 54487	Email: troutamb@hotmail.com	Phone: 715-966-0074	
Date(s) that assembly will be held: September 14-20, 2026			
*Note: Attach a certified copy of the articles of incorporation including names, residence and mailing address of the primary officers of said corporation, and the name, phone numbers, residential and mailing addresses of each responsible person.			

PROPERTY INFORMATION:

Township: NOKOMIS	Section: 22	Town: 36	Range: 6
Address where assembly is to be held (legal description of the property must be attached):			
2777 Olson Rd Tomahawk, WI 54487			

	Ordinance requirements - Please attach a plan for the event or assembly which describes in detail how your organization will address each of the following areas below:	Column to be initiated by applicant	Column to be initiated by County Clerk
1	Proof of ownership of all property upon which the assembly is to be held, or a valid, written lease executed by the property owner, and a statement made upon oath that the applicant has permission to use the property for an assembly of 1,000 or more persons. If the property is owned by a corporation, proof that the person purporting to act for the corporation has actual authority of the shareholders of said corporation to authorize the use of the corporate real estate for the proposed purpose. <i>Will email Town of Nokomis lease after approval at board meeting</i>	KT	JA
2	The nature or purpose of the assembly.	KT	JA
3	The total number of days and/or hours which the assembly is to last.	KT	JA
4	Maximum number of persons which the applicant shall permit to assemble at any time, not to exceed the maximum number which can reasonably assemble at the location of the assembly, in consideration of the nature of the assembly, or the maximum number of persons allowed to sleep within the boundaries of the location of the assembly by the zoning ordinances of the County if the assembly is to continue overnight.	KT	JA
5	Maximum number of tickets to be sold, if any:	KT	JA
6	Plans to limit the maximum number of people permitted to assemble.	KT	JA
7	Plans, including an accurate description of the means to be used, for marking the boundaries of the location of the assembly.	KT	JA
8	Plans for supplying potable water including the source, amount available and location of outlets and the means of disposing of waste water.	KT	JA
9	Plans for providing toilet, lavatory facilities and hand washing stations including source, number and location, type and the means of disposing the waste.	KT	JA

10	Plans for medical services and on-site first aide to include the names and hours of availability of the medical support personnel, and poisons for contacting emergency medical services.	KT	TAD
11	Plans to illuminate the location of the assembly (if required by ordinance)	KT	TAD
12	Plans for parking vehicles including size and location of lots, how traffic flow and traffic control is to be maintained, points of highway access and interior roads including routes between highway access and parking lots.	KT	TAD
13	Plans for phone service including the source, number and location of the hard wired telephone.	KT	TAD
14	Plans for camping facilities, if any, including facilities available and their location.	KT	TAD
15	Plans for security including the number of guards and the name, address and telephone number of the primary security officer, along with certification that the such information has been provided to local law enforcement agencies.	KT	TAD
16	Plans for fire and severe weather protection and emergency response, including onsite capabilities to respond to fire or severe weather emergencies.	KT	TAD
17	Plans for sound control and sound amplification.	KT	TAD
18	Plans for sale, preparation and distribution of food and beverages, including a statement as to whether alcohol will be allowed, and/or service, whether it will be sold or given away, and method of disposal of solid waste(recyclables, garbage, trash, rubbish, etc.) If any person other than the person applying for the permit shall engage in the sale of food or beverages, the names, address, and license or permit number of such person shall be included on the application. If such information is not known at the time of the application, a list shall be provided at least 15 days prior to start of the assembly. All recyclables, garbage, trash and other refuse shall be stored in securely covered containers until removed from the assembly area. Such containers shall be maintained in a sanitary condition, shall not be overfilled, and shall be emptied at least once daily. Nothing herein shall be deemed to guarantee the issuance of any alcohol beverage license, or to be deemed to be a waiver of any requirement for such license under ordinance or other law.	KT	TAD
19	If any tattooing or body piercing shall take place at the assembly, plans to ensure that such practices are done in a safe and sanitary way, and in structures which have walls, ceilings and floors which are not composed of fabric, vinyl, or any other easily pliable material that is not durable, easily cleanable and which are such that there are no unreasonable openings to the outdoors which would allow the entry of dust, airborne contaminants, insects or other pests. Any such structures and artists shall be licensed by the Oneida County Health Department, unless the code providing such licensure provides an exception to the licensing requirement.	KT	TAD
20	Attach certificate of insurance issued by insurance companies licensed to transact business with the State of Wisconsin providing that the applicant and the assembly are covered by a comprehensive general liability policy providing a minimum coverage of \$2,000,000; and worker's compensation insurance as required by Wisconsin Law. <i>Will email certificate of insurance as soon as I receive it.</i>	KT	TAD

ISSUANCE: The Application for a license shall be processed within 20 days of receipt. The application shall be reviewed by the Public Safety Committee, with the assistance of law enforcement officials. The license shall be issued by the County Clerk if all conditions are complied with as determined by the Public Safety Committee.

REVOCAION: The license may be revoked by the governing body of Oneida County, the Public Safety Committee or any committee thereof designated by the governing body to so act at any time if any of the conditions necessary for the issuing of or contained in the license are not complied with, or if any condition previously met ceases to be complied with.

APPLICANTS CERTIFICATION: By signing and submitting this application, applicant agrees that it shall indemnify, defend and hold the county, its appointed, hired and/or elected officers, agents, employees and designees free and harmless from and against all costs, claims, damages, losses and expenses, including but not limited to, legal fees and expenses that may be incurred on account of damages, deaths or injuries arising out of or resulting from the holding of the event and/or assembly, and/or the conduct of the applicant, promoters, performers, performance participants, product vendors, audience members and any and all other persons or entities in any way participating in, or involved in the event.

The application shall be signed and sworn to or affirmed by the individual making application in the case of an individual, by all officers in the case of a corporation, by all partners in the case of a partnership or by all officers of any unincorporated association, society or group or, if there be no officers, by all members of such association, society or group.

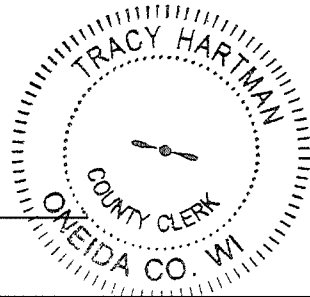
The undersigned swear or affirm that they have the authority to make this application, and that, to the best of their knowledge, all statement in this application are true and correct.

Print name (applicant): Keith Troutman Date: March 24, 2026

Signature (applicant): Keith Troutman Date: March 24, 2026

Subscribed and sworn to before me
this 24 day of March 2026

Tracy Hartman
Notary Public, Oneida County, WI
My Commission expires: 1-3-2029



Print name (applicant): _____ Date: _____

Signature (applicant): _____ Date: _____

Subscribed and sworn to before me
this _____ day of _____,

Notary Public, _____ County, WI
My Commission expires: _____.

(Additional Signature pages may be attached if additional signatures are required)

OFFICE USE ONLY		
CONDITIONS OF APPROVAL/ISSUANCE		
Staff reviewing application:		
Fee Paid: \$100.00	Receipt:	Date Received:

Addendum A

1. The entire event will be contained in the campground area (2777 Olson Rd). There will also be a lease agreement with the Town of Nokomis for the use of the Nokomis Park for parking. Lease agreement will be emailed after approval at board meeting.
2. The purpose of this assembly is for:
 - * Music concert, vending show, and campground to accommodate visitors to the Tomahawk Fall Ride Cycle Rally and promote tourism in Lincoln and Oneida counties.
 - * Fire Department pancake breakfast also raises money for the Nokomis Fire Department.
3. This event runs 7 days (9/14/2026 through 9/20/2026).
4. Up to 1,000 campground tickets will be sold, in addition to 1,000 people visiting Friday and Saturday to shop (they do not stay overnight).
5. 1,000 is the maximum tickets sold.
6. Limit has never been reached.
7. Entire area is either fenced in or bordered by a roadway, with signage.
8. Water well onsite, with a water test checked by the Oneida County Health Department.
9. Wash stations and portable bathrooms provided, per health department requirements.
10. EMT Ambulance on site 24/7 at the Nokomis Fire Department. All employees and security guards have cell phones and radios.
11. Street lights and portable lighting (powered by generators) provided throughout grounds.
12. Traffic flow plan created collaboratively with security and Town of Nokomis. Total of 4 parking lots, as well as parking at individual campsites. Lease agreement will be emailed after approval at board meeting.
13. Hard wired phones at Fire Department, if needed.
14. 50 acres of camp area on north side with marked roads. Showers and portable bathrooms provided per Oneida County Health Department requirements.
15. Up to 10 uniformed security guards with radios and cell phones. Names and numbers will be provided to the Sheriff's Department if requested.

16. Annual meeting and plans with Oneida County Emergency Team.
17. Music to face West where there are no neighbors.
18. Food provided by professional food vendors, all checked by the Oneida County Health Department. List to be provided 15 days prior to event. Liquor to be sold by Keith Troutman. All trash will be transported in a sealed truck to the Oneida County Landfill.
19. No tattoo booths on site.
20. \$2,000,000 liability insurance naming Town of Nokomis and Keith Troutman. Certificate of insurance will be provided as soon as we receive it from our insurance company.
21. Sheriff's Department has permission to enter the event at all times.

Keith Troutman

AGENDA

**Oneida County
Large Assembly Application**

Oneida County Clerk
P. O. Box 400
Rhineland, WI 54501
715-369-6125

Name of Event: HODAG COUNTRY FESTIVAL

Applicant's last name: HODAG COUNTRY FESTIVAL First: MI:

Mailing address: PO BOX 1184 City: RHINELANDER

State and Zip: WI 54501 **Email:** hcf@hodag.com **Phone:** 715-369-1300

Property owner's last name: HODAG "50" INC First: MI:

Mailing address: PO BOX 1184 City: RHINELANDER

State and Zip: WI 54501 **Email:** Phone: 715-369-1300

***Corporation Name (if applicable):** XEBEC CORP

Mailing address: PO BOX 1184 City: RHINELANDER

State and Zip: WI 54501 **Email:** hcf@hodag.com **Phone:** 715-369-1300

Date(s) that assembly will be held: JULY 4-12, 2020

***Note:** Attach a certified copy of the articles of incorporation including names, residence and mailing address of the primary officers of said corporation, and the name, phone numbers, residential and mailing addresses of each responsible person.

PROPERTY INFORMATION:

Township: PINE LAKE **Section:** 19 **Town:** 37 **Range:** 9

Address where assembly is to be held (legal description of the property must be attached): PL 454, PL 455, PL 456, 4270 RIVER ROAD, PL III, PL 131-1, PL 134-1, PL 142-1, PL 142-2, PL 142-5

	Ordinance requirements - Please attach a plan for the event or assembly which describes in detail how your organization will address each of the following areas below:	Column to be initialed by applicant	Column to be initialed by County Clerk
1	Proof of ownership of all property upon which the assembly is to be held, or a valid, written lease executed by the property owner, and a statement made upon oath that the applicant has permission to use the property for an assembly of 1,000 or more persons. If the property is owned by a corporation, proof that the person purporting to act for the corporation has actual authority of the shareholders of said corporation to authorize the use of the corporate real estate for the proposed purpose.	GVH	TA
2	The nature or purpose of the assembly.	GVH	TA
3	The total number of days and/or hours which the assembly is to last.	GVH	TA
4	Maximum number of persons which the applicant shall permit to assemble at any time, not to exceed the maximum number which can reasonably assemble at the location of the assembly, in consideration of the nature of the assembly, or the maximum number of persons allowed to sleep within the boundaries of the location of the assembly by the zoning ordinances of the County if the assembly is to continue overnight.	GVH	TA
5	Maximum number of tickets to be sold, if any:	GVH	TA
6	Plans to limit the maximum number of people permitted to assemble.	GVH	TA
7	Plans, including an accurate description of the means to be used, for marking the boundaries of the location of the assembly.	GVH	TA
8	Plans for supplying potable water including the source, amount available and location of outlets and the means of disposing of waste water.	GVH	TA
9	Plans for providing toilet, lavatory facilities and hand washing stations including source, number and location, type and the means of disposing the waste.	GVH	TA

10	Plans for medical services and on-site first aide to include the names and hours of availability of the medical support personnel, and poisons for contacting emergency medical services.	GVH	TA
11	Plans to illuminate the location of the assembly (if required by ordinance)	GVH	TA
12	Plans for parking vehicles including size and location of lots, how traffic flow and traffic control is to be maintained, points of highway access and interior roads including routes between highway access and parking lots.	GVH	TA
13	Plans for phone service including the source, number and location of the hard wired telephone.	GVH	TA
14	Plans for camping facilities, if any, including facilities available and their location.	GVH	TA
15	Plans for security including the number of guards and the name, address and telephone number of the primary security officer, along with certification that the such information has been provided to local law enforcement agencies.	GVH	TA
16	Plans for fire and severe weather protection and emergency response, including onsite capabilities to respond to fire or severe weather emergencies.	GVH	TA
17	Plans for sound control and sound amplification.	GVH	TA
18	Plans for sale, preparation and distribution of food and beverages, including a statement as to whether alcohol will be allowed, and/or service, whether it will be sold or given away, and method of disposal of solid waste(recyclables, garbage, trash, rubbish, etc.) If any person other than the person applying for the permit shall engage in the sale of food or beverages, the names, address, and license or permit number of such person shall be included on the application. If such information is not known at the time of the application, a list shall be provided at least 15 days prior to start of the assembly. All recyclables, garbage, trash and other refuse shall be stored in securely covered containers until removed from the assembly area. Such containers shall be maintained in a sanitary condition, shall not be overfilled, and shall be emptied at least once daily. Nothing herein shall be deemed to guarantee the issuance of any alcohol beverage license, or to be deemed to be a waiver of any requirement for such license under ordinance or other law.	GVH	TA
19	If any tattooing or body piercing shall take place at the assembly, plans to ensure that such practices are done in a safe and sanitary way, and in structures which have walls, ceilings and floors which are not composed of fabric, vinyl, or any other easily pliable material that is not durable, easily cleanable and which are such that there are no unreasonable openings to the outdoors which would allow the entry of dust, airborne contaminants, insects or other pests. Any such structures and artists shall be licensed by the Oneida County Health Department, unless the code providing such licensure provides an exception to the licensing requirement.	GVH	TA
20	Attach certificate of insurance issued by insurance companies licensed to transact business with the State of Wisconsin providing that the applicant and the assembly are covered by a comprehensive general liability policy providing a minimum coverage of \$2,000,000; and worker's compensation insurance as required by Wisconsin Law.	GVH	TA

ISSUANCE: The Application for a license shall be processed within 20 days of receipt. The application shall be reviewed by the Public Safety Committee, with the assistance of law enforcement officials. The license shall be issued by the County Clerk if all conditions are complied with as determined by the Public Safety Committee.

REVOCATION: The license may be revoked by the governing body of Oneida County, the Public Safety Committee or any committee thereof designated by the governing body to so act at any time if any of the conditions necessary for the issuing of or contained in the license are not complied with, or if any condition previously met ceases to be complied with.

APPLICANTS CERTIFICATION: By signing and submitting this application, applicant agrees that it shall indemnify, defend and hold the county, its appointed, hired and/or elected officers, agents, employees and designees free and harmless from and against all costs, claims, damages, losses and expenses, including but not limited to, legal fees and expenses that may be incurred on account of damages, deaths or injuries arising out of or resulting from the holding of the event and/or assembly, and/or the conduct of the applicant, promoters, performers, performance participants, product vendors, audience members and any and all other persons or entities in any way participating in, or involved in the event.

The application shall be signed and sworn to or affirmed by the individual making application in the case of an individual, by all officers in the case of a corporation, by all partners in the case of a partnership or by all officers of any unincorporated association, society or group or, if there be no officers, by all members of such association, society or group.

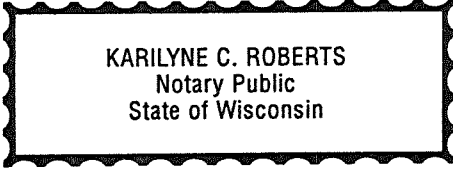
The undersigned swear or affirm that they have the authority to make this application, and that, to the best of their knowledge, all statement in this application are true and correct.

Print name (applicant): GERRY VAN HARPEN Date: 3/31/2024

Signature (applicant): Gerry Van Harpen Date: 3-31-2024

Subscribed and sworn to before me
this 31 day of MARCH

Karilene C Roberts
Notary Public, ONEIDA County, WI
My Commission expires: 3/23/2027



Print name (applicant): _____ Date: _____

Signature (applicant): _____ Date: _____

Subscribed and sworn to before me
this _____ day of _____

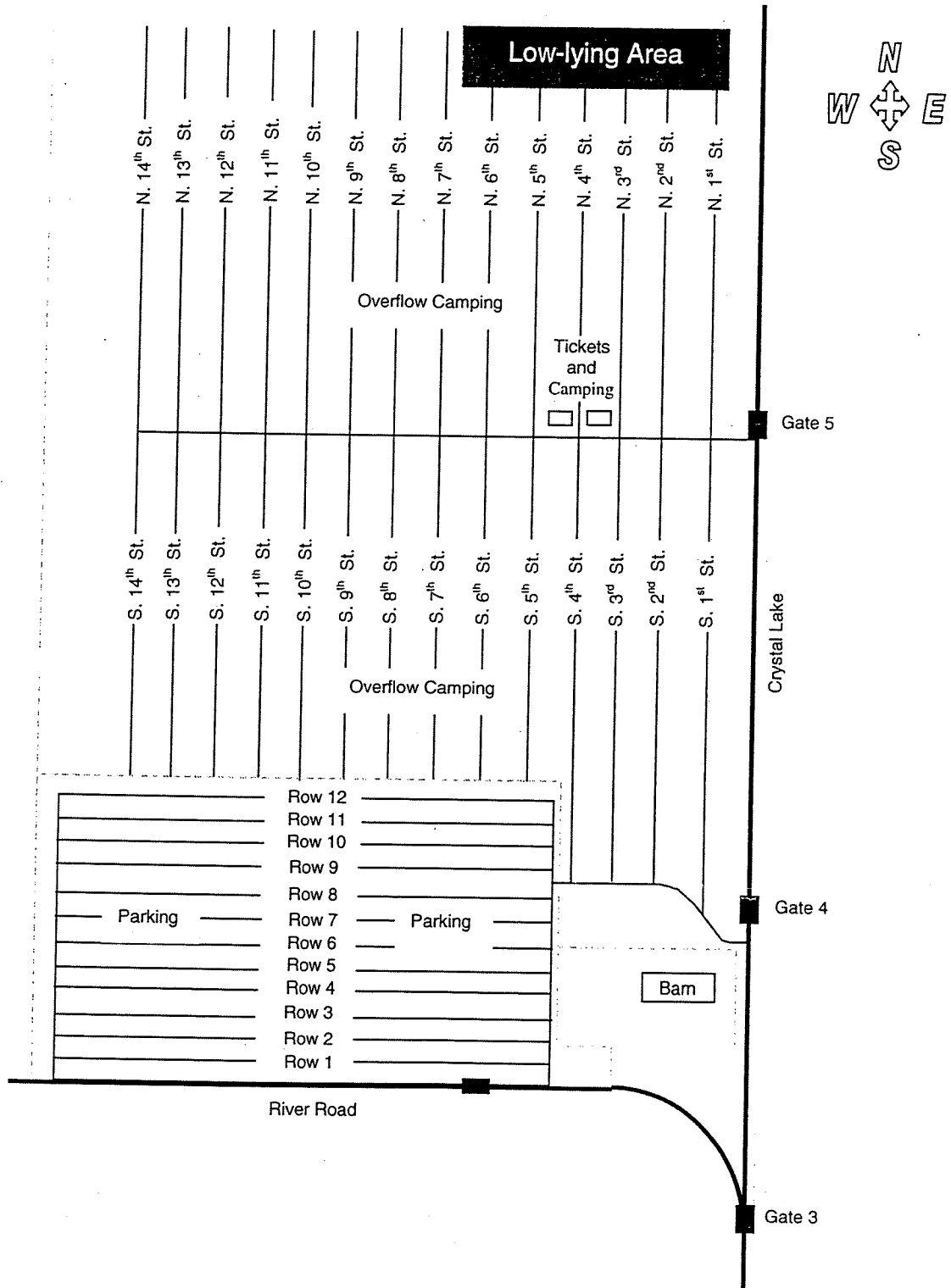
Notary Public, _____ County, WI
My Commission expires: _____

(Additional Signature pages may be attached if additional signatures are required)

OFFICE USE ONLY
CONDITIONS OF APPROVAL/ISSUANCE
Staff reviewing application:
Fee Paid: \$100.00 Receipt: Date Received:

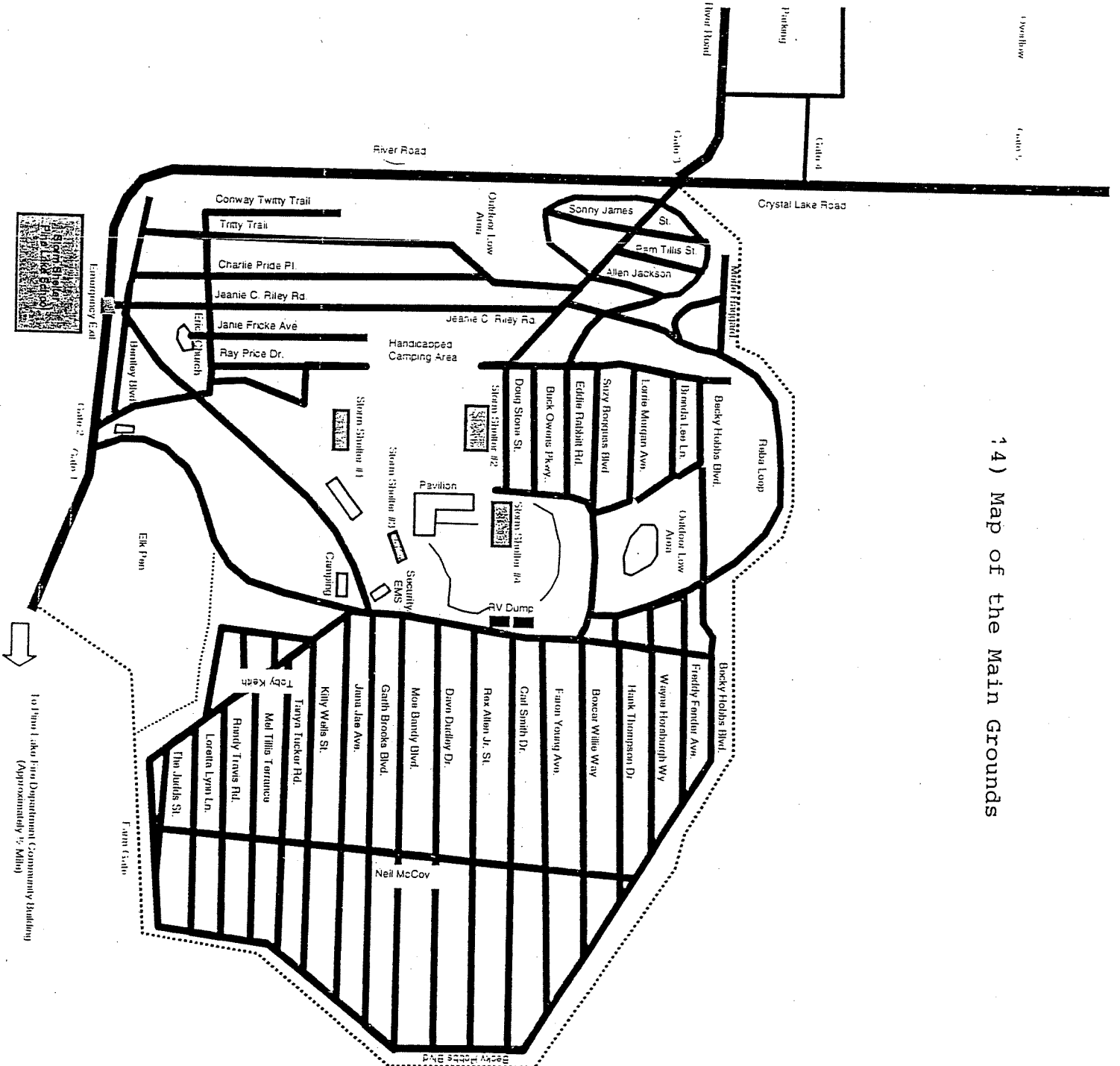
1. Gerry Van Harpen, Dawn Eckert and Dixie Nieuwenhuis are equal stockholders and own 100% of both the property and the Festival. Therefore, the applicant, the Festival, has permission to use the property.
2. Country Music Festival.
3. 9 days, July 4 - 12, 2026.
4. 20,000 - 25,000 people.
5. 25,000.
6. No admittance without ticket, Maximum of 25,000 tickets sold.
7. Both the Main Grounds and the Overflow are fenced in.
8. Have wells and septic and/or holding tanks.
9. Have flushable toilet facilities as well as portable toilets, also have running water as well as hand washing stations and hand sanitizer dispensers. We work with the Oneida County Health Department.
10. Have qualified EMT's on site 24 hours a day while gates are open and an ambulance service (Oneida Country EMS) on grounds/call.
11. Have lights on the Main Grounds and in the Overflow even though they are not required by ordinance.
12. We have our own Parking Lot where Parking Permits are required for admittance. A scale map is included.
13. Have land line phones (approximately 10) as well as cell phones (approximately 66).
14. Camping facilities are on grounds, all camping areas are fenced in. A map of the Main Grounds and a map of the Overflow are included.
15. Hire security companies – Four Seasons Security Services, Asset Protection Services, LLC and Wisconsin K9 Services, LLC, all based out of Wisconsin.
16. Work closely with Jacob Simkins and Oneida County Emergency Management. Have Severe Weather and Evacuation Plans in place.
17. Hired Sound Company, Lighthouse out of Green Bay, WI.
18. We do not sell food. Alcohol licenses/permits through the Town of Pine Lake.
19. Tattooing and Body Piercing are not done.
20. Certificate of Insurance will be provided the first week of July.

12) Map of Parking Lot

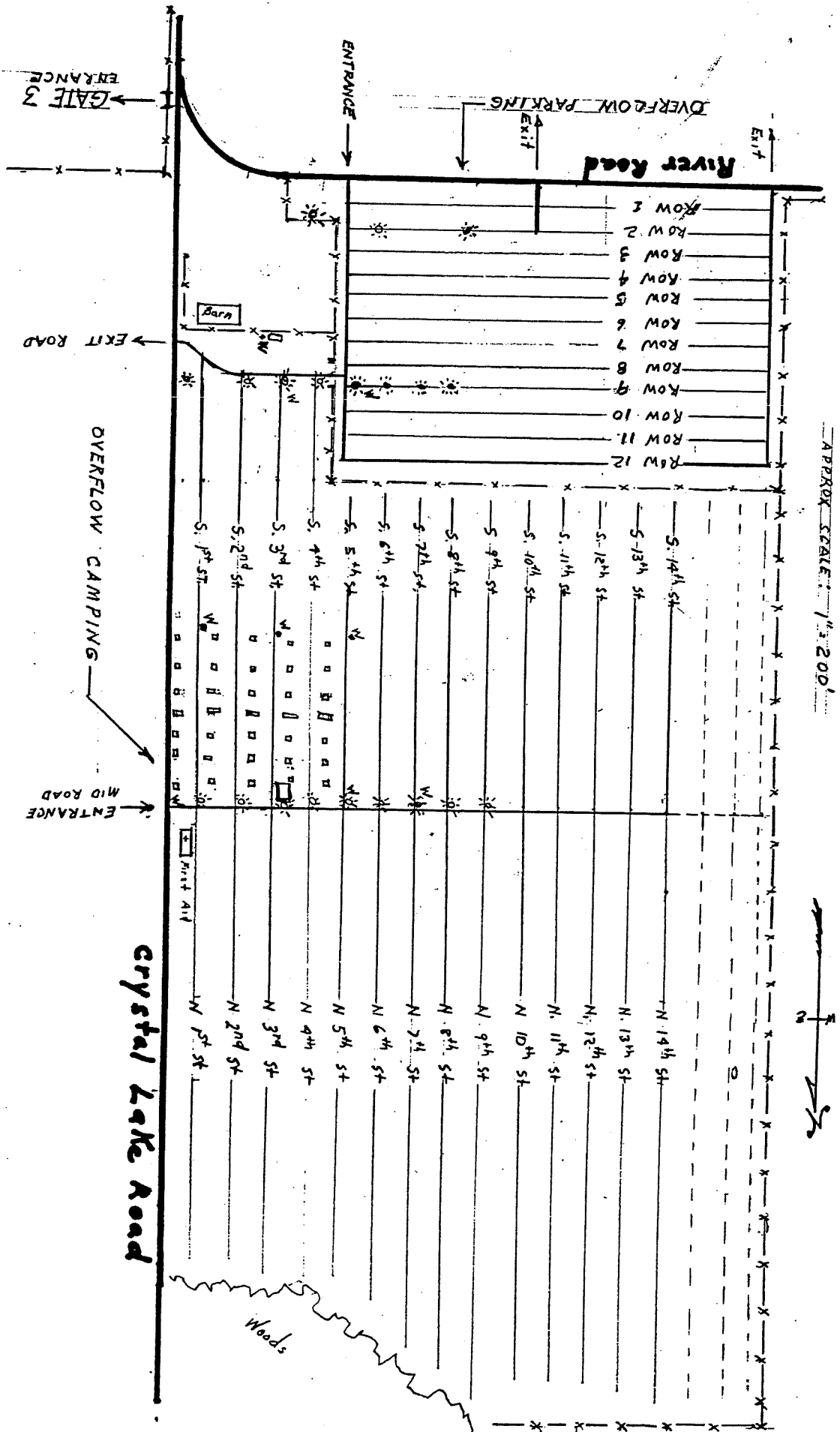


1000ft
500ft

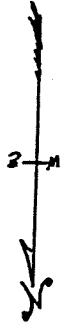
14) Map of the Main Grounds

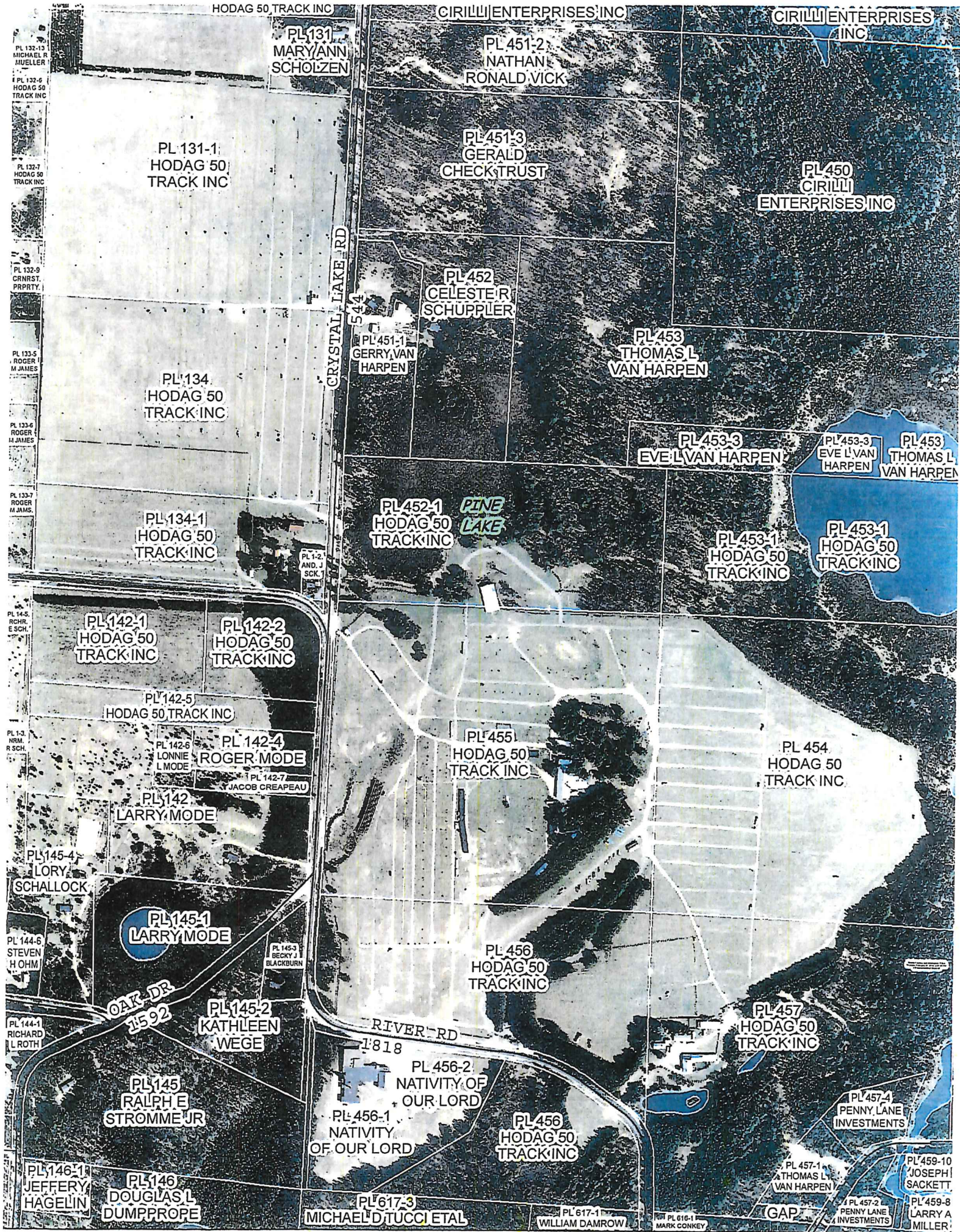


14) Map of the overflow



APPROX SCALE: 1" = 200'





HODAG 50 TRACK INC

CIRILLI ENTERPRISES INC

CIRILLI ENTERPRISES INC

PL 131
MARY/ANN
SCHOLZEN

PL 451-2
NATHAN
RONALD VICK

PL 131-1
HODAG 50
TRACK INC

PL 451-3
GERALD
CHECK TRUST

PL 450
CIRILLI
ENTERPRISES INC

PL 132-13
MICHAEL R
MUELLER

PL 132-6
HODAG 50
TRACK INC

PL 132-9
CRNRST.
PRPRTY.

PL 133-5
ROGER
M JAMES

PL 133-6
ROGER
M JAMES

PL 133-7
ROGER
M JAMS.

PL 134
HODAG 50
TRACK INC

PL 452
CELESTER
SCHUPPLER

PL 451-1
GERRY VAN
HARPEN

PL 453
THOMAS L
VAN HARPEN

PL 453-3
EVE L VAN
HARPEN

PL 453-3
EVE L VAN
HARPEN

PL 453
THOMAS L
VAN HARPEN

PL 134-1
HODAG 50
TRACK INC

PL 452-1
HODAG 50
TRACK INC
PINE LAKE

PL 453-1
HODAG 50
TRACK INC

PL 453-1
HODAG 50
TRACK INC

PL 1-2
AND J
SCK

PL 142-1
HODAG 50
TRACK INC

PL 142-2
HODAG 50
TRACK INC

PL 142-5
HODAG 50 TRACK INC

PL 142-6
LONNIE
L MODE

PL 142-4
ROGER MODE

PL 142-7
JACOB CREAPAU

PL 142
LARRY MODE

PL 455
HODAG 50
TRACK INC

PL 454
HODAG 50
TRACK INC

PL 14-5
RCHR.
E SCH.

PL 1-3
NRM.
R SCH.

PL 145-4
LORY
SCHALLOCK

PL 145-1
LARRY MODE

PL 145-3
BECKY J
BLACKBURN

PL 456
HODAG 50
TRACK INC

PL 457
HODAG 50
TRACK INC

PL 144-6
STEVEN
H OHM

PL 145-2
KATHLEEN
WEGE

RIVER RD
1818

PL 456-2
NATIVITY OF
OUR LORD

PL 456-1
NATIVITY
OF OUR LORD

PL 456
HODAG 50
TRACK INC

PL 457-4
PENNY LANE
INVESTMENTS

PL 145
RALPH E
STROMME JR

PL 457-1
THOMAS L
VAN HARPEN

PL 459-10
JOSEPH
SACKETT

PL 146-1
JEFFERY
HAGELIN

PL 146
DOUGLAS L
DUMPPROPE

PL 617-3
MICHAEL D TUCCI ETAL

PL 617-1
WILLIAM DAMROW

PL 616-1
MARK CONKEY

PL 457-2
PENNY LANE
INVESTMENTS

PL 459-8
LARRY A
MILLER

GAP

AGENDA

Oneida County
Large Assembly Application

Oneida County Clerk
P. O. Box 400
Rhineland, WI 54501
715-369-6125

Name of Event: RED, WHITE, & BOOM

Applicant's last name: ALLSUP First: SCOTT MI: N/A

Mailing address: 8959 County Hwy K

City: HARSHAW **State:** WI **Zip:** 54529 **Phone:** 715-892-4276

Property owner's last name: CHAPWELL First: ROBERT MI:

Mailing address: 8959 County Hwy K

City: HARSHAW **State:** WI **Zip:** 54529 **Phone:** 715-892-4276

***Corporation Name (if applicable):** RONDOLE RANCHA LLC

Mailing address: 8959 County Hwy K

City: HARSHAW **State:** WI **Zip:** 54529 **Phone:** 715-892-4276

Date(s) that assembly will be held: 6/27/2026

*Note: Attach a certified copy of the articles of incorporation including names, residence and mailing address of the primary officers of said corporation, and the name, phone numbers, residential and mailing addresses of each responsible person.

PROPERTY INFORMATION:

Township: WOODBORO **Section:** 6 **Town:** 36N **Range:** 7E

Address where assembly is to be held (legal description of the property must be attached):

8917 County Hwy K HARSHAW
8959 County Hwy K HARSHAW

	Ordinance requirements - Please attach a plan for the event or assembly which describes in detail how your organization will address each of the following areas below:	Column to be initialed by applicant	Column to be initialed by County Clerk
1	Proof of ownership of all property upon which the assembly is to be held, or a valid, written lease executed by the property owner, and a statement made upon oath that the applicant has permission to use the property for an assembly of 1,000 or more persons. If the property is owned by a corporation, proof that the person purporting to act for the corporation has actual authority of the shareholders of said corporation to authorize the use of the corporate real estate for the proposed purpose.	S.A.	TK
2	The nature or purpose of the assembly.	S.A.	TK
3	The total number of days and/or hours which the assembly is to last.	S.A.	TK
4	Maximum number of persons which the applicant shall permit to assemble at any time, not to exceed the maximum number which can reasonably assemble at the location of the assembly, in consideration of the nature of the assembly, or the maximum number of persons allowed to sleep within the boundaries of the location of the assembly by the zoning ordinances of the County if the assembly is to continue overnight.	S.A.	TK
5	Maximum number of tickets to be sold, if any:	S.A.	TK
6	Plans to limit the maximum number of people permitted to assemble.	S.A.	TK
7	Plans, including an accurate description of the means to be used, for marking the boundaries of the location of the assembly.	S.A.	TK
8	Plans for supplying potable water including the source, amount available and location of outlets and the means of disposing of waste water.	S.A.	TK
9	Plans for providing toilet, lavatory facilities and hand washing stations including source, number and location, type and the means of disposing the waste.	S.A.	TK

10	Plans for medical services and on-site first aide to include the names and hours of availability of the medical support personnel, and poisons for contacting emergency medical services.	S.A.	PA
11	Plans to illuminate the location of the assembly (if required by ordinance)	S.A.	PA
12	Plans for parking vehicles including size and location of lots, how traffic flow and traffic control is to be maintained, points of highway access and interior roads including routes between highway access and parking lots.	S.A.	PA
13	Plans for phone service including the source, number and location of the hard wired telephone.	S.A.	PA
14	Plans for camping facilities, if any, including facilities available and their location.	S.A.	PA
15	Plans for security including the number of guards and the name, address and telephone number of the primary security officer, along with certification that the such information has been provided to local law enforcement agencies.	S.A.	PA
16	Plans for fire and severe weather protection and emergency response, including onsite capabilities to respond to fire or severe weather emergencies.	S.A.	PA
17	Plans for sound control and sound amplification.	S.A.	PA
18	Plans for sale, preparation and distribution of food and beverages, including a statement as to whether alcohol will be allowed, and/or service, whether it will be sold or given away, and method of disposal of solid waste(recyclables, garbage, trash, rubbish, etc.) If any person other than the person applying for the permit shall engage in the sale of food or beverages, the names, address, and license or permit number of such person shall be included on the application. If such information is not known at the time of the application, a list shall be provided at least 15 days prior to start of the assembly. All recyclables, garbage, trash and other refuse shall be stored in securely covered containers until removed from the assembly area. Such containers shall be maintained in a sanitary condition, shall not be overfilled, and shall be emptied at least once daily. Nothing herein shall be deemed to guarantee the issuance of any alcohol beverage license, or to be deemed to be a waiver of any requirement for such license under ordinance or other law.	S.A.	PA
19	If any tattooing or body piercing shall take place at the assembly, plans to ensure that such practices are done in a safe and sanitary way, and in structures which have walls, ceilings and floors which are not composed of fabric, vinyl, or any other easily pliable material that is not durable, easily cleanable and which are such that there are no unreasonable openings to the outdoors which would allow the entry of dust, airborne contaminants, insects or other pests. Any such structures and artists shall be licensed by the Oneida County Health Department, unless the code providing such licensure provides an exception to the licensing requirement.	S.A.	PA
20	Attach certificate of insurance issued by insurance companies licensed to transact business with the State of Wisconsin providing that the applicant and the assembly are covered by a comprehensive general liability policy providing a minimum coverage of \$2,000,000; and worker's compensation insurance as required by Wisconsin Law.	S.A.	PA

ISSUANCE: The Application for a license shall be processed within 20 days of receipt. The application shall be reviewed by the Public Safety Committee, with the assistance of law enforcement officials. The license shall be issued by the County Clerk if all conditions are complied with as determined by the Public Safety Committee.

REVOCAION: The license may be revoked by the governing body of Oneida County, the Public Safety Committee or any committee thereof designated by the governing body to so act at any time if any of the conditions necessary for the issuing of or contained in the license are not complied with, or if any condition previously met ceases to be complied with.

Addendum A

1. Scott Allsup Property Mgr. for Rondele Ranch, LLC.
2. The purpose of this assembly is for:
*Music concert, fireworks show, kids bounce houses, to benefit local non-profit organizations.
3. This event runs 1 day 6/27/26m 3:30pm – 11:45pm)
4. Approx. 9,000 people in attendance for the event.
5. No maximum limit.
6. Last year was approx. 8,000 people in attendance.
7. Entire area is bordered by 3 rows of trees and then a roadway.
8. Portable water is from the Rondele Ranch well on the property, water test checked by Oneida County Health Department.
9. Wash stations and porta potties provided, per health department requirements.
10. Cassian Fire Department on site during event. All employees and Security guards have cell phones and radios.
11. Street lights and portable lighting (powered by generators) provided throughout grounds.
12. Traffic flow plan created collaboratively with Oneida County Sheriff's Dept. Total of 3 parking lots.
13. Hard wired phones at Raegan's Event Center, if needed.
14. No camping facilities to be provided.
15. Up to 20 security guards with radios and cell phones. Names and numbers will be provided to the Sheriff's Department.
16. Annual meeting and plans with Oneida County Emergency Team.
17. Music to face South East where there are no neighbors.
18. Food provided by professional food vendors fully insured. List to be provided 15 days prior to event. Liquor to be sold by Rondele Ranch. All trash will be transported by Howard Disposal to Landfill.
19. No tattoo booths on the property.
20. Certificate of insurance.

APPLICANTS CERTIFICATION: By signing and submitting this application, applicant agrees that it shall indemnify, defend and hold the county, its appointed, hired and/or elected officers, agents, employees and designees free and harmless from and against all costs, claims, damages, losses and expenses, including but not limited to, legal fees and expenses that may be incurred on account of damages, deaths or injuries arising out of or resulting from the holding of the event and/or assembly, and/or the conduct of the applicant, promoters, performers, performance participants, product vendors, audience members and any and all other persons or entities in any way participating in, or involved in the event.

The application shall be signed and sworn to or affirmed by the individual making application in the case of an individual, by all officers in the case of a corporation, by all partners in the case of a partnership or by all officers of any unincorporated association, society or group or, if there be no officers, by all members of such association, society or group.

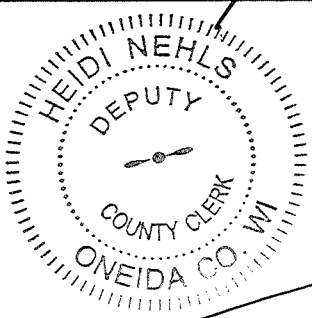
The undersigned swear or affirm that they have the authority to make this application, and that, to the best of their knowledge, all statement in this application are true and correct.

Print name (applicant): Seth August Date: 3/23/2026

Signature (applicant): [Signature] Date: 3/23/2026

Subscribed and sworn to before me
this 31 day of March, 2026

[Signature] Oneida Dep County Clerk
Notary Public, Oneida County, WI
My Commission expires: 1-1-29



~~Print name (applicant): _____ Date: _____~~

~~Signature (applicant): _____ Date: _____~~

~~Subscribed and sworn to before me
this _____ day of _____~~

~~Notary Public, _____ County, WI
My Commission expires: _____~~

(Additional Signature pages may be attached if additional signatures are required)

OFFICE USE ONLY		
CONDITIONS OF APPROVAL/ISSUANCE		
Staff reviewing application:		
Fee Paid: \$100.00	Receipt:	Date Received:

Addendum A

1. Scott Allsup, Property Mgr. for Rondele Ranch, LLC.
2. The purpose of this assembly is for:
*Music concert, fireworks show, kids bounce houses, to benefit local non-profit organizations.
3. This event runs 1 day 6/27/26m 3:30pm – 11:45pm)
4. Approx. 9,000 people in attendance for the event.
5. No maximum limit.
6. Last year was approx. 8,000 people in attendance.
7. Entire area is bordered by 3 rows of trees and then a roadway.
8. Portable water is from the Rondele Ranch well on the property, water test checked by Oneida County Health Department.
9. Wash stations and porta potties provided, per health department requirements.
10. Cassian Fire Department on site during event. All employees and Security guards have cell phones and radios.
11. Street lights and portable lighting (powered by generators) provided throughout grounds.
12. Traffic flow plan created collaboratively with Oneida County Sheriff's Dept. Total of 3 parking lots.
13. Hard wired phones at Raegan's Event Center, if needed.
14. No camping facilities to be provided.
15. Up to 20 security guards with radios and cell phones. Names and numbers will be provided to the Sheriff's Department.
16. Annual meeting and plans with Oneida County Emergency Team.
17. Music to face South East where there are no neighbors.
18. Food provided by professional food vendors fully insured. List to be provided 15 days prior to event. Liquor to be sold by Rondele Ranch. All trash will be transported by Howard Disposal to Landfill.
19. No tattoo booths on the property.
20. Certificate of insurance.



Scott Allsup <scott@rondeleranch.com>

Fw: Certificate of Insurance

1 message

Bob Heyman <bobh@rondeleranch.com>
To: Scott Allsup <scott@rondeleranch.com>

Thu, Mar 26, 2026 at 2:34 PM

For the Large Assembly application

From: Kliner Insurance, Inc. <mail-server@csr24.email>
Sent: Thursday, March 26, 2026 1:22 PM
To: Bob Heyman <bobh@rondeleranch.com>
Subject: Certificate of Insurance

Cert Desc..... 25-26 Master
Cert Date..... 3/26/2026
Insured..... Aqua Properties LLC dba Rondele Ranch
Insured Addr1..... 8959 County Hwy K
Insured Addr2.....
Insured City..... Rhinelander
Insured State..... WI
Insured Zip..... 54501

Desc of OPs..... Oneida County is an Additional Insured with respect to General Liability when required by written contract

Holder..... Oneida County
Address 1..... PO Box 400
Address 2.....
Address 3.....
Address 4.....
City..... Rhinelander
State/Province.....WI
Zip/Postal Code....54501

AUTO
Policy..... C223040 9/15/2025 - 9/15/2026

EXC
Policy..... C223040 9/15/2025 - 9/15/2026

GL
Policy..... C223040 9/15/2025 - 9/15/2026

WC
Policy..... C209017 9/15/2025 - 9/15/2026

Delivery Method(s)

Viewed On Screen View (View)

AGENDA

Oneida County
Large Assembly Application

Oneida County Clerk
P. O. Box 400
Rhineland, WI 54501
715-369-6125

Name of Event: Saluting Heroes Balloon Rally

Applicant's last name: Walker First: Nancy MI:

Mailing address: 150 S 84th Ave. City: Wausau

State and Zip: WI 54401 Email: wallyballoons@msa.com Phone: 715-571-0362

Property owner's last name: Hodag "50" INC. First: MI:

Mailing address: PO Box 1184 City: Rhineland

State and Zip: WI 54501 Email: vanharpen@newnorth.net Phone: 715-437-0004

*Corporation Name (if applicable): We Love Ballooning, INC.

Mailing address: 150 S 84th Ave City: Wausau

State and Zip: WI 54401 Email: Salutingheroes@gmail.com Phone: 715-571-0362

Date(s) that assembly will be held: July 31st & August 1st

*Note: Attach a certified copy of the articles of incorporation including names, residence and mailing address of the primary officers of said corporation, and the name, phone numbers, residential and mailing addresses of each responsible person.

PROPERTY INFORMATION:

4270 River Rd.

Township: Pine Lake Section: 19 Town: 37 Range: 9

Address where assembly is to be held (legal description of the property must be attached): PL454, PL455
PL456, 4270 River Rd PL111, PL131-1, PL134-1, PL142-1
PL142-2, PL142-5, PL 452-1

	Ordinance requirements - Please attach a plan for the event or assembly which describes in detail how your organization will address each of the following areas below:	Column to be initialed by applicant	Column to be initialed by County Clerk
1	Proof of ownership of all property upon which the assembly is to be held, or a valid, written lease executed by the property owner, and a statement made upon oath that the applicant has permission to use the property for an assembly of 1,000 or more persons. If the property is owned by a corporation, proof that the person purporting to act for the corporation has actual authority of the shareholders of said corporation to authorize the use of the corporate real estate for the proposed purpose.	NW	TA
2	The nature or purpose of the assembly.	NW	TA
3	The total number of days and/or hours which the assembly is to last.	NW	TA
4	Maximum number of persons which the applicant shall permit to assemble at any time, not to exceed the maximum number which can reasonably assemble at the location of the assembly, in consideration of the nature of the assembly, or the maximum number of persons allowed to sleep within the boundaries of the location of the assembly by the zoning ordinances of the County if the assembly is to continue overnight.	NW	TA
5	Maximum number of tickets to be sold, if any:	NW	TA
6	Plans to limit the maximum number of people permitted to assemble.	NW	TA
7	Plans, including an accurate description of the means to be used, for marking the boundaries of the location of the assembly.	NW	TA
8	Plans for supplying potable water including the source, amount available and location of outlets and the means of disposing of waste water.	NW	TA
9	Plans for providing toilet, lavatory facilities and hand washing stations including source, number and location, type and the means of disposing the waste.	NW	TA

10	Plans for medical services and on-site first aide to include the names and hours of availability of the medical support personnel, and poisons for contacting emergency medical services.	NW	PA
11	Plans to illuminate the location of the assembly (if required by ordinance)	NW	PA
12	Plans for parking vehicles including size and location of lots, how traffic flow and traffic control is to be maintained, points of highway access and interior roads including routes between highway access and parking lots.	NW	PA
13	Plans for phone service including the source, number and location of the hard wired telephone.	NW	PA
14	Plans for camping facilities, if any, including facilities available and their location.	NW	PA
15	Plans for security including the number of guards and the name, address and telephone number of the primary security officer, along with certification that the such information has been provided to local law enforcement agencies.	NW	PA
16	Plans for fire and severe weather protection and emergency response, including onsite capabilities to respond to fire or severe weather emergencies.	NW	PA
17	Plans for sound control and sound amplification.	NW	PA
18	Plans for sale, preparation and distribution of food and beverages, including a statement as to whether alcohol will be allowed, and/or service, whether it will be sold or given away, and method of disposal of solid waste(recyclables, garbage, trash, rubbish, etc.) If any person other than the person applying for the permit shall engage in the sale of food or beverages, the names, address, and license or permit number of such person shall be included on the application. If such information is not known at the time of the application, a list shall be provided at least 15 days prior to start of the assembly. All recyclables, garbage, trash and other refuse shall be stored in securely covered containers until removed from the assembly area. Such containers shall be maintained in a sanitary condition, shall not be overfilled, and shall be emptied at least once daily. Nothing herein shall be deemed to guarantee the issuance of any alcohol beverage license, or to be deemed to be a waiver of any requirement for such license under ordinance or other law.	NW	PA
19	if any tattooing or body piercing shall take place at the assembly, plans to ensure that such practices are done in a safe and sanitary way, and in structures which have walls, ceilings and floors which are not composed of fabric, vinyl, or any other easily pliable material that is not durable, easily cleanable and which are such that there are no unreasonable openings to the outdoors which would allow the entry of dust, airborne contaminants, insects or other pests. Any such structures and artists shall be licensed by the Oneida County Health Department, unless the code providing such licensure provides an exception to the licensing requirement.	NW	PA
20	Attach certificate of insurance issued by insurance companies licensed to transact business with the State of Wisconsin providing that the applicant and the assembly are covered by a comprehensive general liability policy providing a minimum coverage of \$2,000,000; and worker's compensation insurance as required by Wisconsin Law.	NW	PA

ISSUANCE: The Application for a license shall be processed within 20 days of receipt. The application shall be reviewed by the Public Safety Committee, with the assistance of law enforcement officials. The license shall be issued by the County Clerk if all conditions are complied with as determined by the Public Safety Committee.

REVOCATION: The license may be revoked by the governing body of Oneida County, the Public Safety Committee or any committee thereof designated by the governing body to so act at any time if any of the conditions necessary for the issuing of or contained in the license are not complied with, or if any condition previously met ceases to be complied with.

APPLICANTS CERTIFICATION: By signing and submitting this application, applicant agrees that it shall indemnify, defend and hold the county, its appointed, hired and/or elected officers, agents, employees and designees free and harmless from and against all costs, claims, damages, losses and expenses, including but not limited to, legal fees and expenses that may be incurred on account of damages, deaths or injuries arising out of or resulting from the holding of the event and/or assembly, and/or the conduct of the applicant, promoters, performers, performance participants, product vendors, audience members and any and all other persons or entities in any way participating in, or involved in the event.

The application shall be signed and sworn to or affirmed by the individual making application in the case of an individual, by all officers in the case of a corporation, by all partners in the case of a partnership or by all officers of any unincorporated association, society or group or, if there be no officers, by all members of such association, society or group.

The undersigned swear or affirm that they have the authority to make this application, and that, to the best of their knowledge, all statement in this application are true and correct.

Print name (applicant): Nancy Wolk Date: 3/23/26

Signature (applicant): [Signature] Date: 3/23/26

Subscribed and sworn to before me
this 23 day of March 2026

[Signature]
Notary Public, oneida County, WI
My Commission expires: 1-3-2026

Print name (applicant): _____ Date: _____

Signature (applicant): _____ Date: _____

Subscribed and sworn to before me
this _____ day of _____

Notary Public, _____ County, WI
My Commission expires: _____

(Additional Signature pages may be attached if additional signatures are required)

OFFICE USE ONLY		
CONDITIONS OF APPROVAL/ISSUANCE		
Staff reviewing application:		
Fee Paid: \$100.00	Receipt:	Date Received:

Saluting Heroes Balloon Rally

Large Assembly Application 2026

1. We have a signed lease with Hodag "50" Inc. attached
2. Hot Air Balloon Rally to include bands, kids activities, craft tent, walk-in balloon, tethered balloon rides, food truck rally and musical synchronized glow.
3. 2 days, July 31st & August 1st, 2025 4pm-10pm
4. Up to 25,000 spectators. Hodag "50" Inc. will be selling on-site camping for July 31 & Aug1.
5. 25,000
6. No admittance without ticket, Maximum of 25,000 tickets sold.
7. Both the main grounds and the overflow are fenced in.
8. Have wells and septic and/or holding tanks
9. Have flushable toilet facilities as well as (100) portable toilets, also have running water as well as hand washing stations and hand sanitizer dispensers. Will be working with the Oneida County Health Department.
10. Will have qualified EMT's on site while gates are open and an ambulance service (Oneida County EMS) on grounds/call. Working with recommendations and staffing by the Pine Lake Fire Department.
11. Have lights on the main grounds and in the overflow even though they are not required by ordinance.
12. Hodag grounds have their own parking lot where admission is required for admittance. A map is included (Not drawn to scale). We are planning for parking spots (per Google AI) approx. 9 feet wide x 18-20 feet deep with alleys 20-24 feet wide to allow 2 way traffic down the alleys. We will fill the parking areas in order beginning with Parking #1, 2, 3 and then 4. They will enter at Gate #1 and exit along George Jones Blvd and out Gate #2. We estimate we will create about 3,300 parking spots within the grounds.
13. Have land line phones as well as cell phones. Will also have (2) Starlink satellite service.
14. Camping will be available through Hodag "50" Inc. The balloon rally will not be involved with campsites, other than providing a way to get the information on www.salutingheroesballoonrally.com to set up camping. All reservations will go through Hodag "50" Inc.
15. Hodag "50" Inc. will be hiring security companies for the grounds and Oneida County Sheriff's Department will handle the security for the event from 4-10pm. We will be deferring to their recommendations on security measures. We will be training all volunteers on matters of safety and how to handle many scenarios, ie: lost child, theft, fender bender, etc. This information will be provided to all emergency personnel so they can approve our plan.

16. Work closely with Jacob Simkins and Oneida County Emergency Management. Have severe weather and evacuation plans in place. Pine Lake Fire Department will be onsite during the event hours of 4-10pm.
17. We have hired V-tone out of Mosinee for our large sound system. Dave Kallaway will be making announcements for the event and musical glow. All spectators will be able to hear any emergency information.
18. We will not be selling food. All food vendor information will be given to health department. We will not be selling alcohol. Hodag "50" Inc. will be selling alcohol and have a license through the Town of Pine Lake.
19. Tattooing and body piercing are not done.
20. Certificate of Insurance will be provided prior the event start. We will have a \$4 million dollar liability policy per lease.

**AGREEMENT BETWEEN
HODAG "50" TRACK, INC. AND WE LOVE BALLOONING, INC.**

This agreement dated December 9, 2024, is to document the terms for the We Love Ballooning, Inc.'s Saluting Heros Balloon Rally to be held on Hodag "50" Track, Inc.'s property on Friday, August 1 and Saturday, August 2, 2025; dates to be determined for 2026 and 2027.

- The Balloon Rally will consist of approximately 20-25 hot air balloons performing a balloon glow synchronized to music with approximately two (2) balloons tethered for rides.
- The Saluting Heros Balloon Rally will be raising funds for Camp American Legion, veterans, and police and fire services.
- A plan for placement of balloons, parking, food vendors, etc., will be provided to Hodag "50" by the Balloon Rally for approval prior to applying for permits.
- The Balloon Rally will start at approximately 4:00 p.m. each day.
- Attendants will enter through gate 1 and exit through gate 2 (near the Hodag Country Festival office).
- Food vendors will be on-site.
- The pavilion bar will close at or before Oneida County bar time.
- Camping will be available for \$60 per camping unit regardless of whether one or two nights; there will be an additional charge of \$40 for optional electricity.

Hodag "50" personnel will be responsible for (including the expenses of) and receive funds from:

- Organizing all activities in and around the area of the pavilion including, but not limited to, bar beverage sales and entertainment (i.e. band or DJ, cornhole tournament, 50/50 Raffle, etc.)
- Marking areas in which to camp.
- Selling campsites for people who desire to camp on the grounds, with optional electricity.
- Providing security for the grounds' buildings, pavilion and camping areas. This does not include crowd control for the balloon rally.
- Providing 100 cleaned and charged portable toilet facilities as well as plumbed bathroom facilities located to the north of the Pavilion, and dumpsters/barrels for garbage.
- Providing cleanup for the pavilion and camping areas, cleaning and pumping of the restroom facilities, and hauling garbage from the dumpsters.

Balloon Rally personnel will be responsible for (including the expenses of) and receive funds from:

- Organizing the event including (but not limited to) balloon pilots, insurance, marketing, advertising, tents, and generators.
- Securing sponsorships to offset event expenses.
- Posting signage at gate 1.

- o Providing individuals to man the gates to collect event fees from 2:00 p.m.-11:00 p.m. Friday and Saturday. These individuals will validate attendants passing through the gate until the end of the event.
- o Scheduling and providing all labor/volunteers (except for pavilion and camping area) for the event.
- o Coordinating EMS, fire, and emergency services.
- o Providing security services for the balloon rally area.
- o Arranging food vendors and soda/water stations outside of the pavilion.
- o Posting directional signs to food, parking and camping areas.
- o Marking areas in which to park.
- o Providing cleanup in the balloon rally, parking, gate, and food vendor areas. The land used by the balloon rally shall be left in the exact same condition as it was prior to each event.

Please exercise caution and do not dig or pound stakes over or within three (3) feet of the marked underground power lines.

Payment: The fee for use of Hodag "50" Track, Inc.'s property will be \$15,000.00 for 2025. However, for 2026 and 2027, We Love Ballooning, Inc. and the Hodag "50" Track, Inc. can negotiate any changes, increase in fees or other details relevant to the relationship. A deposit of fifty percent (50%) will be paid by We Love Ballooning, Inc. to Hodag "50" Track, Inc. no later than June 15th of each year. The balance remaining will be paid within 30 days after the conclusion of the event.

Hodag "50" Track, Inc. Indemnification: Subject to the provisions of this contract, Hodag "50" Track, Inc. shall at all times indemnify and hold harmless We Love Ballooning, Inc., its officers, employees and agents from and against any loss (including legal costs and expenses) or liability, reasonably incurred or suffered by any of those indemnified arising from any claim, suit, demand, action or proceeding by any person against any of those indemnified where such loss or liability was caused by any willful, unlawful or negligent act or omission of the Hodag "50" Track Inc., its officers, employees, agents or subcontractors in connection with this contract.

We Love Ballooning, Inc. Indemnification: Subject to the provisions of this contract, We Love Ballooning, Inc. shall at all times indemnify and hold harmless Hodag "50" Track, Inc., its officers, employees and agents from and against any loss (including legal costs and expenses) or liability, reasonably incurred or suffered by any of those indemnified arising from any claim, suit, demand, action or proceeding by any person against any of those indemnified where such loss or liability was caused by any willful, unlawful or negligent act or omission of We Love Ballooning, Inc., its officers, employees, agents or subcontractors in connection with this contract.

Insurance: We Love Ballooning, Inc. shall, at its expense, obtain public liability and property damage insurance covering the premises and all We Love Ballooning, Inc.'s business and other activities thereon. Such insurance shall provide combined single limits coverage of at least \$4,000,000 on liability insurance for bodily injuries and property damage arising from We Love Ballooning, Inc.'s business and other activities. We Love Ballooning, Inc. shall ensure that Hodag "50" Track, Inc. and Xebec Corporation are designated as additional "named insured" under such public liability and property damage insurance policies. In addition, thereto, We Love Ballooning, Inc. shall be responsible for all its employees and agents. We Love Ballooning, Inc.'s insurance shall be in a form and with companies approved by Hodag "50" Track, Inc. We Love Ballooning, Inc. shall pay the premium therefore and before occupying the premises. We Love Ballooning, Inc. shall deliver copies of the applicable insurance policies, duplicates thereof, or certificates of insurance to Hodag "50" Track, Inc. no later than June 15th of each year. We Love Ballooning, Inc.'s insurers shall agree by endorsement upon the policy or by independent instrument furnished to Hodag "50" Track, Inc., that it will give Hodag "50" Track, Inc. at least thirty (30) days written notice before the policy shall be altered or canceled.

Each Balloon Pilot shall, at its expense, obtain public liability and property damage insurance covering the premises and all the Balloon Pilot's business and other activities thereon. Such insurance shall provide combined single limits coverage

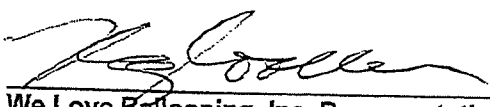
of at least \$1,000,000 on liability insurance for bodily injuries and property damage arising from the Balloon Pilot's business and other activities. The Balloon Pilot shall ensure that Hodag "50" Track, Inc. and Xebec Corporation are designated as additional "named insured" under such public liability and property damage insurance policies. In addition, thereto, the Balloon Pilot shall be responsible for all its employees and agents. The Balloon Pilot's insurance shall be in a form and with companies approved by Hodag "50" Track, Inc. The Balloon Pilot shall pay the premium therefore and before occupying the premises. The Balloon Pilot shall deliver copies of the applicable insurance policies, duplicates thereof, or certificates of insurance to Hodag "50" Track, Inc. no later than June 15th of each year. The Balloon Pilot's insurers shall agree by endorsement upon the policy or by independent instrument furnished to Hodag "50" Track, Inc., that it will give Hodag "50" Track, Inc. at least thirty (30) days written notice before the policy shall be altered or canceled.


Each Vendor shall, at its expense, obtain public liability and property damage insurance covering the premises and all the Vendor's business and other activities thereon. Such insurance shall provide combined single limits coverage of at least \$2,000,000 on liability insurance for bodily injuries and property damage arising from the Vendor's business and other activities. The Vendor shall ensure that Hodag "50" Track, Inc. and Xebec Corporation are designated as additional "named insured" under such public liability and property damage insurance policies. In addition, thereto, the Vendor shall be responsible for all its employees and agents. The Vendor's insurance shall be in a form and with companies approved by Hodag "50" Track, Inc. The Vendor shall pay the premium therefore and before occupying the premises. The Vendor shall deliver copies of the applicable insurance policies, duplicates thereof, or certificates of insurance to Hodag "50" Track, Inc. no later than June 15th of each year. The Vendor's insurers shall agree by endorsement upon the policy or by independent instrument furnished to Hodag "50" Track, Inc., that it will give Hodag "50" Track, Inc. at least thirty (30) days written notice before the policy shall be altered or canceled.

Dispute Resolution: Claims or disputes arising out of or relating to this Agreement shall be resolved by mediation in Oneida County, Wisconsin under rules mutually agreeable to the parties.

Severability of Agreement: If any term or provision of this Agreement made by either party, or the application thereof to any person or circumstance, is held by a court of competent jurisdiction to be invalid, illegal or unenforceable in any respect in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other provision of this Agreement in that jurisdiction or the application of that provision to any other person or circumstance or in any other jurisdiction, and this Agreement shall then be construed in that jurisdiction as if such invalid, illegal or unenforceable provision had not been contained in this Agreement, but only to the extent of such invalidity, illegality or unenforceability. If any provision or part thereof of this Agreement is stricken in accordance with the provisions of this section, then this stricken provision shall be replaced, to the extent possible, with a legal, enforceable, and valid provision that is as similar in tenor to the stricken provision as is legally possible.

Renewal: Hodag "50" Track, Inc. agrees to approach We Love Ballooning, Inc. by October 1st of each year (2025, 2026, 2027) so that We Love Ballooning, Inc. and Hodag "50" Track, Inc. will have the opportunity to negotiate changes and discuss other details relevant to the relationship. This is not an automatic renewal agreement and if We Love Ballooning, Inc. will not renew the agreement for any reason, there will be a cancellation letter provided within the negotiation time period before-mentioned.


We Love Ballooning, Inc. Representative
Title: Board Member
Date Signed 12/9/24


Hodag "50" Track Inc. Representative
Title: Director
Date Signed 12/9/24

Entrance Gate #1
Exit George Jones Rd
Gate #2



Bouncy Houses

BALLOONS

Craft Tent

Food Tent

BALLOONS

Fire Dept

Parking #2

STAGE

Handicap Parking

Parking #1

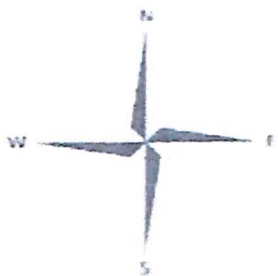
Parking Area #4
Both Sides of Exit Road

Entrance

Parking #3

BARN

POND



To The Pine Lake Fire Department
Community Building (approx 1.2 mile)
one sign south on exit

HODAG COUNTRY FESTIVAL EMERGENCY EVACUATION PLAN

The following procedure will be performed in the event of an emergency evacuation from the Hodag Country Festival grounds:

1. Upon notification of a tornado warning or a severe thunderstorm warning for the immediate area by the Green Bay National Weather Service and/or the Sheriff's department:
 - a. Festival officials will activate the siren located at Gate 3 of the Hodag Country Festival grounds.
 - b. Festival officials will forward the weather advisories to festival attendees via the Jumbo-tron and stage announcements.
 - c. Pine Lake Fire Department will notify campers and attendees using fire department vehicles and PA systems.
 - d. All entrances/exits to the grounds will be opened. Festival staff will instruct attendees to proceed to the nearest designated storm shelter.
2. The locations of the tornado/storm shelters are as follows:
Tornado/Storm Shelters
 - Storm Shelter 1 – the concrete restroom on the top of the hill behind the bleachers southeast of the entertainment area
 - Storm Shelter 2 – the basement of the backstage
 - Storm Shelter 3 – the concrete brick shower building on the top of the hill southeast of the pavilion
 - Storm Shelter 4 – the concrete brick restroom immediately north of the pavilion
 - Pine Lake School - across the road from the emergency exit (pedestrian traffic only) located South of Jeannie C. Riley Road
 - Pine Lake Fire Department Community building - located approximately ½ mile south of Gate 1 on River Road

Please refer to the map on the other side for designated tornado/storm shelter locations.

Date: May 15, 1998

Revised: June 16, 2015

We Love Ballooning, Inc

Officers

Steve Woller - President

7761 River Rd Lake Tomahawk, WI 54539

Sara Lang – Vice President

1803 Foothill Ave Weston, WI 54476

Sherria Via – Treasurer

5908 Canoe St Weston, WI 54476

Jean Slaktoski – Secretary

1123 S 14th Ave Wausau, WI 54401

Nancy Woller – Event Coordinator/Board Member

7761 River Rd Lake Tomahawk, WI 54539

Krista Via – Board Member

5908 Canoe St Weston, WI 54476

Dave Slaktoski – Board Member

1123 S 14th Ave Wausau, WI 54401



State of Wisconsin
Department of Financial Institutions

Corporations Bureau

Form 102 - Nonstock Corporation Articles of Incorporation

Name of Corporation

The corporation is organized under Ch. 181 of the Wisconsin Statutes.

Article 1 Name of Corporation:

We Love Ballooning Incorporated

Article 2 Principal Office

Mailing Address:

150 S 84th Ave

City:

Wausau

State:

WI

Zip Code:

54401

Article 3 Registered Agent

Registered Agent Individual:

Nancy Woller

Name of Entity:

Street Address:

7761 River Rd

City:

Lake Tomahawk

State:

WI

Zip Code:

54539

Email:

wallyballoons@msn.com

Select Statement

Article 4 Select one statement:

The corporation will NOT have members

Article 5 Is this corporation authorized to make distributions under the statute?:

Yes

This document was drafted by:

Nancy Woller



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

WE LOVE BALLOONING INCORPORATED
150 S 84TH AVE
WAUSAU, WI 54401

Date: 09/09/2024
Employer ID number: 99-4690698
Person to contact: Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending: December 31
Public charity status: 170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: August 29, 2024
Contribution deductibility: Yes
Addendum applies: No
DLN: 26053647006924

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P