Harrison County Commission Meeting
Wednesday, March 18, 2026
10:00 A.M.

The Harrison County Commission Meeting is held on the 3rd floor of the Harrison County General Services Building (229 South 3rd St.), if you are unable to attend in person, you may join and listen via Zoom Conference Call by the following steps. Public participation will only be allowed during public comment period and/or scheduled appointments.

Join Zoom Meeting

****

https://us02web.zoom.us/j/7628160712

Dial: 1-646-568-7788

Meeting ID: 762 816 0712

Passcode: 26301

Appointments:

10:00 A.M. --- Call to Order --- Invocation --- Pledge of Allegiance

10:05 A.M. --- Nuisance Property Hearing – Lower Lamberts Run Road – Melvin Cunningham Jr.

10:10 A.M. --- Special Funding Request for the Harrison County Circuit Clerk's Office requesting $2,000.00 towards supporting their Annual Circuit Clerks Meeting

10:15 A.M. --- Special Funding Request for the City Parks of Clarksburg requesting $2,000.00 towards their Fairy Renaissance Fair

10:20 A.M. --- Special Funding request for Cartoon Headquarters requesting $3,000.00 towards their Family Fun Extravaganza

NEW BUSINESS – Action Items for Consideration or Approval:

1. **Public Comment Period**
2. **Consent Agenda**
3. **Payroll Change Notices:**
   - **A.** Zach Mealey – Law Enforcement – K-9 Handler – Effective April 10th, 2026
   - **B.** Kris Wariner – Law Enforcement – Line Item Change – Effective March 10th, 2026
   - **C.** Delbert Arbogast – Security – Change From Dept. 730 to 401 – Effective March 10th,2026
   - **D.** Michael Brown – Security – Change From Dept. 730 to 401 – Effective March 10th,2026
   - **E.** Bradley Eddy – Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **F.** Dave Flanigan – Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **G.** Troy Freeman - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **H.** Marshall Goff - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **I.** David Gosa - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **J.** Kevin Haught - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **K.** Steven Earl Junkins - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **L.** Michael Kiddy - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **M.** Walter Knight - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **N.** Gregg William LeMasters - Security - Change From 730 to 401 – Effective March 10th,2026
   - **O.** Christopher Madia - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **P.** James Milton Miles - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **Q.** Brandon Mollohan - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **R.** James Panetta - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **S.** Steven Post - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **T.** Terry Queen - Security - Change From Dept. 730 to 401 – Effective March 10th,2026
   - **U.** Carl Swiger - Security - Change From Dept. 730 to 401 – Effective March 10th,2026

V. Larry Dean Thompson - Security - Change From Dept. 730 to 401 – Effective March 10th,2026

W. John Patrick Walker - Security - Change From Dept. 730 to 401 – Effective March 10th,2026

X. Mark Ware - Security - Change From Dept. 730 to 401 – Effective March 10th,2026

Y. David Robert Wygal - Security - Change From Dept. 730 to 401 – Effective March 10th,2026

4. **Minutes and/ or Amended Minutes of Previous Meetings**
   - **A.** Regular Meeting Minutes for March 4, 2026
   - **B.** Special Meeting Minutes for February 25, 2026
5. **Requisitions --- Purchase Orders --- Invoices**
   - **A.** Quotes
   - **B.** Vendor List of Payments
6. **Exonerations --- Corrective Tickets --- Joint Property Applications:**
   - **A. Exonerations –** See Exhibit A
7. **Review—Discuss—Consider** Consideration of Approval of a Project Fund Requisition for the payment of cost associated with the project to be financed from proceeds of the & Series 2008 A (Charles Pointe Project No. 2- North Land Bay Improvements)
   - **A. $6,724.08**
8. **Review—Discuss—Consider** Consideration of Approval of a Project Fund Requisition for the payment of cost associated with the project to be financed from proceeds of the Series 2019 A&B Bonds issued for the Charles Pointe Economic Opportunity Development District.
   - **A. $7,752.00**
9. **Review—Discuss—Consider** Consideration of Approval of a Project Fund Requisition for the payment of cost associated with the project to be financed from proceeds of the Series 2021 A & B (Development District No. 3 White Oaks Project No. 2).
   - **A. $918.75**
10. **Review—Discuss—Consider** Orders and Election Orders as Presented by the Clerk
    - **A.** MOU with Stonewood
    - **B.** Meadowbrook Mall Lease Agreement for Early Voting
11. **Review—Discuss—Consider** Budget Revisions for the following: (NONE)
    - **A.** General County
    - **B.** Vital Services
12. **Review—Discuss—Consider** Rail Trail Update (Potential Executive Session pursuant to 6-9A-4(B)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision)
13. **Review—Discuss—Consider** Awarding the Bid for the New Animal Control Truck
14. **Review—Discuss—Consider** Taking applications for Fiduciary Commissioner
15. **Review—Discuss—Consider** Paygrade and Step Program
16. **Review—Discuss—Consider** Adopting a County Donation – Sponsorship – Fundraising Policy
17. **Review—Discuss—Consider** Rail Trail Ranger/Officer Concept & Framework
18. **Review—Discuss—Consider** United International Rail Trail condemnation action (Potential Executive Session pursuant to the attorney-client privilege)
19. **Review—Discuss—Consider** Sending a letter to the U.S. Census Bureau Attesting our County boundary lines
20. **Review—Discuss—Consider** Tax Office update (executive session to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made

public, might adversely affect the financial or other interest of the state or any political subdivision)

21. **Review—Discuss—Consider** Verizon Tower Lease (executive session to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision)
22. **Review—Discuss—Consider** A Resolution Authorizing the Filing of the Application to Lowe's Companies, Inc. for Harrison County Parks & Recreation
23. **Review—Discuss—Consider** A Resolution Authorizing the Filing of the Application for FY2024 Emergency Management Performance Grant (EMPG)
24. **Review—Discuss—Consider** A Resolution Authorizing the Filing of the Application to Dollar General Corporation's Dollar General Literacy Foundation for Harrison County Parks & Recreation
25. **Administrator's Report**
26. **Commissioner Comments – Questions**

CONSENT AGENDA – (NOTE: Items May Require Discussion, Review, and/or Action)

A. **Weekly Fiduciary Report from the County Clerk**
    1. Wednesday, March 4, 2026 through Tuesday, March 10, 2026
B. **Monthly Fiduciary Commission Settlements:**
    1. None
C. **Monthly Minutes/ Financial Information from Various Boards, Committees, and Public Service**
    1. Sun Valley PSD Regular Board Meeting Agenda for March 9, 2026
    2. Enlarged Hepzibah PSD Regular Board Meeting Agenda for March 9, 2026
    3. Letter from State of West Virginia – Department of Homeland Security – Base Per Diem Rate for Inmates Changing to $67.27
    4. Special Funding Request Final Report from Shinnston Turkey Trot
    5. Clarksburg Water Board letter of acquisition of Summit Park PSD
    6. Sun Valley PSD Outstanding Invoices
    7. Sun Valley PSD Regular Meeting Minutes for February 9, 2026
    8. Wallace Volunteer Fire Department IRS Form 8879-TE

TABLED ITEMS - - Items May Require Discussion and/ or Approval

1. **Review—Discuss—Consider** Activities at Parks & Rec (Potential Executive session to consider matters arising from the appointment, employment, retirement, promotion, transfer, demotion, disciplining, resignation, discharge, dismissal or compensation of a public officer or employee, or prospective public officer or employee)
2. Special Funding Request from Take me Home Transportation requesting $2,500 to help cover Insurance cost for their organization that provides rides home to individuals leaving alcohol serving establishments
3. **Review—Discuss—Consider** Awarding bid for Land for New Animal Control Facility (potential executive session to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision)
4. **Review—Discuss—Consider** Bringing in an AS400 expert/consultant to train staff and demonstrate software abilities not currently being utilized
5. **Review—Discuss—Consider** Supporting West Milford's Float the Fork event that will take place on May 30, 2026

10:10 AM

Clerk of the Circuit Court
Harrison County

Albert F. Marano

301 WEST MAIN STREET
CLARKSBURG, WEST VIRGINIA 26301

Telephone (304) 624-8635
Fax (304) 624-8710

Lori A. Thomas
Chief Deputy

The Honorable Members of the Harrison County Commission
229 S. Third St.
Clarksburg, WV 26301

Dear Honorable Susan Thomas; President, Honorable David Hinkle, and Honorable Patsy Trecost,

I hope this letter finds you well. On behalf of the Harrison Circuit Clerk's Office, I am writing to respectfully request a contribution of $2,000 to support our upcoming Annual Circuit Clerk Meeting, which we are honored to host this year.

This annual gathering brings together all 55 County Circuit Clerks along with Deputy Clerks from across the state. The meeting serves as an important opportunity for collaboration, professional development, and the exchange of ideas that strengthen the efficiency and effectiveness of our offices. Through workshops, discussions, and training sessions, clerks gain valuable insights that directly benefit the citizens we serve.

Hosting this event is both a privilege and a significant responsibility. The requested funds will help offset expenses related to meeting space, materials, guest speakers, and hospitality. All donations will go directly toward ensuring the event is productive, welcoming, and memorable for all in attendance.

Thank you for considering this request and for your continued support of the Circuit Clerk's Office. Please feel free to contact me if you need any additional information.

Respectfully submitted,

Albert F. Marano

Albert F. Marano
Circuit Clerk

10:15 AM

HARRISON COUNTY COMMISSION
SPECIAL FUNDING REQUEST

Thank you for the opportunity to suport your project. Please complete this application and return it to the Harison County Commission, 301 West Main Street, Clarksburg, WV 26301 by fax or email: Facsimile: 304-624-8673; Email: countyadministrator@harrisoncountywv.gov ; Question: 304-624-8500
Funding is derived from the State of West Virginia/Video Lottery Funding.

Date of Request: 3/10/26

Organization Name: City Parks of Clarksburg

Name and Title of Requester: Doug Comer - superintendent

Mailing Address of Organization and Responsible Person: 1 Clarksburg Park Way Nutter Fort WV 26301

If approved, this is where the check will be sent

Telephone: 304 624-1655 Fax: _____ E-mail: dcomer@cityofclarksburgwv.com

FEIN# _____ Is your organization an IRS 501(c) 3 not-for-profit? Y N
If yes, attach IRS Status Letter
If no, please explain: _____

TOTAL Cost of Project/Activity: $ 7,000

Dollar Amount REQUESTED - Grant: $ 2,000 Loan: $ _____

Was project funded previously by HCC? Y (N) If so, when _____ ; how much: $ _____

Have you previously received funds from the Harrison County Commisson: (Y) N
If Yes, how much? If funded multi years - list by fiscal year?
When: 7/25 ; how much: $ 2,000 4th July Fireworks
When: 7/24 ; how much: $ 2000 4th July Fireworks
When: _____ ; how much: $ _____

Purpose of request (one sentence): We are requesting funds to provide free entertainment
If for a fair/festival/event, give dates and location: Date: April 25. 2026 Location: VA Park

Describe the proposed activities with dollar amounts to be funded by this request:
We would use this Money towards character rentals for Meet and Greets and interactions with the children.

Are your financial statements audited by an outside accounting firm? Y (N)
If Yes, by whom:

Do you plan to recognize the Harrison County Commission 's contribution? (Y) N
If Yes, how?

(Name of Applicant) City of Clarksburg Parks agrees that in the event of any embezzlement, theft or misappropriation of funds or property of any kind or nature or in the event of any alleged embezzlement theft or misappropriation of funds or property of any kind or nature from (Name of Applicant) City of Clarksburg Parks, the recipient of funding from the Harrison County Commission hereunder, that (Name of Applicant) City of Clarksburg Parks shall immediately report said incident(s) to the proper police agency having jurisdiction over such matters and, further, shall immediately report said incident(s) along with a writing describing said incident(s) have been reported to the police agency having jurisdiction, to the Harrison County Commission. Further, that (Name of Applicant) City of Clarksburg Parks agrees to fully cooperate with the police and the Prosecuting Attorney's Office toward the successful prosecution of such activity.

Please attach to this Request the following:

1. IRS Letter of Tax Exemption, if you have one
2. Current List of Board of Directors with addresses
3. List other contributors with dollar amounts to your project/event
4. Balance sheet and income statement for immediate prior year, or reason why no available
5. Any additional information about your organization

FINAL REPORT REQUIRED: If approved, you agree to submit within 15 days of the event or end of project the "Final Report for Special Funding Request", on page 3 of this application OR a detailed statement of revenues and expenditures.

On behalf of the Applicant, I certify that all required information in this request is attached and correct, that we agree to the above terms, and that a Final Report (on attached Final Report or by Internal Financial Report detailing substantially same information) will be submitted within 15 days of the end of the project/event.

Signature and Title of Applicant _____ **Date** 3/10/2026

Douglas R Comer

For Official Use:

This funding request is: APPROVED NOT APPROVED TABLED

Amount Approved: $_____ Paid Date: _____

With the following notations:

_____

_____

_____

Action taken at Harrison County Commission meeting on: _____

Name of Organization/Applicant City Parks of Clarksburg

FINAL REPORT OF THE SPECIAL FUNDING REQUEST

AMOUNT RECEIVED FROM THE HARRISON COUNTY COMMISSION:	$ 2,000
ITEMIZED EXPENSES FOR THE AMOUNT RECEIVED FROM THE HCC (ATTACH EXTRA SHEETS IF NECESSARY OR DETAILED STATEMENT OF REVENUED AND EXPENSES RELATED THERETO):	
	$
	$
	$
	$
	$
TOTAL	$

NAME OF PROJECT/EVENT: _____

TOTAL PROJECT/EVENT INCOME AND EXPENSES: (ATTACH EXTRA SHEETS IF NECESSARY OR A DETAILED STATEMENT OF REVENUES AND EXPENSES RELATED THERETO):

INCOME SOURCE:	Coal Severance Levy	$ 7,000
		$
		$
	TOTAL	$ 7,000
EXPENSE ITEM:	Entertainment	$ 5,215.00
	Food / Treats	$ 2,000.00
		$
	TOTAL	$ 7,215.00

LIST ALL CONTRIBUTORS TO THIS PROJECT/EVENT: (ATTACH EXTRA SHEETS IS NECESSARY)	
	$
	$
	$
	$
TOTAL	$

I CERTIFY THAT THE ABOVE INFORAMTION IS CORRECT

Applicant Douglas L Comer

Date 3/10/2026

(Revised 8/19/14)

County Commission of Harrison County, West Virginia

REVISED ORDER

Harrison County Community Improvement Fund -- Number 026

Harrison County General Fund -- Number 001

Policy and Procedure Regarding Contributions to Other Entities

Whereas, the Harrison County Commission has previously authorize a special fund, namely the Harrison County Community Improvement Fund (Number 026); and

Whereas, the Harrison County Commission maintains a General Fund (Number 001) as authorized and required by statute and/or regulations; and

Whereas, the Community Improvement Fund will be utilized for contributions for fairs, festivals

and/or other special funding requests approved by the Harrison County Commission as originally set forth in the establishment of the Fund; and

Whereas, the General County Fund may be utilized *for* any lawful expenditure which may Include contributions to fairs and festivals and/or special funding requests, and

Whereas, the Harrison County Commission, by this Order, set forth the same for any contribution to any entity, as set forth herein.

Now, therefore, it is the Order of the Harrison County Commission that any contribution to any entity shall comply with the following policy and procedure unless otherwise expressly indicated. A contribution may be considered **for** funding only upon proper documentation being presented to the Office of the Harrison County Commission, which shall include, but not be limited to:

a) "Harrison County Commission Special Funding Request Form", the most recent copy attached and Included for reference;

b) All requested documentation as out lined In the "Special Funding Request Form,

c) If previously funded, the "Final Report of the Special Funding Request Form", the most recent copy attached and included for reference.

Now, therefore be it further resolved, funding requests from fairs and festivals, Including but not limited to the following, will be considered throughout the year. Such allocation will be $1,500 for a one day event and $3,000 for any event of more than one day.

1. Apple Butter Festival - City of Salem
2. Fort New Salem Holiday - Christmas Activity
3. Frontier Days - City of Shinnston ,
4. Glen Elk Village Wine Musical & Art? Festival

5. Jesus Fest ·
6. Johnstown CEOS Community Fair
7. Lost Creek Community Festival
8. North Central WV Scottish Festival
9. Pine Bluff Fall Festival
10. St. Spyridon Greek Food Festival
11. Town of West Milford Old Mill Festival
12. Wallace VFD Fair & Festival
13. *WV* Black Heritage Festival
14. *WV* Italian Heritage Festival

Now, therefore be it further resolved, funding requests from any other entity or agency must be submitted to the Office of the Harrison County Commission on or before March 1st to be considered for funding in the budget for the next fiscal year, which would begin July 1st and end June 30th. For the fiscal year beginning July 1 and ending June 30, the submission deadline for a special funding request will be May 1 of each year.

Now, therefore be it further resolved, the Harrison County Commission does hereby direct the administrative staff with the Office of the County Commission to take the necessary steps to communicate and provide this Order to the entities and agencies that have received funding during the past four fiscal years.

Order is hereby approved and entered this 20th day of July, 2022.

Susan J Thomas, President

Attest:

John Spires, Clerk of Harrison County

10:20 AM

HARRISON COUNTY COMMISSION
SPECIAL FUNDING REQUEST

Thank you for the opportunity to suport your project. Please complete this application and return it to the Harison County Commission, 301 West Main Street, Clarksburg, WV 26301 by fax or email: Facsimile: 304-624-8673; Email: countyadministrator@harrisoncountywv.gov ; Question: 304-624-8500
Funding is derived from the State of West Virginia/Video Lottery Funding.

Date of Request: 3/10/2026

Organization Name: Cartoon Headquarters Family Fun Extravaganza

Name and Title of Requester: Leslie Cummings / James Vanscoy / Silas Vanscoy

Mailing Address of Organization and Responsible Person:
280 Brighton Circle Rd, Clarksburg, WV 26301
If approved, this is where the check will be sent

Telephone: 304-623-9184 Fax: _____ E-mail: familyfunextravaganzaz@gmail.com

FEIN# 84-4706144 Is your organization an IRS 501(c) 3 not-for-profit? (Y) N
If yes, attach IRS Status Letter
If no, please explain: Proceeds benefit Community Elevation

TOTAL Cost of Project/Activity: $ 50,000.00 +

Dollar Amount REQUESTED - Grant: $ 3000.00 Loan: $ _____

Was project funded previously by HCC? Y (N) If so, when _____; how much: $ _____

Have you previously received funds from the Harrison County Commisson: Y N
If Yes, how much? If funded multi years - list by fiscal year?
When: _____; how much: $ _____
When: _____; how much: $ _____
When: _____; how much: $ _____

Purpose of request (one sentence): Family Fun Extravaganza

If for a fair/festival/event, give dates and location: Date: 4/23-4/26/26 Location: Clarksburg City Park - Nutter Fort WV

Describe the proposed activities with dollar amounts to be funded by this request: Safety First w/ Grampa's Workshop - Live puppet show with stage & strolling puppetmobile.

Are your financial statements audited by an outside accounting firm? (Y) N
If Yes, by whom: Tax2efile

Do you plan to recognize the Harrison County Commission 's contribution? (Y) N
If Yes, how? Logo of HCC can be on digital billboard of Granpa Cratchet & recognized as sponsor on printed materials.

(Revised 8/19/14)

(Name of Applicant) Family Fun Extravaganza agrees that in the event of any embezzlement, theft or misappropriation of funds or property of any kind or nature or in the event of any alleged embezzlement theft or misappropriation of funds or property of any kind or nature from (Name of Applicant) Family Fun Extravaganza, the recipient of funding from the Harrison County Commission hereunder, that (Name of Applicant) Family Fun Extravaganza shall immediately report said incident(s) to the proper police agency having jurisdiction over such matters and, further, shall immediately report said incident(s) along with a writing describing said incident(s) have been reported to the police agency having jurisdiction, to the Harrison County Commission. Further, that (Name of Applicant) Family Fun Extravaganza agrees to fully cooperate with the police and the Prosecuting Attorney's Office toward the successful prosecution of such activity.

Please attach to this Request the following:

1. IRS Letter of Tax Exemption, if you have one
2. Current List of Board of Directors with addresses
3. List other contributors with dollar amounts to your project/event
4. Balance sheet and income statement for immediate prior year, or reason why no available
5. Any additional information about your organization

FINAL REPORT REQUIRED: If approved, you agree to submit within 15 days of the event or end of project the "Final Report for Special Funding Request", on page 3 of this application OR a detailed statement of revenues and expenditures.

On behalf of the Applicant, I certify that all required information in this request is attached and correct, that we agree to the above terms, and that a Final Report (on attached Final Report or by Internal Financial Report detailing substantially same information) will be submitted within 15 days of the end of the project/event.

Signature and Title of Applicant Leslie C Sponsorship Coordinator **Date** 3/10/2026

For Official Use:

This funding request is: APPROVED NOT APPROVED TABLED

Amount Approved: $_____ Paid Date: _____

With the following notations:

_____

_____

_____

Action taken at Harrison County Commission meeting on: _____



Sponsorship Opportunity – Family Fun Extravaganza 2026

On behalf of Cartoon Headquarters and Community Elevation, I am writing to invite you to partner with us as a sponsor of the upcoming Family Fun Extravaganza 2026, to be held on 4/23/2026 – 4/26/2026 at Clarksburg City Park in Nutter Fort, WV.

All proceeds from the **Family Fun Extravaganza 2026** are donated to **Community Elevation**, a local non-profit organization dedicated to strengthening our youth through programs, outreach, and support services.

This annual festival brings together residents, families, and visitors for community celebration, featuring live music/food vendors/activities/artisans/etc. Last year, the event attracted approximately 10,000 attendees and continues to grow each year.

Sponsorships play a vital role in making this event possible while keeping it accessible and enjoyable for the entire community. In return for your support, sponsors receive recognition through event signage, promotional materials, social media acknowledgments, and announcements during the festival.

We would be honored to have the Harrison County Commission join us in supporting this community event where all proceeds are donated to Community Elevation. I have included a brochure showing some of the highlights of our non-profit organization.

Thank you for considering this request and for your continued support of our community. We hope to partner with you to make this year's festival a memorable success.

Sincerely,

James Vanscoy, Owner, 304-623-9184
Silas Vanscoy, Owner, 724-301-8785
Leslie Cummings, Sponsorship Coordinator, 304-841-8826

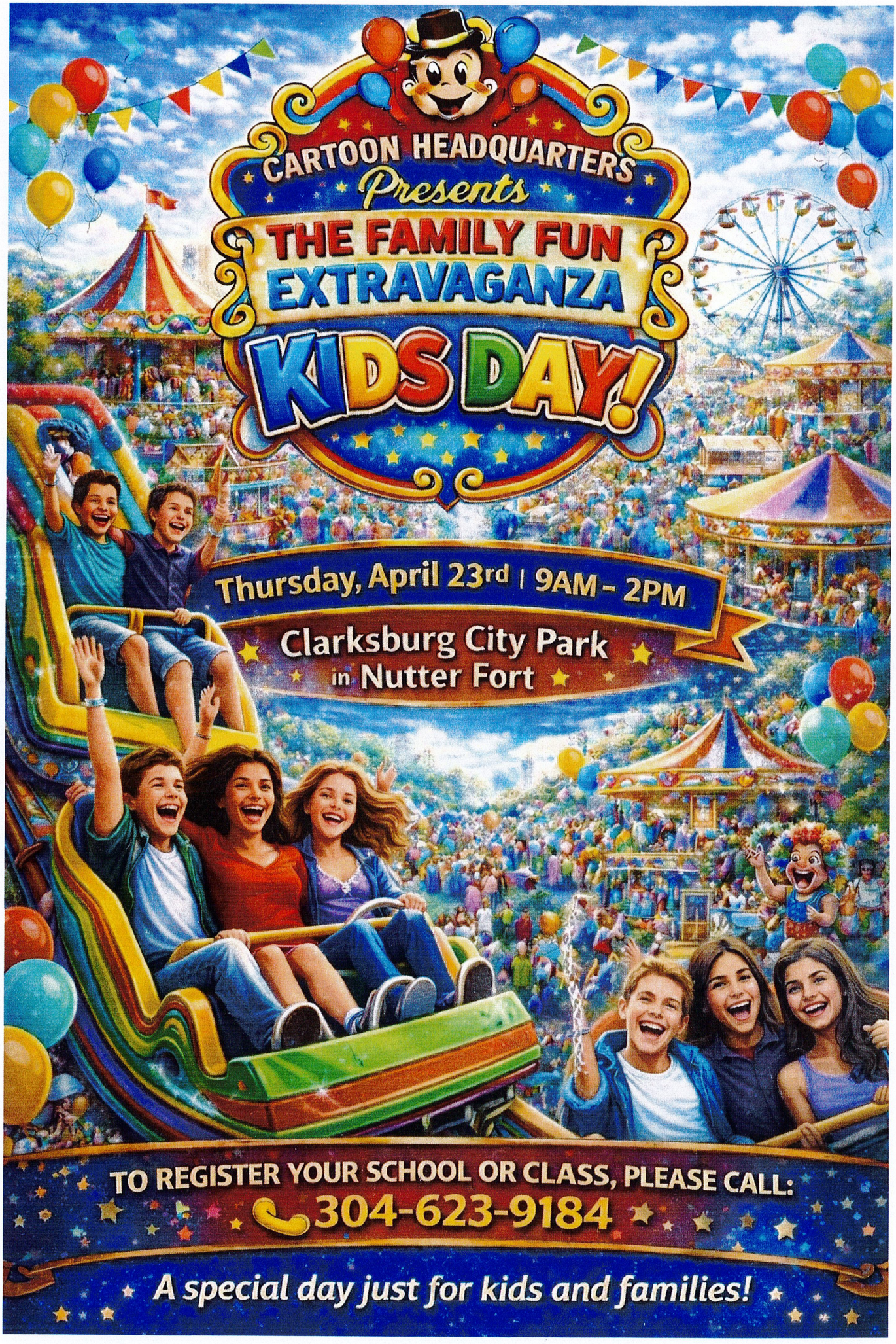
CARTOON HEADQUATERS
Presents
THE FAMILY FUN EXTRAVAGANZA
2026



Event Directors
James Vanscoy: (304) 623-9184
Silas Vanscoy: (304) 641-9458
Leslie Cummings: (304) 841-8826


NO GATE FEE
GRANDPA CRATCHET SHOW
FREE SHOWS ALL DAY!
VISIT OLDCODGER.COM
FOLLOW US ON
facebook
OLD FASHIONED FUN WITH A GOOD TALE
GRANPA SHOW TIMES
2:00
4:00
6:00
FREE SHOWS
Funny
SILLY
GRANPA'S GENERAL STORE
CARTOON HEADQUARTERS
Presents
THE FAMILY FUN


YOUTH ENTREPRENEUR MARKET
THIS YEAR AT THE
2026 FAMILY FUN EXTRAVAGANZA!
Kids Ages 7-17!
Create & Sell Your Own Products!
Parents Must Register Kids In Advance!
UNLEASH YOUR BUSINESS SKILLS!
In Partnership with
Chain Breaking Corporation
DBA Community Elevation
Youth Empowerment & Entrepreneurial Training
REGISTER WITH THE LINK BY MARCH 1ST!
REGISTER
https://form.jotform.com/260187259188064


CARTOON HEADQUARTERS
Presents
THE FAMILY FUN EXTRAVAGANZA
KIDS DAY!
Thursday, April 23rd | 9AM – 2PM
Clarksburg City Park
in Nutter Fort
TO REGISTER YOUR SCHOOL OR CLASS, PLEASE CALL:
304-623-9184
A special day just for kids and families!

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 20 2020

CHAIN BREAKING CORPORATION
715 WALLIS AVENUE
FARRELL, PA 16121-0000

Employer Identification Number:
84-4706144
DLN:
26053499001850
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(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:
January 31, 2020
Contribution Deductibility:
Yes
Addendum Applies:
No

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.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

CHAIN BREAKING CORPORATION DBA COMMUNITY ELEVATION

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

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

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) Non-Profirit 501c3

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

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

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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

8053 Kidd Ave

Requester's name and address (optional)

6 City, state, and ZIP code

Stonewood, WV 26301

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			-			-				

or

Employer identification number

8	4	-	4	7	0	6	1	4	4

Part II Certification

Under penalties of perjury, I certify that:

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

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

Verified by pdfFiller

Sign Here **Signature of U.S. person** Silas Lee-Vanscoy **Date** 03/12/2025

General Instructions

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

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION CERTIFICATE

ISSUED TO:
CHAIN BREAKING CORPORATION
DBA COMMUNITY ELEVATION CORPORATION
8053 KIDD AVE
STONEWOOD, WV 26301-0000

BUSINESS REGISTRATION ACCOUNT NUMBER: **2460-4628**

This certificate is issued on: **03/26/2024**

This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code.

The person or organization identified on this certificate is registered to conduct business in the State of West Virginia at the location above.

This certificate is not transferrable and must be displayed at the location for which issued.
This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.19
L0536978592

3-A.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
4/10/2026		- -

NAME	ADDRESS
Zach Mealey	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		L.E.	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) Effective 4/10/2026, Lt. Mealey became a K-9 handler PCO from Full Time Hourly to K-9

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [signature] Sheriff	DATE 3/5/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Reorder Form #08320 Copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam

3-B.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | | - | | - | | | |

NAME	ADDRESS
Kris Wariner	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		L.E.	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) Effective 3/10/2026

Please pay salary from line 700-103-00

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R. [illegible] E, sheriff	DATE 3/5/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form 408320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam®

3-C.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
DELBERT ARBOGAST	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE: Rhett D. Mabry II, Sheriff	DATE: 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam®

3-D.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
MICHAEL BROWN	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
□ JOB		
□ SHIFT		
□ RATE		
□ ADDRESS/PHONE		
□ BENEFIT PLAN		
□ OTHER _____		
□ OTHER _____		

THE REASON FOR THE CHANGE(S):

- □ HIRED
- □ RE-HIRED
- □ PROMOTION
- □ DEMOTION
- □ TRANSFER
- □ MERIT INCREASE
- □ WAGE SCALE CHANGE
- □ PROBATIONARY PERIOD COMPLETED
- □ LENGTH OF SERVICE INCREASE
- □ RE-EVALUATION OF EXISTING JOB
- □ RESIGNATION
- □ RETIREMENT
- □ LAYOFF
- □ DISCHARGE
- □ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [signature], Shan. KF	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamprinting.com
Amsterdam®

3-E.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
BRAD EDDY	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
[signature]	3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Reorder Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-[illegible]
Amsterdam®

3-F.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | |

NAME	ADDRESS
David Flanigan	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R. [illegible], sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 Copyright 2016 Amsterdam Printing, Amsterdam, NY 12010
Toll Free 1-866-466-1438 or online www.amsterdamprinting.com
Amsterdam

3-G.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
TROY FREEMAN	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
● DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

● OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [signature]	DATE 3/10/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamform.com
Amsterdam®

3-H.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
MARSHALL GOFF	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE John A. Mathy II, sheriff	DATE 3/3/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 Copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam

3-I.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | | - | | - | | | |

NAME	ADDRESS
DAVID GOSA	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
□ JOB		
□ SHIFT		
□ RATE		
□ ADDRESS/PHONE		
□ BENEFIT PLAN		
□ OTHER _____		
□ OTHER _____		

THE REASON FOR THE CHANGE(S):

- □ HIRED
- □ RE-HIRED
- □ PROMOTION
- □ DEMOTION
- □ TRANSFER
- □ MERIT INCREASE
- □ WAGE SCALE CHANGE
- □ PROBATIONARY PERIOD COMPLETED
- □ LENGTH OF SERVICE INCREASE
- □ RE-EVALUATION OF EXISTING JOB
- □ RESIGNATION
- □ RETIREMENT
- □ LAYOFF
- □ DISCHARGE
- □ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R. [illegible] E. Smith	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. (2010)
Toll Free 1-866-466-1438 or online
Amsterdam

3-J.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		- -

NAME	ADDRESS
KEVIN HAUGHT	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R. Mathis Sheriff	DATE 3/10/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam

3-K.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | |

NAME	ADDRESS
STEVE JUNKINS	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R. A. Smith II, sheriff	DATE 3/3/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 Copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamprinting.com
Amsterdam®

3-L.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
MICHAEL KIDDY	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [signature] II, Sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-446-1436 or online www.amsterdamforms.com
Amsterdam®

3-M.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
WALTER KNIGHT	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [signature] II, sheriff	DATE 3/17/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam

3-N.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
GREGG LEMASTERS	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
[signature] Lt. Sheriff	3/12/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam®

3-O.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		

NAME	ADDRESS
CHRIS MADIA	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
[signature]	3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam

3-P.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
JAMES MILES	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
● DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

● OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Thos B. McIntyre, Sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam®

3-Q.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | |

NAME	ADDRESS
BRANDON MOLLOHAN	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R L S. McElroy II, Sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam®

3-R.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
JAMES PANETTA	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Rho S. Mosley III, Sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Item #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam®

3-S.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | -| | -| | | |

NAME	ADDRESS
STEVE POST	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
● DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

● OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Rhonda S. Whyte, Sheriff	DATE 3/12/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamform.com
Amsterdam

3-T.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
TERRY R QUEEN	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
□ JOB		
□ SHIFT		
□ RATE		
□ ADDRESS/PHONE		
□ BENEFIT PLAN		
□ OTHER _____		
□ OTHER _____		

THE REASON FOR THE CHANGE(S):

- □ HIRED
- □ RE-HIRED
- □ PROMOTION
- □ DEMOTION
- □ TRANSFER
- □ MERIT INCREASE
- □ WAGE SCALE CHANGE
- □ PROBATIONARY PERIOD COMPLETED
- □ LENGTH OF SERVICE INCREASE
- □ RE-EVALUATION OF EXISTING JOB
- □ RESIGNATION
- □ RETIREMENT
- □ LAYOFF
- □ DISCHARGE
- □ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R L & M E. Sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam

3-U.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
CARL SWIGER	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
□ JOB		
□ SHIFT		
□ RATE		
□ ADDRESS/PHONE		
□ BENEFIT PLAN		
□ OTHER _____		
□ OTHER _____		

THE REASON FOR THE CHANGE(S):

- □ HIRED
- □ RE-HIRED
- □ PROMOTION
- □ DEMOTION
- □ TRANSFER
- □ MERIT INCREASE
- □ WAGE SCALE CHANGE
- □ PROBATIONARY PERIOD COMPLETED
- □ LENGTH OF SERVICE INCREASE
- □ RE-EVALUATION OF EXISTING JOB
- □ RESIGNATION
- □ RETIREMENT
- □ LAYOFF
- □ DISCHARGE
- □ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R L D. [illegible], Sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam

3-V.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | | - | | - | | | |

NAME	ADDRESS
LARRY THOMPSON	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R. L. B. [illegible] E, Sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam®

3-W.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
JOHN WALKER	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [signature], sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam®

3-X.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		| | |-| | |-| | | | |

NAME	ADDRESS
MARK WARE	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

■ OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R. L. D. Mathys II, Sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, N.Y. 12010
Toll Free 1-866-466-1438 or online www.amsterdamforms.com
Amsterdam®

3-Y.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
3/10/2026		

NAME	ADDRESS
DAVID WYGAL	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

All Applicable Boxes	FROM	TO
● DEPARTMENT	730	401
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

● OTHER (Explain) MOVE FROM 730 TO 401
EFFECTIVE 3/10/2026

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Richard D. Wygal II, sheriff	DATE 3/13/26
HUMAN RESOURCES MANAGER	DATE

Rev 3/16 Re-order Form #08320 ©copyright 2016 Amsterdam Printing, Amsterdam, NY 12010
Toll Free 1-866-466-1438 or online www.amsterdamprinting.com
Amsterdam®

At the regular meeting of the County Commission of Harrison County held on Wednesday, March 4, 2026, Commissioners Susan Thomas, Patsy Trecost II, and David Hinkle were present. Also present were Laura Pysz-Laulis - County Administrator, John Spires - County Clerk, and Trey Simmerman – County Attorney. Commissioner Thomas opened the meeting. Commissioner Trecost said a prayer and led those present in the Pledge of Allegiance to the flag.

DRAFT

1. Public Comment Period: Sal Bombardier - County resident, questioned the Wolf Summit Energy project. Dave Oliverio – Mayor of Lost Creek and County resident, spoke of a special meeting regarding water and sewer rate increase.

10:05 A.M. --- Hearing to Accept a Copy of a Will for Ronald Howard Rogers: Hinkle moved to accept a copy of the Will for Ronald Howard Rogers, admit to probate, and affix signatures. Commission concurred.

10:10 A.M. --- Update on Sam Pack: Trecost moved to move forward and take the issue to court for cleanup and demolition. Commission concurred.

10:15 A.M. --- Present Award for 1st Annual "I Voted" Sticker Contest Winner Harrison County: John Spires - County Clerk presented an award for the 1st Annual "I Voted" Sticker Contest Winner, Brett Webb.

10:20 A.M. --- American Red Cross Proclamation: Commissioner Thomas read the American Red Cross Proclamation

10:25 A.M. --- Special Funding Request for the American Red Cross request $5,000 to cover the cost of a blood drive: Trecost moved to allocate $5000.00 to the Red Cross. Commission concurred.

2. Consent Agenda: Trecost moved to approve the consent agenda. Commission concurred.

3. Payroll Change Notices: Trecost moved to approve payroll changes A through F. Commission concurred.
A. Daniel Gonzalez – Parks & Rec – Resignation – Effective February 24, 2026
B. Jennifer Bracken – Staging – New Hire, Part Time – Effective March 10, 2026
C. Rebecca Martin – 911- Promoted to Communication Room Manager – Effective March 10, 2026
D. Lorenda McConnell – 911 – Promoted to Captain – Effective March 10, 2026
E. Lindsay Atha – 911 – Promoted to Lieutenant – Effective March 10, 2026
F. Trevor Vance – 911 – Promoted to Sergeant – Effective March 10, 2026

4. Minutes and/ or Amended Minutes of Previous Meetings: Trecost moved to approve the Meeting minutes A through F. Commission concurred.
A. Regular Meeting Minutes for February 4, 2026
B. Board of Equalization & Review Meeting Minutes for February 4, 2026
C. Board of Equalization & Review Meeting Minutes for February 9, 2026
D. Board of Equalization & Review Meeting Minutes for February 12, 2026
E. Board of Equalization & Review Meeting Minutes for February 18, 2026
F. Regular Commission Meeting Minutes for February 18, 2026

5. Requisitions --- Purchase Orders --- Invoices: Hinkle asked about the repair of an x-ray machine. Trecost moved to approve A through C. Thomas and Hinkle voted against. Trecost voted for. Motion failed.
A. ARPA – Greater Harrison PSD - $258,920.88
B. Quotes
C. Vendor List of Payments

6. Exonerations --- Corrective Tickets --- Joint Property Applications: (NONE)

7. Review—Discuss—Consider Consideration of Approval of a Project Fund Requisition for the payment of cost associated with the project to be financed from proceeds of the & Series 2008 A (Charles Pointe Project No. 2- North Land Bay Improvements): Trecost moved to approve 7A. Commission concurred.
A. $118.00

10:30 A.M. --- Special Funding Request from Take me Home Transportation requesting $2,500 to help cover Insurance cost for their organization that provides rides home to individuals leaving alcohol serving establishments: Kylie Wagner gave overview of the organization and services. Trecost recused himself because he is a board member. Hinkle moved to table the funding request and revisit at a later date. Thomas and Hinkle voted for. Motion carried.

8. Review—Discuss—Consider Consideration of Approval of a Project Fund Requisition for the payment of cost associated with the project to be financed from proceeds of the Series 2019 A&B Bonds issued for the Charles Pointe Economic Opportunity Development District: Trecost moved to approve the allocation of $7591.25. Commission concurred.
A. $7,591.25

9. Review—Discuss—Consider Consideration of Approval of a Project Fund Requisition for the payment of cost associated with the project to be financed from proceeds of the Series 2021 A & B (Development District No. 3 White Oaks Project No. 2). (NONE)

10. Review—Discuss—Consider Orders and Election Orders as Presented by the Clerk
A. Election Officials and Alternates appointed by the Republican and Democrat Executive Committees: Trecost moved to approve item A. Commission concurred.

11. Review—Discuss—Consider Budget Revisions for the following: Laura Pysz-Laulis gave an overview of the budget revisions. Trecost moved to approve. Commission concurred.
A. General County

DRAFT

B. Vital Services

12. Review—Discuss—Consider Rail Trail Update (Potential Executive Session pursuant to 6-9A4(B)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision): NONE

13. Review—Discuss—Consider Developments and discussions on Rt. 19 property (potential executive session to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision): Hinkle moved to enter Executive Session. Commission concurred. Hinkle move to enter Regular Session. Commission concurred. No Action taken.

14. Review—Discuss—Consider Awarding bid for Demolition of 11 Structures: Laura Pysz-Laulis explained the bids. Trecost moved to proceed with bid for $98,645.00. Commission concurred.

15. Review—Discuss—Consider Awarding bid for Land for New Animal Control Facility (potential executive session to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision): Laura Pysz-Laulis explained the property bids received. Hinkle moved to table item 15. Commission concurred.

16. Review—Discuss—Consider Directing McKinley to Update the Animal Control Facility design to refit the design for the new location: Hinkle directs McKinley to come up with a plan to put animal control at the Ellis property and provide a timeline. Commission concurred.

17. Review—Discuss—Consider Putting out a RFP for the Roof Replacement at 609 West Main Street: Hinkle moved to have staff put out RFP for the roof replacement. Commission concurred.

18. Review—Discuss—Consider Bringing in an AS400 expert/consultant to train staff and demonstrate software abilities not currently being utilized: Hinkle moved to table item 18. Commission concurred.

19. Review—Discuss—Consider Clarksburg History Museum's Request to submit an application to the West Virginia Department of Tourism for West Virginia America250 Mural Project: Marsha Viglianco spoke about the West Virginia America250 Mural Project. Commission is a pass through for funds. Laura Pysz-Laulis recommends the submission. Trecost moved to approve. Commission concurred.

20. Review—Discuss—Consider Supporting West Milford's Float the Fork event that will take place on May 30, 2026: Hinkle moved to table item 20. Thomas and Hinkle voted for. Trecost voted against. Motion carried

Commissioner Hinkle left the meeting.

DRAFT

21. Review—Discuss—Consider Resolution Authorizing the Filling of the Application of the Antero Foundation Grant through Antero Resources Corporation for Harrison County Parks & Recreation Summer Camp Funding: Trecost moved to authorize the filing of the application and affix signatures.

22. Review—Discuss—Consider Resolutions Authorizing the Filling of Applications for the U.S. Representative Riley Moore FY 2027 Community Project Funding for the following: Trecost moved to approve A through C and affix a proper signatures. Commission concurred.
A. Emergency Back Up Generators and Climate Control for SIRN Tower Sites
B. Countywide SIRN Radios
C. Drones for Law Enforcement

23. Administrator's Report: Laura Pysz-Laulis said she is starting the budget process.

24. Commissioner Comments – Questions: NONE

Trecost moved to adjourn. Commission concurred.

With no further business to come before the Commission, meeting adjourned.

_____ _____

Susan Thomas, President Date

DRAFT

At the special meeting of the County Commission of Harrison County held on Wednesday February 25, 2026, Commissioners David Hinkle and Patsy Trecost II were present. Commissioner Thomas was present via ZOOM. Also present were John Spires, County Clerk and Laura Pysz-Laulis, County Administrator, Bill Hoover , PSD representative, and Zach Dobbins. Commissioner Hinkle opened the meeting and Commissioner Trecost led those present in the Pledge of Allegiance to the flag.

1. **Public Comment Period**: NONE
2. **Review—Discuss—Consider** Greater Harrison Public Service District Rate Increase:
   Water Increase: There was discussion of a 7.2% rate increase on water that would take effect forty five days after the County Commission's decision. Commissioner Thomas asked about out of County rate payers. Commissioner Hinkle asked about debt service payments and past rate equipment.
   Sewer Increase: Commissioner Thomas asked about the sewer rate. She was advised that it is $2.76 per customer. Commissioner Hinkle asked about the minimum sewer charge per customer.

Trecost moved to adjourn. Commission concurred.

With no further business to come before the Commission, meeting adjourned.

DRAFT

_____ _____

Susan Thomas, President Date

5-A.

Date of Meeting	3/18/2026	QUOTES		
Department	**Vendor**	**Description**	**Price**	**Line Item #**
Commission	Micrologic	Quote to repair Gate on Employee Parking Lot	$1,812.43	001-424-216-00
Commission	Ventrac	Quote to fix Ventrac Mower - Single Source	$5,385.00	027-900-216-00
IT	Advantage Technology	(6) Outdoor Bullet Camera/10 year Camera License	$14,578.68	
IT	Advantage Technology	(5) Outdoor Bullet Camera/ (1) Indoor Camera/ (6) 10 year Camera License	$14,348.80	
Law Enforcement	Dell MidWestern Higher Education	(15) Dell Pro Rugged 14RB14250 Laptops	$29,962.35	
Process	CDWG	(1) Canon ImageClass MF665CDW Printer	$486.05	

COMMISSIONER'S SIGNATURE

COMMISSIONER'S SIGNATURE

COMMISSIONER'S SIGNATURE

5-B.

Date of Meeting		3/18/2026	Invoices							
Line Item #	Department Name	Vendor Name	Description Note	General County Fund 001	E-911 007	Vital Services Levy 027	Community Corrections	Community Improvement Fund 026	ARPA	
027-711-213-00	911 Center	City of Bridgeport	735 Genesis Blvd Water bill			$291.34				
245-712-213-00	911 Center	MonPower	Grafton Tower Utility bill							$448.14
007-712-213-00	911 Center	Hope Gas	911 Center Utility bill			$890.91				
007-712-211-00	911 Center	Frontier	Phone Bill - Taylor County			$822.72				
027-711-213-00	911 Center	Harrison Rural Electric	Power for Lost Creek Tower			$632.31				
027-711-213-00	911 Center	Harrison Rural Electric	Power for 911 Center			$3,042.32				
027-711-223-00	911 Center	UniFirst Corp	Carpet Runner Service for JSJOC Charles Pointe			$62.25				
027-711-222-00	911 Center	Central Square Technologies	Annual Subscription fee for WEAPON/NCIC interface and APCO IntelliCom interface to work with CAD PS Pro			$1,327.29				
027-711-221-00	911 Center	Mountain State Educational Services Cooperative	(3) CPR Certifications: A. Kolb, H. Bramer, C. Measell			$90.00				

027-711-223-00	**911 Center**	Language Line Services	Subscription for 24/7 phone assistance for interpreter service to assist with non-english speaking 911 callers			$9.75				
027-711-216-00	**911 Center**	Magna5 MS LLC	Yearly Watchguard support renewal to maintain network security			$4,196.31				
027-711-223-00	**911 Center**	Waste Mangement	Trash Disposal Service for JSJOC Charles Pointe			$197.59				
027-711-211-00	**911 Center**	Frontier	Internet service for JSJOC Charles Pointe			$220.50				
027-711-221-00	**911 Center**	APCO International	(1) APCO PST 1 Recertification Fee (Jake Hyre)			$35.00				
027-711-222-00	**911 Center**	WestFax, Inc.	Monthly Subscription fee to Enterprise Cloud fax service			$109.85				
027-711-221-00	**911 Center**	APCO International	(1) PST 1 Recertification Fee			$35.00				
027-711-211-00	**911 Center**	Frontier	Taylor County Phone Exchange that rings direct to JSJOC Charles Pointe, Phone Service including voice and data circuits for JSJOC Charles Pointe			$4,600.93				

027-711-223-00	**911 Center**	The Water Shop	Bottled Water Delivery for JSJOC Charles Pointe			$30.00				
027-711-216-00	**911 Center**	State Electric Supply Co	Two Cans of dust away spray cleaner formulated for electronic components			$47.56				
027-711-221-00	**911 Center**	APCO International	Public Safety Telecommunicator Recertification and Reinstatement (T. Martin)			$110.00				
027-715-216-00	**Ambulance Authority**	Stratodyne, Inc	Repairs to Oxygen Machines			$16,028.64				
027-716-213-00	**Animal Control**	City of Shinnston	Water bill			$52.12				
027-716-341-00	**Animal Control**	Midwest Veterinary Supply, Inc.	Restock of Rescue Cleaner for Animal Control			$1,949.33				
027-716-341-00	**Animal Control**	Tractor Supply	Pet food restock			$776.69				
027-716-345-00	**Animal Control**	US Bank - Amazon	New Uniform pants for Cantarelli			$189.95				
027-716-223-00	**Animal Control**	Clarksburg Veterinary Clinic	Veterinary care for cruelty case findings			$969.66				
027-716-213-00	**Animal Control**	Enterprise Sanitation Inc.	Trash Bill for Animal Control: Feb 2026			$187.85				
027-716-341-00	**Animal Control**	The Water Shop	Water Restock			$43.22				
027-716-345-00	**Animal Control**	US Bank - Amazon	Lacey Uniform Pants			$144.26				

001-403-221-00	**Circuit Clerk**	First Guaranty Bank	Credit Statement-Travel Reimbursement	$1,077.84						
001-403-341-00	**Circuit Clerk**	James & Law Company	Notary Stamp for Lori Thomas	$28.95						
001-403-221-00	**Circuit Clerk**	WV Association of Counties	Registration for L. Thomas & M. Rowan for WVAoC	$500.00						
001-424-213-00	**Commission**	Hope Gas	Utility Bill for 609 W. Main St.	$396.02						
001-424-213-00	**Commission**	Hope Gas	Utility Bill for 301 W. Main St.	$867.74						
001-424-213-00	**Commission**	Hope Gas	Utility Bill for Courthouse Annex	$9,965.68						
001-424-213-00	**Commission**	Hope Gas	Utility Bill for 633 W. Pike Street	$441.43						
001-424-213-00	**Commission**	Hope Gas	Utility Bill for 229 South 3rd St.	$1,613.88						
001-401-223-00	**Commission**	Glen Elk Iron	Employee Gym Memberships	$288.00						
001-424-341-00	**Commission**	Radiation Detection Co	OSL XG Badge for Security	$178.50						
001-401-218-00	**Commission**	Pitney Bowes, Inc.	Postage	$12,096.70						
001-424-216-00	**Commission**	Alpha Energy Solutions	Unit Inspection and Maintenance for Jail Annex	$870.00						
001-424-216-00	**Commission**	Alpha Energy Solutions	Unit Inspection and Maintenance for Gas Valves for Jail Annex	$2,083.96						
001-424-213-00	**Commission**	Clarksburg Water Board	Bill for 306 Washington Ave.	$327.03						

001-424-213-00	**Commission**	Clarksburg Water Board	Bill for 306 Washington Ave.	$378.87						
001-424-213-00	**Commission**	Clarksburg Water Board	Bill for General Service Building	$313.57						
001-424-213-00	**Commission**	Clarksburg Water Board	Bill for Extension office	$127.93						
001-424-213-00	**Commission**	Clarksburg Water Board	Bill for Courthouse	$585.34						
001-424-213-00	**Commission**	Clarksburg Water Board	Bill for Sheriff's office	$90.40						
001-424-213-00	**Commission**	MonPower	Bill for County Parking Lot	$11.69						
001-424-213-00	**Commission**	MonPower	Bill for 609 W. Main Street	$1,090.16						
027-900-213-00	**Commission**	MonPower	Bill for Quiet Dell School Barracks	$24.66						
027-900-213-00	**Commission**	MonPower	Bill for Quiet Dell School	$94.07						
001-424-213-00	**Commission**	MonPower	Bill for 633 W. Pike St.	$634.48						
001-424-341-00	**Commission**	Frontier	Bill for Courthouse	$434.51						
001-424-213-00	**Commission**	Waste Management of WV, Inc	Bill for Courthouse	$3,230.88						
001-424-213-00	**Commission**	Waste Management of WV, Inc	Bill for 609 W. Main Street	$291.71						
001-424-341-00	**Commission**	The Water Shop	Water for HR Dept	$24.00						
001-424-341-00	**Commission**	The Water Shop	Water for Planning Dept	$12.00						
001-424-341-00	**Commission**	The Water Shop	Water for Commission	$6.00						
001-401-218-00	**Commission**	Pitney Bowes Bank Inc.	Postage Supplies	$11.99						
001-424-230-00	**Commission**	UniFirst	Weekly rug cleaning	$177.34						

001-424-219-00	**Commission**	Visual Edge IT	Copier Rental for Prosecuting Atty office	$411.30						
001-424-219-00	**Commission**	Visual Edge IT	Copier Rental for Sheriff's office	$189.95						
001-424-341-00	**Commission**	US Bank - Amazon	White Board for Grant Writer, Russ McKeen	$129.99						
001-717-343-00	**Commission**	Fleetcor dba Fuelman	Gas Purchases 2/1/2026-2/28/2026	$15,418.94						
001-401-222-00	**Commission**	The Exponent Telegram	Legal Ad: RFP for Animal Control Truck	$25.26						
001-401-222-00	**Commission**	The Exponent Telegram	Legal Ad: Land for new Animal Control Facility	$21.73						
001-424-230-00	**Commission**	Software Systems, Inc	Level 2, Level 3 Maintenance Charge	$2,014.20						
001-401-223-00	**Commission**	The Arc of Harrison County	Billing for the month of February, 2026 forr Darius Jackson, 54 hours	$594.00						
001-424-215-00	**Commission**	American Garage Door	Garage Door Repair Public Safety Building	$238.00						
001-424-216-00	**Commission**	Alpha Energy Solutions	Service Call Jail Annex	$1,338.97						
001-424-211-00	**Commission**	Citynet	Phone / Internet Service for the Courthouse	$11,810.44						
001-424-211-00	**Commission**	Frontier	Courthouse Fiber Internet bill	$362.32						
001-424-213-00	**Commission**	Mon Power	Public Safety Building Electric Utility Bill	$974.84						

001-424-213-00	**Commission**	US Bank - Amazon	Quiet Dell School Water Utility Bill	$48.71						
001-401-226-00	**Commission**	WVCORP	Workers Compensation	$27,081.75						
001-424-216-00	**Commission**	Alpha Energy Solutions	Service Call Jail Annex	$1,261.77						
001-424-230-00	**Commission**	TK Elevator Corp	Service Date: 03/01/26 - 05/31/26 - (2) Gold Full Manitenance Elevator Overtime	$4,773.14						
001-424-341-00	**Commission**	Hart Office Solutions	Black Toner for the Circuit Clerks Office	$352.22						
001-424-219-00	**Commission**	Queen City Business Systems	Overage Charges for Canon Copiers	$190.00						
001-424-230-00	**Commission**	A-1 Exterminating	General Pest Control Services for the Senior Center	$90.00						
001-424-230-00	**Commission**	A-1 Exterminating	General Pest Control Services for the Sheriff's Office	$90.00						
001-424-230-00	**Commission**	A-1 Exterminating	General Pest Control Services for the GSA Building	$210.00						
001-424-230-00	**Commission**	A-1 Exterminating	General Pest Control Services for the Old DHHR Building	$173.25						
001-424-219-00	**Commission**	Hart Office Solutions	Copier Rental for Vital Statistics	$133.66						

001-424-341-00	**Commission**	Art By Crim	Painting of Door in Courthouse - Judge Andrew McMunn	$500.00						
001-424-341-00	**Commission**	Dell Marketing	(1) Dell Shipping Return Charge	$27.32						
001-401-458-11	**Commission**	McKinley Architecture & Engineering	Repair lift in Community Corrections entrance/lobby. Did not pass inspection. Required repair.	$1,042.50						
001-424-459-01	**Commission**	McKinley Architecture & Engineering	Elevator Installation at the Courthouse	$2,438.75						
001-424-223-00	**Commission**	McKinley Architecture & Engineering	Services Jan 25 - Feb 21, 2026 Courthouse Site Visits	$2,439.55						
001-424-219-00	**Commission**	United Rentals	Multiple Invoices - Articulating Boom Rentals	$2,656.68						
027-711-567-07	**Commission**	Wallace Fire Department	Wallace Fire Dept reimbursement for multiple invoices			$30,000.00				
001-401-223-00	**Commission**	WV Fitness	Multiple Invoices - January & February, 2026 Gym Memberships	$448.00						

001-401-223-00	**Commission**	Steptoe & Johnson	Charles Pointe Bond Restructure Proceedings (Services through 03/03/26)	$6,568.75						
001-424-341-00	**Commission**	VEIT, LLC	Black Toner for Assessor	$461.98						
026-401-568-00	**Commission**	American Red Cross	Special Funding Request for the Red Cross					$5,000.00		
072-731-341-00	**Community Corrections**	Redwood Toxicology Lab	Feb 23, 2026 Urine analysis				$923.84			
072-731-341-00	**Community Corrections**	Aqua Filter Fresh, Inc	Water for Community Corrections				$81.30			
072-731-222-00	**Community Corrections**	BestNotes, Inc	Monthly Fees - Feb, 2026				$629.30			
072-731-221-00	**Community Corrections**	Solid Ground Therapy Services	Clinical Supervision - Feb 2026				$150.00			
072-731-341-00	**Community Corrections**	Central WV Transit Authority	Bus Passes - Christina Murphy				$800.00			
072-731-235-00	**Community Corrections**	DMV Safety & Treatment Services	Safety & Treatment Classes				$875.00			
072-731-230-00	**Community Corrections**	Andrew Pikney, AADC	Level 2 Class Faciliation				$750.00			
072-731-341-00	**Community Corrections**	MPB Superstore	Business Cards - Melissa Owens				$280.00			
072-731-341-00	**Community Corrections**	ULINE	Chair Mat plus Shipping				$238.88			

072-731-223-00	**Community Corrections**	Alcohol Monitoring Systems Inc	CAM Daily Monitoring Fees, Remote Breath Monitoring Fee, Remote Breath Monthly Rental Fee - February, 2026				$2,497.83			
072-731-various	**Community Corrections**	Corporate Payment Systems	Credit Card Charges for Community Corrections - Amazon, FedEx, Lowes, Sherwin Williams, Pittsburg Water Cooler				$441.41			
001-402-221-00	**County Clerk**	WV Assoc. of Counties	2026 Conference of Counties Registrants	$250.00						
001-402-341-00	**County Clerk**	The Water shop	Water for Couty Clerk	$54.00						
001-401-220-00	**County Clerk**	The Exponent Telegram	Legal Ad	$196.83						
001-413-341-00	**County Clerk**	US Bank - Amazon	File Folder	$15.31						
001-717-217-00	**County Garage**	Jack's Muffler	Plate#504528 / Parts-Mufflers	$260.00						
001-717-217-00	**County Garage**	Dan Cava's Toyota World	U/C Toyota Van parts / Mirror Assy, Cover Outer Mirror	$224.67						
001-717-217-00	**County Garage**	Chenoweth Ford	Stock Parts - Brake Lining, Brake Rotor	$967.74						
001-717-217-00	**County Garage**	Chenoweth Ford	Plate#5082389 Plate#504662 / Cover *SPORD	$76.05						
001-717-217-00	**County Garage**	Chenoweth Ford	Plate#5082434 Plate#504662 / Glass Asy - Rear *SPORD	$124.03						

001-717-217-00	**County Garage**	Chenoweth Ford	Parts for Shop Supply : Bolts, Pin, Screw, Spring Expansion	$88.96						
001-717-217-00	**County Garage**	Chenoweth Ford	Parts for Plate #503756	$75.82						
001-717-217-00	**County Garage**	Chenoweth Ford	Stock Parts - Oil Filters	$96.72						
001-717-217-00	**County Garage**	Fisher Auto Parts, Inc	U/C Toyota Van - Baldwin Filters, Mobil Oil	$86.66						
001-717-217-00	**County Garage**	Fisher Auto Parts, Inc	Plate#504528 - Silent Stop Caliper / Rotor	$291.30						
001-717-217-00	**County Garage**	Fisher Auto Parts, Inc	Plate#504528 - Dorm Hydraulics / Silent Stop CHM	$87.08						
001-717-217-00	**County Garage**	Fisher Auto Parts, Inc	Parts for Shop Supply : Battery, Core, Misc.	$228.90						
001-717-217-00	**County Garage**	Harry Green 7 Acres	Maintenance for Plate #503756	$135.95						
001-717-217-00	**County Garage**	Chrysler Dodge Jeep	u/c Dodge Truck	$67.50						
001-717-343-00	**County Garage**	Wholesale Tire, Inc.	Tires for Chevy Colorado for Planning	$498.28						
001-717-343-00	**County Garage**	Wholesale Tire, Inc.	Tires for u/c Jeep, u/c Dodge Truck	$2,457.28						
001-717-217-00	**County Garage**	Chenoweth Ford	Multiple Invoices - Ignition Boot, Timing Tensioner, Engine Bracket, Module, Terminal Kit	$1,294.54						
001-717-341-00	**County Garage**	Fisher Auto Parts, Inc	Supplies - (2) Shellzone Dex-cool Antifreeze	$37.50						

001-717-217-00	**County Garage**	Fisher Auto Parts, Inc	Parts - Multiple Invoices - Engine Oil, Engine Air Filter, Premium Automotive Battery, Engine Valve Gasket Cover Set, Ties, Windshield Washer Pump	$803.39						
001-717-217-00	**County Garage**	Black Bear Chrysler Jeep	Parts - U/C Jeep White - (1) Switch	$94.50						
026-713-567-08	**Fire Department**	Reynoldsville Volunteer Fire Dept	Engine Payment Reimbursement					$6,703.14		
008-705-211-00	**Home Incarceration**	US Cellular	Cellular service through Feb 2026							$754.68
008-705-341-00	**Home Incarceration**	Buddi US LLC	Smart Tags - Feb 2026							$3,777.20
008-705-219-00	**Home Incarceration**	Cannon Financial Services, Inc	Copier Fees - Feb 2026							$120.99
001-424-230-00	**I.T.**	Advantage Technology, LLC	Office 365 Agreement	$4,430.00						
001-424-459-00	**I.T.**	State Electric Supply Co.	Door Controller for Courthouse	$875.72						
001-700-211-00	**Law Enforcement**	Optium	Internet service	$156.02						
001-700-345-00	**Law Enforcement**	Benny's Boot Hill	Safety Toe Shoe for Parker & Hayhurst	$224.87						
001-700-225-00	**Law Enforcement**	Skasiks Cleaners	Dry Cleaning	$419.89						
001-700-214-00	**Law Enforcement**	Zach Mealey	Training Reimbursement	$920.00						
001-700-223-00	**Law Enforcement**	TLG Printing	Business cards for Sheriff's office	$330.00						

001-700-221-00	**Law Enforcement**	First Guaranty Bank	Online Classes: Robey	$871.98						
001-700-223-00	**Law Enforcement**	First Guaranty Bank	Credit charges	$1,908.16						
001-700-222-00	**Law Enforcement**	First Guaranty Bank	Credit charges	$376.48						
001-700-216-00	**Law Enforcement**	Fubar	Repairs on SO4587	$833.31						
200-735-341-00	**Law Enforcement**	Champion Industries	Magnets							$266.50
023-725-341-00	**Law Enforcement**	Creative Product Sourcing Inc	DARE Supplies							$277.72
001-416-341-00	**Magistrate**	The Water Shop	Water for McMunn Jury Room	$33.00						
001-416-341-00	**Magistrate**	The Water Shop	Water for Bedell Jury Room	$51.00						
001-416-341-00	**Magistrate**	The Water Shop	Water for McCarthy Jury Room	$27.00						
001-416-341-00	**Magistrate**	The Water Shop	Water for Magistrate Clerks office	$27.00						
001-416-341-00	**Magistrate**	The Water Shop	Water for Family Court	$27.00						
001-416-341-00	**Magistrate**	The Water Shop	Water for Mike Weiss office	$21.00						
005-415-211-00	**Magistrate**	Kim Wygal	Phone bill							$154.92
005-415-211-00	**Magistrate**	Michael Weiss	Phone bill							$154.92
005-415-211-00	**Magistrate**	Kevin Renzelli	Phone bill							$154.92
005-415-211-00	**Magistrate**	Warren Davis	Phone bill							$154.92
005-415-211-00	**Magistrate**	Frank Demarco	Phone bill							$154.92
001-424-458-01	**Maintenance**	Robertson Heating Supply	Supplies for rail trail / culvert collapsed	$1,234.86						
001-424-458-01	**Maintenance**	Robertson Heating Supply	Dual Wall Culvert Pipe	$617.43						

001-424-458-01	**Maintenance**	Sandy's True Value Hardware	Replacement boards for rail trail bridges	$726.70						
001-424-458-01	**Maintenance**	Sandy's True Value Hardware	Replacement boards for rail trail bridges	$521.10						
001-424-458-01	**Maintenance**	Sandy's True Value Hardware	Replacement boards for rail trail bridges	$419.80						
001-424-341-00	**Maintenance**	Sandy's True Value Hardware	Siding & Facing Repair for Sheriff Bldg	$39.53						
001-424-341-00	**Maintenance**	Lowes	Supplies: Purified Water	$73.93						
001-424-341-00	**Maintenance**	Shinnston Ace Hardware	Supplies - Trimmer Service Kit, (24 bulk pack) Autocut 27-2 Head	$119.98						
001-424-341-00	**Maintenance**	Liberty Distributors	Supplies - (20) NABC Restroom Cleaner, (26) Wypall Wipers, (20) Scott Standard Toilet Tissue, (15) Clorox Disinfecting Wipes, (15) Lysol Disinfecting Wipes	$3,991.82						
027-900-213-00	**Parks & Rec.**	Clarksburg Water Board	Water for HC Parks & Rec Center			$193.52				
027-900-213-00	**Parks & Rec.**	MonPower	Utility bill for HC Parks & Rec Center			$92.08				
027-900-213-00	**Parks & Rec.**	Enterprise Sanitation Inc.	Trash Bill for Parks & Rec - Feb 2026			$463.87				

027-900-341-00	**Parks & Rec.**	State Electric Supply Co	Supplies - Outlets installed at the Wallace Park			$161.98				
027-900-211-00	**Parks & Rec.**	Charter Communications	Internet for Parks			$215.29				
027-900-213-00	**Parks & Rec.**	Clarksburg Water Board	Water Bill for Wallace Park			$44.15				
027-900-215-00	**Parks & Rec.**	Duncan Contracting LLC	Labor and Parts for relocating the garage switch to entry way door			$900.00				
027-900-219-00	**Parks & Rec.**	First Citizens Bank & Trust Co	Monthly Copier Rental			$172.00				
027-900-215-00	**Parks & Rec.**	Grainger	Hydrant parts repair kit for line break at HCPR location			$118.61				
027-900-219-00	**Parks & Rec.**	McCarty's	Monthly rent for Porta John at Recreation Drive			$125.00				
027-900-215-00	**Parks & Rec.**	Robertson Heating	Culvert Bell End Pipe - Fix Drainage at Parks & Rec			$507.96				
027-900-215-00	**Parks & Rec.**	Shinnston Ace Hardware	Saw and Blades sets, Fuel for HCPR			$853.93				
027-900-215-00	**Parks & Rec.**	Sunset Outdoor Supply	Parts, repair and labor for the Ventrac HCPR			$411.65				
027-900-230-00	**Parks & Rec.**	UniFirst Corp	Weekly Rug and Maintenance Supplies			$37.23				
027-900-230-00	**Parks & Rec.**	UniFirst Corp	Weekly rugs and maintenance supplies			$41.85				

027-900-341-00	**Parks & Rec.**	US Bank	Amazon - 4 sets of castor wheels to repair all table/chair trucks			$122.72				
027-900-341-00	**Parks & Rec.**	US Bank	High Concentration vinegar weed killer 10 gallons			$252.00				
027-900-341-00	**Parks & Rec.**	US Bank	Amazon - American & POW flag			$74.03				
027-900-341-00	**Parks & Rec.**	US Bank	Amazon - 57 piece kids party favor toys - Easter Event / Spring Fling			$127.26				
027-900-341-00	**Parks & Rec.**	US Bank	Amazon - 2 boxes of popcorn boxes and popcorn packs for upcoming events			$177.96				
027-900-341-00	**Parks & Rec.**	US Bank	Amazon - Supplies			$604.74				
027-900-341-00	**Parks & Rec.**	US Bank	Amazon - 2000 piece easter eggs for upcoming event			$132.99				
027-900-341-00	**Parks & Rec.**	US Bank	Amazon - 130 pk egg cartons for upcoming easter event			$59.99				
027-900-341-00	**Parks & Rec.**	US Bank	Amazon - Bulk Large Egg Cartons for upcoming event			$119.90				
027-900-219-00	**Parks & Rec.**	VEIT LLC (Visual Edge)	Monthly Copy Charges			$92.36				

027-900-341-00	**Parks & Rec.**	US Bank	Amazon - Ball Pit balls for upcoming events			$189.99				
027-900-223-00	**Parks & Rec.**	McKinley Architecture & Engineering	Dec 21 - Jan 24, 2026 Discussions on next steps/ reduce cost for lighting project at Summit Park Fields. TEAMS meeting with McKinley Architect and project manager			$1,667.62				
027-900-213-00	**Parks & Rec.**	Mon Power	Summit Park Field Electric Utility Bill			$11.42				
001-439-221-00	**Planning**	Andy Grogg	International Code Council Residential Plumbing Test - Passed	$255.00						
001-439-222-00	**Planning**	First Guaranty Bank	International Code Council Member Subscription for Robert Leonard	$310.00						
001-701-341-00	**Process**	The Water Shop	Water for Process Department	$24.00						
001-701-219-00	**Process**	US Cellular	Cellular Bill	$201.12						
001-401-222-00	**Prosecutor's Office**	Thomson Reuters	Online Software Subscription	$610.26						
001-704-344-01	**Prosecutor's Office**	First Guaranty Bank	Credit Card for Diaz, Claypool	$391.71						
001-424-341-00	**Prosecutor's Office**	VISA	Staples Black Toner	$664.95						

001-405-222-00	**Prosecutor's Office**	Matthew Bender & Co., Inc	(2) WV Criminal Procedures Handbook Updates Rel#19	$1,027.36						
001-405-223-00	**Prosecutor's Office**	Megan N. Joseph, CCR	In Re: State v. Tammy Haddix, Case No. 25-F-176-2, Transcript - September 2025 Grand Jury Proceedings	$106.70						
Various	**Prosecutor's Office**	Visa	Prosecuting Attorneys Credit Card Charges - Zoom, Amazon, Staples, Jersey Mikes, Chick Fil A	$2,106.93						
001-704-344-00	**Regional Jail**	WV Regional Jail	Inmate Housing for February 2026	$168,914.02						
027-730-225-00	**Security**	Skasiks Cleaners	Dry Cleaning for Security			$65.25				
027-952-215-00	**Senior Center**	Alpha Energy Solutions	Service Call: Completed install of Glycol to System			$1,457.99				
001-Various	**Sheriff & Treasurer**	Visa (First Guaranty Bank)	Sheriff's Credit Card Charges -	$144.61						
001-404-341-00	**Sheriff & Treasurer**	ULINE	Tables, Chairs, Shipping	$2,580.52						
	Sheriff & Treasurer	Sheriff & Treasurer	Keavney Estate (Appointed By Commission) No Money To Fund Expenses - Mortgage Payment due is $1020.26	$1,020.26						

001-703-341-00	**Staging**	The Water Shop	Water for Staging	$48.00						
				$328,989.33	**$0.00**	**$76,588.69**	**$7,667.56**	**$11,703.14**	**$0.00**	**$6,419.83**
						Grand Total:	**$431,368.55**			

Commissioner's Signature

3/18/2026

Date of Meeting

Sent to Bookkeeping to be paid early

Commissioner's Signature

Commissioner's Signature

6.

EX-PP41

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **PAUGH JEFFREY D** whose address is, 5308 W VETERANS MEMORIAL HWY BRIDGEPORT, WV 26330-7924, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **1110.00** on **2006 FORD ESCAPE UTILITY**, Class **3** in **SIMPSON-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **705.00**, Class **3** in and for the year **2024**, resulting in a difference in assessed value of **405.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2024**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Please remove the 2006 FORD ESCAPE UTILITY from the vehicle description. Please add the 2002 HYUNDAI ELANTRA to the vehicle description.

District: **15 - SIMPSON-OUTSIDE** Amount Exonerated: **$9.29**
Account No. **3054215**
Ticket No. **420289**
Tax Year **2024**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-RE23

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Real Estate

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of DPALMER for **BLANIAR JEFFREY S** whose address is, 152 HIGH ST ENTERPRISE, WV 26568-7247, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **59,820** on **1 LOT (.30 AC) CC REALTY CO ADD ENTERPRISE**, Class **2** in **CLAY-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **57,180**, Class **2** in and for the year **2025**, resulting in a difference in assessed value of **2,640**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Exonerate a value of 2,640 at a class 2 rate of levy to correct the overcharge.

District: **05 - CLAY-OUTSIDE**
Account No. **06965085**
Ticket No. **13076**
Tax Year **2025**
Parcel ID: **05 906000600010000**

Amount Exonerated: **$30.76**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-RE24

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Real Estate

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of DPALMER for **BLANIAR JEFFREY S** whose address is, 152 HIGH ST ENTERPRISE, WV 26568-7247, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **56,400** on **1 LOT (.30 AC) CC REALTY CO ADD ENTERPRISE**, Class **2** in **CLAY-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **54,600**, Class **2** in and for the year **2024**, resulting in a difference in assessed value of **1,800**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2024**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Exonerate a value of 1,800 at a class 2 rate of levy to correct the overcharge.

District: **05 - CLAY-OUTSIDE**
Account No. **06965085**
Ticket No. **12973**
Tax Year **2024**
Parcel ID: **05 906000600010000**

Amount Exonerated: **$20.65**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-RE26

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Real Estate

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of DPALMER for **ALFARO ALFREDO A** whose address is, 1114 PHILIPPI PIKE STONEWOOD, WV 26301-3323, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **17,460** on **1 LOT PT 6 DAVIS TRACT**, Class **3** in **CLARK-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **17,460**, Class **2** in and for the year **2025**, resulting in a difference in assessed value of **0**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Exonerate a value of 8730 at a class 3 rate of levy to correct the overcharge.

District: **01 - CLARK-OUTSIDE** Amount Exonerated: **$203.41**
Account No. **06841288**
Ticket No. **27**
Tax Year **2025**
Parcel ID: **01 101033200010000**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-RE16

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Real Estate

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of DPALMER for **BALL DAVID E** whose address is, 88 N WOOD ST SHINNSTON, WV 26431-1345, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **46,500** on **Homestead Erroneously taken off**, Class **2** in **CLAY-SHINNSTON**, Harrison County, West Virginia, which should have been assessed at **26,500**, Class **2** in and for the year **2025**, resulting in a difference in assessed value of **20,000**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Exonerate a value of 20000 at a class rate of levy to correct the overcharge.

District: **06 - CLAY-SHINNSTON** Amount Exonerated: **$308.00**
Account No. **06154387**
Ticket No. **18170**
Tax Year **2025**
Parcel ID: **061006000900000000**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-RE41

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Real Estate

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of DPALMER for **BING CAPITAL LLC ETAL** whose address is, C/O LAWRENCE M MONTGOMERY ETAL PO BOX 3048 CLARKSBURG WV 26302-3048, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **20,700** on **1 LOT 188 EAST VIEW**, Class **3** in **CLARK-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **700**, Class **2** in and for the year **2025**, resulting in a difference in assessed value of **20,000**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

ADD HOMESTEAD BACK ERRONEOUSLY DELETED NAME CHANGED ERRONEOUSLY BACK TO MONTGOMERY 2026

District: **01 - CLARK-OUTSIDE**
Account No. **06308603**
Ticket No. **257**
Tax Year **2025**
Parcel ID: **01 101024800000000**

Amount Exonerated: **$474.15**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-RE42

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Real Estate

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of DPALMER for **KING ANDREW J & JACQULYN D** whose address is, 773 BISETOWN RD LOST CREEK, WV 26385-7127, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **36,240** on **1 LOT 84 SQ RDS GNATTY CREEK**, Class **3** in **ELK**, Harrison County, West Virginia, which should have been assessed at **36,240**, Class **2** in and for the year **2025**, resulting in a difference in assessed value of **0**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Exonerate a value of 18,120 at a class 3 rate of levy to correct the overcharge.

District: **11 - ELK**
Account No. **06119443**
Ticket No. **38561**
Tax Year **2025**
Parcel ID: **11 429002900000000**

Amount Exonerated: **$422.19**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-RE44

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Real Estate

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of DPALMER for **GREENE STEPHANIE** whose address is, 114 N 24TH ST CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **33,000** on **1 LOT 58 X 75 FT N 24TH ST**, Class **4** in **COAL-CLARKSBURG**, Harrison County, West Virginia, which should have been assessed at **33,000**, Class **2** in and for the year **2025**, resulting in a difference in assessed value of **0**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Exonerate a value of __33,000__ at a class 4 rate of levy to correct the overcharge.

District: **08 - COAL-CLARKSBURG** Amount Exonerated: **$508.20**
Account No. **06050998 TIF #4**
Ticket No. **27025**
Tax Year **2025**
Parcel ID: **08 8008800000000**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-RE43

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Real Estate

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of DPALMER for **GREENE STEPHANIE** whose address is, 114 N 24TH ST CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **31,080** on **1 LOT 58 X 75 FT N 24TH ST**, Class **4** in **COAL-CLARKSBURG**, Harrison County, West Virginia, which should have been assessed at **31,080**, Class **2** in and for the year **2024**, resulting in a difference in assessed value of **0**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2024**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Exonerate a value of __31,080_ at a class 4 rate of levy to correct the overcharge.

District: **08 - COAL-CLARKSBURG**
Account No. **06050998 TIF #4**
Ticket No. **26650**
Tax Year **2024**
Parcel ID: **08 8008800000000**

Amount Exonerated: **$473.04**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-PP39

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the _____ issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **GILBERTI ANTHONY F** whose address is, PO BOX 26 LOST CREEK, WV 26385-0026, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **58230.00** on **22 Coachman Prism**, Class **3** in **GRANT-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **45150.00**, Class **3** in and for the year **2025**, resulting in a difference in assessed value of **13080.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error reported the 22 Coachman Prism as a 2023. Exonerate a value of 13030 at a class rate of levy to correct the overcharge. Correct description to 22 Coachman Prism 45150.

District: **12 - GRANT-OUTSIDE** Amount Exonerated: **$304.76**
Account No. **3059913**
Ticket No. **816056**
Tax Year **2025**

_____ _____
PRESENT: Prosecuting Attorney APPROVED: President, County Commission

(or)

_____ ORDER ENTERED TO STATE AUDITOR
PRESENT: Tax Commissioner _____

_____
ATTEST: County Clerk

ASSESSOR _____

EX-PP18

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **LEPRO WILLIAM C & LAURIE N (NOBLE)** whose address is, 107 CAMBRIDGE DR CLARKSBURG, WV, 263015690, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **1698.00** on **2003 HONDA**, Class **3** in **CLARK-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **0.00**, Class **3** in and for the year **2025**, resulting in a difference in assessed value of **1698.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Exonerate a value of 1698 at a class rate of levy to correct the overcharge. Vehicle was assessed at a value of 2421, when it should've been assessed at a value of 723.

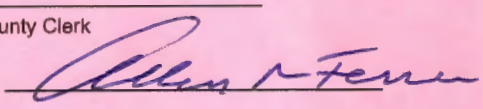
District: **01 - CLARK-OUTSIDE** Amount Exonerated: **$39.56**
Account No. **03074667**
Ticket No. **800838**
Tax Year **2025**

_____
PRESENT: Prosecuting Attorney

(or)

_____
PRESENT: Tax Commissioner

_____
ATTEST: County Clerk

ASSESSOR 

_____
APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

_____

EX-PP16

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **NELSON MICHAEL C** whose address is, 134 HARRISON ST CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **2115.00** on **2013 CHEVROLET CRUZE SEDAN**, Class **4** in **CLARK-CLARKSBURG**, Harrison County, West Virginia, which should have been assessed at **0.00**, Class **4** in and for the year **2025**, resulting in a difference in assessed value of **2115.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error reported the 2013 CHEVROLET CRUZE SEDAN Please remove the 2013 CHEVROLET CRUZE SEDAN from the vehicle description.

District: **03 - CLARK-CLARKSBURG** Amount Exonerated: **$65.14**
Account No. **3008020**
Ticket No. **804201**
Tax Year **2025**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-PP11

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **WRIGHT JEFFREY T & BETSY M TURNER** whose address is, 1144 SUN VALLEY RD CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **2850.00** on **2016 CHEVROLET SONIC SEDAN**, Class **3** in **CLARK-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **0.00**, Class **3** in and for the year **2025**, resulting in a difference in assessed value of **2850.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error reported the 2016 CHEVROLET SONIC SEDAN_____.

District: **01 - CLARK-OUTSIDE** Amount Exonerated: **$66.40**
Account No. **3072435**
Ticket No. **801494**
Tax Year **2025**

_____ _____
PRESENT: Prosecuting Attorney APPROVED: President, County Commission

(or)

_____ ORDER ENTERED TO STATE AUDITOR
PRESENT: Tax Commissioner _____

_____
ATTEST: County Clerk

ASSESSOR _____

EX-PP36

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **ANCHOR WORKS LLC** whose address is, 189 RANDOLPH HOLLOW RD CLARKSBURG, WV 26301-7319, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **59702.00** on **2021 PETE 389**, Class **4** in **COAL-CLARKSBURG**, Harrison County, West Virginia, which should have been assessed at **0.00**, Class **4** in and for the year **2025**, resulting in a difference in assessed value of **59702.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error reported the 2021 Peterbilt, the vehicle was sold September 2023. Exonerate a value of 59702 at a class 4 rate of levy to correct the overcharge. Please remove the 21 PETE 389 (59702) from the vehicle description.

District: **08 - COAL-CLARKSBURG** Amount Exonerated: **$1838.82**
Account No. **3072020 TIF #4**
Ticket No. **810864**
Tax Year **2025**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-PP34

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **DAVIS BRETTON W** whose address is, 89 PARKWOOD DR SHINNSTON, WV 26431-7362, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **17940.00** on **2021 RAM RAM 1500**, Class **4** in **SIMPSON-BRIDGEPORT**, Harrison County, West Virginia, which should have been assessed at **17940.00**, Class **3** in and for the year **2025**, resulting in a difference in assessed value of **0.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

Exonerate a value of 17940 at a class 4 rate of levy to correct the overcharge. Create a ticket value of 17940 at a class 3 rate of levy to properly assess and allow discount/half year payments as afforded all taxpayers.

District: **16 - SIMPSON-BRIDGEPORT** Amount Exonerated: **$128.60**
Account No. **3063765**
Ticket No. **821535**
Tax Year **2025**

PRESENT: Prosecuting Attorney

(or)

PRESENT: Tax Commissioner

ATTEST: County Clerk

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ASSESSOR

EX-PP12

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **EVANS JOHNNY D JR & BRITNEY** whose address is, 1583 RINEHART RD WALLACE, WV 26448, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **4545.00** on **2013 SUBARU LEGACY WAGON**, Class **4** in **SARDIS**, Harrison County, West Virginia, which should have been assessed at **0.00**, Class **4** in and for the year **2024**, resulting in a difference in assessed value of **4545.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2024**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error reported the 2013 SUBARU LEGACY WAGON. Please remove the _2013 SUBARU LEGACY WAGON from the vehicle description.

District: **14 - SARDIS** Amount Exonerated: **$104.26**
Account No. **3042439**
Ticket No. **417944**
Tax Year **2024**

PRESENT: Prosecuting Attorney

APPROVED: President, County Commission

(or)

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-PP23

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **GASKINS DONALD J** whose address is, 1354 NUTTER ST CLARKSBURG, WV 26301-3333, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **1213.00** on **2007 CARR TRLR, 1992 FORD F150, 1991 GMC SAFARI**, Class **4** in **CLARK-CLARKSBURG**, Harrison County, West Virginia, which should have been assessed at **0.00**, Class **4** in and for the year **2024**, resulting in a difference in assessed value of **1213.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2024**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

TICKET CREATED IN ERROR. TAXPAYER FILED A REGULAR 24 TAX ASSESSMENT.

District: **03 - CLARK-CLARKSBURG** Amount Exonerated: **$36.93**
Account No. **3009293**
Ticket No. **300000094S**
Tax Year **2024**

PRESENT: Prosecuting Attomey

(or)

PRESENT: Tax Commissioner

ATTEST: County Clerk

ASSESSOR

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

EX-PP24

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 18th day of March, 2026 issued the following order, which was made and entered, to-wit:

Upon application of RVALDEZ for **GORBY JOHN NELSON** whose address is, 125 THIRD ST BRIDGEPORT, WV 26330-1807, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **2829.00** on **2001 TOYOTA RAV4-4 CYL., 2000 BUICK LESABRE, 1994 BUICK CENTURY**, Class **4** in **TENMILE-SALEM**, Harrison County, West Virginia, which should have been assessed at **0.00**, Class **4** in and for the year **2025**, resulting in a difference in assessed value of **2829.00**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2025**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

TAX PAYER IN OFFICE STATING HIS VALUES DOUBLE IN 2025. THEY WERE PRICED IN ERROR AT LINE #3 RATHER THAN LINE #4 ONLINE. THANK YOU! Exonerate a value of 2829 at a class rate of levy to correct the overcharge.

District: **19 - TENMILE-SALEM** Amount Exonerated: **$80.06**
Account No. **1925171**
Ticket No. **822092**
Tax Year **2025**

PRESENT: Prosecuting Attorney

(or)

PRESENT: Tax Commissioner

ATTEST: County Clerk

ASSESSOR

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

FORM OF REQUISITION
FOR PAYMENT FROM SERIES A
ADMINISTRATIVE EXPENSE FUND

The County Commission of Harrison County
(West Virginia)
Tax Increment Revenue and Refunding Bonds
(Charles Pointe Project No. 2- North Land Bay Improvements)
Series 2008 A

To: UMB Bank
120 South Sixth Street Suite 1400
Minneapolis, MN 55402

REQUISITION FOR PAYMENT NO. (03/18/26)

THE COUNTY COMMISSION OF HARRISON COUNTY (the "Issuer"), by its duly Authorized Representatives, hereby certifies, in connection with this Requisition for Payment from Series A Administrative Expense Fund (the "Requisition") under a Development Agreement for the above captioned bonds (the "Series 2008 A Bonds"), dated March 5, 2008 (the "Development Agreement") between the Issuer and the Developer, that:

1. Terms used herein and not otherwise defined herein shall have the meanings given such terms in the Development Agreement or the Indenture of Trust for the Series 2008 A Bonds, dated March 5, 2008 as supplemented and amended (the "Series 2008 A Trust Indenture") between the Issuer and UMB Bank as substitute trustee under the Series 2008 A Trust Indenture.

2. The amount requested to be transferred from the Revenue Fund to the Series A Administrative Expense Fund is necessary to pay Administrative Expenses incurred during the preceding six month period.

3. The amount requested to be disbursed from the Series A Administrative Expense Fund by this Requisition: (a) is a portion of the Administrative Expenses authorized for funding under the Series 2008 A Trust Indenture and Development Agreement, and (b) is an authorized expenditure under the Project Plan and the Act.

4. The total amount requested to be transferred from the Revenue Fund to the Series A Administrative Expense Fund pursuant to this Requisition is **$6,724.08**

5. The total amount requested to be disbursed from the Series A Administrative Expense Fund pursuant to this Requisition is **$6,724.08.** As set forth in the invoices attached hereto, of the total amount of such disbursement:

(a) $ -0- is to be paid to the Developer as reimbursement to the Developer for an invoice or statement previously paid by the Developer to an entity that is not affiliated with the Developer; and

(b) **$6,724.08** is to be paid to a third party payee that is not affiliated with the Developer or on a joint basis to the Developer and such a third party payee with respect to an expense previously incurred.

In either event, the amount set forth herein is supported by the attached copies of invoices or statements.

IN WITNESS WHEREOF, this Requisition has been duly executed by the Issuer by its duly Authorized Representative this **18th day of March, 2026.**

THE COUNTY COMMISSION OF
HARRISON COUNTY

By: _____
Commissioner

Schedule I
to Requisition

Copies of Invoices or Statements
(Attached)

Jackson Kelly	Invoice #1259771	Date: 03/10/2026	$ 265.50
MuniCap, Inc.	Invoice #022026-122	Date: 02/25/2026	$ 506.25
Ballard Spahr	Invoice #20250209290	Date: 02/28/2026	$4,590.00
UMB Bank	Invoice #1040021	Date: 02/19/2026	$1,362.33
		Total	**$6,724.08**

UMB

UMB Bank, N.A.
P O Box 414589
Kansas City, MO 64141-4589

Invoice **1040021**

Account Detail
Charles Pointe Project 2008AB

Account Number: 141961.1

Administrative Fees

Administration Fee	$458.33
Extraordinary Administration Fees	904.00
Administrative Fees Total	**$1,362.33**
Account Total	**$1,362.33**

JACKSONKELLY PLLC
Attorneys at Law
3000 Swiss Pine Way Suite 200
Morgantown, WV 26501
TELEPHONE 304-284-4100
EMPLOYER I.D. NO. 550394215

34382
Charles Pointe Community Enhancement District
c/o Harrison County Commission
Attn: Michelle Tonkin
301 West Main Street
Clarksburg, WV 26301-2974
mtonkin@harrisoncountywv.com
lpysz@harrisoncountywv.com
maimbrogno@jacksonkelly.com

March 10, 2026
Invoice No. 1259771

Please be aware, the total price for legal services cannot be precisely determined due to the variable nature of legal work. Time spent on this matter by lawyers, paraprofessionals and staff, plus expenses, will determine the total price to be paid by you. Hourly rates are set forth in engagement documents, or if applicable, by agreement with insurance carriers. Total price will vary from month to month, depending on matter needs and progress.

Total Amount of Current Invoice # 1259771 **$265.50**

PLEASE RETURN THIS PAGE WITH REMITTANCE

NOTE: Should you have any questions please contact JK_Finance@jacksonkelly.com.

To ensure proper credit to your account, please include the invoice number(s) being paid.

Mailing Instructions	
Payable to:	Jackson Kelly PLLC
	P. O. Box 45705
	Baltimore, MD 21297-5705

ACH Instructions	
BANK	Truist
ACCOUNT NAME	Jackson Kelly PLLC
CURRENCY	USD
ACCOUNT #	5172879588
ABA ROUTING #	051503394
SWIFT CODE	BRBTUS33

If you would prefer to have your invoices emailed or need to update your current email on file, please contact us at JK_Billing@jacksonkelly.com.

PAYMENT DUE April 9, 2026

INVOICE

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

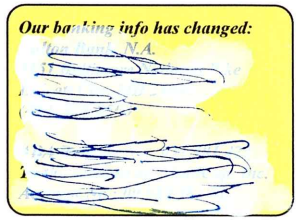
Invoice Date	Invoice #
2/25/2026	022026-122

Balance Due $506.25

Remit check to: or Wire & ACH Instructions:

MuniCap, Inc.
PO Box #119
Simpsonville, MD 21150

Our banking info has changed:



Bill To:

The County Commission of Harrison County
ATTN: Susan Thomas, President
229 South 3rd Street
Clarksburg, WV 26301

Project: Charles Pointe Series 2008 1394

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date 2/25/2026

Invoice # 022026-122

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

Terms: Net 30 Client #: 1394

Project: Charles Pointe Series 2008

Item	DATE	Description	Hrs	Amount
Manager (SAM)	1/6/2026	Review and provide correspondence related to prepayment of mon health parcels.	0.5	112.50
Vice Pres (PSK)	1/8/2026	Provide account statements per developer request.	0.25	62.50
Manager (SAM)	1/14/2026	File revenue source received.	0.25	56.25
Sr Assoc (MS)	1/14/2026	Prepare account statements for updating account reconciliation.	0.25	50.00
Manager (SAM)	1/20/2026	Update account reconciliation file with December transactions.	0.5	112.50
Director (JLA)	1/27/2026	Assist with identification and provision of material information related to on-going compliance.	0.5	112.50
		Subtotal Fees:		506.25

EIN: 03-0461891. Overdue accounts are subject to 1% monthly finance charge.

Total **$506.25**

PK

Billing Inquiries? Call (443) 539-4104

E

2008

Ballard Spahr LLP

TAX IDENTIFICATION NO: 23-0382195

1 East Washington Street, Suite 2300
Phoenix, AZ 85004-2555
Tel 602.798.5400
Fax 602.798.5595

Tom Aman
c/o Steptoe & Johnson PLLC
400 White Oaks Boulevard
Bridgeport, WV 26330

February 28, 2025
Invoice No. 20250209290

Client: The County Commission of Harrison County, West Virginia (087933.00)

Matter: Transaction Restructuring (00428511)

FOR PROFESSIONAL SERVICES RENDERED through January 31, 2025

INVOICE SUMMARY

Professional Fees	$5,100.00
Less 10.0% Discount	($510.00)
Net Fees	$4,590.00
Total Invoice Amount	**$4,590.00**

087933.00 - 00428511
Louis F. Williams

February 28, 2025
Invoice No. 20250209290

Professional Services

Date	Professional	Description	Hours	Amount
01/27/25	Williams,L.F.	Review documents re: proposed restructuring; research re: reissuance question; telephone conference with T. Aman re: structuring questions	5.00	5,100.00
Total Fees			**5.00**	**$5,100.00**
Less 10.0% Discount				($510.00)

Summary of Professional Fees

Professional	Billed Hours	Billed Rate	Billed Amount
Williams,L.F.	5.00	1,020.00	5,100.00
Total Fees	**5.00**		**$5,100.00**
Less 10.0% Discount			($510.00)

REQUISITION FOR PAYMENT FROM ADMINISTRATIVE EXPENSE FUND

$36,500,000
The County Commission of Harrison County
Special District Excise Tax Revenue and Improvement Bonds,
Series 2019 A
(Charles Pointe Economic Opportunity Development District)

$12,280,000
The County Commission of Harrison County
Subordinate Special District Excise Tax Revenue and Refunding Bonds
Series 2019 B
(Charles Pointe Economic Opportunity Development District)

REQUISITION FOR PAYMENT NO. 118 (03/18/26)

The County Commission of Harrison County, a public corporation and governing body of Harrison County, a political subdivision of the State of West Virginia (the "*Issuer*"), by its Authorized Officer, hereby certifies in connection with this Requisition for Payment from Administrative Expense Fund (the "*Requisition*") pursuant to an Indenture of Trust (the "*Indenture*") for the above captioned bonds (the "*Series 2019 Excise Tax Bonds*"), dated as of August 16, 2019, by and between the Issuer and Wilmington Trust, N.A., as trustee, pursuant to which UMB Bank, N.A., serves as successor trustee (the "*Trustee*"), and agreed to by the Charles Pointe Economic Opportunity Development District Board (the "District Board") and pursuant to a Development Agreement for the Series 2019 Excise Tax Bonds, dated as of August 16, 2019 (the "*Development Agreement*") by and among the Issuer, the District Board, Genesis Partners, Limited Partnership, a West Virginia limited partnership (the "*Developer*") and Charles Pointe Crossing, LLC, a West Virginia limited liability company (the "*Site Developer*") that:

1. Terms used herein and not otherwise defined herein shall have the meanings given such terms in the Indenture and in the Development Agreement.

2. The amount requested to be disbursed by this Requisition: (a) is a portion of the Administrative Expenses authorized for funding under the Indenture and Development Agreement, (b) is an authorized expenditure under the Project Plan and the EODD Act, and (c) such requested expenditures, when combined with previous disbursements from the Administrative Expense Fund during the current Bond Year do not exceed $80,000 in the aggregate for such Bond Year.

3. The total amount requested to be disbursed pursuant to this Requisition is **$7,752.00** As set forth in the invoices attached hereto, of the total amount of such disbursement:

(a) **$ -0-** is to be paid to the Issuer, the District Board, the Developer or Site Developer as reimbursement to the Issuer, the District Board, the Developer or Site

Developer for an invoice or statement previously paid by the Issuer, the District Board, the Developer or the Site Developer; and

(b) **$7,752.00.** is to be paid to a third party payee that is not affiliated with the Issuer, the District Board, the Developer or the Site Developer or on a joint basis to the Issuer, the District Board, the Developer or the Site Developer and such a third party payee with respect to an expense previously incurred.

In either event, the amount set forth herein is supported by the attached copies of invoices, statements or proof of payment.

IN WITNESS WHEREOF, this Requisition has been duly executed by the Issuer by its Authorized Officer this **18th day of March, 2026.**

THE COUNTY COMMISSION OF
HARRISON COUNTY

By: _____
Commissioner

Schedule I
to Requisition

Copies of Invoices or Statements
(Attached)

UMB Bank	Invoice #1040151	Date: 02/19/2026	$ 3,272.00
MuniCap, Inc.	Invoice #022026-408	Date: 02/25/2026	$ 4,480.00
		Total	**$ 7,752.00**

INVOICE

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

Invoice Date	Invoice #
2/25/2026	022026-408

Balance Due $4,480.00

Remit check to: MuniCap, Inc.
PO Box #119
Simpsonville, MD 21150

or

Wire & ACH Instructions:

Our banking info has changed:
[redacted]

Bill To:
Gina Jones
Director of Grants and Special Proj.
Harrison County Commission
229 South 3rd Street
Clarksburg, WV 26301

Project: Charles Pointe 2019 2024

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date	Invoice #
2/25/2026	022026-408

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

Project: Charles Pointe 2019

Terms	Client #
Net 30	2024

Item	DATE	Description	Hrs	Amount
Proj Mgr (VVJ)	1/23/2026	Attend board meeting.	1.5	322.50
Vice Pres (PSK)	1/23/2026	Attend board meeting.	1.5	375.00
Manager (SAM)	1/23/2026	Attend board meeting discussing financial statements.	1.5	337.50
Director (JLA)	1/27/2026	Assist with identification and provision of material information related to on-going compliance.	0.5	112.50
Proj Mgr (VVJ)	1/30/2026	Revise FY25 financial report.	1	215.00
		Subtotal Fees:		4,480.00

EIN: 03-0461891. Overdue accounts are subject to 1% monthly finance charge.

Total **$4,480.00**

PK

Billing Inquiries? Call (443) 539-4104

E

2019

INVOICE

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

Invoice Date	Invoice #
2/25/2026	022026-408

Balance Due

Remit check to: or Wire & ACH Instructions:

MuniCap, Inc.
PO Box #119
Simpsonville, MD 21150

Our banking info has changed:

Bill To:

Gina Jones
Director of Grants and Special Proj.
Harrison County Commission
229 South 3rd Street
Clarksburg, WV 26301

Project: Charles Pointe 2019 2024

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date 2/25/2026

Invoice # 022026-408

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

Project: Charles Pointe 2019

Terms: Net 30 | Client #: 2024

Item	DATE	Description	Hrs	Amount
Exec VP (MD)	1/2/2026	Review revised draft audit report and provide comments to associate.	0.5	137.50
Exec VP (MD)	1/5/2026	Review revisions to revised audit report.	0.25	68.75
Proj Mgr (VVJ)	1/5/2026	Revise FY25 draft audit report per manager's comments and submit it to the bond counsel and the board.	1	215.00
Proj Mgr (VVJ)	1/6/2026	Prepare November financial reports and provide them to the counsel and the board.	0.5	107.50
Manager (SAM)	1/6/2026	File statements of funds and revenue statement received.	0.5	112.50
Exec VP (DS)	1/6/2026	Follow-up on prepayment items.	0.5	137.50
Proj Mgr (VVJ)	1/7/2026	Review attorney's comments regarding FY25 draft audit report.	0.5	107.50
Manager (SAM)	1/7/2026	File requisition file received and review database file.	0.5	112.50
Assoc (JJD)	1/7/2026	Update excise tax database for December.	0.5	87.50
Exec VP (MD)	1/8/2026	Review comments on revised draft audit report and discuss with associate.	0.5	137.50
Proj Mgr (VVJ)	1/8/2026	Respond to the attorney's FY25 financial report questions. Review responses and email the trustee.	0.75	161.25
Director (NMC)	1/9/2026	Review account reconciliation from January to November 2025.	1.75	393.75
Manager (SAM)	1/12/2026	Discuss account reconciliation transactions with director.	0.25	56.25
Director (NMC)	1/12/2026	Review account reconciliation for October and November 2025.	0.25	56.25
Director (NMC)	1/13/2026	Review account reconciliation for November 2025.	0.25	56.25
Sr Assoc (MS)	1/14/2026	Prepare account statements for updating account reconciliation.	0.25	50.00
Proj Mgr (VVJ)	1/20/2026	Review attorney's comments regarding the suggested FY25 financial report revisions and contact the trustee per his request. Respond to the trustee with requested information.	0.5	107.50
Manager (SAM)	1/20/2026	Update account reconciliation file with December transactions.	0.5	112.50
Proj Mgr (VVJ)	1/21/2026	Revise FY25 financial statements and financial report per attorney's comments.	1	215.00
Sr Assoc (OO)	1/21/2026	Prepare December journal entries.	0.5	100.00
Proj Mgr (VVJ)	1/22/2026	Per attorney request, create redline for the FY25 financial report.	0.25	53.75
Sr Assoc (OO)	1/22/2026	Post December journal entries in QuickBooks.	0.25	50.00
Exec VP (MD)	1/23/2026	Prepare for and attend board meeting.	1.75	481.25

Total

PK

Billing Inquiries? Call (443) 539-4104

E

UMB

UMB Bank, N.A.
P O Box 414589
Kansas City, MO 64141-4589

Invoice 1040151

Account Detail
Charles Pointe EODD 2019ABC

Account Number: 158735.1

Administrative Fees

Administration Fee	$625.00
Extraordinary Administration Fees	2,647.00
Administrative Fees Total	**$3,272.00**
Account Total	**$3,272.00**

REQUISITION FOR PAYMENT
FROM ADMINISTRATIVE EXPENSE FUND

$20,573,000
The County Commission of Harrison County
Senior Tax Increment Refunding Revenue Bonds
Series 2021 A Tax-Exempt
(Development District No. 3 – White Oaks)

$6,422,000
The County Commission of Harrison County
Subordinate Tax Increment Revenue Bonds
Series 2021 B Taxable
(Development District No. 3 – White Oaks)

REQUISITION FOR PAYMENT NO. 58

The County Commission of Harrison County, a public corporation and governing body of Harrison County, a political subdivision of the State of West Virginia (the "Issuer"), by its duly Authorized Officer, hereby certifies, in connection with this Requisition for Payment from Administrative Expense Fund (the "Requisition") under an Indenture of Trust, for the above captioned Bonds (the "Series 2021 Bonds"), dated as of May 15, 2021 (the "Original Indenture") between the Issuer and WesBanco Bank, Inc. as replacement trustee, (the "Trustee"), as supplemented and amended by a First Supplemental Indenture of Trust (the "First Supplemental Indenture of Trust") dated as of August 11, 2023, and a Second Supplemental Indenture of Trust (the "Second Supplemental Indenture"), dated July 19, 2024 (the "Second Supplemental Indenture" and together with the Original Indenture and the First Supplemental Indenture, the "Indenture"), that:

1. Terms used herein and not otherwise defined herein shall have the meanings given such terms in the Indenture.

2. The amount requested to be disbursed by this Requisition: (a) is a portion of the Administrative Expenses as that term is defined in the Indenture, and (b) is an authorized expenditure under Amended Project Plan No. 2 and the Act.

3. The total amount requested to be disbursed pursuant to this Requisition is **$918.75.** As set forth in the invoices attached hereto, of the total amount of such disbursement:

(a) **$-0-** is to be paid to the Issuer as reimbursement to the Issuer for an invoice or statement previously paid by the Issuer to an entity that is not affiliated with the Issuer; and

(b) **$918.75** is to be paid to a third party payee that is not affiliated with the Issuer or on a joint basis to the Issuer and such a third party payee with respect to an expense previously incurred.

In either event, the amount set forth herein is supported by the attached copies of invoices.

IN WITNESS WHEREOF, this Requisition has been duly executed by the Issuer by its duly Authorized Officer this **18th day of January, 2026.**

THE COUNTY COMMISSION OF
HARRISON COUNTY

By: _____
Commissioner

Schedule I
to Requisition

Copies of Invoices or Statements
(Attached)

MuniCap, Inc.	Invoice #022026-239	Date: 02/25/2026	$	918.75
		Total	**$**	**918.75**

INVOICE

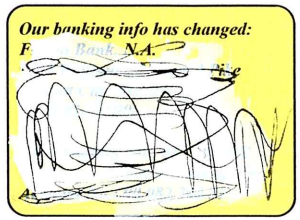
MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

Invoice Date	Invoice #
2/25/2026	022026-239

Balance Due $918.75

Remit check to: or Wire & ACH Instructions:

MuniCap, Inc.
PO Box #119
Simpsonville, MD 21150



Bill To:

Harrison County Commission
229 South 3rd Street
Clarksburg, WV 26301

Project: Harrison County-WhiteOak Admin 1676

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date	Invoice #
2/25/2026	022026-239

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

Terms	Client #
Net 30	1676

Project: Harrison County-WhiteOak Admin

Item	DATE	Description	Hrs	Amount
Sr Assoc (MS)	12/3/2025	Prepare account statements for updating account reconciliation.	0.5	100.00
Sr Assoc (MS)	1/12/2026	Review full transactions list for new trustee accounts and funds. Review, update and finalize account reconciliation for June 2025 - November 2025.	2.5	500.00
Sr Assoc (MS)	1/19/2026	Review, update and finalize account reconciliation for December 2025. Update and review new account reconciliation file and transactions.	0.75	150.00
Director (NMC)	1/23/2026	Review account reconciliation for December 2025.	0.75	168.75
		Subtotal Fees:		918.75

EIN: 03-0461891. Overdue accounts are subject to 1% monthly finance charge.

Total **$918.75**

PK

Billing Inquiries? Call (443) 539-4104

E

2021

10-A.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") is hereby entered into by and between the Harrison County Commission ("County") and the City of Stonewood, West Virginia, ("City"), referred to jointly as the "Parties," which sets forth the intergovernmental agreement for the County to administer the City's upcoming special levy election and regularly scheduled elections concurrently with the statewide primary elections as set forth in Chapter 3 of the West Virginia Code, or both as agreed in this MOU, as authorized by West Virginia Code §§ 3-1-31 and 8-5-5.

WHEREAS, the County, through its County Clerk, is responsible for the administration of statewide elections in the County;

WHEREAS, the City, through its City Recorder, is currently responsible for the administration of its municipal elections;

WHEREAS, the City desires for the County to administer its regularly scheduled municipal elections and 2026 special levy election concurrently with the statewide primary elections;

WHEREAS, the City is in the process of satisfying its obligations to amend its Municipal Code pursuant to West Virginia Code § 8-5-5(b) and/or Senate Bill 50 (2025) to establish its Municipal Election Date(s) and 2026 special levy election on the same day as a regularly scheduled statewide primary, and will provide satisfactory proof to the County;

WHEREAS, the City has scheduled its elections for every two years to be held on the same day as a regularly scheduled statewide primary;

WHEREAS, the City has satisfied its obligations to align its municipal voting precinct boundaries in the City, if any, with the voting precinct boundaries established by the County pursuant to West Virginia Code § 8-5-5(b), and the County has aligned the County voting precinct boundaries with the City boundaries pursuant to West Virginia Code § 3-1-5(b).

THEREFORE, the Parties hereto agree to the following:

TERMS AND CONDITIONS

1. The County shall concurrently hold the City special levy election concurrently with the regularly scheduled statewide primary election beginning with the regularly scheduled statewide primary election scheduled for May 12, 2026.

2. The County shall concurrently hold the City general election concurrently with the regularly scheduled statewide primary election in even-numbered years on a two year basis beginning with the regularly scheduled statewide primary election scheduled for May 9, 2028, and shall provide of its Municipal Code/Charter amendments as noted above to specifically authorize this process and update.

3. The City shall share in the administrative costs of the County holding the City's special levy election and regularly scheduled election(s), which costs shall not exceed the Municipalities' *pro rata* share of voters registered in the City compared with the total registered voters in the County pursuant to West Virginia Code § 8-5-5(i). The City's maximum *pro rata* share in the administrative costs of the election is calculated as follows:

$$\frac{\text{(City total reg. voters)}}{\text{(County total reg. voters)}} = \underline{\ Y\ }\ \%$$

$\underline{\ Y\ }\ \%$ x (total cost of election) = City's total maximum share in the election costs

4. The expected administrative costs are the costs of the poll workers for precincts located within the City's municipal limits. The City shall pay for one-half of the costs of such poll workers. Such expense is limited by Section 2 and the maximum *pro rata* share.

5. The County shall not charge any other administrative costs associated with the election, such as costs of mailing absentee ballots. The Parties acknowledge that the reason for foregoing such costs is that the County would incur such costs regardless of the City election.

6. The City shall pay any and all administrative costs and expenses incurred by the County in connection with a challenge to or recount of a City election or City special levy election, and the City shall fully indemnify and defend the County in any and all such proceedings, whether judicial, administrative or otherwise.

7. The County shall be responsible for selecting poll workers, election commissioners, and other temporary election workers for each election, as permitted by law following the submission of the lists of election workers by county political party executive committees pursuant to West Virginia Code § 3-1-30.

8. The City Recorder for the City shall be the office to which Candidate Certificates of Announcement and associated filing fees shall be filed, subject to the following:

a. The City shall retain all filing fees for its elections.

b. The Town Recorder shall deliver, and the County shall receive (through the County Clerk), all Candidate Certificates of Announcement within three business days following the close of the filing period, all Write-In Certificates of Announcement within three business days following the close of the Write-In filing period, all appointments to fill vacancies in nomination or on the ballot within three business days following the close of the appointment period, and all official Candidate Withdrawal Form within three business days following the close of the withdrawal period.

9. The Town Recorder shall collect all financial disclosures from candidates for Town offices and review and file all financial disclosures according to West Virginia law. The Town shall fully indemnify and defend the County in relation to all Town financial disclosures reviewed and filed by the Town, and any challenges and/or proceedings, judicial, administrative, or otherwise, which relate to Town candidate financial disclosures.

10. Except for publication of the Sample Ballot, which shall be the duty of the County as required by law, the County and Town shall be separately and solely responsible for all notices required by any applicable law and neither Party shall be responsible for publishing any notice required by the other Party including but not limited to notice concerning proposed levies or levy renewals, public hearings concerning charter amendments or ordinances, or other legal advertisements, unless otherwise agreed in a subsequent writing between the Parties. So that the public interest is served in avoiding confusion in the election process, the County and Town agree to coordinate as to public notices and the publication of public notices.

11. The County's Board of Ballot Commissioners shall prepare, proof, and approve the official ballot to be administered to Town voters as required by law for any elections held by the County in accordance with this MOU. Notwithstanding the foregoing, the Town shall have its Town Recorder and/or Town Manager, or similarly situated official, review and approve that portion of the ballot that relates to the Town's elections prior to approval by the County's Board of Ballot Commissioners. The Town shall fully indemnify and defend the County in relation to all Town official ballots reviewed and approved by the Town, and any challenges and/or proceedings, judicial, administrative, or otherwise, which relate to an official Town approved ballot.

12. The County shall hold the drawing for order/place on the ballot for candidates for Town offices.

13. The County, under the authority of the County Clerk as provided in West Virginia Code § 3-3-1 *et seq.*, shall be the official filing office for all Absentee Ballot Applications submitted by Town voters, and shall be responsible for reviewing and issuing all Absentee Ballots to applicants.

14. The County Board of Canvassers shall superintend and conduct the Canvass for all elections, including Municipal elections held concurrently with the regularly scheduled statewide primary or general elections, or both as agreed in this MOU, and shall declare and certify the results of said election(s) as provided by law.

15. The County Board of Canvassers shall conduct any recount and contest filed by any City candidate or voter, as the case may be and as permitted by law.

16. The County will provide for early voting in the same manner as for other elections.

17. Nothing in this MOU shall terminate any legal obligations of the Parties concerning the administration of any election except as otherwise expressly herein provided and agreed.

CITY OF STONEWOOD

By: Jim Terango
Its: Mayor

HARRISON COUNTY COMMISSION

By Laura Pysz
Its County Administrator

10-B.

IN-LINE LICENSE AGREEMENT

New or Existing Licensee. Existing | Date Prepared 03/12/
License Agreement No. 26-BMM-198 | Agent BMM

GRANTOR: Meadowbrook Mall Company, an Ohio limited partnership (MB Federal I.D. #34-130271
5577 Youngstown-Warren Road, Niles, Ohio 44446

SHOPPING CENTER: **Meadowbrook Mall, City of Bridgeport, County of Harrison, State of West Virginia**

LICENSEE: Harrison County Commission, a Constitutional Entity
DBA: "HARRISON COUNTY COMMISSION"

Licensee Contact Information:

Name:	John Spires	Telephone Number:	304-624-8672
Address:	301 W. Main Street	E-mail:	jspires@harrisoncountywv.com
	Clarksburg, West Virginia 26301		☐ Guaranty Attached

PREMISES: Total square feet: 3,351.67 Dimensions: ' IRREGULAR '
Unit No.: 640 as shown on Exhibit A attached hereto

TERM: 22 Days
Commencing the earlier of 04/24/2026, or the date Licensee opens for business ("Commencement Date")
Expiring on 05/15/2026 ("Expiration Date")

SECURITY DEPOSIT: $0.00 per Term

MINIMUM RENT: $0.00 per Term payable as follows:

From		To	Amount	Date Due
Commencement Date	-	05/15/2026	$0.00	Not Applicable

PERCENTAGE RENT: Intentionally Deleted.

ADDITIONAL CHARGES:

The following Additional Charges are due and payable on or before the Commencement Date, except where noted:

Marketing Fund		per Term	→	Not Applicable
B & O Tax	$7.43	per Term	$7.43	per Addendum, due April 15, 2026
Trash Removal		per Term	→	Not Applicable
Utilities	$900.00	per Term	$900.00	Metered to Grantor, due April 15, 2026

USE: Licensee shall use the Premises for the sole purpose of the first-class operation of a Harrison County polling location allowing county residents the options to exercise early voting, and for no other purpose. The unit will be permitted to open as early as 8:00 AM and will not be required to remain open for normal mall hours. Licensee will be conducting early voting from 04/29/2026-05/09/2026.
☐ Trade Fixture Agreement Attached

ADDENDUM TO IN-LINE LICENSE AGREEMENT

1. Grantor hereby grants to Licensee a license to occupy and use, subject to the stated terms and conditions, a portion of the Shopping Center identified as the Premises, containing the approximate square footage of floor area as specified and more precisely shown on Exhibit A, or such other space of similar dimensions as shall be mutually agreed upon by the parties.
2. Licensee shall occupy and use the Premises solely for the Use set forth in this License Agreement, commencing on the Commencement Date and ending on the Expiration Date, unless sooner terminated as herein provided.
3. Grantor shall have the right to terminate the License Agreement at any time, in its absolute discretion, by giving Licensee 15 days' advance notice. Grantor has the right, in Grantor's sole discretion, upon not less than 15 days' prior written notice, to relocate Licensee, at Licensee's expense, to a substitute premises in the Shopping Center. Absent a separate agreement to the contrary, except for the location of the Premises, all terms, covenants, and conditions of the License Agreement will remain in effect.
4. Licensee accepts the Premises in "As Is" condition and unless provided by Grantor, shall construct and place, at its own expense, only those improvements, if any, as specified, the plans and specifications for which shall be in accordance with all applicable codes and shall be subject to the prior written approval of Grantor. Licensee shall erect its sign(s) as set forth in Exhibit B attached hereto and made a part hereof. Licensee shall not deviate from the approved plans and specifications. Actual placement and installation of the improvements shall be subject to final approval by Grantor and shall be completed during the hours approved in advance by Grantor. All leasehold improvements shall become the absolute property of Grantor upon installation by Licensee. Licensee shall patch any holes upon and refinish and restore the sign fascia prior to erecting and removing its exterior sign thereon.
5. From the Commencement Date, or the date Licensee takes possession of the Premises (whichever is sooner), Licensee shall pay for (i) all charges for utility services now or hereafter furnished to or benefitting the Premises including, but not limited to, heat, water, electricity and telephone, (ii) all sprinkler, smoke and fire alarm, fire safety, and protection systems monitoring, testing and operating charges, sewer rental, sanitary sewage treatment, stormwater system charges, irrigation fees and the like, (iii) all taxes levied or other charges on such utilities, (iv) any governmental or utility company charges based on utility consumption, utility availability, standby utility capacity or potential utility use, utility administration fees; utility debt service charges, and (v) any charges for late payment or non-payment of utilities, including, but not limited to, late fees, collection fees, penalties, interest, attorneys' fees, cost of court proceedings, expenses related to any lien against the Premises or the Shopping Center arising due to non-payment or late payment of utilities, and all expenses of any utility collection lawsuits. If any such utilities are not separately metered or assessed or are only partly separately metered or assessed, Licensee will pay to Grantor a prorated sum based upon the gross area of the Premises per month for utilities not separately metered or assessed, in addition to Licensee's payments of the separately metered charges. If the Commencement Date of this Licensee Agreement is not the first day of a calendar month, said sum shall be prorated based upon a 30-day month. In the event Licensee fails to pay when due any utility amounts payable to Grantor or to any utility provider, and to the extent Grantor (a) supplies or rebills any utilities, and/or (b) has an obligation or agreement with the utility provider to discontinue services for nonpayment or to grant the utility provider the right to discontinue services for nonpayment, Grantor may discontinue service (including discontinuing any and all utilities related to the unpaid service), in addition to treating such failure to pay as a default of this License Agreement. In no event shall Grantor be liable for the quality, quantity, failure or interruption of such services to the Premises. Licensee at its sole cost and expense, shall arrange with the appropriate utility company to have all utility services rendered or furnished to the Premises, which Licensee requires or which is necessary to operate in conjunction with the Use of the Premises, to be placed in its name. If any utility services remain in Grantor's name, Licensee shall pay Grantor for such utility services, during its occupancy in the Premises, plus pay to Grantor a reasonable administrative fee. All costs and expenses for such utility services including, but not limited to, deposits, hook-up fees and sprinkler charges, shall be payable by Licensee. If used, Licensee shall be responsible to keep and maintain all utility units, fixtures and meters serving the Premises in good order, condition and repair.
6. Upon execution of this License Agreement, Licensee shall pay to Grantor the Security Deposit which will be held by Grantor, without interest, as security for Licensee's faithful performance of all terms, covenants and conditions of this License Agreement. The Security Deposit may be returned in full to Licensee at the end of the Term, provided Licensee (i) complies with all terms, covenants and conditions of this License Agreement; (ii) reports Gross Sales and pays Percentage Rent, if any; and (iii) submits a written request for the return of the Security Deposit within 60 days after the Expiration Date of this License Agreement. If Licensee fails to comply with all of the foregoing, the Security Deposit may be deemed forfeited (in whole or in part) and Grantor may retain the same.
7. On or before the specified dates, Licensee shall pay to Grantor, without notice or demand, the Minimum Rent, Percentage Rent and any and all Additional Charges. It is the intention of the parties hereto that Grantor shall receive the rents and other charges required to be paid to Grantor by Licensee on an absolutely net basis and that Licensee shall pay all costs, expenses and obligations of every kind or nature whatsoever relating to the Premises or any improvements thereon or to the occupancy therein created by this License Agreement, which costs, expenses and obligations may arise or become due during the Term. Therefore, Licensee alone shall timely pay, without demand, any and all licenses, taxes and fees including, but not limited to, licenses, taxes and permit fees which may be assessed against either Grantor or Licensee because of the Use or occupancy of the Premises by Licensee (including, but not limited to, privilege tax and business and occupation taxes), the rent paid by Licensee to Grantor, or otherwise attributable to the relationship between Grantor and Licensee. Any amount to be paid by Licensee to Grantor, exclusive of Minimum Rent, shall be deemed to be additional rent and subject to all provisions herein. Any monthly payment due for a period less than a full calendar month shall be paid in advance in an amount equal to 1/30th of the monthly payment multiplied by the number of days in the period. Any annual payment due for a period less than a full calendar year shall be paid in advance in an amount equal to 1/360th of the annual payment multiplied by the number of days in the period. All payments required under this License Agreement are to be delivered to Grantor at P. O. Box 7535, Carol Stream, IL 60197-7535, or to such other address as Grantor may designate by written notice, on or before the due date in legal tender and lawful money of the United States, in the form of (i) money order, (ii) cashiers' check, (iii) travelers' check, or (iv) other certified check. Grantor, in its sole discretion, may, but shall not be required to, accept payment(s) by Licensee at the Shopping Center, and any payment(s) made by Licensee at the Shopping Center will include an additional amount equal to $30.00 for Grantor to process any such payment(s). Any payment tendered as full satisfaction, such as "payment in full" or the like, shall be delivered to Grantor, in its name, at 5577 Youngstown-Warren Road, Niles, Ohio 44446, Attention: Credit and Collections Manager. Licensee agrees that acceptance by Grantor of any payment containing such language shall not preclude Grantor from collecting the full amount rightfully owed to it under the terms of the License Agreement. No other form of payment will be accepted by Grantor. The form of payment should be drawn in the proper name of Grantor. Payments are deemed delivered when actually received by Grantor. Within 30 days after Grantor's request, Licensee shall submit to Grantor its local sales tax revenue account number issued by the local sales tax authority or its successor(s).
8. Licensee shall provide to Grantor within 15 days after the Expiration Date or other termination of this License Agreement, a statement of Gross Sales for the Term hereof. Licensee must submit the statement of Gross Sales to salesreports@cafarocompany.com (or any other e-mail address Grantor provides to Licensee). Commencing with the month in which the aggregate Gross Sales for the Term of this License Agreement shall first exceed the Breakpoint set forth, Licensee shall pay to Grantor Percentage Rent concurrently with the submission by Licensee of the statement of Gross Sales. Such statement must be certified either by a certified public accountant employed by Licensee or by an officer of Licensee of the Gross Sales and shall tender therewith the balance of Percentage Rent due under this License Agreement.

   "Gross Sales" means the dollar aggregate of the entire amount of the price for all products, inventory, merchandise, gift cards, gift certificates, coupons and services sold, exchanged, accepted, received, or performed at, in, on, about or from the Premises by Licensee, subtenants, licensees, consignors, or concessionaires, whether for cash, charge, electronic payment, virtual payment, on credit or on a time basis (without reserve or deduction for inability or failure to collect).

In the event the fixed Minimum Rent is reduced or abated for any reason, then the Breakpoint will likewise be proportionately reduced. In the event Gross Sales do not exceed the Breakpoint for the required payment term, or Licensee fails to submit any required statement of Gross Sales, then Grantor may, upon 15 days' notice to Licensee, cancel this License Agreement. In the event Licensee fails to open for business in accordance with the License Agreement, or ceases to operate its business in the Premises for any reason, then the Gross Sales will equal the amount of Gross Sales actually made in, on or from the Premises during the term, multiplied by a fraction having as its numerator the number of days in the term and having as its denominator the number of days during the term that Licensee was actually open for business in the Premises in compliance with this License Agreement.

If Licensee fails to submit to Grantor any statement of Gross Sales, then Licensee must pay to Grantor a $150.00 fee for each reporting period failure. If there are two or more audits conducted during the License Agreement term which reveal an understatement of Gross Sales, then Grantor has the right to terminate the License Agreement upon notice to Licensee.

Licensee covenants and agrees to keep upon the Premises or at its principal office, books and records in accordance with generally accepted accounting principles, in which shall be recorded Gross Sales. Such books and records shall include, but shall not be limited to: daily cash register tapes (Z's) and/or summary tapes, sales slips, daily sales reports, sales journals (monthly sales summaries), bank statements and deposit slips, cash disbursements journal (check registers), cash receipts journals (sales reports), general ledgers, financial statements and supporting documents, and receipts, documents, calendars, and journals which contain information related to revenues and purchases (including cancelled checks), explanations of accounts and all federal, state and local tax returns and all government filings of Licensee relating to Licensee's sales. Such books and records shall be open to the inspection of Grantor and Grantor's authorized agents at all reasonable times during business hours at any time during the Term of this License Agreement and for a period of at least three years after the expiration, earlier termination, or cancellation of this License Agreement. If Grantor shall make an audit of Licensee's records and any such audit shows that the amount of Gross Sales on Licensee's statement was understated by more than $500.00 for any calendar year, or by more than 1/365 of $500.00 multiplied by the number of days for any period less than a calendar year, then Licensee (in addition to paying the Percentage Rent due for such understatement) shall pay to Grantor the cost of the audit. In the event Licensee fails to submit the written statement of Gross Sales, or the certified statement of Gross Sales, in a form reasonably acceptable to Grantor as provided for herein and Grantor audits Licensee's books and records, then Licensee shall pay to Grantor the cost of the audit.

9. If Licensee fails to pay, when the same is due and payable, any amount or charge to be paid to Grantor by Licensee as provided in this License Agreement, such unpaid amounts will bear interest from the due date thereof to the date of payment at the rate of 18% per annum. In the event such rate is prohibited by law, unpaid amounts shall bear interest at the maximum rate permitted by law.

10. Licensee shall handle and dispose of all trash, rubbish, refuse, garbage and waste in accordance with regulations established by Grantor, use and pay for the services of the designated trash hauler for the Shopping Center, and not permit the accumulation (unless in sealed metal containers) or burning of trash, rubbish, refuse, garbage or waste materials, in, on or about any part of the Shopping Center. If Grantor bills Licensee directly for the services of the designated trash hauler, Licensee shall remit payment to Grantor within ten days after Grantor's billing. Such trash billing is subject to periodic adjustments by Grantor, in Grantor's sole opinion. If Licensee's permitted Use allows Licensee to prepare food, then Licensee shall dispose of all waste (including, but not limited to, all fats, oil and grease) in accordance with regulations established by Grantor and use and pay for the services of the designated fat, oil and grease disposal service for the Shopping Center.

11. If Licensee shall at any time be in default in the payment of rent or other sums or in the performance of any of the other covenants, terms, conditions or provisions of this License Agreement, or if Licensee shall have failed to observe or perform any terms, conditions or covenants of this License Agreement, and the number of such defaults (despite any cure thereof), whether reoccurring, similar, related, or completely unrelated, totals two or more, then Grantor may, in addition to any and all rights and remedies afforded by this License Agreement or the applicable law, terminate this License Agreement, or, without terminating this License Agreement, re-enter the Premises, with or without summary legal proceedings, and in either event may, with or without legal proceedings, dispossess Licensee and remove all persons and property from the Premises without being deemed a trespasser. In the event of such re-entry, Grantor may, but need not, obtain another licensee for the Premises and apply the rent therefrom first to the payment of Grantor's expenses incurred by reason of Licensee's default, including attorneys' fees, and expenses of obtaining such other licensee and then to the payment of rent and all other sums due from Licensee hereunder during the remaining Term, Licensee remaining liable for any deficiency and not being entitled to any surplus. In any event, Grantor shall have the right to accelerate the rental payments to be made by Licensee in the future. Grantor's rights, whether granted herein or elsewhere, in the event of default by Licensee shall be cumulative (including the recovery of fees of counsel, agents and others retained by Grantor, incurred in connection with any default by Licensee) and the exercise of one or more rights by Grantor shall not be to the exclusion of the exercise of any other rights at the same or a later time. Grantor and Licensee hereby agree, because of the uncertainty, difficulty or impossibility of determining Grantor's damages for loss of Licensee's anticipated addition to the tenant mix and attraction of customer traffic visits, loss of Percentage Rent anticipated from Licensee or other occupants of the Shopping Center, or other intangible or unforeseeable injury which may result should Licensee (i) fail to take possession of or open for business in the Premises within ten days after the Commencement Date of the License Agreement; or (ii) cease operating Licensee's business in the Premises ten or more days prior to the Expiration Date of the License Agreement (except where the Premises are rendered untenantable by reason of fire, casualty or other causes beyond Licensee's control not resulting from negligent acts or omissions of Licensee or its employees, agents, contractors, licensees, or invitees); or (iii) fail or refuse to maintain the business hours, days or nights or any part thereof as provided in this License Agreement; or (iv) fail to maintain in the Premises a substantial stock of merchandise and a sufficient number of employees for the purpose of selling said merchandise; then, in any of such events (hereinafter "failure to do business"), Grantor, at its option, shall have the right to: (A) collect not only the fixed Minimum Rent and other rentals set forth in the License Agreement, but also to collect an additional amount equal to the total of: (i) 1 ½ times the greatest amount of any Percentage Rent payable by Licensee in any calendar year, plus (ii) ½ of the fixed annual Minimum Rent herein reserved, plus (iii) ½ of all other rentals and charges herein reserved; said additional amount shall be payable for the period of Licensee's failure to do business, computed at a daily rate each and every day during such period, and such additional amount shall be deemed to be liquidated damages for such period and shall further be considered additional rent and subject to all of the provisions of this License Agreement as to default in the payment of rent; and/or (B) to treat such failure to do business as a default. Notwithstanding the foregoing, Grantor has no duty to attempt to mitigate any damages resulting from Licensee's failure to observe or perform any of the terms, covenants and conditions of this License Agreement or to give priority to the reletting of the Premises over other space in the Shopping Center.

Licensee covenants, without cost to Grantor, to pay any and all contractors, subcontractors, materialmen and laborers for all work performed and material supplied at or on behalf of the Premises. Licensee further covenants that no such person or entity shall file a lien of any kind against the Premises, the Shopping Center, or any part thereof or interest therein. If a lien is filed by any such person or entity, Licensee shall discharge said lien within five days after written request by Grantor. Grantor is hereby granted the right by Licensee, but not the obligation, to bond against or otherwise discharge any such lien. Licensee promptly shall reimburse Grantor for any and all of Grantor's costs and expenses including, without limitation, court costs and attorneys' fees in connection with Licensee's foregoing obligations including interest thereon at the rate of 18% per annum. In the event such rate is prohibited by law, unpaid amounts shall bear interest at the maximum rate permitted by law. This is a License Agreement of real property in a shopping center within the meaning of Subsection 365(b)(3) of the Bankruptcy Code, 11 USC Section 101, et. seq. (Bankruptcy Code).

12. Grantor and Licensee shall and do hereby waive trial by jury in any action, suit or proceeding related to, arising out of or in connection with the terms, conditions and covenants of this License Agreement. In the event Grantor commences any summary proceedings for possession of the Premises or any action for nonpayment of rent or breach by Licensee of any of its obligations pursuant to this License Agreement, Licensee hereby waives and shall not

interpose any defense of improper venue or lack of personal jurisdiction in any such proceeding or action. Licensee agrees that any claim, cause of action or lawsuit shall be brought in Trumbull County Common Pleas Court, Trumbull County, Ohio, and that Ohio law shall govern such dispute.

13. Grantor shall have access to the Premises at all reasonable times for the purpose of examining the same or to make any alterations or repairs to the Premises, at the cost of Licensee, that Grantor may deem in its absolute discretion necessary for safety or preservation; provided, however, Grantor shall not have any obligation to make any alterations or repairs to the Premises.

14. Upon the mutual execution of this License Agreement, Licensee shall, at its own expense, obtain and thereafter continuously keep in force during the entire Term all risk property damage insurance in an amount adequate to cover the cost of replacement of all improvements, fixtures, equipment, decorations, contents and personal property in the Premises, without incurring the effect of co-insurance, and commercial general liability insurance on an occurrence basis with a minimum general aggregate limit of $2,000,000.00, and minimum limits of liability in the amount of $1,000,000.00 per occurrence for bodily injury, personal injury or death of any person or damage to property arising directly or indirectly out of Licensee's Use of the Premises, including (i) an accident occurring in, on, or about the Premises, (ii) the sale of any goods or services by Licensee, its employees, servants, or agents; (iii) the consumption or existence on the Shopping Center of any product sold by Licensee or its agent; and (iv) any act or omission of Licensee, its employees, servants, agents or invitees. Such insurance shall name Grantor as an additional insured and shall provide for a waiver of any right of recovery by way of subrogation against Grantor in the event of any loss. Licensee shall deliver to Grantor, at least ten days prior to the time such insurance is first required to be carried and thereafter if such insurance expires during the Term and at any time within ten days of Grantor's written demand, a certificate of the policy or policies procured by Licensee in compliance with this obligation. Said insurance shall have an endorsement that shall state that: (1) such insurance may not be canceled or amended with respect to Grantor or its designees, except after 30 days' written notice sent by certified mail to Grantor and its designees by Licensee; and (2) Licensee shall be solely responsible for payment of premiums for such insurance. The minimum insurance limits referred to above will not be construed to indicate adequacy or sufficiency of insurance required for Licensee's purposes and will not be used to define Licensee's liability for personal injuries or property damage or Licensee's responsibility to repair, restore or replace as otherwise required by this License Agreement. So long as the policies described herein are required to be in effect, Licensee shall have no right of recovery against Grantor for any loss or damage described in this Clause. Should the Premises be damaged or destroyed by fire or other casualty, Licensee shall promptly repair and restore the improvements immediately after Grantor restores the Premises, if at all. Grantor is under no duty to restore the Premises, but may do so at its option. Except to the extent specifically provided for in this License Agreement, none of Licensee's obligations under any provisions of this License Agreement shall be affected by any damage to or destruction of the Premises by any cause whatsoever, and Licensee hereby specifically waives any and all additional rights it might otherwise have under any law or statute. Licensee's obligation to defend, indemnify, and hold harmless will not be limited in any way by the amount or type of insurance carried by Licensee.

15. In addition to securing the insurance as provided for in this License Agreement, Licensee will defend, indemnify and save harmless, Grantor, Grantor's affiliates, successors, or assigns, and all of their respective shareholders, directors, officers, owners (legal or beneficial), members, managers, partners, employees, representatives and agents from and against any and all claims, demands, and suits at law or in equity (whether well founded or not) in connection with any injury to or death of any person or damage to or destruction of any property for which insurance coverage is required to be obtained or arising directly or indirectly out of the business conducted in, on or about the Premises, or arising directly or indirectly from any act or omission of Licensee, its servants, employees, agents, or contractors, and from and against any and all costs and expenses, including court costs and attorneys' fees, and liability incurred in connection with any claim, demand or proceeding brought thereon. Licensee waives the immunity and other protections it may have under worker's compensation or employer's liability laws of any state, including statutory and constitutional immunity from suits arising out of employment, to the extent they would bar Grantor from obtaining indemnification from Licensee pursuant to this Clause. Grantor shall have the right, but not the duty, to control and direct such defense of Grantor and to otherwise participate in all respects in any arbitration, trial, appeal or settlement negotiations and agreements. Licensee shall give Grantor timely, adequate, and fair notice of any such claims, demands, or suits at law or in equity as soon as Licensee obtains notice or knowledge thereof and shall give Grantor like notice of each and every related further development. The comprehensive general liability coverage to be maintained by Licensee shall specifically insure Licensee's contractual obligations to defend, indemnify, and save harmless Grantor.

16. There are and will be rules and regulations governing activities in the Shopping Center, and Licensee shall accept and observe the rules and regulations, as same may be amended and promulgated from time to time by Grantor.

17. Grantor shall not be responsible or liable to Licensee for any loss or damage that may be occasioned by the acts or omissions of persons occupying any space in the Shopping Center. Grantor shall not be responsible for any loss which results from theft, vandalism or other damage including, but not limited to, damage caused by roof leaks, water, gas, fire, or from sewage pipes, plumbing fixtures or electric wires, to or from the Premises or any part thereof or any personal property located therein. Licensee, at its own expense, shall clean said Premises daily or more often as circumstances may require and shall at all times keep and maintain the Premises and the area around same in a safe, neat, healthful and clean condition. Licensee will maintain positive air pressure to prevent the drawing of heated or cooled air from the enclosed mall and shall operate its heating and cooling equipment to keep its Premises heated or air-conditioned to the same level as Grantor maintains in the enclosed mall. In addition, Licensee will also operate any exhaust fans serving the Premises while actively engaged in cooking and will shut off such fans at all times when the Premises are closed.

Grantor covenants and agrees to keep and maintain, at its own cost and expense, the roof, the plumbing, sewage, and utility lines serving the Premises but located beyond the exterior walls of the Premises (except for removal of blockages or maintenance precipitated by Licensee, its assignees, employees, agents, invitees, licensees, or contractors), and the structural system of the Premises, reasonable wear and tear excepted; provided, however, nothing contained herein shall obligate Grantor to keep, maintain, or repair any item described as being Licensee's obligation in the following paragraph. Except as expressly provided in this paragraph, Grantor shall not be responsible to keep, maintain, or repair any of the improvements in, beneath, above, or upon the Premises.

Licensee covenants and agrees to keep and maintain, at its own cost and expense, in good order, condition, and repair (except to the extent Grantor unqualifiedly undertakes the obligation to maintain the structural system and the roof pursuant to the preceding paragraph), the Premises and every part thereof, and, without limitation, the following, even if considered a structural portion of the Premises: storefront; doors and frames, hardware, checks, and operators therefor; windows, window frames, window assemblies, and plate glass; the canopy fascia, parapet or soffit wall, or mall storefront sign bulkhead where the sign panel is located (if any); damage caused by any act or negligence of Licensee, its employees, agents, invitees, licensees, or contractors; structural or exterior portions (i) not originally constructed by Grantor, (ii) abutting an open sidewalk area or an enclosed mall, or (iii) altered by Licensee; refuse storage or disposal equipment; exterior building appurtenances such as loading docks and ramps therefor; exterior mounted equipment and signs; exterior lights, canopies, or similar exterior architectural features; utility meters; fixtures; heating, air-conditioning, mechanical, plumbing, sewage, electrical, and utility lines, systems, and equipment within, above, or beneath the Premises, including the curbing, flashing, pitch box (if any) and roof membrane appurtenant to, surrounding, or part of such lines, systems, and equipment, or any utility system component or device (wherever situated) from and including the meter to the Premises; interior walls, floor slabs, ceilings, mezzanines (if any), signs and building appliances and similar equipment; and any portions of the roof and other areas of the Premises or the Shopping Center which have been constructed, improved, or altered by Licensee. Licensee further agrees to replace any of said improvements, fixtures, or equipment when appropriate, at its own cost and expense. Licensee shall make repairs and perform maintenance as required in this paragraph when appropriate throughout the Term, including repairs necessitated by normal wear and tear. Licensee agrees that the duties and obligations set forth in this Clause are separate and distinct from and in addition to those contained in Clause 21.

Licensee shall promptly comply with all present and future laws, regulations or rules of any county, state, federal and other governmental authority and any bureau and department thereof (including, but not limited to, the Americans with Disabilities Act and any local or state laws governing

accessibility, as well as the rules and regulations adopted thereunder, including, but not limited to, the Americans with Disabilities Act Accessibility Guidelines), and of the National Fire Protection Association or any other body exercising similar function which may be applicable to the Premises.

If Grantor makes or completes any repairs or changes that are the obligation of Licensee, or performs any other obligation of Licensee as outlined in this Agreement, then Licensee shall pay the costs thereof to Grantor upon demand, together with the sum equal to 15% of said costs for overhead and an additional sum equal to 10% of said amount for profit, all due and payable within ten days after billing from Grantor to Licensee.

Grantor shall not be liable for the quality, quantity, failure or interruption of any utility services to the Premises. If Licensee's Premises is connected to a sanitary sewer line, Licensee agrees to participate in any reasonable sanitary sewer cleaning programs that may be established by Grantor for all or substantially all other stores and businesses in the Shopping Center, at its own cost and expense.

18. Grantor has the sole right to designate a cable and/or internet provider to supply telecommunications services to the Shopping Center. In the event Grantor asserts such designation right, Licensee must purchase its telecommunications services from that designated provider, so long as the provider's service quality and pricing structure are reasonably competitive within the market in which the Shopping Center is located.
19. Licensee shall not use, suffer or permit any use of the Premises for any purpose other than the Use or in any manner that would be unprofessional or would violate any law, ordinance, rule or regulation (whether public or private) or constitute a hazard or nuisance. Licensee shall maintain the same hours of business operation as the majority of tenants in the Shopping Center, and shall maintain in its Premises a substantial stock of merchandise and a sufficient number of employees to sell said merchandise. In no event shall Licensee remain in its Premises and/or the Shopping Center in excess of one-half hour subsequent to the closing time of the Shopping Center, nor shall Licensee open for business before 9:00 a.m. Mondays through Saturdays and 11:00 a.m. on Sundays. Licensee shall take no action which will interfere with the business of Grantor, tenants, licensees or other occupants of the Shopping Center or with the rights and privileges of any customer or other person lawfully in and upon the Shopping Center, or cause an impairment or reduction of the goodwill of the Shopping Center.
20. If the Premises is damaged or destroyed by fire or other casualty or all or any part thereof is taken by condemnation or eminent domain, either party may cancel this License Agreement upon written notice to the other party.
21. Upon the Expiration Date or other termination of this License Agreement, Licensee shall deliver up and surrender to Grantor possession of the Premises in as good condition and repair as, if not better than, the same shall be in as of the Commencement Date of this License Agreement, ordinary wear and tear excepted. At least 30 days prior to vacating the Premises, Licensee will provide to Grantor a written report prepared by a licensed technician documenting the results of a comprehensive inspection, certifying to Grantor that all heating, ventilation (including hood and exhaust fans) and air condition equipment serving the Premises are in good condition and working order. Licensee agrees that the duties set forth in this Clause are separate and distinct from and in addition to Licensee's maintenance and repair obligations.
22. Upon the Expiration Date or other termination of this License Agreement, Licensee may remove all Licensee's personal property which can be removed without costly injury to, or undue defacement of Premises provided all rents and other sums stipulated in this License Agreement are first paid in full and Licensee is not otherwise in default hereunder, and further provided that any and all damage to the Premises and the Shopping Center resulting from or caused by such removal shall be promptly repaired by Licensee at its own expense. Any items not removed by Licensee within 15 days after the Expiration Date or other termination shall, at the option of Grantor, and without notice to Licensee, become the property of Grantor. Licensee grants to Grantor and acknowledges Grantor shall have a security interest in and lien upon all personal property placed in, on or about the Premises to secure Licensee's payment of all rent and other sums payable by Licensee under this License Agreement until all such rent and other sums are fully and finally paid. Licensee agrees to execute all documents and otherwise cooperate with Grantor to perfect Grantor's security interest and lien, as in Grantor's opinion may be necessary.
23. If Licensee shall remain in occupancy of any or all of the Premises after the Expiration Date or any extension thereof, then Grantor, at its option, may (a) remove the personal property of Licensee at its expense and shall incur no liability for any loss or damage to any personal property; and/or (b) treat such failure to vacate as a holding over and charge Licensee rent at 200% of the greatest amount set forth in this License Agreement for rent and charges; and/or (c) treat such failure to vacate as a default of this License Agreement.
24. The relationship between the parties hereto is that of licensor and licensee and nothing contained herein shall be construed to create a relationship between the parties of landlord and tenant, or of partners, joint venturers, or any associations which would make either party responsible for the debts of the other except to the extent specifically provided to the contrary herein. Licensee hereby represents, warrants and covenants that (i) Licensee is not acting, directly or indirectly, for or on behalf of any person, group, entity, or nation named by any Executive Order or the United States Treasury Department as a terrorist, "Specially Designated National and Blocked Person", or other banned or blocked person, entity, nation, or transaction pursuant to any law, order, rule, or regulation that is enforced or administered by the Office of Foreign Assets Control; and (ii) Licensee is not engaged in this transaction, directly or indirectly on behalf of, or instigating or facilitating this transaction, directly or indirectly on behalf of, any such person, group, entity or nation. Licensee hereby agrees to defend, indemnify, and hold harmless Grantor from and against any and all claims, damages, losses, risks, liabilities, and expenses (including attorneys' fees and costs) arising from or related to any breach of the foregoing representations, warranties and/or covenants.
25. Licensee does not and shall not claim any interest or estate of any kind in the Premises by virtue of this License Agreement or its occupancy or Use under this License Agreement.
26. Any notice or other communication which any party may desire or be required to give to any other party shall be in writing and shall be sent by registered or certified mail to the other party, return receipt requested, to the address specified on page one, or to such other address as any party shall designate to the other by like notice. Notice of change of address shall be given promptly by written notice in any method described in this Clause. Licensee's legal notice address shall not be a post office box but shall always be a "street mailing address". Licensee's legal notice address shall not be the address of the Premises. Said notice or other communication shall be deemed given when same is deposited in an official United States Post Office, postage prepaid. Grantor may also notify Licensee by commercial courier service, facsimile or personal delivery and notice of this type shall be deemed to be received upon the earlier of (i) personal delivery, or (ii) in the case of digital facsimile, when sent. Any notice to be given to Grantor shall be sent to the attention of the Legal Department. If at any time the word "Licensee" shall include more than one person or entity, the obligations of all such persons or entities shall be joint and several, and any notice required or permitted by the terms of this License Agreement may be given by or to any one of them and shall have the same force and effect as if given by or to all of them.
27. This License Agreement shall be binding upon and inure to the benefit of, and be enforceable by or against the heirs, representatives, successors, and assigns of the parties hereto.
28. The rights granted to Licensee pursuant to this License Agreement are personal and Licensee shall not be permitted to assign this License Agreement without the prior written consent of Grantor, which consent may be withheld in the sole discretion of Grantor. A change in control of the ownership of Licensee shall be considered an assignment, and is thus prohibited.
29. Licensee further covenants not to permit structural or exterior alterations of or upon any part of the Premises except by and with the written consent of Grantor first had.
30. This License Agreement shall be governed by and construed in accordance with the laws of Ohio.
31. This License Agreement shall become legally binding upon mutual execution hereof and until such time neither party shall have any rights under this License Agreement.
32. Grantor and Licensee acknowledge and understand that there have been prior negotiations and discussions between them regarding the terms of this License Agreement but that all prior negotiations and discussions are superseded by this License Agreement, including the Addendum and Exhibit A, which exclusively constitutes the complete and final agreement of Grantor and Licensee and sets forth all the covenants, promises, agreements, conditions,

inducements, representations and understandings concerning the Premises or the Shopping Center. Except as herein otherwise expressly provided, no subsequent alteration, amendment, change or addition to this License Agreement shall be legally binding upon Grantor or Licensee unless reduced to writing and signed by them.

This License Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same License Agreement. This License Agreement may be executed by pdf file (or similar copy) sent by e-mail, and such transmission shall be valid and binding to the same extent as if it were an original. The undersigned representatives each represent and certify that they are authorized to execute this License Agreement.

The terms and conditions appearing on the ADDENDUM and the location of the Premises as shown on Exhibit A, have been reviewed and approved by the parties and are incorporated into, and made a part of, this License Agreement by reference.

IN WITNESS WHEREOF, the parties hereunto set their hands this _____ day of _____, 20_____.

Signed in the presence of:

GRANTOR: Meadowbrook Mall Company

Grantor Witness:

_____

By: _____

Daniel E. Mancuso, Special Authorized Agent – Specialty Leasing

Date: _____

LICENSEE: Harrison County Commission

Licensee Witness:

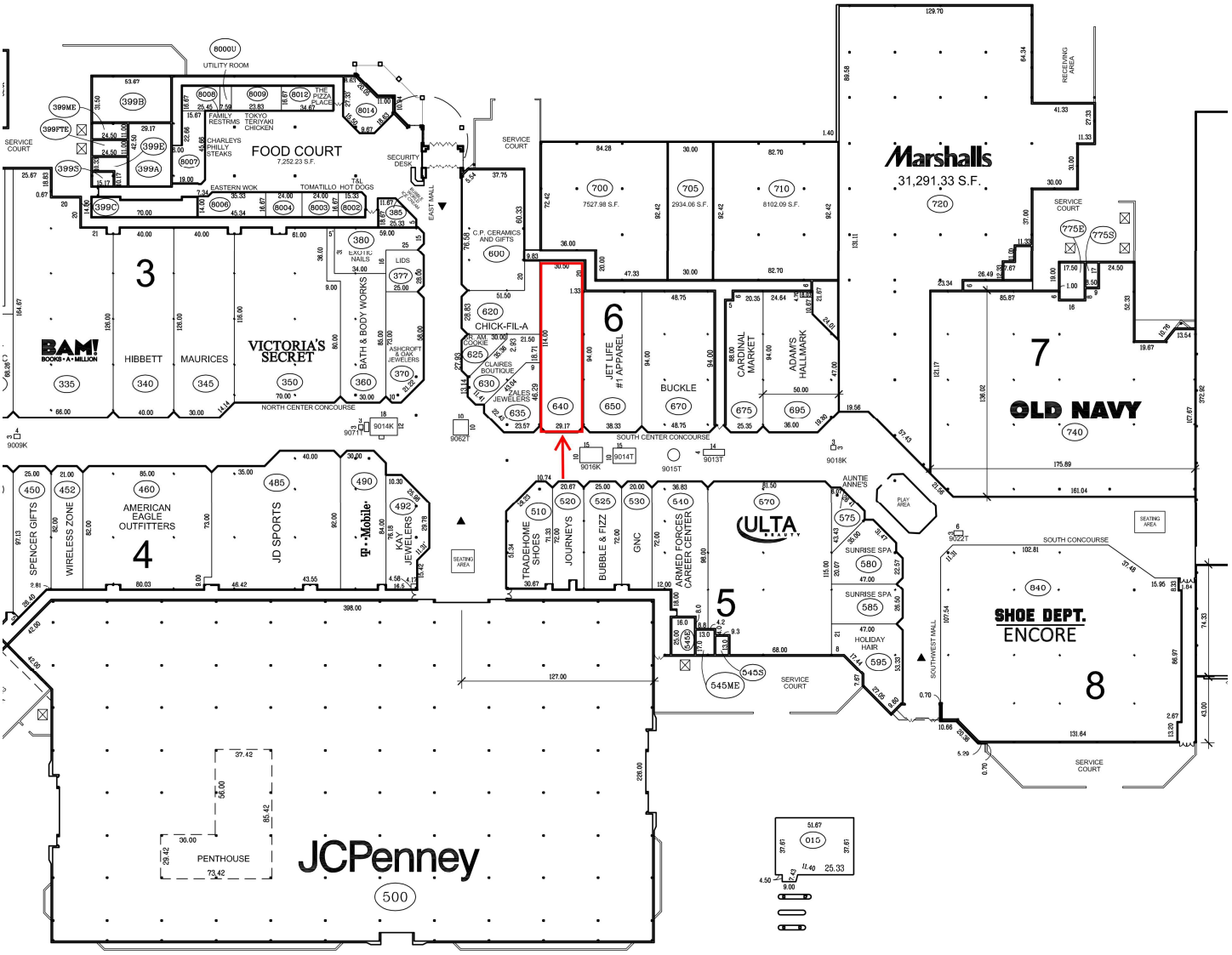
Provide Vendor's License No.: _____

_____

By: _____

Date: _____

EXHIBIT A



6

TENANT	UNIT		TENANT
C. PENNEY	600	3,340.22	C.P. CERAMICS AND GIFTS
ENTHOUSE			
OTAL	620	1,683.05	CHICK-FIL-A
		300.16	MEZZANINE
		96.00	FREEZER

8

UNIT		TENANT
* 800	125,591.18	TARGET DEPARTMENT STORE
	165.75	MEZZANINE
	125,756.93	TOTAL

K

UNIT	TENANT

EXHIBIT B

SIGN STANDARDS
FOR SHORT TERM IN-LINE LICENSEES

1. The advertising or informative content of all signs shall be limited to letters designating the store name and/or type of store (which such designation of the store type shall be by general descriptive terms and shall not include any specification of the merchandise offered for sale therein or the services rendered herein) and shall contain no advertising devices, slogans, symbols or marks (other than the store name and/or type of store, as aforesaid, and other than crests and corporate shields which shall be permitted if less than 18-inches in width and height).

2. NO BOX SIGNS, BANNERS, OR HAND LETTERED SIGNS WILL BE PERMITTED. The size of the letters shall be in proportion to the size of the sign as determined in accordance with the provisions of Section 6D of this Exhibit.

3. Signs are to be fabricated out of gatorfoam, 1½-inches thick with a polyurethane foam core, smooth rigid face on both sides. All letters are to be painted color of licensee's choice. Application of the letters to be done with universal foam adhesive, then sign to be adhered to the wall of the store. Licensee may also use individual non-illuminated plastic letters, color of Licensee's choice.

4. The character, design, color and layout of all signs shall be submitted to Grantor's Licensee Coordinator for written approval which shall not be unreasonably withheld to the extent the sign in question complies with the criteria set forth in this Exhibit.

5. No occupant shall install more than one sign on the storefront of its Premises. However, an occupant of a corner store may install one sign on each facade thereof, provided no more than a total of two signs shall be permitted on the entire storefront of any corner store in any event.

6. All signs shall be in accordance with the following requirements:
   - A. The sign and any part or parts thereof shall be located within the physical limits of the storefront of the premises of the occupant and not less than 8-feet above the finished surface of the walkway adjacent to such premises.
   - B. No sign or any part or parts thereof shall be located on the roof of the shopping center.
   - C. No sign or any part or parts thereof shall project more than 6-inches beyond the storefront.
   - D. The maximum total area of each sign shall be determined by the following formula:
     The area of the sign (in square feet) equals foot frontage of the store multiplied by 0.6 but, in no case, more than 30-feet in width. The area of the sign is defined as the area of a rectangle surrounding all of the letters of the sign. Where upper and lower case letters are used, the average height of the letters shall be used to determine the height of the rectangle. Foot frontage of the store is defined as the length of the facade upon which the sign is located and shall exclude any offsets in the storefront of the Premises.
   - E. All signs shall be fabricated and installed in compliance with all applicable building codes.
   - F. Letters shall not exceed 18-inches in height.
   - G. Total sign, if on two lines, not to exceed 24-inches in height.

7. The fabrication, installation and operation of all signs shall be subject to the following restrictions:
   - A. NO RACEWAYS OR SIGN CABINETS SHALL BE PERMITTED.
   - B. No flashing, moving, flickering and/or blinking illumination, animation, emission of audible sound, moving lights and/or floodlight illumination shall be permitted.
   - C. The name and/or stamp of the sign contractor or sign company, or both, shall not be exposed to view.

8. The following type signs are prohibited:
   - A. Paper signs and/or stickers utilized as signs.
   - B. Painted or printed signs.
   - C. Pylon signs.
   - D. Interior identification signs located within 10-feet of the storefront lease line, if such signs are visible from outside Premises, including, but not limited to freestanding signs, signs on easels, shadow box or recessed storefront or vestibule signs, and fixture signs.
   - E. Signs are not permitted on exterior walls of the Shopping Center buildings.

9. Sign shop drawings are required to be submitted for approval, to the attention of:

   Licensee Coordinator
   c/o Meadowbrook Mall Company
   5577 Youngstown-Warren Road
   Niles, Ohio 44446
   Phone: (330) 747-2661
   Email: tenantcoordination@cafarocompany.com

10. Regardless of Grantor's approvals, if any, of Licensee's signage, Licensee is responsible, at its sole cost and expense, for compliance with all law regarding Licensee's signage including, but not limited to, the installation, location, size, composition, content, etc., thereof.

11. If Licensee fails to erect the approved sign on or before the Commencement Date, then Licensee shall pay to Grantor as liquidated damages the amount of $30.00 per day until such time as the approved sign is installed.

HARRISON COUNTY COMMISSION, WEST VIRGINIA

DONATION, SPONSORSHIP, AND FUNDRAISING POLICY

Article I — Purpose and Authority

This Policy establishes uniform procedures governing:

1. Acceptance of donations, grants, and sponsorships by the Harrison County Commission ("Commission");
2. County participation in fundraising or sponsorship activities; and
3. Accounting, transparency, and reporting requirements for all donated or sponsored funds.

This Policy is adopted to ensure compliance with:

- West Virginia Constitution Article X, Section 6 (public purpose doctrine);
- West Virginia Code provisions governing county fiscal administration;
- State Auditor accountability standards; and
- Ethical stewardship of public resources.

All donations and expenditures must serve a legitimate public purpose connected to authorized county governmental functions.

Article II — Definitions

Donation
Money, property, services, or in-kind contributions voluntarily transferred to the County without expectation of private benefit.

Sponsorship
Financial or in-kind support provided by or to the County for an event, program, or initiative that advances a public governmental purpose.

Fundraising Activity
An organized effort to solicit voluntary contributions supporting a County program or legally authorized public initiative.

Public Purpose
An activity that primarily benefits the public at large and relates to lawful county functions, including but not limited to:

- Public safety
- Parks and recreation

- Economic development authorized by law
- Historic preservation
- Community health or welfare initiatives
- Rail Trail development and/or programs
- Education or youth programs connected to county services

Article III — Guiding Principles

All donation and sponsorship activities shall adhere to:

1. **Public Purpose First**
   County resources shall not be used to benefit private entities absent clear public benefit.
2. **Transparency**
   All donations and related expenditures shall be publicly documented.
3. **No Private Endorsement**
   Acceptance of a donation or sponsorship does not constitute County endorsement of a private entity.
4. **Fiscal Accountability**
   All funds shall be processed through County financial systems and subject to audit.
5. **Non-Circumvention Rule**
   Donations shall not be used to avoid procurement laws, budget approvals, or compensation rules.

Article IV — Acceptance of Donations

A. Approval Authority

Donation Type	Approval Required
Under $250	Department Head
$15,000	Department Head + County Administrator ratification
$50,000	County Administrator + Commission ratification OR Department Head + Commission ratification

Donation Type	Approval Required
$15,000–$50,000	County Administrator + Majority vote of Commission
Over $50,000	Formal Commission Resolution

B. Required Documentation

Before acceptance, the following must be submitted:

- Donor identity and contact information
- Description and estimated value
- Intended public purpose
- Any restrictions or conditions
- Conflict-of-interest disclosure

Conditional donations shall be reviewed by the County Attorney.

C. Prohibited Donations

The Commission shall not accept donations that:

- Require unlawful preferential treatment;
- Restrict governmental discretion;
- Create ongoing unfunded obligations;
- Benefit specific private individuals primarily;
- Interfere with procurement neutrality.

Article V — County Sponsorships and Contributions

The County may provide sponsorships only when:

1. The expenditure serves a demonstrable public purpose;
2. The activity aligns with statutory county authority;
3. Adequate budget appropriations exist; and
4. The County receives measurable public benefit.

Required Findings (Recorded in Minutes, When Applicable)

The Commission shall state:

- The governmental objective served;
- The expected public benefit; and
- Why the expenditure is not a prohibited gift.

Article VI — Fundraising Activities

A. Authorization

No County department or official may conduct fundraising using County name or resources without Commission approval.

B. Restrictions

- Participation must remain voluntary.
- County employees may not be pressured to contribute.
- Political or partisan fundraising is strictly prohibited.

C. Separate Accounting

All fundraising proceeds must:

- Be deposited into designated County accounts;
- Never be held by individuals or outside organizations;
- Be receipted through the County finance office.

Article VII — Financial Management and Accounting

A. Deposit Requirements

All monetary donations shall be deposited within **one business day** of receipt, unless other impacted by a holiday or shutdown/closure.

B. Fund Tracking

The Sheriff's Tax Office or County Finance Department shall maintain:

- Dedicated fund codes for each donation or sponsorship;

- Revenue source identification;
- Expenditure tracking linked to the stated public purpose.

C. Procurement Compliance

Expenditures of donated funds remain subject to:

- County purchasing policies, if applicable;
- Competitive bidding requirements, if applicable;
- State ethics laws.

Donated funds do not waive procurement rules.

Article VIII — Transparency and Public Reporting

The Commission shall maintain a publicly available Donation and Sponsorship Register including:

- Donor name (unless anonymous by law)
- Amount or value
- Date accepted
- Intended purpose
- Expenditures made
- Remaining balances

Article IX — Audits and Oversight

All donations and sponsorship expenditures shall be subject to:

- Annual internal financial review;
- State Auditor inspection.

Any misuse shall be reported immediately to the Commission.

Article X — Ethics and Conflict of Interest

County officials and employees shall:

- Disclose relationships with donors or beneficiaries;
- Abstain from voting where conflicts exist;
- Comply with the West Virginia Ethics Act.

No donation may be solicited in exchange for regulatory, contractual, or permitting advantage.

Article XI — Naming Rights and Recognition

Recognition of donors may be permitted if:

- Modest and informational;
- Approved by the Commission;
- Not promotional advertising inconsistent with government neutrality.

Naming rights exceeding five years require Commission resolution.

Article XII — Record Retention

All donation and sponsorship records shall be retained consistent with the West Virginia Records Management Schedule, but no less than **five (5) years after fund exhaustion**.

Article XIII — Severability

If any provision is found invalid, remaining provisions remain in effect.

Article XIV — Effective Date

Adopted this ___ day of _____, 2026, by the Harrison County Commission.

Adopted:

_____

HARRISON COUNTY COMMISSION

By: _____

Its: _____

HARRISON COUNTY COMMISSION

DONATION INTAKE AND CERTIFICATION FORM

(Required for All Monetary and In-Kind Donations)

SECTION 1 — GENERAL INFORMATION

Date Submitted: _____

Department / Office Receiving Donation:

☐ County Commission

☐ Parks & Recreation

☐ Emergency Services

☐ Sheriff

☐ Other: _____

County Contact Person:

Name: _____

Title: _____

Phone: _____

Email: _____

SECTION 2 — DONOR INFORMATION

Donor Name (Individual or Organization):

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

☐ Donor requests anonymity (subject to WV public record laws)

SECTION 3 — TYPE OF DONATION

☐ Monetary Donation
☐ Personal Property / Equipment
☐ Real Property
☐ Services / Professional Assistance
☐ Event Sponsorship
☐ Other: _____

SECTION 4 — VALUE OF DONATION

Amount or Estimated Fair Market Value:
$ _____

If non-cash donation:

- Description of item/service:
- Basis for valuation (check one):
  ☐ Invoice or receipt attached
  ☐ Independent appraisal attached
  ☐ Market comparison documentation attached
  ☐ Donor certification of value

Supporting documentation must be attached.

SECTION 5 — INTENDED PUBLIC PURPOSE

Describe how the donation supports a lawful county governmental function:

_____

_____

Population or Public Group Benefited:

_____

Department Responsible for Use: _____

SECTION 6 — CONDITIONS OR RESTRICTIONS

Does the donor impose any conditions?

☐ No
☐ Yes (describe fully):

Note: Restricted donations require County Attorney review.

SECTION 7 — DONOR CERTIFICATION

I certify that:

- This donation is voluntary;
- No promise, contract award, regulatory action, or preferential treatment has been requested or received;
- The donation is not intended to influence any pending or future County decision.

Donor Signature: _____

Printed Name: _____

Date: _____

SECTION 8 — CONFLICT OF INTEREST DISCLOSURE

Receiving official/responsible party certifies:

☐ No known personal, financial, or business relationship exists between County personnel and donor.

OR

☐ Relationship disclosed below:

County Official Signature: _____

Date: _____

SECTION 9 — FINANCE OFFICE INTAKE (REQUIRED)

Date Received: _____

Receipt Number: _____

Fund Code Assigned: _____

Deposit Date: _____

Verified By (Finance Staff): _____

Second Verification (Dual Control): _____

SECTION 10 — LEGAL & ADMINISTRATIVE REVIEW

Required if ANY apply:

- Donation exceeds $5,000
- Restrictions exist
- Real property or equipment involved
- Naming rights proposed

☐ County Attorney Review Completed
Date: _____

Attorney Signature: _____

SECTION 11 — COMMISSION ACTION

☐ Approved
☐ Approved with Conditions
☐ Denied

Meeting Date: _____

Agenda Item #: _____

Public Purpose Findings Entered into Minutes:
☐ Yes

Commission President Signature: _____

SECTION 12 — FINAL ACCOUNTABILITY CERTIFICATION

Department Head certifies:

- Donation will be used solely for approved public purpose;
- All expenditures will comply with County purchasing policies;
- Records will be retained for audit.

Signature: _____

Printed Name: _____

Date: _____

19.

MUNICIPAL BOUNDARY ATTESTATION

STATE OF WEST VIRGINIA

This attestation is provided in support of a county submission to the United States Census Bureau Boundary and Annexation Survey (BAS) and related census geographic programs.

This document supports the county's municipal boundary submission.

---

1. Municipality Information

Municipality Name: _____

County: _____

Effective Date of Boundaries Reflected: _____

---

2. Municipal Boundary Attestation

I certify that the municipal boundaries represented in the county submission reflect the best available understanding of the corporate limits of the municipality listed above as of the effective date noted.

This attestation is provided to support the county's submission of municipal boundary information to the United States Census Bureau.

This statement applies only to boundaries effective as of the date listed above and does not constitute certification of future annexations or boundary actions.

---

3. Authorized Municipal Official

Signature: _____

Printed Name: _____

Title: _____

Date: _____

---

*If the office of Highest Elected Official is vacant, this certification may be executed by the acting official authorized under applicable municipal law.

COUNTY BOUNDARY ATTESTATION

STATE OF WEST VIRGINIA

This certification supports West Virginia's participation in the **United States Census Bureau Boundary and Annexation Survey (BAS)** and related redistricting coordination programs including the **Block Boundary Suggestion Project (BBSP)**.

The **County Commission listed below certifies the municipal boundary information submitted as part of this census geographic submission.**

---

1. County Information

County Name: _____

Effective Date of Boundaries Reflected: _____

Date of Submission: _____

---

2. Municipalities Included in This Submission

The municipalities listed below are included in this county submission to the **U.S. Census Bureau**.

Municipality	**GEOID (if known)**	**Boundary Update Submitted**	**Authorization Source County/Municipal/ Both**
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	

(Attach additional pages if necessary.)

---

3. County Commission Certification

The County Commission of _____ County certifies that the municipal boundaries represented in this submission reflect the best available county records of municipal corporate limits, annexations, and boundary adjustments derived from county tax mapping records, GIS records, annexation filings, and other available documentation maintained by the county. In cases where original annexation or boundary documentation cannot be located, the County Commission certifies that the boundaries represented reflect the most accurate boundary location available based on county records and GIS data.

---

4. County Technical Points of Contact

Name	**Office / Role**
Email	**Phone**

---

5. Data Included in Submission

☐ GIS Shapefile ☐ Boundary Map (PDF)

☐ Supporting Documentation ☐ Municipal Attestation Letters

Projection / Coordinate System (if digital): _____

File Name(s): _____

---

6. County Commission Action

Approved by the County Commission of _____ County during a duly convened public meeting held on _____.

Motion to approve carried by vote of the Commission.

---

7. County Commission Approval

Chair, County Commission

Signature: _____

Printed Name: _____

Date: _____

GOVID	GEOID for TIGERweb	Name	MTDB Expanded Lsad
15400000364	5400364	Addison (Webster Springs)	town
15400000748	5400748	Albright	town
15400000772	5400772	Alderson	town
15400000772	5400772	Alderson	town
15400001780	5401780	Anawalt	town
15400001900	5401900	Anmoore	town
15400001996	5401996	Ansted	town
15400003292	5403292	Athens	town
15400003364	5403364	Auburn	town
15400004204	5404204	Bancroft	town
15400004276	5404276	Barboursville	village
15400004612	5404612	Barrackville	town
15400004876	5404876	Bath (Berkeley Springs)	town
15400004924	5404924	Bayard	town
15400005332	5405332	Beckley	city
15400005452	5405452	Beech Bottom	village
15400005788	5405788	Belington	town
15400005836	5405836	Belle	town
15400006004	5406004	Belmont	city
15400006340	5406340	Benwood	city
15400006844	5406844	Bethany	town
15400006940	5406940	Bethlehem	village
15400006988	5406988	Beverly	town
15400008092	5408092	Blacksville	town
15400008524	5408524	Bluefield	city
15400008932	5408932	Bolivar	town
15400009700	5409700	Bradshaw	town
15400009796	5409796	Bramwell	town
15400009844	5409844	Brandonville	town
15400010180	5410180	Bridgeport	city
15400010852	5410852	Bruceton Mills	town
15400011188	5411188	Buckhannon	city
15400011284	5411284	Buffalo	town
15400011716	5411716	Burnsville	town
15400012124	5412124	Cairo	town
15400012436	5412436	Camden-on-Gauley	town
15400012484	5412484	Cameron	city
15400013108	5413108	Capon Bridge	town
15400013525	5413525	Carpendale	town
15400013924	5413924	Cedar Grove	town
15400014308	5414308	Ceredo	city
15400014524	5414524	Chapmanville	town
15400014600	5414600	Charleston	city
15400014610	5414610	Charles Town	city
15400015028	5415028	Chesapeake	town

15400015076	5415076	Chester	city
15400015628	5415628	Clarksburg	city
15400015676	5415676	Clay	town
15400015916	5415916	Clearview	village
15400016012	5416012	Clendenin	town
15400018412	5418412	Cowen	town
15400020212	5420212	Danville	town
15400020428	5420428	Davis	town
15400020500	5420500	Davy	town
15400020980	5420980	Delbarton	town
15400022564	5422564	Dunbar	city
15400022852	5422852	Durbin	town
15400023092	5423092	East Bank	town
15400024292	5424292	Eleanor	town
15400024364	5424364	Elizabeth	town
15400024484	5424484	Elk Garden	town
15400024580	5424580	Elkins	city
15400024844	5424844	Ellenboro	town
15400026452	5426452	Fairmont	city
15400026524	5426524	Fairview	town
15400026692	5426692	Falling Spring	town
15400026932	5426932	Farmington	town
15400027028	5427028	Fayetteville	town
15400027868	5427868	Flatwoods	town
15400027940	5427940	Flemington	town
15400028204	5428204	Follansbee	city
15400028516	5428516	Fort Gay	town
15400029044	5429044	Franklin	town
15400029404	5429404	Friendly	town
15400030196	5430196	Gary	city
15400030220	5430220	Gassaway	town
15400030364	5430364	Gauley Bridge	town
15400030772	5430772	Gilbert	town
15400031324	5431324	Glasgow	town
15400031492	5431492	Glen Dale	city
15400032044	5432044	Glenville	town
15400032716	5432716	Grafton	city
15400032884	5432884	Grantsville	town
15400032908	5432908	Grant Town	town
15400032932	5432932	Granville	town
15400034492	5434492	Hambleton	town
15400034516	5434516	Hamlin	town
15400034756	5434756	Handley	town
15400035092	5435092	Harman	town
15400035284	5435284	Harpers Ferry	town
15400035428	5435428	Harrisville	town
15400035500	5435500	Hartford City	town

15400036220	5436220	Hedgesville	town
15400036460	5436460	Hendricks	town
15400037372	5437372	Hillsboro	town
15400037636	5437636	Hinton	city
15400039340	5439340	Hundred	town
15400039460	5439460	Huntington	city
15400039460	5439460	Huntington	city
15400039532	5439532	Hurricane	city
15400039532	5439532	Hurricane	city
15400039628	5439628	Huttonsville	town
15400039652	5439652	Iaeger	town
15400040828	5440828	Jane Lew	town
15400042244	5442244	Junior	town
15400043180	5443180	Kenova	city
15400043300	5443300	Kermit	town
15400043492	5443492	Keyser	city
15400043516	5443516	Keystone	city
15400043780	5443780	Kimball	town
15400044044	5444044	Kingwood	city
15400046300	5446300	Leon	town
15400046468	5446468	Lester	town
15400046636	5446636	Lewisburg	city
15400048148	5448148	Logan	city
15400048748	5448748	Lost Creek	town
15400049252	5449252	Lumberport	town
15400049492	5449492	Mabscott	town
15400050260	5450260	McMechen	city
15400050524	5450524	Madison	city
15400050932	5450932	Man	town
15400051100	5451100	Mannington	city
15400051676	5451676	Marlinton	town
15400051724	5451724	Marmet	city
15400052060	5452060	Martinsburg	city
15400052180	5452180	Mason	town
15400052228	5452228	Masontown	town
15400052324	5452324	Matewan	town
15400052780	5452780	Meadow Bridge	town
15400053572	5453572	Middlebourne	town
15400054100	5454100	Mill Creek	town
15400054484	5454484	Milton	town
15400054892	5454892	Mitchell Heights	town
15400055276	5455276	Monongah	town
15400055468	5455468	Montgomery	city
15400055468	5455468	Montgomery	city
15400055540	5455540	Montrose	town
15400055588	5455588	Moorefield	town
15400055756	5455756	Morgantown	city

15400056020	5456020	Moundsville	city
15400056404	5456404	Mount Hope	city
15400057148	5457148	Mullens	city
15400058300	5458300	Newburg	town
15400058372	5458372	New Cumberland	city
15400058564	5458564	New Haven	town
15400058684	5458684	New Martinsville	city
15400059068	5459068	Nitro	city
15400059068	5459068	Nitro	city
15400059428	5459428	Northfork	town
15400059458	5459458	North Hills	town
15400059836	5459836	Nutter Fort	town
15400060028	5460028	Oak Hill	city
15400060196	5460196	Oakvale	town
15400060364	5460364	Oceana	town
15400061636	5461636	Paden City	city
15400061636	5461636	Paden City	city
15400062140	5462140	Parkersburg	city
15400062284	5462284	Parsons	city
15400062332	5462332	Paw Paw	town
15400062356	5462356	Pax	town
15400062764	5462764	Pennsboro	city
15400062956	5462956	Petersburg	city
15400063052	5463052	Peterstown	town
15400063292	5463292	Philippi	city
15400063604	5463604	Piedmont	town
15400063892	5463892	Pine Grove	town
15400063940	5463940	Pineville	town
15400064228	5464228	Pleasant Valley	city
15400064516	5464516	Poca	town
15400064708	5464708	Point Pleasant	city
15400065356	5465356	Pratt	town
15400065692	5465692	Princeton	city
15400065956	5465956	Pullman	town
15400066412	5466412	Quinwood	town
15400066652	5466652	Rainelle	town
15400066988	5466988	Ranson	corporation
15400067108	5467108	Ravenswood	city
15400067636	5467636	Reedsville	town
15400067660	5467660	Reedy	town
15400068116	5468116	Richwood	city
15400068260	5468260	Ridgeley	town
15400068596	5468596	Ripley	city
15400068908	5468908	Rivesville	town
15400070084	5470084	Romney	city
15400070156	5470156	Ronceverte	city
15400070588	5470588	Rowlesburg	town

15400070828	5470828	Rupert	town
15400071212	5471212	St. Albans	city
15400071356	5471356	St. Marys	city
15400071380	5471380	Salem	city
15400071620	5471620	Sand Fork	town
15400073468	5473468	Shepherdstown	town
15400073636	5473636	Shinnston	city
15400074380	5474380	Sistersville	city
15400074740	5474740	Smithers	city
15400074740	5474740	Smithers	city
15400074788	5474788	Smithfield	town
15400075172	5475172	Sophia	town
15400075292	5475292	South Charleston	city
15400075820	5475820	Spencer	city
15400076516	5476516	Star City	town
15400077188	5477188	Stonewood	city
15400077980	5477980	Summersville	city
15400078580	5478580	Sutton	town
15400078964	5478964	Sylvester	town
15400079708	5479708	Terra Alta	town
15400080020	5480020	Thomas	city
15400080284	5480284	Thurmond	town
15400080932	5480932	Triadelphia	town
15400081268	5481268	Tunnelton	town
15400081940	5481940	Union	town
15400082732	5482732	Valley Grove	village
15400083500	5483500	Vienna	city
15400084484	5484484	War	city
15400084580	5484580	Wardensville	town
15400084940	5484940	Wayne	town
15400085156	5485156	Weirton	city
15400085156	5485156	Weirton	city
15400085228	5485228	Welch	city
15400085324	5485324	Wellsburg	city
15400085804	5485804	West Hamlin	town
15400085876	5485876	West Liberty	town
15400085900	5485900	West Logan	town
15400085924	5485924	West Milford	town
15400085972	5485972	Weston	city
15400085996	5485996	Westover	city
15400086116	5486116	West Union	town
15400086452	5486452	Wheeling	city
15400086452	5486452	Wheeling	city
15400086620	5486620	White Hall	town
15400086812	5486812	White Sulphur Springs	city
15400086836	5486836	Whitesville	town
15400086836	5486836	Whitesville	town

15400087508	5487508	Williamson	city
15400087556	5487556	Williamstown	city
15400087892	5487892	Windsor Heights	village
15400087988	5487988	Winfield	town
15400088324	5488324	Womelsdorf (Coalton)	town
15400088708	5488708	Worthington	town
25400100000	54001	Barbour	County
25400300000	54003	Berkeley	County
25400500000	54005	Boone	County
25400700000	54007	Braxton	County
25400900000	54009	Brooke	County
25401100000	54011	Cabell	County
25401300000	54013	Calhoun	County
25401500000	54015	Clay	County
25401700000	54017	Doddridge	County
25401900000	54019	Fayette	County
25402100000	54021	Gilmer	County
25402300000	54023	Grant	County
25402500000	54025	Greenbrier	County
25402700000	54027	Hampshire	County
25402900000	54029	Hancock	County
25403100000	54031	Hardy	County
25403300000	54033	Harrison	County
25403500000	54035	Jackson	County
25403700000	54037	Jefferson	County
25403900000	54039	Kanawha	County
25404100000	54041	Lewis	County
25404300000	54043	Lincoln	County
25404500000	54045	Logan	County
25404700000	54047	McDowell	County
25404900000	54049	Marion	County
25405100000	54051	Marshall	County
25405300000	54053	Mason	County
25405500000	54055	Mercer	County
25405700000	54057	Mineral	County
25405900000	54059	Mingo	County
25406100000	54061	Monongalia	County
25406300000	54063	Monroe	County
25406500000	54065	Morgan	County
25406700000	54067	Nicholas	County
25406900000	54069	Ohio	County
25407100000	54071	Pendleton	County
25407300000	54073	Pleasants	County
25407500000	54075	Pocahontas	County
25407700000	54077	Preston	County
25407900000	54079	Putnam	County
25408100000	54081	Raleigh	County

25408300000	54083	Randolph	County
25408500000	54085	Ritchie	County
25408700000	54087	Roane	County
25408900000	54089	Summers	County
25409100000	54091	Taylor	County
25409300000	54093	Tucker	County
25409500000	54095	Tyler	County
25409700000	54097	Upshur	County
25409900000	54099	Wayne	County
25410100000	54101	Webster	County
25410300000	54103	Wetzel	County
25410500000	54105	Wirt	County
25410700000	54107	Wood	County
25410900000	54109	Wyoming	County

NameLSAD for GUPS	State FIPS	State Abbreviation
Addison (Webster Springs) town	54	WV
Albright town	54	WV
Alderson town	54	WV
Alderson town	54	WV
Anawalt town	54	WV
Anmoore town	54	WV
Ansted town	54	WV
Athens town	54	WV
Auburn town	54	WV
Bancroft town	54	WV
Barboursville village	54	WV
Barrackville town	54	WV
Bath (Berkeley Springs) town	54	WV
Bayard town	54	WV
Beckley city	54	WV
Beech Bottom village	54	WV
Belington town	54	WV
Belle town	54	WV
Belmont city	54	WV
Benwood city	54	WV
Bethany town	54	WV
Bethlehem village	54	WV
Beverly town	54	WV
Blacksville town	54	WV
Bluefield city	54	WV
Bolivar town	54	WV
Bradshaw town	54	WV
Bramwell town	54	WV
Brandonville town	54	WV
Bridgeport city	54	WV
Bruceton Mills town	54	WV
Buckhannon city	54	WV
Buffalo town	54	WV
Burnsville town	54	WV
Cairo town	54	WV
Camden-on-Gauley town	54	WV
Cameron city	54	WV
Capon Bridge town	54	WV
Carpendale town	54	WV
Cedar Grove town	54	WV
Ceredo city	54	WV
Chapmanville town	54	WV
Charleston city	54	WV
Charles Town city	54	WV
Chesapeake town	54	WV

Chester city	54	WV
Clarksburg city	54	WV
Clay town	54	WV
Clearview village	54	WV
Clendenin town	54	WV
Cowen town	54	WV
Danville town	54	WV
Davis town	54	WV
Davy town	54	WV
Delbarton town	54	WV
Dunbar city	54	WV
Durbin town	54	WV
East Bank town	54	WV
Eleanor town	54	WV
Elizabeth town	54	WV
Elk Garden town	54	WV
Elkins city	54	WV
Ellenboro town	54	WV
Fairmont city	54	WV
Fairview town	54	WV
Falling Spring town	54	WV
Farmington town	54	WV
Fayetteville town	54	WV
Flatwoods town	54	WV
Flemington town	54	WV
Follansbee city	54	WV
Fort Gay town	54	WV
Franklin town	54	WV
Friendly town	54	WV
Gary city	54	WV
Gassaway town	54	WV
Gauley Bridge town	54	WV
Gilbert town	54	WV
Glasgow town	54	WV
Glen Dale city	54	WV
Glenville town	54	WV
Grafton city	54	WV
Grantsville town	54	WV
Grant Town town	54	WV
Granville town	54	WV
Hambleton town	54	WV
Hamlin town	54	WV
Handley town	54	WV
Harman town	54	WV
Harpers Ferry town	54	WV
Harrisville town	54	WV
Hartford City town	54	WV

Hedgesville town	54	WV
Hendricks town	54	WV
Hillsboro town	54	WV
Hinton city	54	WV
Hundred town	54	WV
Huntington city	54	WV
Huntington city	54	WV
Hurricane city	54	WV
Hurricane city	54	WV
Huttonsville town	54	WV
Iaeger town	54	WV
Jane Lew town	54	WV
Junior town	54	WV
Kenova city	54	WV
Kermit town	54	WV
Keyser city	54	WV
Keystone city	54	WV
Kimball town	54	WV
Kingwood city	54	WV
Leon town	54	WV
Lester town	54	WV
Lewisburg city	54	WV
Logan city	54	WV
Lost Creek town	54	WV
Lumberport town	54	WV
Mabscott town	54	WV
McMechen city	54	WV
Madison city	54	WV
Man town	54	WV
Mannington city	54	WV
Marlinton town	54	WV
Marmet city	54	WV
Martinsburg city	54	WV
Mason town	54	WV
Masontown town	54	WV
Matewan town	54	WV
Meadow Bridge town	54	WV
Middlebourne town	54	WV
Mill Creek town	54	WV
Milton town	54	WV
Mitchell Heights town	54	WV
Monongah town	54	WV
Montgomery city	54	WV
Montgomery city	54	WV
Montrose town	54	WV
Moorefield town	54	WV
Morgantown city	54	WV

Moundsville city	54	WV
Mount Hope city	54	WV
Mullens city	54	WV
Newburg town	54	WV
New Cumberland city	54	WV
New Haven town	54	WV
New Martinsville city	54	WV
Nitro city	54	WV
Nitro city	54	WV
Northfork town	54	WV
North Hills town	54	WV
Nutter Fort town	54	WV
Oak Hill city	54	WV
Oakvale town	54	WV
Oceana town	54	WV
Paden City city	54	WV
Paden City city	54	WV
Parkersburg city	54	WV
Parsons city	54	WV
Paw Paw town	54	WV
Pax town	54	WV
Pennsboro city	54	WV
Petersburg city	54	WV
Peterstown town	54	WV
Philippi city	54	WV
Piedmont town	54	WV
Pine Grove town	54	WV
Pineville town	54	WV
Pleasant Valley city	54	WV
Poca town	54	WV
Point Pleasant city	54	WV
Pratt town	54	WV
Princeton city	54	WV
Pullman town	54	WV
Quinwood town	54	WV
Rainelle town	54	WV
Ranson corporation	54	WV
Ravenswood city	54	WV
Reedsville town	54	WV
Reedy town	54	WV
Richwood city	54	WV
Ridgeley town	54	WV
Ripley city	54	WV
Rivesville town	54	WV
Romney city	54	WV
Ronceverte city	54	WV
Rowlesburg town	54	WV

Rupert town	54	WV
St. Albans city	54	WV
St. Marys city	54	WV
Salem city	54	WV
Sand Fork town	54	WV
Shepherdstown town	54	WV
Shinnston city	54	WV
Sistersville city	54	WV
Smithers city	54	WV
Smithers city	54	WV
Smithfield town	54	WV
Sophia town	54	WV
South Charleston city	54	WV
Spencer city	54	WV
Star City town	54	WV
Stonewood city	54	WV
Summersville city	54	WV
Sutton town	54	WV
Sylvester town	54	WV
Terra Alta town	54	WV
Thomas city	54	WV
Thurmond town	54	WV
Triadelphia town	54	WV
Tunnelton town	54	WV
Union town	54	WV
Valley Grove village	54	WV
Vienna city	54	WV
War city	54	WV
Wardensville town	54	WV
Wayne town	54	WV
Weirton city	54	WV
Weirton city	54	WV
Welch city	54	WV
Wellsburg city	54	WV
West Hamlin town	54	WV
West Liberty town	54	WV
West Logan town	54	WV
West Milford town	54	WV
Weston city	54	WV
Westover city	54	WV
West Union town	54	WV
Wheeling city	54	WV
Wheeling city	54	WV
White Hall town	54	WV
White Sulphur Springs city	54	WV
Whitesville town	54	WV
Whitesville town	54	WV

Williamson city	54	WV
Williamstown city	54	WV
Windsor Heights village	54	WV
Winfield town	54	WV
Womelsdorf (Coalton) town	54	WV
Worthington town	54	WV
Barbour County	54	WV
Berkeley County	54	WV
Boone County	54	WV
Braxton County	54	WV
Brooke County	54	WV
Cabell County	54	WV
Calhoun County	54	WV
Clay County	54	WV
Doddridge County	54	WV
Fayette County	54	WV
Gilmer County	54	WV
Grant County	54	WV
Greenbrier County	54	WV
Hampshire County	54	WV
Hancock County	54	WV
Hardy County	54	WV
Harrison County	54	WV
Jackson County	54	WV
Jefferson County	54	WV
Kanawha County	54	WV
Lewis County	54	WV
Lincoln County	54	WV
Logan County	54	WV
McDowell County	54	WV
Marion County	54	WV
Marshall County	54	WV
Mason County	54	WV
Mercer County	54	WV
Mineral County	54	WV
Mingo County	54	WV
Monongalia County	54	WV
Monroe County	54	WV
Morgan County	54	WV
Nicholas County	54	WV
Ohio County	54	WV
Pendleton County	54	WV
Pleasants County	54	WV
Pocahontas County	54	WV
Preston County	54	WV
Putnam County	54	WV
Raleigh County	54	WV

Randolph County	54	WV
Ritchie County	54	WV
Roane County	54	WV
Summers County	54	WV
Taylor County	54	WV
Tucker County	54	WV
Tyler County	54	WV
Upshur County	54	WV
Wayne County	54	WV
Webster County	54	WV
Wetzel County	54	WV
Wirt County	54	WV
Wood County	54	WV
Wyoming County	54	WV

County FIPS	FIPS for GUPS	County Name	ANSI Code
101	00364	Webster	02390697
077	00748	Preston	02390699
063	00772	Monroe	02390700
025	00772	Greenbrier	02390700
047	01780	McDowell	02390703
033	01900	Harrison	02390704
019	01996	Fayette	02390705
055	03292	Mercer	02390709
085	03364	Ritchie	02390710
079	04204	Putnam	02390711
011	04276	Cabell	02391537
049	04612	Marion	02390714
065	04876	Morgan	01877535
023	04924	Grant	02390716
081	05332	Raleigh	02390563
009	05452	Brooke	02391543
001	05788	Barbour	02390718
039	05836	Kanawha	02390719
073	06004	Pleasants	02390564
051	06340	Marshall	02390565
009	06844	Brooke	02390725
069	06940	Ohio	02391550
083	06988	Randolph	02390729
061	08092	Monongalia	02390733
055	08524	Mercer	02390566
037	08932	Jefferson	02390738
047	09700	McDowell	02390746
055	09796	Mercer	02390747
077	09844	Preston	02390749
033	10180	Harrison	02390568
077	10852	Preston	02390758
097	11188	Upshur	02390570
079	11284	Putnam	02390760
007	11716	Braxton	02390763
085	12124	Ritchie	02390764
101	12436	Webster	02390766
051	12484	Marshall	02390572
027	13108	Hampshire	02390769
057	13525	Mineral	02390771
039	13924	Kanawha	02390774
099	14308	Wayne	02390573
045	14524	Logan	02390776
039	14600	Kanawha	02390575
037	14610	Jefferson	02390574
039	15028	Kanawha	02390782

029	15076	Hancock	02390576
033	15628	Harrison	02390577
015	15676	Clay	02390798
069	15916	Ohio	02391611
039	16012	Kanawha	02390801
101	18412	Webster	02390814
005	20212	Boone	02390820
093	20428	Tucker	02390821
047	20500	McDowell	02390822
059	20980	Mingo	02390825
039	22564	Kanawha	02390584
075	22852	Pocahontas	02390154
039	23092	Kanawha	02390156
079	24292	Putnam	02390163
105	24364	Wirt	02390164
057	24484	Mineral	02390165
083	24580	Randolph	02390585
085	24844	Ritchie	02390168
049	26452	Marion	02390586
049	26524	Marion	02390174
025	26692	Greenbrier	02390175
049	26932	Marion	02390177
019	27028	Fayette	02390179
007	27868	Braxton	02390184
091	27940	Taylor	02390185
009	28204	Brooke	02390587
099	28516	Wayne	02390188
071	29044	Pendleton	02390190
095	29404	Tyler	02390192
047	30196	McDowell	02390592
007	30220	Braxton	02390200
019	30364	Fayette	02390202
059	30772	Mingo	02390204
039	31324	Kanawha	02390207
051	31492	Marshall	02390593
021	32044	Gilmer	02390210
091	32716	Taylor	02390595
013	32884	Calhoun	02390216
049	32908	Marion	02390214
061	32932	Monongalia	02390217
093	34492	Tucker	02390225
043	34516	Lincoln	02390227
039	34756	Kanawha	02390230
083	35092	Randolph	02390231
037	35284	Jefferson	02390232
085	35428	Ritchie	02390233
053	35500	Mason	02390234

003	36220	Berkeley	02390239
093	36460	Tucker	02390242
075	37372	Pocahontas	02390248
089	37636	Summers	02390600
103	39340	Wetzel	02390252
011	39460	Cabell	02390601
099	39460	Wayne	02390601
079	39532	Putnam	02390602
011	39532	Cabell	02390602
083	39628	Randolph	02391237
047	39652	McDowell	02391238
041	40828	Lewis	02391244
001	42244	Barbour	02391248
099	43180	Wayne	02390604
059	43300	Mingo	02391254
057	43492	Mineral	02390605
047	43516	McDowell	02390606
047	43780	McDowell	02391257
077	44044	Preston	02390607
053	46300	Mason	02391268
081	46468	Raleigh	02391270
025	46636	Greenbrier	02390610
045	48148	Logan	02390611
033	48748	Harrison	02391274
033	49252	Harrison	02391278
081	49492	Raleigh	02391280
051	50260	Marshall	02390616
005	50524	Boone	02390612
045	50932	Logan	02391283
049	51100	Marion	02390613
075	51676	Pocahontas	02391287
039	51724	Kanawha	02390614
003	52060	Berkeley	02390615
053	52180	Mason	02391289
077	52228	Preston	02391290
059	52324	Mingo	02391291
019	52780	Fayette	02391294
095	53572	Tyler	02391296
083	54100	Randolph	02391302
011	54484	Cabell	02391307
045	54892	Logan	02391309
049	55276	Marion	02391310
019	55468	Fayette	02390618
039	55468	Kanawha	02390618
083	55540	Randolph	02391312
031	55588	Hardy	02391314
061	55756	Monongalia	02390619

051	56020	Marshall	02390620
019	56404	Fayette	02390621
109	57148	Wyoming	02390623
077	58300	Preston	02391328
029	58372	Hancock	02390626
053	58564	Mason	02391324
103	58684	Wetzel	02390627
039	59068	Kanawha	02390629
079	59068	Putnam	02390629
047	59428	McDowell	02391336
107	59458	Wood	02391335
033	59836	Harrison	02391337
019	60028	Fayette	02390630
055	60196	Mercer	02391339
109	60364	Wyoming	02391343
095	61636	Tyler	02390631
103	61636	Wetzel	02390631
107	62140	Wood	02390632
093	62284	Tucker	02390633
065	62332	Morgan	02391352
019	62356	Fayette	02391353
085	62764	Ritchie	02390634
023	62956	Grant	02390635
063	63052	Monroe	02391358
001	63292	Barbour	02390636
057	63604	Mineral	02391360
103	63892	Wetzel	02391361
109	63940	Wyoming	02391362
049	64228	Marion	02390637
079	64516	Putnam	02391364
053	64708	Mason	02390639
039	65356	Kanawha	02391371
055	65692	Mercer	02390640
085	65956	Ritchie	02391375
025	66412	Greenbrier	02391380
025	66652	Greenbrier	02391381
037	66988	Jefferson	02390677
035	67108	Jackson	02390641
077	67636	Preston	02391382
087	67660	Roane	02391383
067	68116	Nicholas	02390643
057	68260	Mineral	02391388
035	68596	Jackson	02390644
049	68908	Marion	02391393
027	70084	Hampshire	02390646
025	70156	Greenbrier	02390647
077	70588	Preston	02391397

025	70828	Greenbrier	02391398
039	71212	Kanawha	02390657
073	71356	Pleasants	02390658
033	71380	Harrison	02390648
021	71620	Gilmer	02391402
037	73468	Jefferson	02391411
033	73636	Harrison	02390652
095	74380	Tyler	02390653
019	74740	Fayette	02390654
039	74740	Kanawha	02390654
103	74788	Wetzel	02391414
081	75172	Raleigh	02391419
039	75292	Kanawha	02390655
087	75820	Roane	02390656
061	76516	Monongalia	02391427
033	77188	Harrison	02390659
067	77980	Nicholas	02391433
007	78580	Braxton	02391435
005	78964	Boone	02391437
077	79708	Preston	02391442
093	80020	Tucker	02390662
019	80284	Fayette	02391444
069	80932	Ohio	02391450
077	81268	Preston	02391453
063	81940	Monroe	02391454
069	82732	Ohio	02391181
107	83500	Wood	02390663
047	84484	McDowell	02390664
031	84580	Hardy	02391468
099	84940	Wayne	02391474
029	85156	Hancock	02390666
009	85156	Brooke	02390666
047	85228	McDowell	02390667
009	85324	Brooke	02390668
043	85804	Lincoln	02391476
069	85876	Ohio	02391477
045	85900	Logan	02391478
033	85924	Harrison	02391479
041	85972	Lewis	02390670
061	85996	Monongalia	02390671
017	86116	Doddridge	02391481
051	86452	Marshall	02390672
069	86452	Ohio	02390672
049	86620	Marion	02391484
025	86812	Greenbrier	02390673
005	86836	Boone	02391485
081	86836	Raleigh	02391485

059	87508	Mingo	02390674
107	87556	Wood	02390675
009	87892	Brooke	02391222
079	87988	Putnam	02391489
083	88324	Randolph	02391491
049	88708	Marion	02391495
001		Barbour	01696996
003		Berkeley	01550008
005		Boone	01550009
007		Braxton	01550010
009		Brooke	01558262
011		Cabell	01550012
013		Calhoun	01696945
015		Clay	01550014
017		Doddridge	01689476
019		Fayette	01560095
021		Gilmer	01689673
023		Grant	01697238
025		Greenbrier	01557518
027		Hampshire	01718644
029		Hancock	01560574
031		Hardy	01718557
033		Harrison	01718426
035		Jackson	01559963
037		Jefferson	01550025
039		Kanawha	01550026
041		Lewis	01550027
043		Lincoln	01550028
045		Logan	01550029
047		McDowell	01689162
049		Marion	01718173
051		Marshall	01717539
053		Mason	01560254
055		Mercer	01557645
057		Mineral	01717890
059		Mingo	01550036
061		Monongalia	01550037
063		Monroe	01557702
065		Morgan	01557950
067		Nicholas	01550040
069		Ohio	01717163
071		Pendleton	01550042
073		Pleasants	01678557
075		Pocahontas	01550044
077		Preston	01558642
079		Putnam	01550046
081		Raleigh	01550047

083	Randolph	01550048
085	Ritchie	01689049
087	Roane	01550050
089	Summers	01557805
091	Taylor	01689856
093	Tucker	01689423
095	Tyler	01678706
097	Upshur	01696800
099	Wayne	01550056
101	Webster	01550057
103	Wetzel	01717836
105	Wirt	01678877
107	Wood	01560558
109	Wyoming	01550061

2026 WVCOA SPRING SEMINAR

Paid through PayPal 9 hrs

March 5th and 6th at the Days Inn & Conference Center, Flatwoods, WV

Registration starts at 8 AM Thursday

Thursday, March 5th 8:30 AM - 4:30 PM

Friday, March 6th 8:30 AM – Noon

Board of Directors Meeting: Wednesday, March 4rd, 6 PM

Presenters:

March 5th **Robby Dawson,** Southeastern Regional Director for the NFPA. *Topic: Building Officials Overview of NFPA 101 – Life Safety Code and NFPA Resources*

March 6th **Angela Nepa,** Senior Fire Protection Specialist for Hilti North America. *Topic: Firestop 101: A Life Safety Issue (*covers the key test standards related to firestopping in applicable codes, the variables that affect firestop performance and proper selection of firestop systems to drive quality installation)

March 6th **Lesley L. Rosier-Tabor, PE**, Executive Director for the WV State Board of Registration for Professional Engineers. *Topic: Engineering Seals and Spotting Counterfeit Seals*

Lunch Provided by Days Inn Conference Center on Thursday

Register online at WVCOA.com under events

March Meeting Link:

https://www.wyndhamhotels.com/hotels/05228?checkInDate=03/04/2026&checkOutDate=03/05/2026&groupCode=030426WVC

***** PLEASE NOTE: THE NEW OWNERS OF THE DAYS INN WILL NOT ACCEPT THE DISCOUNTED PRICE OF THE GUEST ROOMS AFTER THE BLOCK DATE HAS EXPIRED.**

FOR THIS SEMINAR, THE BLOCK DATE DEADLINE IS *FEBRUARY 5th*

A RESOLUTION AUTHORIZING THE FILING OF THE APPLICATI TO LOWE'S COMPANIES, INC. FOR HARRISON COUNTY PARKS AND RE ADOPTING ALL SPECIAL CONDITIONS AND ASSURANCES CONTAINED IN SAID APPLICATION; COMMITTING SUFFICIENT WORK FORCE TO OPERATE AND MANAGE ALL EQUIPMENT AND OTHER ITEMS REQUESTED

WHEREAS, the Harrison County Commission wishes to participate in the Lowe's Community Bucket List Grant Program, purchasing organizational shelving and heating unit, the necessary complementary equipment for Harrison County Parks and Recreation, and

WHEREAS, the Harrison County Commission has determined that this project is eligible for the Lowe's Community Bucket List Grant, and

WHEREAS, by the terms and provisions of said program, it is necessary for the Harrison County Commission to adopt an official resolution authorizing and directing the filing of an application for participation in the Lowe's Community Bucket List Grant Program, and

WHEREAS, the Harrison County Commission is also required to adopt by official resolution all special conditions and assurances contained in, and made a part of, said Lowe's Community Bucket List Grant Program, and

WHEREAS, it is required that the Harrison County Commission appoint an official representative of the Harrison County Commission to administer said program and to provide all additional information required by Lowe's Companies, Inc., and

WHEREAS, it is required that the Harrison County Commission commits sufficient work force to operate and manage all equipment and other items requested.

NOW, THEREFORE, BE IT RESOLVED, by the Harrison County Commission that:

1. The Harrison County Commission authorizes the filing of the Harrison County application for funds from Lowe's Community Bucket List Grant Program in the amount not to exceed Ten Thousand Dollars ($10,000) with Lowe's Company, Inc., and said application shall be in proper form and comply with all federal, state, and local laws.

2. The Harrison County Commission considers and adopts that certain document entitled *"Special Conditions and Assurances"* as contained in said application and made a part of said Resolution as if set forth herein.

3. The Harrison County Commission hereby appoints the President of the Harrison County Commission to serve as the official representative of the Harrison County Commission in administering said Grant, including providing necessary additional information to the State government.

4. The Harrison County Commission hereby commits sufficient work force to operate and manage all equipment and other items.

PASSED by the Harrison County Commission on this the 18th day of March 2026.

_____

Susan J. Thomas, President
Harrison County Commission

ATTEST:

_____

John Spires, County Clerk

A RESOLUTION AUTHORIZING THE FILING OF THE APPLICATI FOR FY2024 EMERGENCY MANAGEMENT PERFORMANCE GRANT ADOPTING ALL UNDERSTANDINGS AND ASSURANCES CONTAINED IN SAID APPLICATION; APPOINTING THE PRESIDENT OF THE HARRISON COUNTY COMMISSION TO ADMINISTER SAID PROGRAM; COMMITTING FUNDS TO THE PROJECT

WHEREAS, the Harrison County Commission wishes to participate in FY2024 Emergency Management Performance Grant, and

WHEREAS, the development and maintenance of an emergency management program is beneficial to Harrison County, and

WHEREAS, the Harrison County Commission has determined this project is eligible for funding from the West Virginia Division of Homeland Security and Emergency Management, and

WHEREAS, by the terms and provisions of said program, it is necessary for the Harrison County Commission to adopt an official resolution authorizing and directing the acceptance of funds for the FY2024 Emergency Management Performance Grant Program, and

WHEREAS, the Harrison County Commission is also required to adopt by official resolution all understandings and assurances contained in, and made part of, said Emergency Management Performance Grant, and

WHEREAS, it is required that the Harrison County Commission appoint an official representative of the Harrison County Commission to administer said program and to provide all additional information required by the State government, and

WHEREAS, it is required that the Harrison County Commission commits funds to the project.

NOW, THEREFORE, BE IT RESOLVED, by the Harrison County Commission that:

1. The Harrison County Commission authorizes the filing of the application of the FY2024 Emergency Management Performance Grant (EMPG) not to exceed One Hundred Twenty Thousand Dollars ($120,000) and commits to the 50% match.

2. The Harrison County Commission considers and adopts that certain document entitled *"Special Conditions and Assurances"* as contained in said application and made a part of said Resolution as if set forth herein.

3. The Harrison County Commission hereby appoints the President of the Harrison County Commission to serve as the official representative of the Harrison County Commission in administering said Grant, including providing necessary additional information to the State government.

PASSED by the Harrison County Commission on this the 4th day of March 2026.

_____

Susan J. Thomas, President
Harrison County Commission

ATTEST:

_____

John Spires, County Clerk

24.

A RESOLUTION AUTHORIZING THE FILING OF THE APPLICATI TO DOLLAR GENERAL CORPORATION'S DOLLAR GENERAL LITERACY FOUNDATION FOR HARRISON COUNTY PARKS AND RECREATION; ADOPTING ALL SPECIAL CONDITIONS AND ASSURANCES CONTAINED IN SAID APPLICATION; COMMITTING SUFFICIENT WORK FORCE TO OPERATE AND MANAGE ALL EQUIPMENT AND OTHER ITEMS REQUESTED

WHEREAS, the Harrison County Commission wishes to participate in the Dollar General Corporation's Dollar General Literacy Foundation's Grant Program, purchasing instructional materials, books, technology, software, professional development, and the necessary complementary materials for Harrison County Parks and Recreation, and

WHEREAS, the Harrison County Commission has determined that this project is eligible for the Dollar General Corporation's Dollar General Literacy Foundation Grant, and

WHEREAS, by the terms and provisions of said program, it is necessary for the Harrison County Commission to adopt an official resolution authorizing and directing the filing of an application for participation in the Dollar General Literacy Foundation Grant Program, and

WHEREAS, the Harrison County Commission is also required to adopt by official resolution all special conditions and assurances contained in, and made a part of, said Dollar General Literacy Foundation Grant Program, and

WHEREAS, it is required that the Harrison County Commission appoint an official representative of the Harrison County Commission to administer said program and to provide all additional information required by Dollar General Corporation, and

WHEREAS, it is required that the Harrison County Commission commits sufficient work force to operate and manage all equipment and other items requested.

NOW, THEREFORE, BE IT RESOLVED, by the Harrison County Commission that:

1. The Harrison County Commission authorizes the filing of the Harrison County application for funds from the Dollar General Literacy Foundation Grant Program in the amount of Five Thousand Dollars ($5,000) with Dollar General Corporation, and said application shall be in proper form and comply with all federal, state, and local laws.

2. The Harrison County Commission considers and adopts that certain document entitled *"Special Conditions and Assurances"* as contained in said application and made a part of said Resolution as if set forth herein.

3. The Harrison County Commission hereby appoints the President of the Harrison County Commission to serve as the official representative of the Harrison County Commission in administering said Grant, including providing necessary additional information to the State government.

4. The Harrison County Commission hereby commits sufficient work force to operate and manage all equipment and other items.

PASSED by the Harrison County Commission on this the 18th day of March 2026.

Susan J. Thomas, President
Harrison County Commission

ATTEST:

John Spires, County Clerk

A-1.

United States of America

State of West Virginia **County of Harrison, ss:**

Clerk's Fiduciary Report

Estate from Wednesday, March 4, 2026, through Tuesday, March 10, 2026

The County Commission of Harrison County this day proceeded to examine the report of the Clerk of the Commission of the Fiduciary and Probate matters had before his during the vacation of the Commission, and it appearing to the Commission that all of the proceedings had therefore ordered that the said report and matters thereto contained be and the same is hereby ratified and confirmed. Said report is in words and figures as follows, to-wit:

On, Wednesday, March 4, 2026, the following matters were disposed of in the presence of the Clerk:

A duly copy of the last will and testament of **WILLIAM ELLIOTT BROWN**, deceased, late a resident of KANAWHA, WEST VIRGINIA, was admitted to record.

On, Thursday, March 5, 2026, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **KEITH EDWARD WALLS**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

WESLEY RUSSELL WALLS, who was named in the last will and testament of **KEITH EDWARD WALLS**, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

The last will and testament of **DEBORAH JEAN NUZUM**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

RICHARD LAWRENCE NUZUM, who was named in the last will and testament of **DEBORAH JEAN NUZUM**, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

The last will and testament of **CALANTHA ANNE YOST**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

MICHAEL STANFORD YOST, who was named in the last will and testament of **CALANTHA ANNE YOST**, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

On, Tuesday, March 10, 2026, the following matters were disposed of in the presence of the Clerk:

The said estate of **PETER EMANUAL KAITES**, deceased was referred to **NORMAN T FARLEY**, a FIDUCIARY COMMISSIONER for the Harrison County, for settlement thereof.

The last will and testament of **RONALD HOWARD ROGERS**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

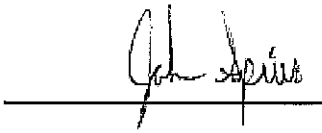
RODNEY ROGERS, who was named in the last will and testament of **RONALD HOWARD ROGERS**, deceased, as ADMINISTRATOR CTA thereof, qualified as such. Bond was 10,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID B ZEBLEY** was appointed and qualified as ADMINISTRATOR of the estate of **EMILY ANN ZEBLEY**, deceased. Bond was 20,000.00.

The last will and testament of **MARTHA E DAVIS**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

JAMES BRIAN DAVIS, who was named in the last will and testament of **MARTHA E DAVIS**, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

A duly certified copy of the last will and testament of **ESTHER B POWERS**, deceased, late a resident of MARION, WEST VIRGINIA, was admitted to record.



Wednesday, March 18, 2026

John R Spires
Clerk of the Harrison County Commission

Confirmed

C-1.

Sun Valley Public Service District
Regular Board Meeting

Monday
March 9, 2026
2:30 PM

AGENDA

1. Call meeting to order

2. Reading of the Minutes, Approval of Check Signing Document and CWCR Document

3. Manager's Report
   A. Review & Approve Grant Agreements for Indian Run Water Project
   B. Review & Approve 1st Payment Request for Indian Run Water Project

4. Old Business
   A. Review & Approve 14th Payment Request for Phase III-B Sewer Collection System Upgrades Project
   B. Review & Discuss Sewer Phase IIIB Customer Billing

5. New Business

6. Public Comments

7. Adjournment

C-2.

Enlarged Hepzibah Public Service District
Regular Board Meeting

Monday
March 9, 2026
4:30 PM

AGENDA

1. Call meeting to order
2. Reading of the Minutes, Approval of Check Signing Document and CWCR Document
3. Manager's Report
4. Old Business
5. New Business
6. Public Comments
7. Adjournment

THIS MEETING WILL BE HELD AT SUN VALLEY PUBLIC SERVICE DISTRICT'S OFFICE, LOCATED AT 18 SABLE CIRCLE, REYNOLDSVILLE, WV 26422

C-3.

State of West Virginia
Department of Homeland Security
Division of Administrative Services
1124 Smith Street
#2100
Charleston, WV 25301
(304) 558-2350

MICHAEL T. BAYLOUS
CABINET SECRETARY

TINA DESMOND
DIRECTOR

February 12, 2026

Harrison County Commission
301 Main Street
Clarksburg, WV 26301

Dear Commission,

This letter is to alert you that it is *likely* your county's inmate billing rate will be changing over to the next rate, which is the Base Per Diem Rate of $67.27, during this month of February 2026.

During the 2023 Regular Session of the Legislature, HB3552 was passed and subsequently approved by the Governor on March 29, 2023. This bill amended West Virginia Code §15A-3-16, relating to jail per diem costs. In subsection (k), it states the base rate per day, per inmate rate shall be set at $57.46. It also states a county will be billed based on a pro rata number of inmate days. That pro rata number of inmate days will be calculated by ***multiplying each county's population as contained in the 2020 United States Census by .52***.

Each county is responsible for the following regarding annual per diem jail costs:

- **80% of the current per diem rate for the first 80% of its pro rata share of total billed inmate days.** *This rate is determined to be $53.82.*
- **100% of the current per diem rate for its inmate days that are greater than 80% and up to 100% of its pro rata share of total billed inmate days.** *This would be the base per diem rate of $67.27.*
- **120% of the current per diem rate for its inmate days that exceed 100% of its pro rata share of total billed inmate days.** *This rate is determined to be $80.72.*

Based on the data from the US 2020 Census, 80% of your county's pro rata days is … **27,423** days

As of 1/31/2026, your county has been billed (including days of debits and credits) … **24,297** days

If you have any questions, please contact Angela Nitardy, Accounts Receivable Manager, at 304-352-0218 or by email at Angela.D.Nitardy@wv.gov.

Very respectfully,

Tina Desmond
Director

C-4.

Shinnston Turkey Trot
500 Hood Avenue
Shinnston, WV 26431
shinnstonturkeytrot@gmail.com
(304) 612-4815

January 27, 2026

Harrison County Commission
229 South 3rd Street, 3rd Floor
Clarksburg, WV26301

Harrison County Commission:

We hope this letter finds you well. We are writing to confirm your donation of $1,500.00 to the Shinnston Turkey Trot on December 5, 2025.

Your generous contribution supports our organization's mission and programs. Please note that the Shinnston Turkey Trot is a registered nonprofit organization under IRS Section 501(c)(3), which means your contribution is tax-deductible to the extent permitted by law. No goods or services were provided in exchange for your contribution.

We are providing you with this letter as an acknowledgement of your donation for your records. This documentation will assist you in claiming the tax deduction.

Thank you once again for your support. We look forward to your involvement in the future.

Warm Regards,

Tammy Martin

Tammy Martin
Shinnston Turkey Trot
33-1905566

me of Organization/Applicant Shinnston Turkey Trot, INC

FINAL REPORT OF THE SPECIAL FUNDING REQUEST

MOUNT RECEIVED FROM THE HARRISON COUNTY COMMISSION: $ 1,500.00

'EMIZED EXPENSES FOR THE AMOUNT RECEIVED FROM THE HCC (ATTACH EXTRA SHEETS IF NECESSARY OR DETAILED STATEMENT
)F REVENUED AND EXPENSES RELATED THERETO):

K+K Insurance	$ 491.50
M+M Septic	$ 770.00
Sweetwater	$ 641.99
	$
	$
TOTAL	$ 1903.49

NAME OF PROJECT/EVENT: Shinnston Turkey Trot 5K

TOTAL PROJECT/EVENT INCOME AND EXPENSES: (ATTACH EXTRA SHEETS IF NECESSARY OR A DETAILED STATEMENT OF REVENUES AND EXPENSES RELATED THERETO):

INCOME SOURCE:	Sponsorship, Donation's, Race Fees	$ 22,712.46
		$
		$
	TOTAL	$ 22,712.46
EXPENSE ITEM:	- See Attachment -	$ 15,885.19
	- Special Projects -	$ 6,356.21
		$
	TOTAL	$ 22,241.40

LIST ALL CONTRIBUTORS TO THIS PROJECT/EVENT: (ATTACH EXTRA SHEETS IS NECESSARY)

Wesbanco Bank	$ 500.00
Gillum House B+B	$ 525.00
Harrison County Commission	$ 1500.00
Race Fees	$ 20,187.46
TOTAL	$ 22,712.46

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Tammy Martin
Applicant

1.27.2026
Date

Payee	Amount	Description
B4WV Sec of State	$ 25.00	Annual Filing Fee
Batman Trophy	$ 3.48	Trophy Engraving Fee
Wesbanco	$ 5.00	Maintenace Fee
Wesbanco	$ 5.00	Maintenace Fee
Wesbanco	$ 5.00	Maintenace Fee
Menards	$ 191.42	Safety Cones, Utility Paint
Winners Choice	$ 160.00	Signs for Rail Trail
Wesbanco	$ 5.00	Maintenace Fee
Wesbanco	$ 5.00	Maintenace Fee
Wesbanco	$ 5.00	Maintenace Fee
Wesbanco	$ 5.00	Maintenace Fee
Wesbanco	$ 5.00	Maintenace Fee
Menards	$ 39.05	Expenses
Wesbanco	$ 5.00	Maintenace Fee
Dunkin Donuts	$ 18.59	Expenses
Waste Management	$ 63.49	Landfill
Waste Management	$ 90.25	Landfill
Wesbanco	$ 5.00	Maintenace Fee
Staples	$ 117.70	Advertising / Flyers
Staples	$ 35.31	Advertising / Flyers
K&K Insurance	$ 491.50	Insurance for the Race
Lowes	$ 76.00	Expenses
Race Results	$ 95.36	Safety Pins

Amazon	$ 134.80	Finish Line Inflatables
SP Stickers	$ 156.25	Stickers
Race Results	$ 1,576.29	Race Bibs
Crown Awards	$ 244.64	Trophies
Hammer Nutrition	$ 576.30	Food
Lowes	$ 30.92	Expenses
Amazon	$ 254.16	Swag Bags
Walmart	$ 44.46	Address Labels
Sams Club	$ 163.68	Hot Cocoa, Bananas
Amazon	$ 17.26	Kid's Medals
Amazon	$ 35.71	Awards
Sweetwater	$ 641.99	PA System
Sams Club	$ 23.52	Expenses
Walmart	$ 72.13	Expenses
ACE Hardware	$ 26.48	Expenses
Harbor Freight	$ 48.14	Expenses
Fox's Pizza	$ 84.84	Food for Volunteers
Wesbanco	$ 5.00	Maintenace Fee
Winners Payout	$ 1,200.00	Top 3 Male/Female Winners
Tyson Skiviat	$ 300.00	MC
Seth Martin	$ 300.00	Labor Work
Ty Martin	$ 300.00	Labor Work
Winner's Choice	$ 5,226.20	T-shirts, Banners, Signs
M&M Septic	$ 770.00	Port-a-Potty for Race
McDonalds	$ 7.25	Expenses

ACE Hardware	$ 23.30	Expenses
ACE Hardware	$ 25.00	Expenses
Lowes	$ 134.72	Expenses
Wesbanco	$ 5.00	Maintenace Fee
Pike Street Bikes	$ 2,000.00	Timing Fee
	$ 15,885.19	

DEPOSITS	AMOUNT	
RunSignUp	$ 100.00	
RunSignUp	$ 50.00	
RunSignUp	$ 25.00	
RunSignUp	$ 25.00	
RunSignUp	$ 200.00	
RunSignUp	$ 400.00	
RunSignUp	$ 626.00	
RunSignUp	$ 1,931.46	
RunSignUp	$ 2,070.00	
RunSignUp	$ 8,386.00	
RunSignUp	$ 3,525.00	
RunSignUp	$ 129.00	
CASH	$ 2,720.00	
Wesbanco Sponsorship	$ 500.00	
Gillum House Sponsorship	$ 525.00	
Harrison County Comm Sponsorship	$ 1,500.00	
	$ 22,712.46	

WHERE WE USED THE PROCEEDS	AMOUNT	DESCRIPTION
FAIRMONT STATE UNIVERSITY	$ 317.23	ART PANELS
BIRD DOG LIGHTS	$ 1,603.73	TRAIN LIGHTS FOR CHRISTMAS
LORD'S PANTRY	$ 1,000.00	DONATION
MALE SCHOLARSHIP	$ 1,000.00	(MONEY SET ASIDE) SCHOLARSHIP
FEMALE SCHOLARSHIP	$ 1,000.00	(MONEY SET ASIDE) SCHOLARSHIP
SUMMER & DRAIN CONTRACTING	$ 400.00	CULVERT WORK FOR TRAIL
ACE Hardware	$ 116.13	Trailhead Spring Clean Up
Go Mart	$ 63.70	Trailhead Spring Clean Up
Sunbelt Rentals	$ 379.40	Trailhead Spring Clean Up
Sunbelt Rentals	$ 48.50	Trailhead Spring Clean Up
Lowes	$ 42.63	Little Pantry Box
Lowes	$ 61.67	Little Pantry Box
Lowes	$ 284.58	Little Pantry Box
Price Cutters	$ 38.64	Food for Pantry Box
	$ 6,356.21	

Money Collected in 2025	$ 22,712.46
Expenses	$ (15,885.19)
Projects	$ (6,356.21)
2025 Race Balance	**$ 471.06**

C-5.

CLARKSBURG WATER BOARD

A Municipal Corporation Serving Clarksburg Since 1887

GENERAL MANAGER
JASON L. MYERS

MEMBERS OF THE BOARD
ALBERT N. COX II, PRESIDENT
PAUL J. HOWE III
CHAD E. SIGMON

February 23, 2026

Dear Summit Park Public Service District Customers:

We are writing to inform you of an important change regarding your water and sewer services. Effective April 1, 2026, the Summit Park Public Service District will transfer ownership and operation of its water system to the Clarksburg Water Board, and its sewer system to the Clarksburg Sanitary Board. Both entities are dedicated to ensuring a seamless transition and the continued delivery of high-quality services to our customers.

Water service will be owned and operated by the Clarksburg Water Board. Sewer service will be owned and operated by the Clarksburg Sanitary Board. Over the next month, both organizations will be working closely with Summit Park Public Service District to ensure there is no interruption to your service. You may observe several changes in the coming weeks that are designed to enhance your customer experience and provide greater convenience.

The following updates will take effect as part of this transition:

- Closure of the Summit Park Public Service District office as of March 31, 2026.
- Beginning in April 2026, all water and/or sewer billing statements will be issued directly by the Clarksburg Water Board.

Payment Methods:

Customers will have multiple convenient options for paying their bills:

- By mail
- In person at 1001 South Chestnut Street, Clarksburg, WV
- Drop box at the Clarksburg Water Board Office
- Credit card (in-person, by phone, or online; processing fees apply)
- ACH payment (online – fees apply; in-house – free service)

If you require assistance or have any questions regarding your water or sewer billing statements, please contact our Customer Service Center at (304) 623-3711

or email customer.service@clarksburgwater.com. Our representatives are available Monday through Friday, 8:00 AM to 4:00 PM. For water service emergencies, support is available 24 hours a day at (304) 624-5647. For sewer service emergencies, please call (304) 624-1611 during business hours (Monday through Friday, 7:00 AM to 3:30 PM). Outside of these hours, assistance is available at (304) 626-4900. Additional information is also available at www.clarksburgwater.com or www.cityofclarksburgwv.com.

We appreciate your cooperation during this transition and look forward to serving you as a customer of the Clarksburg Water Board and the Clarksburg Sanitary Board. Both organizations are committed to providing reliable, high-quality services at the lowest possible cost. Should you have any questions or need further information, please do not hesitate to contact us.

Thank you for your continued trust and understanding.

Sincerely,

Jason L. Myers
General Manager

CLARKSBURG WATER BOARD

A Municipal Corporation Serving Clarksburg Since 1887

GENERAL MANAGER
JASON L. MYERS

MEMBERS OF THE BOARD
ALBERT N. COX II, PRESIDENT
PAUL J. HOWE III
CHAD E. SIGMON

NOTICE OF PUBLIC HEARING

PUBLIC HEARING AND FINAL VOTE ON PROPOSED ORDINANCE NO. 2026-01 SETTING RATES, FEES, AND CHARGES FOR CLARKSBURG WATER BOARD BULK WATER CUSTOMERS AND SUMMIT PARK PUBLIC SERVICE DISTRICT CUSTOMERS

Notice is hereby given that the Clarksburg Water Board, a municipal corporation located in Harrison County, West Virginia, will conduct a public hearing prior to taking a final vote on proposed Ordinance No. 2026-01, entitled "An Ordinance Setting Forth the Rates, Fees, and Charges for Service to Customers of the Waterworks System of the Clarksburg Water Board, Harrison County, West Virginia." The primary purpose of this Ordinance is to maintain the existing rates for customers of the Summit Park Public Service District through June 30, 2026, after which time such rates will be adjusted to match the Clarksburg Water Board's standard rates. The Ordinance further provides for an increase in the bulk water rate from $5.00 to $5.50 per one thousand gallons.

The final vote on the proposed Ordinance will take place in the Board Room of the Clarksburg Water Board Water Treatment Plant Building, located at 1001 South Chestnut Street, Clarksburg, West Virginia, on Wednesday, March 11, 2026, at 3:00 P.M. (ET). All interested persons will be afforded the opportunity to appear and to be heard with respect to the proposed Ordinance at that time. Copies of the full text of the Ordinance are available for public inspection at the Clarksburg Water Board Business Office, 1001 South Chestnut Street, Clarksburg, West Virginia, between the hours of 8:00 A.M. and 4:00 P.M. (ET), Monday through Friday, excluding holidays, and may also be accessed online at www.clarksburgwater.com. The Ordinance may be materially amended at the aforementioned meeting.

If adopted, the rates, fees, and charges set forth in the Ordinance will become effective for services rendered on or after April 25, 2026, unless otherwise ordered by the Public Service Commission of West Virginia.

Clarksburg Water Board, a Municipal Corporation,
by Jason L. Myers, General Manager

C-6.

V E N D O R I N V O I C E R E P O R T

** OPEN INVOICES ** DUE DATE: 2/28/26 ** BANK:ALL **

** BEGINNING DATE: 1/01/62 - ENDING DATE: 2/28/26 **

** PAY-TO VENDOR **

ALL FUNDS

	ACCOUNT #	TITLE	QUAN	AMOUNTS	QUAN	BALANCES
B	80 641 000 00	OPERATION SUPPLIES & EXPENSE	2	275.10	2	275.10
B	80 651 000 00	MAINTENANCE OF MAINS	2	947.96	2	947.96
B	80 651 100 00	MAINTENANCE OF MAINS	2	6,167.51	2	6,167.51
B	80 921 100 00	OFFICE SUPPLIES & OTHER EXPENS	1	125.42	1	125.42
B	80 921 300 00	TELEPHONE EXPENSES	1	.74	1	.74
B	80 923 400 00	OUTSIDE SERVICES-ACCOUNTING	6	14,831.65	6	14,831.65
	FUND# 80	WATER FUND	14	22,348.38	14	22,348.38
B	81 703 000 00	SUPPLIES & EXPENSES	2	117.89	2	117.89
B	81 725 000 00	PUMPING MAINTENANCE	1	101.75	1	101.75
B	81 793 000 00	GENERAL & MISC SUPPLIES & EXP	1	53.75	1	53.75
B	81 795 100 00	OUTSIDE SERVICES-ACCOUNTING	26	35,462.14	26	35,462.14
B	81 803 200 00	HEPZIBAH MAINTENANCE HELP-SEWE	1	2,021.30	1	2,021.30
B	81 807 200 00	TELEPHONE EXPENSE	1	.31	1	.31
	FUND# 81	SEWER FUND	32	37,757.14	32	37,757.14
		ALL FUNDS	46	60,105.52	46	60,105.52

C-7.

Sun Valley Public Service District

Regular Board Meeting

Monday, February 9, 2026

With due notice published and a quorum present, Chairman Dale called the meeting to order: ROLL CALL

Present	Employees	Also Present
Richard "Gregg" Dale	Kevin Short	Cody Turner
Connor Thompson		Zack Dobbins

1. **Approval of Minutes**
   Connor Thompson a motion to approve the minutes from the Regular Board meeting on Tuesday January 13, 2026, as read. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.

2. **CWCR**
   Kevin provided the Board with the CWCR (Cash Working Capital Reserve) Document showing any deposits and/or disbursements for water and sewer through today and discussed. After discussion, **Connor Thompson made a motion to approve the current CWCR Document as provided. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.**

3. **Signing of Checks**
   Connor Thompson made a motion to approve the Check Signed Document dated 1/14/26 through 2/9/26. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.

4. **Phase IIIB Sewer Project**
   Zack Dobbins informed the Board that he had the 13th Payment Request for the Phase IIIB Sewer Collection System Upgrades Project. After discussion, **Connor Thompson made a motion to approve Resolution #13 for the Phase IIIB Sewer Collection System Upgrades Project, with $4,700.00 going to JD Utility Services, LLC; with $32,120.10 going to Thrasher Engineering; and $275,456.29 going to Pro Contracting Inc., for a grand total of $312,276.39 to be submitted to IJDC (WV Infrastructure Jobs and Development Council) and WV WDA EEG and the WV DEP CWSRF. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.**

   Kevin informed the Board that the Phase IIIB Sewer System is complete and customers are permitted to tie-in to the newly constructed sewer system on March 1, 2026. Kevin said we have to by law advertise two different times (public notice) in the newspaper plus send each customer a certified letter that the system is ready. Kevin said we have a total of 57 customers two of them are already connected and have been billed this month; we mailed out 55 certified letters on February 2, 2026 and the cost was $600.00. Kevin and the Board went over the contents of the letter on what needs to be done.

5. **Thrasher Engineering Progress Report**

Phase IIIA – Kevin said they had two VFD's to burn up for the second time at Lift Station #1 and he doesn't want to go arguing with Pro Contracting or their Sub Contractor. Kevin said he called our electrician (Steve Loar) and they are going to take out the VFD's and put starters in. When you have a surge of power (as some of these VFD's are so sensitive) in the VFD's, it just fries them and then we are down. We had to hard wire into the breaker and the guys are having to turn it on and off every 8 hours. Kevin and the Board continued discussion regarding the difference between VFD's and starters.

Phase IIIB – Cody informed the Board that Phase IIIB is close to substantial completion. There are still power drops to be done for the E1 grinder units and this should be completed in the next couple weeks. Cody said they have a walk through scheduled on Friday for the substantial completion. Cody informed the Board that he has change order #2 which is a partial quantity adjustment and it essentially looks at all of the quantities they believe have been installed and are completed. Right now, (this is assuming that everything gets done 100%) they are looking at $146,198.00 **decrease** in contract price and that is based on the quantities that have been completed so far, but this could change to an under run or an overrun. After discussion, **Connor Thompson made a motion to accept change order #2 for the Phase IIIB Sewer Project with a net decrease of $146,198.00 to the contract price. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.**

Indian Run – Cody informed the Board that we opened bids for Indian Run on January 21, 2026. Cody said that Pro Contracting was the lowest bidder with a bid amount of $734,925.00, including a 5% construction contingency, the total amount required to award this Contract is $771,671.25. The project currently has $1,900,000.00 allocated through the West Virginia Critical Needs Fund. Based on the bid results, this results in a total underrun of $688,328.75. The bids for this Contract expire on April 21, 2026. Kevin and Cody and the Board discussed in detail. After much discussion, **Connor Thompson made a motion to accept the contract proposal from Pro Contracting for the Line Extension at Indian Run. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.**

6. **Manager's Report**

A. Kevin provided the Board with copies of the Delinquency report that includes Lake Floyd PSD and Sun Valley PSD sewer showing the total amounts still past due before disconnects were mailed and charges were created on January 23, 2026 and discussed.

B. Kevin provided the Board with copies of the Water and Sewer Bond Payment Schedule and advised the Board that all of the Bond payments are paid to date.

C. Kevin provided the Board with a copy of a proposal from Crites Electric in Buckhannon, WV regarding Generac Generators. After discussion, **Connor Thompson made a motion to approve the proposal from Crites Electric for two 26KW Generators, with one being for the Office and one for the Pump Station at Sycamore. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.**

D. Kevin provided the Board with a copy of the Water and Sewer spreadsheets that show the total amount billed compared to the total amount purchased for the month of January, 2026 and discussed.

E. Kevin provided the Board with a copy of the Vendor Invoice Report dated 1/31/26, for Sun Valley PSD Water & Sewer and discussed.

F. Kevin provided the Board with a copy of the Water Loss Report for July 2025 through June 2026. Kevin informed the Board that we had a Water Loss of 42.76% for the month of January, 2026. He said that we have a 25.77% adjusted Water Loss for FY 2025-2026. Kevin and the Board discussed this in detail.

7. <u>Employee Issues</u>

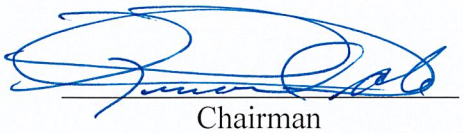
Kevin said he wanted to discuss a couple employee issues. After discussion, **Connor Thompson made a motion to increase Cathy Sparks and Rodney Miller's pay by 6%, this pay cycle. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.**

8. <u>Next Board Meeting</u>

Connor Thompson announced the next Board Meeting will be March 9, 2026 at 2:30 pm.

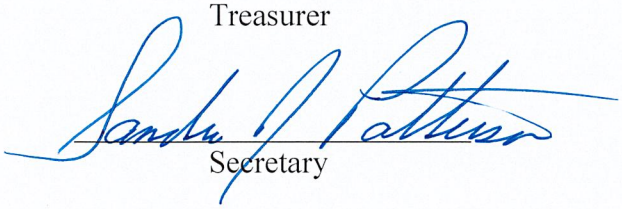
9. <u>Adjournment</u>

There being no further business, **Connor Thompson made a motion to adjourn the meeting. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.**



Chairman

Treasurer



Secretary

aja

27427 05/01/2025 2:39 PM

C-8.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning ..... , 2024, and ending ..... , 20 .....

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

2024

Department of the Treasury
Internal Revenue Service

Name of filer

WALLACE VOLUNTEER FIRE DEPARTMENT

EIN or SSN

55-0569870

Name and title of officer or person subject to tax

MARCUS SHAW
CHIEF

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	[X]	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	158,375
2a	Form 990-EZ check here	[ ]	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	[ ]	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	[ ]	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	[ ]	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	[ ]	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	[ ]	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	[ ]	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	[ ]	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	[ ]	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize TETRICK & BARTLETT, PLLC to enter my PIN 60789 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05/01/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

55272800474

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 05/01/25

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: WALLACE VOLUNTEER FIRE DEPARTMENT
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 216
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: WALLACE WV 26448

D Employer identification number: 55-0569870
E Telephone number: 304-476-9181
G Gross receipts $: 161,057

F Name and address of principal officer: MARCUS SHAW

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE VOLUNTEER FIRE PROTECTION AND EDUCATION TO THE COMMUNITY ON THE PREVENTION OF FIRE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	24
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	211,941	125,487
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,569	49
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,371	32,839
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	259,881	158,375
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	117,744	138,138
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	117,744	138,138
19	Revenue less expenses. Subtract line 18 from line 12	142,137	20,237

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	538,378	552,996
21	Total liabilities (Part X, line 26)	202,253	196,634
22	Net assets or fund balances. Subtract line 21 from line 20	336,125	356,362

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
Date
MARCUS SHAW CHIEF
Type or print name and title

Paid Preparer Use Only

Preparer's name: STEVEN G WILLIAMS	Preparer's signature	Date: 05/01/25	Check ☐ if self-employed	PTIN: P01345134
Firm's name: TETRICK & BARTLETT, PLLC			Firm's EIN: 55-0357807	
Firm's address: PO BOX 1916 CLARKSBURG, WV 26302-1916			Phone no. 304-624-5564	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
TO PROVIDE VOLUNTEER FIRE PROTECTION AND EDUCATION TO THE COMMUNITY ON THE PREVENTION OF FIRE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 125,797 including grants of $) (Revenue $)
TO PROVIDE VOLUNTEER FIRE PROTECTION AND EDUCATION TO THE COMMUNITY ON THE PREVENTION OF FIRE

4b (Code:) (Expenses $ including grants of $) (Revenue $)
N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 125,797

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ☐

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☐ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

MELISSA MARTIN **PO BOX 216**

WALLACE **WV 26448** **304-476-9181**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETSY SHAW COFFEY	2.00									
SECRETARY	0.00			X				0	0	0
(2) JAMES R GUMP, JR	2.00									
PRESIDENT	0.00			X				0	0	0
(3) DONNA RAY	2.00									
TREASURER	0.00			X				0	0	0
(4) MARCUS SHAW	5.00									
CHIEF	0.00			X				0	0	0
(5) NICK WADE	2.00									
VICE PRESIDENT	0.00			X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	125,132				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	355				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h Total. Add lines 1a–1f			125,487			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a–2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			49	49		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	35,521				
	b Less: direct expenses	8b	2,682				
	c Net income or (loss) from fundraising events			32,839			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d						
	12 Total revenue. See instructions			158,375	49	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	72		72	
14 Information technology				
15 Royalties				
16 Occupancy	22,099	22,099		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,809	13,809		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,227	33,227		
23 Insurance	16,948	16,948		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT MAINTENANCE	39,714	39,714		
b MISCELLANEOUS	7,766		7,766	
c TAXES AND LICENCES	1,842		1,842	
d FUEL	1,722		1,722	
e All other expenses	939		939	
25 **Total functional expenses.** Add lines 1 through 24e	138,138	125,797	12,341	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		127,543	1	154,507
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 553,370			
	b	Less: accumulated depreciation	10b 154,881	410,835	10c	398,489
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		538,378	16	552,996
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		202,253	25	196,634
	26	**Total liabilities.** Add lines 17 through 25		202,253	26	196,634
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		336,125	27	356,362
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		336,125	32	356,362
	33	Total liabilities and net assets/fund balances		538,378	33	552,996

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	158,375
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,138
3	Revenue less expenses. Subtract line 2 from line 1	3	20,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	336,125
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	356,362

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other MOD CASH If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

WALLACE VOLUNTEER FIRE DEPARTMENT

Employer identification number

55-0569870

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,515	40,352	5,398	110,498	44,079	233,842
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	63,511	61,737	56,857	82,084	81,408	345,597
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	97,026	102,089	62,255	192,582	125,487	579,439
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						579,439

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	97,026	102,089	62,255	192,582	125,487	579,439
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						579,439

12 Gross receipts from related activities, etc. (see instructions) 12 102,116

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 100.00 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 100.00 %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

This is dumb.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (***see instructions***).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** how these activities directly furthered their exempt purposes, *how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6 Other distributions (*describe in* ***Part VI***). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization

WALLACE VOLUNTEER FIRE DEPARTMENT

Employer identification number

55-0569870

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
WALLACE VOLUNTEER FIRE DEPARTMENT

Employer identification number
55-0569870

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRISON COUNTY COMMISSION 301 W MAIN STREET CLARKSBURG WV 26301	$ 39,707	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	WV STATE TREASURY 1900 KANAWHA BOULEVARD CHARLESTON WV 25305	$ 81,408	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990) (Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WALLACE VOLUNTEER FIRE DEPARTMENT

Employer identification number

55-0569870

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ____ %
b Permanent endowment ____ %
c Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,500		2,500
b Buildings		452,988	154,881	298,107
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				300,607

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) WESBANCO - NOTES PAYABLE	196,634
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	196,634

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WALLACE VOLUNTEER FIRE DEPARTMENT

Employer identification number
55-0569870

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of nongovernment grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 OTHER FUNDRAISI (event type)	(b) Event #2 CARNIVAL (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	27,588	7,933		35,521
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	27,588	7,933		35,521
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	492	2,190		2,682
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,682
	11 Net income summary. Subtract line 10 from line 3, column (d)				32,839

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WALLACE VOLUNTEER FIRE DEPARTMENT

Employer identification number

55-0569870

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC