Page:

Group by Vendor; Order by Vendor; Range by Check Num; Show Paid, PR Paid; Date: Feb, 2017; Range: 46048 - 46058;

ne Account		Description	<u>Vendor</u>	<u>Check</u>	Amount
MERICAN FAMILY LIFE					
10.481.55	1	P/R Vendor Withholding	AMERICAN FAMILY LIFE	46048	106
80.481.55	1	P/R Vendor Withholding	AMERICAN FAMILY LIFE	46048	8
10.481.55	1	P/R Vendor Withholding	AMERICAN FAMILY LIFE	46048	106
	1	· ·			8
80.481.55	1	P/R Vendor Withholding	AMERICAN FAMILY LIFE	46048	
ASHINGTON NATIONAL INS.			Total for AMERICAN F	AMILY LIFE	\$228
10.481.553	1	P/R Vendor Withholding	WASHINGTON NATIONAL INS.	46049	25
40.481.553	1	P/R Vendor Withholding	WASHINGTON NATIONAL INS.	46049	6
80.481.553	1	P/R Vendor Withholding	WASHINGTON NATIONAL INS.	46049	2
80.481.553	1	P/R Vendor Withholding	WASHINGTON NATIONAL INS.	46049	2
10.481.553	1	P/R Vendor Withholding	WASHINGTON NATIONAL INS.	46049	25
40.481.553	1	P/R Vendor Withholding	WASHINGTON NATIONAL INS.	46049	6
		· ·	Total for WASHINGTON NAT	IONAL INS.	\$68
E MED					
10.481.555	1	P/R Vendor Withholding	EYE MED	46050	69
40.481.555	1	P/R Vendor Withholding	EYE MED	46050	6
80.481.555		•	EYE MED	46050	5
	1	P/R Vendor Withholding			
20.481.555	1	P/R Vendor Withholding	EYE MED	46050	2
10.481.555	1	P/R Vendor Withholding	EYE MED	46050	3
40.481.555	1	P/R Vendor Withholding	EYE MED	46050	6
80.481.555	1	P/R Vendor Withholding	EYE MED	46050	5
20.481.555	1	P/R Vendor Withholding	EYE MED	46050	2
10.481.555	1	P/R Vendor Withholding	EYE MED	46050	72
10.481.555	1	P/R Vendor Withholding	EYE MED	46050	3
10.401,000		The vendor volumerang		or EYE MED	\$172
IT 4780 NCPERS LIFE INS			Total ic	// L. L. WILD	V
		D/D ) /on don Mithhaldina	LINUT 4700 NODEDO LIEE INC	46054	4
10.481.56	1	P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	46051	
40.481.56	1	P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	46051	2
80.481.56	1	P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	46051	1
10.481.56	1	P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	46051	4
40.481.56	1	P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	46051	2
80.481.56	1	P/R Vendor Withholding	UNIT 4780 NCPERS LIFE INS	46051	
			Total for UNIT 4780 NCPER	RS LIFE INS	\$10
EN GILLIS PLUMBING					
20.2540.323	2	BOYS RR GYM (URINAL)	ALLEN GILLIS PLUMBING	46058	198
			Total for ALLEN GILLIS	PLUMBING	\$198
CONSULTING GROUP	· · · · · · · · · · · · · · · · · · ·	D/D// L MC// L L	TO A CONCLUTING OFFICE	40050	50/
10.481.56	1	P/R Vendor Withholding	TSA CONSULTING GROUP	46052	598
40.481.56	1	P/R Vendor Withholding	TSA CONSULTING GROUP	. 46052	3
80.481.56	1	P/R Vendor Withholding	TSA CONSULTING GROUP	46052	73
10.1205.210.4	3	Employer Paid Benefits	TSA CONSULTING GROUP	46052	544
80.1205.210.4	3	Employer Paid Benefits	TSA CONSULTING GROUP	46052	96
10.2411.210.6	3	Employer Paid Benefits	TSA CONSULTING GROUP	46052	160
10.1205.210.6	3	Employer Paid Benefits	TSA CONSULTING GROUP	46052	80
80.1205.210.6	3	Employer Paid Benefits	TSA CONSULTING GROUP	46052	80
10.2330.210.6	3	Employer Paid Benefits	TSA CONSULTING GROUP	46052	160
80.2550.210.6	1	Employer Paid Benefits	TSA CONSULTING GROUP	46052	48
40.2550.210.6	1	Employer Paid Benefits	TSA CONSULTING GROUP	46052	11:
10.481.56	1	P/R Vendor Withholding	TSA CONSULTING GROUP	46052	59
40.481.56	1	P/R Vendor Withholding	TSA CONSULTING GROUP	46052	3
80.481.56	1	P/R Vendor Withholding	TSA CONSULTING GROUP	46052	7:
		·	Total for TSA CONSULTI		\$2,680
			Total Total Control of the Control o		, -, - •
COLN FINANCIAL GROUP					

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Group by Vendor; Order by Vendor; Range by Check Num; Show Paid, PR Paid; Date: Feb, 2017; Range: 46048 - 46058;

20.2590.221   3 Employer Paid Benefits	Line Account		Description	Vendor	Check	Amount
10,1205,221   3	10.2411.221	3	Employer Paid Benefits	LINCOLN FINANCIAL GROUP	46053	1.60
10,2410,221   3	20.2540.221	3	Employer Paid Benefits	LINCOLN FINANCIAL GROUP	46053	4.32
10.2520.221	10.1205.221	3	Employer Paid Benefits	LINCOLN FINANCIAL GROUP	46053	10.32
40.2550.221   1 Employer Paid Benefits	10.2410.221	3	Employer Paid Benefits	LINCOLN FINANCIAL GROUP	46053	2.40
10.1259.221   10	10.2520.221	1	Employer Paid Benefits	LINCOLN FINANCIAL GROUP	46053	3.20
10.1012.21   1	40.2550.221	1	Employer Paid Benefits	LINCOLN FINANCIAL GROUP	46053	6.24
10.1101.221   3	10.1250.221	10	Employer Paid Benefits	LINCOLN FINANCIAL GROUP	46053	3.20
10.1125.221   3 Employer Paid Benefits   LINCOLN FINANCIAL GROUP 48053   19.	10.2560.221	1	Employer Paid Benefits	LINCOLN FINANCIAL GROUP	46053	4.61
10.1102.221   3	10.1101.221	3	Employer Paid Benefits	LINCOLN FINANCIAL GROUP	46053	48.00
10.1102.221   3 Employer Paid Benefits   LINCOLN FINANCIAL GROUP		5	, ,	LINCOLN FINANCIAL GROUP	46053	4.80
80.1205.221   3 Employer Paid Benefits   LINCOLN FINANCIAL GROUP	10.1102.221	3		LINCOLN FINANCIAL GROUP	46053	19.20
80.2410.221   3 Employer Paid Benefits	80.1205.221		, ,	LINCOLN FINANCIAL GROUP		2.48
80.2540.221   3			' '			0.80
80.2550.221						2.08
10.233.021   1 Employer Paid Benefits						1.76
10.2330.221   3 Employer Paid Benefits						1.79
10.1125.221   5		-				1.60
THE LINCOLN NATIONAL INS.						3.20
### Total for LINCOLN FINANCIAL GROUP  ### LINCOLN NATIONAL INS.    10 .481.554						
THE LINCOLN NATIONAL INS.	10.1125.221	5	Employer Paid Benefits			3.20-
10.481.554	THE LINCOLN NATIONAL INC			lotal for LINCOLN FINAN	CIAL GROUP	\$118.40
80.481.554	THE LINCOLN NATIONAL INS.		····			
40.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 15. 10.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 15. 10.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 15. 10.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 15. 10.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 408. 80.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 408. 81.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 29. 40.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 38. 81.0.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 38. 81.0.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 38. 81.0.481.559 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 38. 82. 82. 82. 82. 82. 82. 83. 83. 84. 84. 85. 85. 85. 85. 85. 85. 85. 85. 85. 85	10.481.554	1	P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	46054	408.38
20.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 15. 10.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 15. 10.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 15. 10.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 28. 40.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 28. 40.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 28. 40.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 38. 40.481.554 1 P/R Vendor Withholding THE LINCOLN NATIONAL INS. 46054 16. Total for THE LINCOLN NATIONAL INS. 46055 16. Total for THE LINCOLN NATIONAL INS. 46055 40. 40. 40. 40. 40. 40. 40. 40. 40. 40.	80.481.554	1	•	THE LINCOLN NATIONAL INS.	46054	29.47
10.481.554	40.481.554	1	P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	46054	38.40
20.481.554	20.481.554	1	P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	46054	15.75
10.481.554	10.481.554	1	P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	46054	16.50
10.481.554	20.481.554	1	P/R Vendor Withholding	THE LINCOLN NATIONAL INS.	46054	15.75
80.481.554	10.481.554	1	<del>-</del>	THE LINCOLN NATIONAL INS.	46054	408.38
40.481.554	80.481.554	1		THE LINCOLN NATIONAL INS.	46054	29.47
10.481.554		1	•			38.40
Total for THE LINCOLN NATIONAL INS.   \$984.						16.50-
10.481.59					*********	\$984.00
20.481.59	RAEA					
20.481.59	10.481.59	1	P/R Vendor Withholding	RAEA	46055	957.01
40.481.59	20.481.59	1	•	RAEA		23.45
80.481.59		1	•			41.24
10.481.59		1	Ţ.			46.14
10.481.59		1	_			38.47
20.481.59		1	9			957.01
40.481.59		,	<del>-</del>			23.45
80.481.59						41.24
1		1	_			
Total for RAEA   \$2,135.		•	<del>-</del>			38.47-
10.481.56	10.401.00	1	The vendor vitamolarity			\$2,135.68
20.481.56       1       P/R Vendor Withholding       UNITED HEALTHCARE       46056       201.         40.481.56       1       P/R Vendor Withholding       UNITED HEALTHCARE       46056       197.         80.481.56       1       P/R Vendor Withholding       UNITED HEALTHCARE       46056       250.         10.1101.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       3,160.         10.1125.222       5       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         10.1102.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       790.         40.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       632.         10.1250.222       10       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       198.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEAL	UNITED HEALTHCARE					<b>,</b> . <b>,</b>
20.481.56       1       P/R Vendor Withholding       UNITED HEALTHCARE       46056       201.         40.481.56       1       P/R Vendor Withholding       UNITED HEALTHCARE       46056       197.         80.481.56       1       P/R Vendor Withholding       UNITED HEALTHCARE       46056       250.         10.1101.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       3,160.         10.1125.222       5       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         10.1102.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       790.         40.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       632.         10.1250.222       10       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEAL		1	P/R Vendor Withholding	I INITED HEALTHCARE	ARORE	1 201 50
40.481.56       1       P/R Vendor Withholding       UNITED HEALTHCARE       46056       197.         80.481.56       1       P/R Vendor Withholding       UNITED HEALTHCARE       46056       250.         10.1101.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       3,160.         10.1125.222       5       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         10.1102.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       790.         40.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       632.         10.1250.222       10       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.			-			,
80.481.56       1       P/R Vendor Withholding       UNITED HEALTHCARE       46056       250.         10.1101.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       3,160.         10.1125.222       5       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         10.1102.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       790.         40.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       632.         10.1250.222       10       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       198.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.		·	•			
10.1101.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       3,160.         10.1125.222       5       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         10.1102.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       790.         40.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       632.         10.1250.222       10       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.			•			197.60
10.1125.222       5       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         10.1102.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       790.         40.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       632.         10.1250.222       10       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       198.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.			•			250.65
10.1102.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       790.         40.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       632.         10.1250.222       10       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.						3,160.00
40.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       632.         10.1250.222       10       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.			. •			395.00
10.1250.222       10       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.         20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.		3				790.00
20.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.		1	• •			632.00
80.2540.222       3       Employer Paid Benefits       UNITED HEALTHCARE       46056       197.         80.2550.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       158.         10.2520.222       1       Employer Paid Benefits       UNITED HEALTHCARE       46056       395.				UNITED HEALTHCARE	46056	395.00
80.2550.222         1         Employer Paid Benefits         UNITED HEALTHCARE         46056         158.           10.2520.222         1         Employer Paid Benefits         UNITED HEALTHCARE         46056         395.	20.2540.222		, .	UNITED HEALTHCARE	46056	197.50
10.2520.222 1 Employer Paid Benefits UNITED HEALTHCARE 46056 395.	80.2540.222	3	Employer Paid Benefits	UNITED HEALTHCARE	46056	197.50
· ·	80.2550.222	1	Employer Paid Benefits	UNITED HEALTHCARE	46056	158.00
· ·	10.2520.222	1	Employer Paid Benefits	UNITED HEALTHCARE	46056	395.00
1 P/R vendor Withholding UNITED HEALTHCARE 46056 123.	10.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	46056	123.50

## **Board Report**

## Group by Vendor; Order by Vendor; Range by Check Num; Show Paid, PR Paid; Date: Feb, 2017; Range: 46048 - 46058;

<u>Line</u>	Account		Description	Vendor	Check	Amount
	10.1125.222	5	Employer Paid Benefits	UNITED HEALTHCARE	46056	395.00
	10.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	46056	1,884.50
	20.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	46056	201.25
	40.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	46056	197.60
	80.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	46056	250.65
	10.481.56	1	P/R Vendor Withholding	UNITED HEALTHCARE	46056	123.50-
	10.1125.222	5	Employer Paid Benefits	UNITED HEALTHCARE	46056	395.00-
				Total for UNITED HEALTHCARE		\$11,388.00
USA F	UNDS					
	10.481.59	1	P/R Vendor Withholding	USA FUNDS	46057	166.46
	10.481.59	1	P/R Vendor Withholding	USA FUNDS	46057	166.46
				Total	for USA FUNDS	\$332.92

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## Group by Vendor; Order by Vendor; Range by Check Num; Show Paid, PR Paid;

Date: Feb, 2017; Range: 46048 - 46058;

Fund 10	Debits	Credits
Expense	6,177.93	0.00
Asset	0.00	14,614.31
Liability	8,436.38	0.00
Total for Fund 10	14,614.31	14,614.31
Fund 20	Debits	Credits
Expense	399.82	0.00
Asset	0.00	886.22
Liability	486.40	0.00
Total for Fund 20	886.22	886.22
Fund 40	Debits	Credits
Expense	750.24	0.00
Asset	0.00	1,399.16
Liability	648.92	0.00
Total for Fund 40	1,399.16	1,399.16
Fund 80	Debits	Credits
Expense	588.41	0.00
Asset	0.00	1,421.99
Liability	833.58	0.00
Total for Fund 80	1,421.99	1,421.99
Grand Total	Debits	Credits
Expense	7,916.40	0.00
Asset	0.00	18,321.68
Liability	10,405.28	0.00
Grand Total	18,321.68	18,321.68