Docket of Claims
Release date from 12/31/2025 thru 12/31/2025

Fund	Name of Claimant	Trans #	Release Date	Claim Date	Claim Number	Check Number	Claim Amount	Approved/Disapproved
001	PAYROLL CLEARING FUND	261740	12/31/2025	12/30/2025	859		64,275.35	_____

Account Number	Description	Invoice #	Date	P.O.	Amount
001-101-468	SUN LIFE EMP.VISION/DENTAL/LIF		12/30/2025		901.01
001-101-468	EMPLOYEE INS. MATCH PP		12/30/2025		7,700.00
001-102-468	SUN LIFE EMP.VISION/DENTAL/LIF		12/30/2025		655.28
001-102-468	EMPLOYEE INS. MATCH PP		12/30/2025		5,600.00
001-162-411	GROSS WAGES		12/30/2025		6,191.67
001-162-413	GROSS WAGES		12/30/2025		26,166.74
001-162-465	RETIREMENT MATCHING		12/30/2025		5,953.95
001-162-466	FICA MATCHING		12/30/2025		1,964.37
001-162-466	MEDICARE MATCHING		12/30/2025		459.41
001-162-468	UMR EMPLOYEE MEDICAL		12/30/2025		700.00
001-162-468	SUN LIFE EMP.VISION/DENTAL/LIF		12/30/2025		81.91
001-162-468	SUN LIFE ELECTDENTAL/VIS/LIFE		12/30/2025		163.82
001-162-468	UMR ELECTED OFF/SPOUSE MED.		12/30/2025		1,400.00
001-163-468	SUN LIFE EMP.VISION/DENTAL/LIF		12/30/2025		327.64
001-163-468	EMPLOYEE INS. MATCH PP		12/30/2025		2,800.00
001-180-468	SUN LIFE ELECTDENTAL/VIS/LIFE		12/30/2025		327.64
001-180-468	UMR ELECT OFF.MEDICAL MATCH PP		12/30/2025		2,100.00
001-630-468	SUN LIFE EMP.VISION/DENTAL/LIF		12/30/2025		81.91
001-630-468	EMPLOYEE INS. MATCH PP		12/30/2025		700.00

FUND TOTAL 1 Claims 859 to 859 Checks 1 Total 64,275.35 Manual Held Total 64,275.35

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Release date from 12/31/2025 thru 12/31/2025

Fund	Name of Claimant	Trans #	Release Date	Claim Date	Claim Number	Check Number	Claim Amount	Approved/Disapproved
186	PAYROLL CLEARING FUND	261741	12/31/2025	12/30/2025	23		977.39	_____

Account Number	Description	Invoice #	Date	P.O.	Amount
186-163-468	SUN LIFE EMP.VISION/DENTAL/LIF		12/30/2025		102.39
186-163-468	EMPLOYEE INS. MATCH PP		12/30/2025		875.00

FUND TOTAL 186 Claims 23 to 23 Checks 1 Total 977.39 Manual Held Total 977.39

Docket of Claims
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Fund	Name of Claimant	Trans #	Release Date	Claim Date	Claim Number	Check Number	Claim Amount	Approved/Disapproved
187	PAYROLL CLEARING FUND	261742	12/31/2025	12/30/2025	12		781.91	_____

Account Number	Description	Invoice #	Date	P.O.	Amount
187-163-468	SUN LIFE EMP.VISION/DENTAL/LIF		12/30/2025		81.91
187-163-468	EMPLOYEE INS. MATCH PP		12/30/2025		700.00

FUND TOTAL 187 Claims 12 to 12 Checks 1 Total 781.91 Manual Held Total 781.91

Docket of Claims
Release date from 12/31/2025 thru 12/31/2025

Fund	Name of Claimant	Trans #	Release Date	Claim Date	Claim Number	Check Number	Claim Amount	Approved/Disapproved
190	PAYROLL CLEARING FUND	261743	12/31/2025	12/30/2025	20		1,368.34	_____

Account Number	Description	Invoice #	Date	P.O.	Amount
190-163-468	SUN LIFE EMP.VISION/DENTAL/LIF		12/30/2025		143.34
190-163-468	EMPLOYEE INS. MATCH PP		12/30/2025		1,225.00

FUND TOTAL 190 Claims 20 to 20 Checks 1 Total 1,368.34 Manual Held Total 1,368.34

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Release date from 12/31/2025 thru 12/31/2025

SUMMARY OF ALL FUNDS

FUND 1	Claims	859	to	859	Checks	1 Total	64,275.35	Manual	Held	Total	64,275.35
FUND 186	Claims	23	to	23	Checks	1 Total	977.39	Manual	Held	Total	977.39
FUND 187	Claims	12	to	12	Checks	1 Total	781.91	Manual	Held	Total	781.91
FUND 190	Claims	20	to	20	Checks	1 Total	1,368.34	Manual	Held	Total	1,368.34
Total for all Funds					Checks	4 Total	67,402.99	Manual	Held	Total	67,402.99