

Lawrence County
Request for Additional Appropriation
(Please complete all information)

1. Department: Commissioners

2. Department Head: Jeff McKnight

3. Fund Number: 1000-12011-00000-0068
(include line and location e.g. 1000.11100.0002)

4. Fund Name: Full Time Stipend

5. This is a request for an additional appropriation of \$112,500.00

6. Date of Council consideration: 07/28/2026

7. Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$	\$	\$

8. Current Balance:

9. Justification for request: The County Council voted in the 06/23/2026 meeting to give all full time employees a \$500 stipend on their 07/31/2026 payroll.

10. What options are available? None

11. How will this affect your future budget? No

12. Does this affect the total number of personnel: (Y or N)

13. If this is an additional position, please attach a job description (Y or N)



Signature of Department Head

7-7-26

Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

FILED

JUL 07 2026


LAWRENCE COUNTY AUDITOR

Lawrence County
Request for Additional Appropriation
(Please complete all information)

1. Department: Commissioners

2. Department Head: Jeff McKnight

3. Fund Number: 1000-12012-00000-0068

(include line and location e.g. 1000.11100.0002)

4. Fund Name: Part Time Stipend

5. This is a request for an additional appropriation of \$8750.00

6. Date of Council consideration: 07/28/2026

7. Amount Budgeted
For current year

Amount Spent
to date

Additional
Transfers

\$

\$

\$

8. Current Balance:

9. Justification for request: The County Council voted in the 06/23/2026 meeting to give all part-time employees a \$250 stipend on their 07/31/2026 payroll.

10. What options are available? None

11. How will this affect your future budget? No

12. Does this affect the total number of personnel: (Y or N)

13. If this is an additional position, please attach a job description (Y or N)



Signature of Department Head

7-2-26

Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

FILED

JUL 07 2026

Martha S. Arnold-Turner
LAWRENCE COUNTY AUDITOR

Lawrence County
Request for Additional Appropriation
(Please complete all information)

FILED

JUN 30 2026

Matthew L. Arnold-Purman
LAWRENCE COUNTY AUDITOR

1. Department: *Sheriff*
2. Department Head: *Dreg Day*
3. Fund Number: *4009. 39601.0000 Contract Svc*
(include line and location e.g. 1000.11100.0002)

4. Fund Name: *Sheriff Sale Fund*

5. This is a request for an additional appropriation of \$ *9,000.00*

6. Date of Council consideration: *July 28, 2026*

7. Amount Budgeted For current year	Amount Spent to date	Additional/Transfers
\$ <i>10,000.00</i>	\$ <i>8920.00</i>	\$ —

8. Current Balance: *1,180.00*

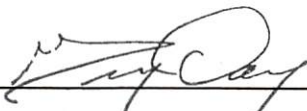
9. Justification for request: *To pay SRF for Sheriff Sales for remainder of year*

10. What options are available? —

11. How will this affect your future budget? *NO*

12. Does this affect the total number of personnel: (Y or N)

13. If this is an additional position, please attach a job description (Y or N)



Signature of Department Head

6-30-2026

Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

Lawrence County
Request for Additional Appropriation
(Please complete all information)

FILED

JUN 29 2026

Martha S. Arnold-Purman
LAWRENCE COUNTY AUDITOR

1. Department: Sheriff
2. Department Head: Greg Day
3. Fund Number: 1170.35803.0000 Police Car Repair
(include line and location e.g. 1000.11100.0002)

4. Fund Name: LIT

5. This is a request for an additional appropriation of \$ 6,250.00

6. Date of Council consideration: July 28, 2026

7. Amount Budgeted For current year	Amount Spent to date	Additional/Transfers
<u>\$65,000.00</u>	<u>\$46,497.08</u>	<u>\$ —</u>

8. Current Balance: 18,502.92

9. Justification for request: Old Police Vehicles Sold through Municipal Auctions

10. What options are available? —

11. How will this affect your future budget? NO

12. Does this affect the total number of personnel: (Y or (N))

13. If this is an additional position, please attach a job description (Y or N)



Signature of Department Head

6-26-2026

Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

FILED

NOV 3 8 5058

RECEIVED DIRECTOR

1170. 32803. 0000 Police Car Repair

LIT

1,330.00

1,330.00

1,330.00

1,330.00

1,330.00

Outstanding Police Car Repair

NOV

1170

1170

Lawrence County
Request for Additional Appropriation
(Please complete all information)

FILED

JUN 29 2026

Martha S. Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1170. 37400. 0000 Immater medical*
(include line and location e.g. 1000.11100.0002)

4. Fund Name: *LIT Public Safety*

5. This is a request for an additional appropriation of \$ *25,000.00*

6. Date of Council consideration: *July 28, 2026*

7. Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$ <i>340,000.00</i>	\$ <i>206,569.36</i>	\$ <i>32500.00</i>

8. Current Balance: *165,930.64*

9. Justification for request: *\$55,000 removed from general fund budget with the understanding it could be appropriated in LIT... only requesting \$25,000 of that + this time to help pay for all medical expenses rest of the year*

10. What options are available? *None*

11. How will this affect your future budget? *N/A*

12. Does this affect the total number of personnel: (Y or **(N)**)

13. If this is an additional position, please attach a job description (Y or N)



Signature of Department Head

06/26/2026

Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

Lawrence County
Request for Additional Appropriation
(Please complete all information)

FILED

JUN 25 2026

Martha S. Arnold-Purman
LAWRENCE COUNTY AUDITOR

1. Department: Lawrence Circuit Court

2. Department Head: Nathan Nikirk

3. Fund Number: 1000.39401.0232

(include line and location e.g. 1000.11100.0002)

4. Fund Name: Care of Inmates/Juveniles

5. This is a request for an additional appropriation of \$15,000.00

6. Date of Council consideration:

7. Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$40,000.00	\$30,400.00	\$0.00

8. Current Balance: \$9,600.00

9. Justification for request: Two juveniles that were held in detention in January/February and part of March. Both are now being housed in residential placement.

10. What options are available? None

11. How will this affect your future budget? Does not affect future budgets

12. Does this affect the total number of personnel: NO

13. If this is an additional position, please attach a job description:

Nathan G. Nikirk
Signature of Department Head

June 25, 2026
Date

These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date