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

FILED
JUN 05 2026
LAWRENCE COUNTY AUDITOR

1. Department: Commissioners
2. Department Head: Jeff McKnight
3. Fund Number: 1000.39300.0068
   (include line and location e.g. 1000.11100.0002)
4. Fund Name: Software Support
5. This is a request for an additional appropriation of $ 3373.00
6. Date of Council consideration: 6-23-26
7.

Amount Budgeted For current year	Amount Spent to date	Additionals/ Transfers
$	$	$

8. Current Balance:
9. Justification for request: negative balance due to increased fees
10. What options are available?
11. How will this affect your future budget?
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 — Date: 6-5-26

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

Auditor — Date

Revision 2024-April

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

1. **Department: Rainy Day**
2. **Department Head: Martha Turner**
3. **Fund Number: 1186**

FILED
JUN 05 2026
Martha L Arnold-Turner
LAWRENCE COUNTY AUDITOR

1186-39612-00000-0000

4. **Fund Name: Rainy Day**
5. **This is a request for an additional appropriation of $50,000.00**
6. **Date of Council consideration:06/23/2026**
7.

Amount Budgeted For current year	Amount Spent to date	Additionals/ Transfers
$0	$0	$ 0

8. **Current Balance: $2,184,995.45**
9. **Justification for request: To pay outstanding invoices to Baker Tilley covering the 2025 Financial Plan, 2026 Financial Plan, Budget & Support Services and the LIT.**
10. **What options are available? None**
11. **How will this affect your future budget?**
12. **Does this affect the total number of personnel: No**
13. **If this is an additional position, please attach a job description N/A**

Martha L Arnold-Turner — 6-5-26

Signature of Department Head **Date**

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_____ _____

Auditor **Date**

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

FILED
JUN 05 2026
LAWRENCE COUNTY AUDITOR

1. **Department:** Treasurer
2. **Department Head:** Penny Cobb
3. **Fund Number:** 1000 - 39400 - 0003

   (include line and location e.g. 1000.11100.0002)
4. **Fund Name:** Co. General
5. **This is a request for an additional appropriation of $** 1,249.92
6. **Date of Council consideration:** June , 2026
7.

Amount Budgeted For current year	Amount Spent to date	Additionals/ Transfers
$ 27,000.00	$ 28,249.92	$ 0

8. **Current Balance:** - 1249.92
9. **Justification for request:** I raised the total for budget line for printing + mailing tax bills, but it had gone up more from last year than what I put in my budget
10. **What options are available?** None
11. **How will this affect your future budget?** It will bring line number out of negative.
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)**

Penny L Cobb — June 4, 2026

Signature of Department Head — **Date**

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

_____ — _____

Auditor — **Date**

Revision 2024-April

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

FILED
JUN 05 2026
Martha L Arnold-Timms
LAWRENCE COUNTY AUDITOR

1. **Department:** Treasurer
2. **Department Head:** Penny Cox
3. **Fund Number:** 1000 - 34200 - 0003

   (include line and location e.g. 1000.11100.0002)
4. **Fund Name:** Co General
5. **This is a request for an additional appropriation of $** 1443.50
6. **Date of Council consideration:** June , 2026
7.

Amount Budgeted For current year	Amount Spent to date	Additionals/ Transfers
$ 25,000.00	$ 26443.50	$ 0

8. **Current Balance:** -1,443.50
9. **Justification for request:** This is for MVP Support that Martha paid out of my line the first of the year when due.
10. **What options are available?** None
11. **How will this affect your future budget?** It will bring line # out of the negative.
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)**

Penny L. Cox — June 4, 2026

Signature of Department Head **Date**

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Auditor **Date**

Revision 2024-April

REQUEST FOR ADDITIONAL APPROPRIATIONS

FILED
JUN 03 2026
Martha L Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: Prosecutor
2. Department Head: Samuel C. Arp II
3. Account Number: 2508. 59200. 0000
4. Fund Name: Infraction Deferral
5. This is a request for an additional appropriation of $ 400.00
6. Date of Council consideration: 6/23/2026

7. Amount Budgeted for current year	Amount Spent to date	Additionals to date
$	$	$

8. Current Balance: $_____
9. Justification for request: to pay for Axon
10. What options are available? ____
11. How will this affect your future budget? ____
12. Does this affect the total number of personnel positions? ____
13. If this is an additional position, please attach a job description. ____

Samuel C. Arp II

SIGNATURE OF DEPARTMENT HEAD DATE 6/2/2026

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AUDITOR DATE

Lawrence County
Request for Additional Appropriation

FILED
JUN 02 2026
Martha L. Ronald Turner
LAWRENCE COUNTY AUDITOR

1. Department: Highway
2. Department Head: Brian Sowder
3. Fund Number: 1176-0530-43500
4. Fund Name: Safety Training & Equipment
5. This is a request for an additional appropriation of $919.30
6. Date of Council consideration:6-23-26
7.

Amount Budgeted For current year	Amount Spent to date	Additionals/ Transfers
$2,000	$2,919.30	$

8. Current Balance: $-$919.30
9. Justification for request:
10. What options are available?
11. How will this affect your future budget? N
12. Does this affect the total number of personnel: N
13. If this is an additional position, please attach a job description N

BO Hall _____ 5/28/26

Signature of Department Head _____ Date

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_____ _____

Auditor _____ Date

Lawrence County
Request for Additional Appropriation

FILED
JUN 02 2026
Martha A. Arnold Timms
LAWRENCE COUNTY AUDITOR

1. Department: Cum Bridge
2. Department Head: Brian Sowder
3. Fund Number: 1135-0000-43101
4. Fund Name: New Equipment
5. This is a request for an additional appropriation of $285,928.56
6. Date of Council consideration:6-23-26
7. Amount Budgeted For current year $ 20,000 | Amount Spent to date | Additionals/ Transfers
8. Current Balance: $20,000
9. Justification for request: Replace totaled Truck
10. What options are available?
11. How will this affect your future budget? N
12. Does this affect the total number of personnel: N
13. If this is an additional position, please attach a job description N

B O'Neal — 5/28/26

Signature of Department Head — Date

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Auditor — Date

Lawrence County
Request for Additional Appropriation

FILED

JUN 04 2026

LAWRENCE COUNTY AUDITOR

1. Department: Motor Vehicle Highway
2. Department Head: Brian Sowder
3. Fund Number: 1176-0533-39001
4. Fund Name: Motor Vehicle Highway
5. This is a request for an additional appropriation of $150,000.00
6. Date of Council consideration:6-23-26
7. Amount Budgeted For current year $ | Amount Spent to date | Additionals/ Transfers
8. Current Balance:
9. Justification for request: Road Projects
10. What options are available?
11. How will this affect your future budget? N
12. Does this affect the total number of personnel: N
13. If this is an additional position, please attach a job description N

BD [illegible] — 6/5/26

Signature of Department Head — Date

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Auditor — Date

Revision 2024-April

Lawrence County
Request for Additional Appropriation

FILED
JUN 04 2026
LAWRENCE COUNTY AUDITOR

1. Department: Motor Vehicle Highway Restricted
2. Department Head: Brian Sowder
3. Fund Number: 1173-0531-22302
4. Fund Name: Motor Vehicle Highway Restricted
5. This is a request for an additional appropriation of $150,000.00
6. Date of Council consideration:6-23-26
7. Amount Budgeted For current year $ | Amount Spent to date | Additionals/ Transfers
8. Current Balance:
9. Justification for request: Road Projects
10. What options are available?
11. How will this affect your future budget? N
12. Does this affect the total number of personnel: N
13. If this is an additional position, please attach a job description N

B D [signature] — 6-5-26

Signature of Department Head — Date

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Auditor — Date

Revision 2024-April