

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Prosecutor
2. Department Head: Samuel C. Arp II
3. Account Number: 1000
4. Fund Name: 11404
5. This is a request for an additional appropriation of \$ 537.52
6. Date of Council consideration: 10/27/2026
7. Amount Budgeted for current year
\$ _____
- Amount Spent to date
\$ _____
- Additional to date
\$ _____
8. Current Balance: \$ _____ Savannah Like's move
9. Justification for request: Scaled to scale E to finish the year
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. _____

FILED

OCT 05 2026

Martha & Arnold Turner
LAWRENCE COUNTY AUDITOR

Samuel C. Arp II
SIGNATURE OF DEPARTMENT HEAD

10/5/2026
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

OCT 07 2026

Martha Arnold-Turner
LAWRENCE COUNTY AUDITOR

1. Department: Auditor
2. Department Head: Martha Arnold-Turner
3. Fund Number: 1181.39612
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Rainy Day
5. This is a request for an additional appropriation of \$ 15,000.00
6. Date of Council consideration: 10.27.26
7.

Amount Budgeted For current year	Amount Spent to date	Additional/Transfers
\$	\$	\$
8. Current Balance:
9. Justification for request: to cover Baker Tilly Invoices
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)

Martha Arnold-Turner
Signature of Department Head

10/7/2026
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

OCT 02 2026

Martha A. Arnold-Purman
LAWRENCE COUNTY AUDITOR

1. Department: *Sheriff's office*
2. Department Head: *Breg Day*
3. Fund Number: *1175.33203 Law Library - New Line*

(include line and location e.g. 1000.11100.0002)

4. Fund Name: *Misdemeanor*

5. This is a request for an additional appropriation of \$ *4,400.00*

6. Date of Council consideration: *October 27, 2026*

7. Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>

8. Current Balance: *0*

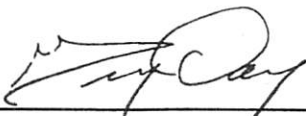
9. Justification for request: *to replace check number 52445 that was sent to fastcase on 12-19-2023 and was voided on 8-14-2026*

10. What options are available? *due to not clearing.*

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

OCT 02 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)

1. Department: *Auditor*
2. Department Head: *Martha Arnold-Turner*
3. Fund Number: *1000.11100.0002 + 1000.11300.0002 + 1000.11104.0308*
(include line and location e.g. 1000.11100.0002)
4. Fund Name: *County General*
5. This is a request for an additional appropriation of \$ *9425.00*
6. Date of Council consideration: *10.27.26*
7.

Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$	\$	\$
8. Current Balance:
9. Justification for request:
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

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)

1. Department: Treasurer
2. Department Head: Penny Cobb
3. Fund Number: 1000.11100.0003 + 1000.11300.0003

(include line and location e.g. 1000.11100.0002)

4. Fund Name: Co. General
5. This is a request for an additional appropriation of \$ 4861.87
6. Date of Council consideration: 10-27-2026

7. Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$ <u>130340.00</u>	\$ <u>92240.50</u>	\$ <u>0</u>

8. Current Balance: 33099.50
9. Justification for request: 27th Pay, not budgeted for in 2025 for 2026
10. What options are available? None
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)

Penny Cobb

Signature of Department Head

10/01/26

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
For 27th Pay

Department: County Assessor

Department Head: April Stapp Collins

Fund Number: 1000.11402.00000.0008

Fund Name: County General

This is a request to fund the 27th pay of 2026

Date of Council consideration: Oct 27, 2026

The amount of the addition appropriation is \$3990.00 for:

Cheryl Blackwell

McKayla Padgett

Chloe Fiscus



Signature of Department Head

Sept 30, 2026

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

Auditor

Date

Lawrence County
Request for Additional Appropriation
For 27th Pay

Department: County Assessor

Department Head: April Stapp Collins

Fund Number: 1000.11300.00000.0008

Fund Name: County General

This is a request to fund the 27th pay of 2026

Date of Council consideration: Oct 27, 2026

The amount of the addition appropriation is \$1797.61 for Deloris Watterson



Signature of Department Head

Sept 30, 2026

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

Auditor

Date

Lawrence County
Request for Additional Appropriation
For 27th Pay

Department: County Assessor

Department Head: April Stapp Collins

Fund Number: 1000.11100.00000.0008

Fund Name: County General

This is a request to fund the 27th pay of 2026

Date of Council consideration: Oct 27, 2026

The amount of the addition appropriation is \$2144.58



Signature of Department Head

Sept 30, 2026

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

Auditor

Date

Lawrence County
Request for Additional Appropriation
For 27th Pay

Department: Reassessment

Department Head: April Stapp Collins

Fund Number: 1224.11402.00000.0000

Fund Name: Reassessment

This is a request to fund the 27th pay of 2026

Date of Council consideration: Oct 27, 2026

The amount of the addition appropriation is \$1512.00 for Erin Ikerd



Signature of Department Head

Sept 30, 2026

These funds 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)

1. Department: Recorder
2. Department Head: Jessica Allen
3. Fund Number: 1000.11100.0004
(include line and location e.g. 1000.11100.0002)
4. Fund Name: County General
5. This is a request for an additional appropriation of \$ 2092.00
6. Date of Council consideration:
7.

Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$	\$	\$
8. Current Balance:
9. Justification for request: 27th Pay
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

10-5-26

Date

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

Auditor

Date

Corey

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

1. Department: Surveyor's Office
2. Department Head: Corey D. Allen
3. Fund Number: 1000.11100.00000.006
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Elected Official
5. This is a request for an additional appropriation of \$1,433.00
6. Date of Council consideration: October 27, 2026
7.

Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$37,246.00	\$28,680.80	\$0.00
8. Current Balance: \$8,565.20
9. Justification for request: 27th Pay
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)

Corey D. Allen

Signature of Department Head

10-27-2026

Date

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

Auditor

Date

Kenna

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

1. Department: Surveyor's Office
2. Department Head: Corey D. Allen
3. Fund Number: 1000.11300.00000.006
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Deputies
5. This is a request for an additional appropriation of \$1,790.00
6. Date of Council consideration: October 27, 2026
7.

Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$46,519.00	\$35,783.80	\$0.00
8. Current Balance: \$10,735.20
9. Justification for request: 27th Pay
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)

Corey D. Allen

Signature of Department Head

10-2-2026

Date

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

Auditor

Date

Sharon

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

1. Department: Surveyor's Office
2. Department Head: Corey D. Allen
3. Fund Number: 1000.11402.00000.006
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Second Deputy
5. This is a request for an additional appropriation of \$1,431.00
6. Date of Council consideration: October 27, 2026
7.

Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$37,183.00	\$28,602.40	\$0.00
8. Current Balance: \$8,580.60
9. Justification for request: 27th Pay
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)

Corey D. Allen
Signature of Department Head

10-2-2026
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)

1. Department: Veterans Office
2. Department Head: Kylie McPike
3. Fund Number: 1000.11103.00000.0012
(include line and location e.g. 1000.11100.00002)
4. Fund Name: Veterans officer salary
5. This is a request for an additional appropriation of \$ 1,332.80
6. Date of Council consideration:
7.

Amount Budgeted For current year	Amount Spent to date	Additional/Transfers
\$	\$	\$
8. Current Balance:
9. Justification for request: 27th Pay
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)

FILED
OCT 01 2026

Martha J. Alexander
LAWRENCE COUNTY AUDITOR

Kylie McPike VSO
by: Tony G. King Admin.

Signature of Department Head

10-1-26
Date

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

Auditor

Date

Lawrence County **FILED**
Request for Additional Appropriation
(Please complete all information) OCT 05 2026

Martha & Harold Turner
LAWRENCE COUNTY AUDITOR

1. Department: Clerk

2. Department Head: Amy Voorhies

3. Fund Number: 27th pay
(include line and location e.g. 1000.11100.0002)

see back side
→

4. Fund Name:

5. This is a request for an additional appropriation of \$ \$6586.59 total

6. Date of Council consideration: 10.27.2026

7. Amount Budgeted
For current year

Amount Spent
to date

Additional/
Transfers

\$

\$

\$

8. Current Balance:

27th Pay

9. Justification for request:

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)

Amy Voorhies
Signature of Department Head

10.5.26
Date

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

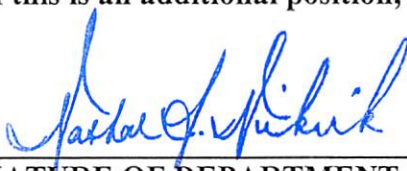
Auditor

Date

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence Circuit Court
2. Department Head: Nathan Nikirk
3. Account Number: 1000.11119.00000.0232
4. Fund Name: Court Administrator (AC)
5. This is a request for an additional appropriation of \$ 1,737.04
6. Date of Council consideration: 10/27/24
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ <u>45,163.00</u>	\$ <u>34,740.80</u>	\$ <u>0</u>
8. Current Balance: \$ 10,422.20
9. Justification for request: 27th pay
10. What options are available? none
11. How will this affect your future budget? does not
12. Does this affect the total number of personnel positions? no
13. If this is an additional position, please attach a job description. N/A



SIGNATURE OF DEPARTMENT HEAD

10/1/24

DATE

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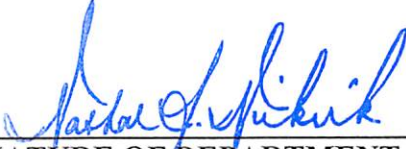
AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence Circuit Court
2. Department Head: Nathan Nikirk
3. Account Number: 1000.11403.00000.0232
4. Fund Name: Casa Administrator (mc)
5. This is a request for an additional appropriation of \$ 1,549.80
6. Date of Council consideration: 10/27/24
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ <u>40,295</u>	\$ <u>30,994.20</u>	\$ <u>0</u>
8. Current Balance: \$ 9,298.80
9. Justification for request: 27th pay
10. What options are available? none
11. How will this affect your future budget? does not
12. Does this affect the total number of personnel positions? no
13. If this is an additional position, please attach a job description. N/A


SIGNATURE OF DEPARTMENT HEAD

10/1/24
DATE

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

AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence Circuit Court
2. Department Head: Nathan Nikirk
3. Account Number: 1000.11413.00000.0232
4. Fund Name: Court Reporter (DG)
5. This is a request for an additional appropriation of \$ 1,629.62
6. Date of Council consideration: 10/27/26
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ <u>42,370.00</u>	\$ <u>32,592.40</u>	\$ <u>0</u>
8. Current Balance: \$ 9,777.60
9. Justification for request: 27th pay
10. What options are available? none
11. How will this affect your future budget? does not
12. Does this affect the total number of personnel positions? no
13. If this is an additional position, please attach a job description. N/A



SIGNATURE OF DEPARTMENT HEAD

10/11/26

DATE

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

AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence Circuit Court
2. Department Head: Nathan Nikirk
3. Account Number: 1000.11906.00000.0232
4. Fund Name: Juvenile Magistrate (AG)
5. This is a request for an additional appropriation of \$ 1,533.07
6. Date of Council consideration: 10/27/26
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ <u>41,393.00</u>	\$ <u>30,661.40</u>	\$ <u>0</u>
8. Current Balance: \$ 10,731.60
9. Justification for request: 27th pay
10. What options are available? none
11. How will this affect your future budget? does not
12. Does this affect the total number of personnel positions? no
13. If this is an additional position, please attach a job description. n/a


SIGNATURE OF DEPARTMENT HEAD

10/1/26
DATE

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AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence Circuit Court
2. Department Head: Nathan Nikirk
3. Account Number: 1000.11310.0000.0232
4. Fund Name: Court Reporter (TTK)
5. This is a request for an additional appropriation of \$ 1,492.61
6. Date of Council consideration: 10/27/24
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ <u>44,008.00</u>	\$ <u>33,852.40</u>	\$ <u>0</u>
8. Current Balance: \$ 10,155.60
9. Justification for request: 27th pay
10. What options are available? none
11. How will this affect your future budget? does not
12. Does this affect the total number of personnel positions? no
13. If this is an additional position, please attach a job description. N/A


SIGNATURE OF DEPARTMENT HEAD

10/1/24
DATE

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AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence Circuit Court
2. Department Head: Nathan Nikirk
3. Account Number: 1000, 11904, 0000.0232
4. Fund Name: Casa Director (RK)
5. This is a request for an additional appropriation of \$ 2,250.00
6. Date of Council consideration: 10/27/24
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ <u>58,500.00</u>	\$ <u>45,000.00</u>	\$ <u>0</u>
8. Current Balance: \$ 13,500.00
9. Justification for request: 27th pay
10. What options are available? none
11. How will this affect your future budget? does not
12. Does this affect the total number of personnel positions? no
13. If this is an additional position, please attach a job description. N/A


SIGNATURE OF DEPARTMENT HEAD

10/11/24
DATE

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AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence Circuit Court
2. Department Head: Nathan Nikirk
3. Account Number: 1000.11905.0000.0232
4. Fund Name: Court Reporter (RL)
5. This is a request for an additional appropriation of \$ 1,667.38
6. Date of Council consideration: 10/27/26
7. Amount Budgeted for current year
\$ 43,352.00
- Amount Spent to date
\$ 33,347.40
- Additional to date
\$ 0
8. Current Balance: \$ 10,004.40
9. Justification for request: 27th pay
10. What options are available? none
11. How will this affect your future budget? does not
12. Does this affect the total number of personnel positions? no
13. If this is an additional position, please attach a job description. N/A


SIGNATURE OF DEPARTMENT HEAD

10/1/24
DATE

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AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence Circuit Court
2. Department Head: Nathan Nikirk
3. Account Number: 1000.11808.0000 0232
4. Fund Name: Court Reporter (HW)
5. This is a request for an additional appropriation of \$ 1,717.81
6. Date of Council consideration: 10/27/24
7. Amount Budgeted for current year
\$ 44,663.00
- Amount Spent to date
\$ 34,354.20
- Additional to date
\$ 0
8. Current Balance: \$ 10,308.80
9. Justification for request: 27th pay
10. What options are available? none
11. How will this affect your future budget? does not
12. Does this affect the total number of personnel positions? no
13. If this is an additional position, please attach a job description. N/A


SIGNATURE OF DEPARTMENT HEAD

10/1/24
DATE

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AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence Circuit Court
2. Department Head: Nathan Nikirk
3. Account Number: 1000.11414.0000.0232
4. Fund Name: Bailiff (Jw)
5. This is a request for an additional appropriation of \$ 1,575.00
6. Date of Council consideration: 10/27/26
7. Amount Budgeted for current year
\$ 40,950.00
- Amount Spent to date
\$ 31,500.00
- Additional to date
\$ 0
8. Current Balance: \$ 9,450.00
9. Justification for request: 27th pay
10. What options are available? none
11. How will this affect your future budget? does not
12. Does this affect the total number of personnel positions? no
13. If this is an additional position, please attach a job description. N/A


SIGNATURE OF DEPARTMENT HEAD

10/1/24
DATE

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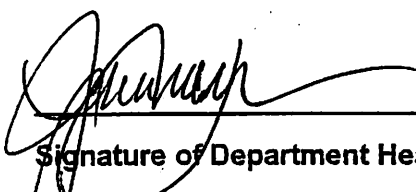
AUDITOR

DATE

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

1. Department: Superior Court I
2. Department Head: Judge John M Plummer III
3. Fund Number: 1000. 11501. 0201
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Deputy Bailiff Erika Willoughby
5. This is a request for an additional appropriation of \$ 1629.62
6. Date of Council consideration: 10/27/26
7.

Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$ <u>42,370.00</u>	\$ <u>34,222.02</u>	\$ <u>Ø</u>
8. Current Balance: \$8147.98
9. Justification for request: Approved 27th pay for 2026 by commissioners
10. What options are available? None
11. How will this affect your future budget? It will not
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

9/30/26

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)

1. Department: Superior Court I
2. Department Head: Judge John M Plummer III
3. Fund Number: 1000.11310.0201
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Court Reporter Patricia Sallee
5. This is a request for an additional appropriation of \$ 1825.23
6. Date of Council consideration: 10/27/26

7. Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$ <u>47,456.00</u>	\$ <u>38,329.83</u>	\$ <u>Ø</u>

8. Current Balance: \$ 9126.17

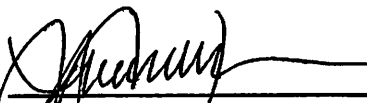
9. Justification for request: Approved 27th pay for 2026 by commissioners

10. What options are available? None

11. How will this affect your future budget? It will not

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

9/30/26

Date

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

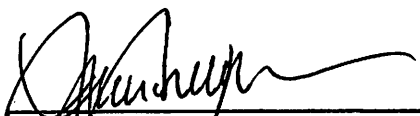
Auditor

Date

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

1. Department: Superior Court I
2. Department Head: Judge John M Plummer III
3. Fund Number: 1000.11704.0201
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Deputy Clerk Jaylyn Harper
5. This is a request for an additional appropriation of \$ 1629.62
6. Date of Council consideration: 10/27/26
7.

Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$ <u>42,370.00</u>	\$ <u>34,222.02</u>	\$ <u>Ø</u>
8. Current Balance: \$8147.98
9. Justification for request: Approved 27th pay for 2026 by commissioners
10. What options are available? None
11. How will this affect your future budget? It will not
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

9/30/26

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)

1. Department: Superior Court I

2. Department Head: John M Plummer III

3. Fund Number: 1000.11312.0201

(include line and location e.g. 1000.11100.0002)

4. Fund Name: 2nd Deputy Court Reporter Brynleigh Barnes

5. This is a request for an additional appropriation of \$ 1528.81

6. Date of Council consideration: 10/27/26

7. Amount Budgeted
For current year

Amount Spent
to date

Additional
Transfers

\$ 39,749.00

\$ 32,105.01

\$ Ø

8. Current Balance: 7,643.99

9. Justification for request: approved 2026 additional pay by Commissioners

10. What options are available? None

11. How will this affect your future budget? It will not

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

9/30/26

Date

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

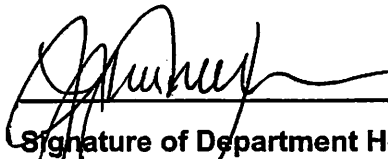
Auditor

Date

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

1. Department: Superior Court I
2. Department Head: Judge John M Plummer III
3. Fund Number: 1000, 11414. 0201
(include line and location e.g. 1000.11100.0002)
4. Fund Name: Bailiff Maizey Bohnenkamp
5. This is a request for an additional appropriation of \$ 1667. 38
6. Date of Council consideration: 10/27/26
7.

Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$ <u>43,352.00</u>	\$ <u>35,014.98</u>	\$ <u>Ø</u>
8. Current Balance: \$ 8337.02
9. Justification for request: Approved 27th pay for 2026 by commissioners
10. What options are available? None
11. How will this affect your future budget? Will not
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

9/30/26

Date

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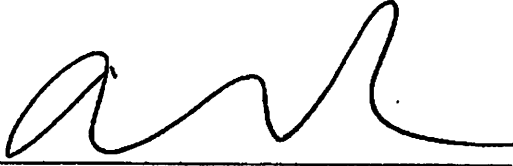
Auditor

Date

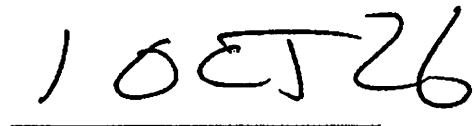
REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Superior Court II
2. Department Head: RCline
3. Account Number: 12004
4. Fund Name: 1000
5. This is a request for an additional appropriation of \$ 1575.00
6. Date of Council consideration: Oct 27, 2026
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ <u>40950</u>	\$ <u>31500</u>	\$ <u>1575.00</u>
8. Current Balance: \$ 9450.00
9. Justification for request: payroll adjusted for 27 wks.
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.



SIGNATURE OF DEPARTMENT HEAD



DATE

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

AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Superior Court II
2. Department Head: RCline
3. Account Number: 11417 (Carra)
4. Fund Name: 1000
5. This is a request for an additional appropriation of \$ 1743.00
6. Date of Council consideration: Oct 27, 2026
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ <u>45318</u>	\$ <u>34860</u>	\$ <u>1743.00</u>
8. Current Balance: \$ 10,458.00
9. Justification for request: payroll adjusted for 27 wks
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. _____



SIGNATURE OF DEPARTMENT HEAD

10-1-26

DATE

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

AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Superior Court II
2. Department Head: RCline
3. Account Number: 11350 (Mary, Donella, Bobbi, Keri)
4. Fund Name: 1000
5. This is a request for an additional appropriation of \$ 1219.34 + \$ 1108.91 (Keri)
6. Date of Council consideration: Oct 27, 2026
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ <u>184,582.00</u>	\$ <u>136,843.43</u>	\$ <u>8328.25</u>
8. Current Balance: \$ 47,738.57
9. Justification for request: payroll adjustment for 27 wks
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. _____



SIGNATURE OF DEPARTMENT HEAD

10-1-26

DATE

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

AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence County Probation
2. Department Head Nedra Brock-Fleetwood
3. Account Number: 1 0 0 0 - 0 2 3 5
4. Fund Name: P r o b a t i o n B u d g e t
5. Line Number 11503 Probation Officer

6. This is a request for an additional appropriation of \$ 9,826.68

7. Date of Council consideration: October 27, 2026

8. Amount Budgeted for current year	Amount Spent to date	Additional request to date
\$252,868	\$196,533.60	\$ 0.00

9. Current Balance: \$56,334.40

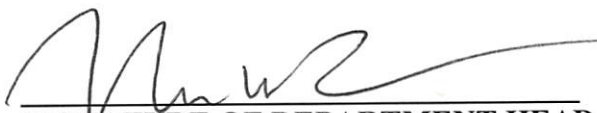
10. Justification for request, In 2026 there is a 27th pay and this will cover the arrears in line item

11. What options are available? No

12. How will this affect your future budget? No

13. Does this affect the total number of personnel positions? No

14. If this is an additional position, please attach a job description. N/A


SIGNATURE OF DEPARTMENT HEAD

October 1, 2026

DATE

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

AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence County Probation
2. Department Head Nedra Brock-Fleetwood
3. Account Number: 1 0 0 0 - 0 2 3 5
4. Fund Name: P r o b a t i o n B u d g e t
5. Line Number 11604 Probation Administrative Asst.
6. This is a request for an additional appropriation of \$ 1,692.61
7. Date of Council consideration: October 27, 2026

8. Amount Budgeted for current year	Amount Spent to date	Additional request to date
\$41,278	\$31,752.20	\$ 0.00

9. Current Balance: \$9,525.80
10. Justification for request, In 2026 there is a 27th pay and this will cover the arrears in line item
11. What options are available? No
12. How will this affect your future budget? No
13. Does this affect the total number of personnel positions? No
14. If this is an additional position, please attach a job description. N/A



SIGNATURE OF DEPARTMENT HEAD

October 1, 2026

DATE

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

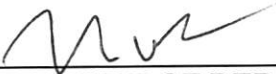
AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence County Probation
2. Department Head Nedra Brock-Fleetwood
3. Account Number: 1 0 0 0 - 0 2 3 5
4. Fund Name: P r o b a t i o n B u d g e t
5. Line Number 12501 Probation Officer/Director of ADAPT
6. This is a request for an additional appropriation of \$ 3,185.69
7. Date of Council consideration: October 27, 2026
8.

Amount Budgeted for current year	Amount Spent to date	Additional request to date
\$88,828	\$69,713.38	\$ 0.00
9. Current Balance: \$19,114.20
10. Justification for request, In 2026 there is a 27th pay and this will cover the arrears in line item
11. What options are available? No
12. How will this affect your future budget? No
13. Does this affect the total number of personnel positions? No
14. If this is an additional position, please attach a job description. N/A



SIGNATURE OF DEPARTMENT HEAD

October 1, 2026

DATE

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

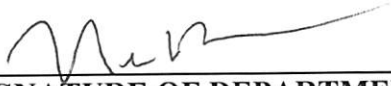
AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Lawrence County Probation
2. Department Head Nedra Brock-Fleetwood
3. Account Number: 1 0 0 0 - 0 2 3 5
4. Fund Name: P r o b a t i o n B u d g e t
5. Line Number 12005 Probation Officer/Juvenile Director
6. This is a request for an additional appropriation of **\$ 3,185.69**
7. Date of Council consideration: October 27, 2026
8.

Amount Budgeted for current year	Amount Spent to date	Additional request to date
\$77,497	\$159,188.83	\$ 0.00
9. Current Balance: \$18,302.17
10. Justification for request, In 2026 there is a 27th pay and this will cover the arrears in line item
11. What options are available? No
12. How will this affect your future budget? No
13. Does this affect the total number of personnel positions? No
14. If this is an additional position, please attach a job description. N/A



SIGNATURE OF DEPARTMENT HEAD

October 1, 2026

DATE

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

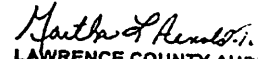
AUDITOR

DATE

FILED

REQUEST FOR ADDITIONAL APPROPRIATIONS

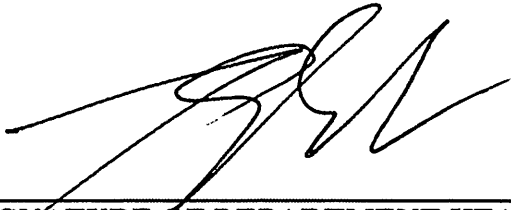
SEP 30 2026


 LAWRENCE COUNTY AUDITOR

1. Department: Lawrence County Public Defender Agency
2. Department Head: Timothy M. Sledd
3. Account Number: See Below
4. Fund Name: See Below

Account number	Description	Additional Amount
1000.11109.0271	Chief Public Defender	\$ 7,058.19
1000.11110.0271	Stipend-Chf Public Defend	\$ 192.30
1000.11204.0271	Asst Chf Public Defend	\$ 5,293.65
1000.11205.0271	Stipend – Asst Chf Public Defend	\$ 192.30
1000.11314.0271	FT Public Defender	\$12,307.68
1000.11502.0271	Support Staff	\$ 6,409.20
1000.11604.0271	Admin Assist	\$ 2,400.00

5. This is a request for an additional appropriation of \$ \$33,853.32
6. Date of Council consideration: 10/27/2026
- | | | |
|--|-------------------------|--------------------|
| 7. Amount Budgeted
for current year | Amount Spent
to date | Additional to date |
| \$ | \$ | \$0 |
8. Current Balance: \$
9. Justification for request: An additional pay (27th pay) was added to the payroll schedule after the 2026 budget was approved.
10. What options are available? No other options available.
11. How will this affect your future budget? No
12. Does this affect the total number of personnel positions? No
13. If this is an additional position, please attach a job description.



SIGNATURE OF DEPARTMENT HEAD

9/30/26

DATE

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

AUDITOR

DATE

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: Prosecutor 11100-192.31
2. Department Head: Samuel C. Arp II 11404-5065.18
3. Account Number: 1000 11801-12307.68
4. Fund Name: 11100, 11404, 11801, 11600, 11500 11600-2152.54
5. This is a request for an additional appropriation of \$ _____ 11500-192.31
6. Date of Council consideration: 10/27/2026
7. Amount Budgeted for current year \$ _____ Amount Spent to date \$ _____ Additionals to date \$ _____
27th pay in 2026
8. Current Balance: \$ _____
9. Justification for request: _____
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

10/5/2026

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)

1. **Department:** Extension Services

2. **Department Head:** Ody Ekwonwa

3. **Fund Number:** 1000.00111.1403

(include line and location e.g. 1000.11100.0002)

4. **Fund Name:** Office Manager

5. **This is a request for an additional appropriation of \$2,098.23**

6. **Date of Council consideration:** October 27th

7. **Amount Budgeted**
For current year

\$41,551

Amount Spent
to date

\$34,060.51

Additional/
Transfers

Additional: \$2,098.23

8. **Current Balance:** \$34,060.51 (paid payroll as of Oct 2)

9. **Justification for request:** Insufficient funds to pay Dashia for the remainder of the year

10. **What options are available?** Asking for an additional

11. **How will this affect your future budget?** Will better plan ahead to ensure there are
enough funds to pay her out for the remainder of the year.

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)

Ody Ekwonwa

Signature of Department Head

10/5/2026

Date

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

Auditor

Revision 2024-April

Date

FILED

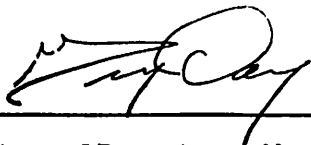
OCT 05 2026

Martha S. Harold-Turner
LAWRENCE COUNTY AUDITOR

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

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1000.11200.0005 Chief Deputy*
(include line and location e.g. 1000.11100.0002)
4. Fund Name: *General*
5. This is a request for an additional appropriation of \$ *2948.35*
6. Date of Council consideration: *October 27, 2026*
7.

Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$	\$	\$
8. Current Balance:
9. Justification for request: *27th pay for 2026*
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

OCT 02 2026

Date

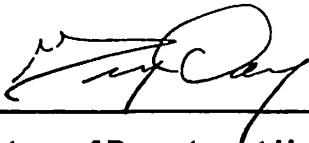
These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

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

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1000.11300.0005 Deputies*
(include line and location e.g. 1000.11100.0002)
4. Fund Name: *General*
5. This is a request for an additional appropriation of \$ *24,000.⁰⁰*
6. Date of Council consideration: *October 27, 2026*
- | 7. Amount Budgeted
For current year | Amount Spent
to date | Additional
Transfers |
|--|-------------------------|-------------------------|
| \$ | \$ | \$ |
8. Current Balance:
9. Justification for request: *27th pay for 2026*
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

OCT 02 2026

Date

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Auditor

Date

Lawrence County

Request for Additional Appropriation

(Please complete all information)

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1000.11202.0380 Chief Matron*
(include line and location e.g. 1000.11100.0002)
4. Fund Name: *General*
5. This is a request for an additional appropriation of \$ *5210.80*
6. Date of Council consideration: *October 27, 2026*
7.

Amount Budgeted For current year	Amount Spent to date	Additional/ Transfers
\$	\$	\$
8. Current Balance:
9. Justification for request: *27th pay for 2026*
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

OCT 02 2026

Date

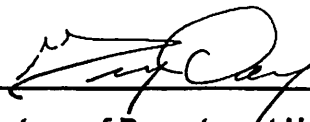
These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date _____

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

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1000.11306.0380 Process server*
(include line and location e.g. 1000.11100.0002)
4. Fund Name: *General*
5. This is a request for an additional appropriation of \$ *1864.⁸⁰*
6. Date of Council consideration: *October 27, 2026*
- | 7. Amount Budgeted
For current year | Amount Spent
to date | Additional/
Transfers |
|--|-------------------------|--------------------------|
| \$ | \$ | \$ |
8. Current Balance:
9. Justification for request: *27th pay for 2026*
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

OCT 02 2026

Date

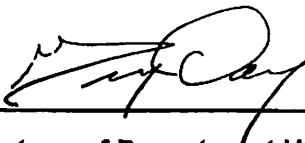
These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

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

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1000.11307.0380 Transport officers*
(include line and location e.g. 1000.11100.0002)
4. Fund Name: *General*
5. This is a request for an additional appropriation of \$ *3555.⁶⁰*
6. Date of Council consideration: *October 27, 2026*
- | 7. Amount Budgeted
For current year | Amount Spent
to date | Additional
Transfers |
|--|-------------------------|-------------------------|
| \$ | \$ | \$ |
8. Current Balance:
9. Justification for request: *27th pay for 2026*
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

OCT 02 2026

Date

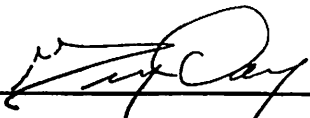
These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

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

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1000.11409.0380 Corrections officers*
(include line and location e.g. 1000.11100.0002)
4. Fund Name: *General*
5. This is a request for an additional appropriation of \$ *17,000.00*
6. Date of Council consideration: *October 27, 2026*
- | 7. Amount Budgeted
For current year | Amount Spent
to date | Additional/
Transfers |
|--|-------------------------|--------------------------|
| \$ | \$ | \$ |
8. Current Balance:
9. Justification for request: *27th pay for 2026*
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

OCT 02 2026

Date

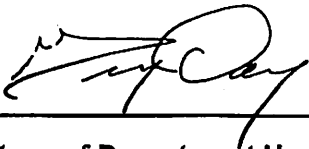
These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

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

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1000.12004.0380 Clerk*
(include line and location e.g. 1000.11100.0002)
4. Fund Name: *General*
5. This is a request for an additional appropriation of \$ *1856.38*
6. Date of Council consideration: *October 27, 2026*
- | 7. Amount Budgeted
For current year | Amount Spent
to date | Additional
Transfers |
|--|-------------------------|-------------------------|
| \$ | \$ | \$ |
8. Current Balance:
9. Justification for request: *27th pay for 2026*
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

OCT 02 2026

Date

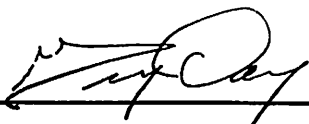
These fund balances are accurate and in accordance with the books kept by the County Auditor.

Auditor

Date

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

1. Department: *Sheriff's office*
2. Department Head: *Greg Day*
3. Fund Number: *1000. 11802. 9600 Dispatchers*
(include line and location e.g. 1000.11100.0002)
4. Fund Name: *General*
5. This is a request for an additional appropriation of \$ *31,000.00*
6. Date of Council consideration: *October 27, 2026*
- | 7. Amount Budgeted
For current year | Amount Spent
to date | Additional
Transfers |
|--|-------------------------|-------------------------|
| \$ | \$ | \$ |
8. Current Balance:
9. Justification for request: *27th pay for 2026*
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

OCT 02 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)

1. Department: Court House
2. Department Head: Jeff McKnight
3. Fund Number: 1000.11602.0161 and 1000.11603.0162
(include line and location e.g. 1000.11100.0002)
4. Fund Name: County General
5. This is a request for an additional appropriation of \$ 5481.00
6. Date of Council consideration: 10/27/26
7.

Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$	\$	\$
8. Current Balance:
9. Justification for request:
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

10/7/2026

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)

1. Department: County Council

2. Department Head: Rick Butterfield

3. Fund Number: 1000.11203.0061

(include line and location e.g. 1000.11100.0002)

4. Fund Name: County General

5. This is a request for an additional appropriation of \$ 2354.00

6. Date of Council consideration: 10/27/26

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

8. Current Balance:

9. Justification for request:

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

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)

1. Department: County Commissioners
2. Department Head: Jeff McKnight
3. Fund Number: 1000.11105.0068 1000.11305.0068 1000.11804.0068
1000.11805.0068

(include line and location e.g. 1000.11100.0002)
4. Fund Name: County General
5. This is a request for an additional appropriation of \$ 9841.00
6. Date of Council consideration: 10/27/26
7.

Amount Budgeted For current year	Amount Spent to date	Additional Transfers
\$	\$	\$
8. Current Balance:
9. Justification for request:
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

10/07/2024

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)

1. Department: Health

2. Department Head: Alan Smith, MD

3. Fund Number: See attached

(Include line and location e.g. 1000.11100.0002)

4. Fund Name: Health

5. This is a request for an additional appropriation of See attached

6. Date of Council consideration: 10/27/2026

7. Amount Budgeted
For current year

Amount Spent
to date

Additional
Transfers

8. Current Balance:

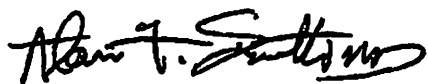
9. Justification for request: 27th Pay in 2026

10. What options are available? N/A

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

12. Does this affect the total number of personnel: (Y or N) No

13. If this is an additional position, please attach a job description (Y or N) NO



Signature of Department Head

10/5/2026

Date

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

Auditor

Date

REQUEST FOR ADDITIONAL APPROPRIATIONS

1. Department: 0660
2. Department Head: SAMUEL C ARP II
3. Account Number: 11405, 11801, 11700
4. Fund Name: Payroll
5. This is a request for an additional appropriation of \$ 5,406.16
6. Date of Council consideration: OCT 27, 2026 See ATTACHED document
7.

Amount Budgeted for current year	Amount Spent to date	Additional to date
\$ _____	\$ _____	\$ _____
8. Current Balance: \$ _____
9. Justification for request: _____
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

9-30-2026

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)

1. Department: Coroner

2. Department Head: Elizabeth Cammack

3. Fund Number: 1000.^{577.00}11100.0007, 1000.^{400.00}11200.0007 1000.^{340.00}11403.0007
(include line and location e.g. 1000.11100.0002)

4. Fund Name: County General

5. This is a request for an additional appropriation of \$ 1317.00

6. Date of Council consideration:

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

8. Current Balance:

9. Justification for request:

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

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

Auditor

Date