I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between			
Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation	
RUSSELL GRAY	REIMBURSEMENT OF EXPENSES	87.66	
n n	"	10.07	
Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page. Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials." J. FRANK MARSH (Print Name)			
PRESIDENT/CHAIRMAN OF BOAD	RD		
(Position/Office)			

* "Family Member" means any person who is the spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility; or is a dependent for tax purposes of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or his or her spouse; or who is a member of the household of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility.

Page ___ of ___

COMMONWEALTH OF KENTUCKY	
COUNTY OF HarrisaL	
Subscribed and sworn to before me by	J. Frank Mass L
this	Sunt d
	NOTARY PUBLIC State-at-Large My lonum Exits 1-15-2007 Notay AS. JOYLINGUOS

I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between			
Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation	
LEWIS FURNISH	REIMBURSEMENT OF EXPENSES	310.46	
Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page. Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials." S. Frank Mach (Print Name)			
President 1 Board Chair (Position/Office)			

^{* &}quot;Family Member" means any person who is the spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility; or is a dependent for tax purposes of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or his or her spouse; or who is a member of the household of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility.

COMMONWEALTH OF KENTUCKY
COUNTY OF Homison
Subscribed and sworn to before me by
this $11\frac{11}{2}$ day of $\frac{1}{2}$ day of $\frac{1}{2}$.
Sout Mill
NOTARY PUBLIC MY COM EXP. 1-15-2007
Notay Is: HYWE 4030

represents all present transactions and months between	or the purpose of this statement, "related pain excess of \$25.00, except regular salary, was le Utility's current or former employees; 2) of missioners or board of directors; 3) person at in the Utility; 4) family members* of an erson with a 10 percent or greater ownership which any current or former Utility empreent or greater ownership interest in the least of the least ownership interest in the least of the least of the least of the least ownership interest in the least ownership interest in the least of the least ownership interest in the least ownership interest ownership interest in the least ownership interest	t twenty-four (24) tility") and related arty transactions" ages and benefits, current or former as who have a 10 any current Utility aip interest in the aployee, director,	
Name of Related Party	Type of Service Provided	Amount of	
(Individual or Business)	By Related Party	Compensation	
HEATHER RUSSELL	OFFICE CLERK	34.86	
Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page.			
Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utilit			
commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each			
employee and the official to whom they are related and the nature of the relationship are listed on the			
supplemental page entitled "Employees Related to Utility Officials."			
J.Frouh Mode (Print Name)	(Signed)	Nauch	
Mighest Brand Charles (Position/Office)	mo		

COMMONWEALTH OF KENTUCKY	
COUNTY OF Horns	
Subscribed and sworn to before me by	5. Front March
this <u>II</u> day of <u>Ma</u>	(Name) _,20_d \(\)
	NOTARY PUBLIC State-at-Large Notary FD. 12411164036

represents all present transactions and months between	or the purpose of this statement, "related p in excess of \$25.00, except regular salary, wa ne Utility's current or former employees; 2) of missioners or board of directors; 3) person of in the Utility; 4) family members* of an erson with a 10 percent or greater ownersh of which any current or former Utility em recent or greater ownership interest in the	t twenty-four (24) tility") and related arty transactions" ages and benefits, current or former as who have a 10 any current Utility anip interest in the aployee, director,	
Name of Related Party	Type of Service Provided	Amount of	
(Individual or Business)	By Related Party	Compensation	
TRACY BRINKMEYER	REIMBURSEMENT OF EXPENSES	74.19	
Check this box if the Utility has no related party transactions.			
Check box if additional transactions are listed on the supplemental page.			
Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility			
commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each			
employee and the official to whom they are related and the nature of the relationship are listed on the			
supplemental page entitled "Employees Related to Utility Officials."			
J. FRANK MARSH			
(Print Name)	(Signed)		
PRESIDENT/CHAIRMAN OF BOAI	RD		
(Position/Office)			

COMMONWEALTH OF KENTUCKY

represents all present transactions and months between	or the purpose of this statement, "related p in excess of \$25.00, except regular salary, wa ne Utility's current or former employees; 2) of missioners or board of directors; 3) person of in the Utility; 4) family members* of an interest in the utility; 4) family members of an interest in the utility employed and current or greater owners of which any current or former Utility employed and the utility employed and utility employed and the utility employed and utility e	t twenty-four (24) tility") and related arty transactions" ages and benefits, current or former as who have a 10 any current Utility anip interest in the aployee, director,	
Name of Related Party	Type of Service Provided	Amount of	
(Individual or Business)	By Related Party	Compensation	
J. FRANK MARSH	REIMBURSEMENT OF EXPENSES	1135.26	
"	REIMBURSE MILEAGE	130.00	
"	u	112.51	
"	II .	141.68	
Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page. Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials."			
(Print Name) Mask	(Signed)	March	

COMMONWEALTH OF KENTUCKY
COUNTY OF Horrison
Subscribed and sworn to before me by
this 1/2 day of May ,2033. NOTARY PUBLIC State-at-Large My Commercial 1-15-20
Notanto DVND 14030

I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between			
Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation	
PATTY HANNA	REIMBURSEMENT OF EXPENSES	137.53	
II .	Reimbursement mileage	331.98	
Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page.			
Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility			
commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials."			
J. FRANK MARSH	Stank	Marit	
(Print Name)	(Signed)/		
PRESIDENT/CHAIRMAN OF BOAL	RD (

* "Family Member" means any person who is the spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility; or is a dependent for tax purposes of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or his or her spouse; or who is a member of the household of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility.

(Position/Office)

COMMONWEALTH OF RENTUCKY
COUNTY OF Harris
Subscribed and sworn to before me by
this 11 day of May ,20 23. NOTARY PUBLIC My Comm Extres- 1-15-2027 Notary Public My Comm Extres- 1-15-2027

represents all present transactions and months between	or the purpose of this statement, "related p in excess of \$25.00, except regular salary, wanted Utility's current or former employees; 2) of namissioners or board of directors; 3) person st in the Utility; 4) family members* of an person with a 10 percent or greater ownersh on which any current or former Utility empercent or greater ownership interest in the	t twenty-four (24) tility") and related arty transactions" ages and benefits, current or former as who have a 10 any current Utility anip interest in the aployee, director,	
Name of Related Party	Type of Service Provided	Amount of	
(Individual or Business)	By Related Party	Compensation	
SEE SUPP. INFORMATION			
Check this box if the Utility has no related party transactions.			
✓ Check·box if additional transactions are listed on the supplemental page.			
Check box if any employee of the	Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility		
commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each			
employee and the official to whom they are related and the nature of the relationship are listed on the			
supplemental page entitled "Employees Related to Utility Officials."			
	$\left(\right) \left(\right) \left(\right) \left(\right) $	10	
J. FRANK MARSH			
(Print Name)	(Signed)		
PRESIDENT/CHAIRMAN OF BOAI	RD		
(Position/Office)			

Name:	MARK PATRICK
Position:	FORMER MANAGER

Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation
MARK PATRICK	REIMBURSEEMNT FOR CAP. EXPENSE	153.10
п	"	704.73
п	REIMBURSE 2021 ANNUAL REPORT, SOS	15.00
п	REIMBURSE FOR FOOD FOR MEETING	41.32
и	REIMBURSE FOR EMP/EE CHECK	55.00
"	"	423.98

COUNTY OF Norism Subscribed and sworn to before me by Strond Move (Name) this Motary Public Memore State-at-Large Memore State-at-Large North Mark (Name)

represents all present transactions and months between	or the purpose of this statement, "related p in excess of \$25.00, except regular salary, wa ne Utility's current or former employees; 2) of missioners or board of directors; 3) person it in the Utility; 4) family members* of an person with a 10 percent or greater ownersh in which any current or former Utility em recent or greater ownership interest in the land	t twenty-four (24) tility") and related arty transactions" ages and benefits, current or former as who have a 10 any current Utility application in the apployee, director,
Name of Related Party	Type of Service Provided	Amount of
(Individual or Business)	By Related Party	Compensation
SEE SUPPLEMENTAL PAGES		
Check box if any employee of the commissioner, or any person with a 10	ons are listed on the supplemental page. Utility is a family member of the Utility's chie percent or greater ownership interest in the ly are related and the nature of the relationship.	Utility. The name of each
PRESIDENT/CHAIRMAN OF THE BC	OARD	

* "Family Member" means any person who is the spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility; or is a dependent for tax purposes of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or his or her spouse; or who is a member of the household of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility.

(Position/Office)

Page ___ of ___

COMMONWEALTH OF KENTUCKY	
COUNTY OF Horison	
Subscribed and sworn to before me by	J. Fool Mosh
this <u>IIS</u> day of <u>May</u> ,	NOTARY PUBLIC My lown Expires: 1-500 State-at-Large Noton, W. Colors (1003)

Name:	CINDY L. TRAYLOR	
Position:	OFFICE MANAGER	

Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation
CINDY L. TRAYLOR	REIMBURSEMENT FOR CAP. EXPENSES	101.71
п	"	146.34
"	"	84.79
"	"	75.00
п	ıı .	421.50
п	"	84.70
н	"	196.66
п	"	55.10
п	"	33.90
n n	"	30.72
n n	"	151.00
п	II .	122.85
"	п	68.02
"	"	94.08
"	п	60.00
"	n n	117.60
"	"	70.56
"	"	29.48

Name:	CINDY L. TRAYLOR
Position:	OFFICE MANAGER

Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation
"	"	205.54
"	"	306.69
II .	"	110.02
		e

Name of Related Party (Individual or Business) SEE SUPP. INFORMATION Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page. Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials." J. FRANK MARSH (Print Name) PRESIDENT/CHAIRMAN OF BOARD	represents all present transactions and months between	or the purpose of this statement, "related pain excess of \$25.00, except regular salary, wante Utility's current or former employees; 2) of missioners or board of directors; 3) person st in the Utility; 4) family members* of arcterson with a 10 percent or greater ownership which any current or former Utility empression or greater ownership interest in the large	t twenty-four (24) tility") and related arty transactions" ages and benefits, current or former as who have a 10 any current Utility aip interest in the aployee, director,
SEE SUPP. INFORMATION Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page. Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials." J. FRANK MARSH (Print Name) PRESIDENT/CHAIRMAN OF BOARD			
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commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials." J. FRANK MARSH (Print Name) PRESIDENT/CHAIRMAN OF BOARD	✓ Check box if additional transaction	ons are listed on the supplemental page.	
commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials." J. FRANK MARSH (Print Name) PRESIDENT/CHAIRMAN OF BOARD	Check hav if any amplayed of the	Alltility is a family member of the Utility's chie	of avacutive officer a Utility
employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials." J. FRANK MARSH (Print Name) PRESIDENT/CHAIRMAN OF BOARD			
J. FRANK MARSH (Print Name) PRESIDENT/CHAIRMAN OF BOARD			
(Print Name) (Signed) PRESIDENT/CHAIRMAN OF BOARD			p are noted on the
(Print Name) (Signed) PRESIDENT/CHAIRMAN OF BOARD			
(Print Name) (Signed) PRESIDENT/CHAIRMAN OF BOARD	I FRANK MARSH	(data)	\mathcal{M}_{α}
PRESIDENT/CHAIRMAN OF BOARD		(Signed)	Turc
	(micraine)	(Sigriça)	
	PRESIDENT/CHAIRMAN OF BOAI	RD	
	(Position/Office)		

* "Family Member" means any person who is the spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility; or is a dependent for tax purposes of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or his or her spouse; or who is a member of the household of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility.

Page ___ of ___

COMMONWEALTH OF KENTUCKY

COUNTY OF Hame	
Subscribed and sworn to before me by	J. Front Mass (Name)
this <u>II</u> day of <u>May</u>	_,20 <u>23</u> .
	NOTARY PUBLIC Milan Egires: 1-15-20)

Name:	KENNETH TOLLE	
Position:	ASSISTANT MANAGER	

Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation
KENNETH TOLLE	PAYMENT FOR WELDING	560.00
"	"	1201.00
"	REIMBURSE CAP EXPENSE	217.34
"	п	62.25
"	"	97.65
n	U	90.60
"	"	228.05
"	11	80.15
n	11	331.98
n n		724.96
"	п	121.24
"	п	100.56
"	· ·	137.75
"	· · ·	206.00
11	n n	5,981.86
n n	"	184.48
п	n n	29.93
"	n n	1078.02

Name:	KENNETH TOLLE	
Position:	ASSISTANT MANAGER	

Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation
KENNETH TOLLE	REIMBURSE CAP EXPENSE	200.00
"	п	108.47
u .	n	688.99
"	"	399.98
" "	"	116.61
"	"	372.76
11	n n	146.34
"	"	36.80
n	"	283.26
"	п	185.28
"	п	1,100.39
11	"	15.19
"	"	1,107.60
"	"	13.77
II .	п	164.30
11	"	401.93
,		