



COPY - Original Invoice

Aflac  
 PO BOX 5626, CHICAGO IL 60680-5600  
 Aflac.com

Invoice Copy  
 05/03/2024

Account Name: OHIO COUNTY WATER DISTRICT  
 Address: ATTN. RENETTA ROMERO  
 PO BOX 207  
 HARTFORD, KY 423470207

Date 5/6/24  
 Amount 284.30  
 Account AFLAC

Invoice Number: 815466  
 Account Number: [REDACTED]  
 Premium Due Date: 05/15/2024  
 Amount Billed: \$284.30  
 Amount Remitting: \$284.30  
 Billing Period: April  
 Number of Deductions: 2  
 Deduction Frequency: 26  
 Billing Mode: MONTHLY

Date Prepared: 04/27/2024  
 Billing Frequency: MONTHLY

Approval \_\_\_\_\_

\*\* Highlighted lines indicate that the premium amount being remitted was adjusted and/or a Change Request was submitted for the employee.

The Premium amount billed for some policies may not reflect the number of deductions indicated above if the policies were issued during the billing period

Policy	Policy Type	CT	Dept.	Employee/Member#	Name	RM	Premium Due	Employee Sub-total	Adjusted Premium	Adjusted Sub-Total	CR
PIA9Y6K2	ACC	I					\$24.84	\$24.84			
PIA9Y6K3	CANCER	F					\$24.32	\$24.32	\$ 49.16	\$ 49.16	
PIA9Y6K4	ACC	P					\$33.12	\$33.12	\$ 33.12	\$ 33.12	
PT319033	ACC	I					\$20.22	\$20.22			
PY099436	CANCER	S					\$21.24	\$21.24			
POF4M8SI	SPEVNT	I					\$10.56	\$10.56	\$ 52.02	\$ 52.02	
POJ2Y8V2	CANCER	F					\$49.80	\$49.80			
POP5Z9B5	SPEVNT	P					\$51.00	\$51.00			
PIA9Y6K6	ACC	P					\$33.12	\$33.12	\$ 133.92	\$ 133.92	
PIA9Y6K5	SPEVNT	F					\$16.08	\$16.08	\$ 16.08	\$ 16.08	
<b>Total Amount Billed</b>							\$284.30	<b>Amount Due</b>	\$284.30		

LEGEND		
COVERAGE TYPE (CT)	REMARKS (RM)	CHANGE REQUEST (CR)
I = Individual F = Family S = Single-Parent Family P = Primary-Spouse	CV = Pending Conversion PA = Policy is Paid Ahead PC = Policy is Pending Conversion and is Paid Ahead	A = Add Spouse/Child H = Name Change O = Other C = Cancel Coverage I = Delete person from policy R = Retired D = Deceased L = On Leave T = Insured Terminated/Left Employment E = Never Employed Here M = No Deduction Taken W = Transfer to another account



**Group Health Plan of:**  
 Ohio County Water District  
 Renetta Romero  
 124 E. Washington St.  
 Hartford, KY 42347

# Invoice

**Customer Number:** [REDACTED]  
**Account ID:** [REDACTED]  
**Invoice Number:** 259682144618  
**Invoice Date:** 03/04/2024  
**Due Date:** 03/07/2024  
**Amount Due:** \$705.85

Your Payment will be withdrawn from your account on the Invoice Due Date.

For billing questions, please contact Lisa Imhoff at (513)336-3409 or Lisa.Imhoff@anthem.com

### Summary of Charges

<u>Retention Fees</u>	<u>Coverage Period</u>	<u>Amount</u>
<b>Total Retention Fees</b>		<b>\$0.00</b>
<u>Claim Charges/Credits</u>	<u>Coverage Period</u>	<u>Amount</u>
Claims - Medical	02/01/2024 - 02/29/2024	\$705.85
<b>Total Claim Charges/Credits</b>		<b>\$705.85</b>
<u>Other Charges/Credits</u>	<u>Coverage Period</u>	<u>Amount</u>
<b>Total Other Charges/Credits</b>		<b>\$0.00</b>
<b><u>Amount Due for Current Invoice</u></b>		<b>\$705.85</b>

An interest fee may be assessed for payments received after the invoice due date.

Date 3/21/24  
 Amount 705.85  
 Account 8-604.820  
 Approval EJH



P.O. Box 43653  
Louisville, KY 40253-0653

BMS LLC ADMINISTRATIVE FEE INVOICE	
Billing Date (Current Month of Service)	Invoice #
3/15/2024	171720

Invoice Issued To:
Ohio County Water District Attn: Renetta Bratcher-Romero PO Box 207 Hartford, KY 42347

Questions about your  
Invoice?  
Please contact our Billing  
Dept at:  
billing@bmsllc.net

Terms	Payment Due By This Date
Net 30	4/14/2024

Description of Services	# of Part./Mo.	Fee	Amount
Health Reimbursement Arrangements (HRA) Date <u>3/15/24</u> Amount <u>93.50</u> Account <u>8-604.851</u> Approval <u>EJH</u>	17	5.50	93.50

**FSA/HRA/HSA Clients:**

- 1.) Adds and Terms not received in our office by the 10th of each month, will NOT be reflected on this current invoice.
- 2.) Any terms incurred in the billing month are invoiced for the full month of service.
- 3.) Please pay as invoiced.
- 4.) If paying this invoice via check, do not co-mingle fees with funding remittance to comply with IRS guidelines.
- 5.) Please visit our website at [www.bmsllc.net](http://www.bmsllc.net) each month to generate reports to confirm enrollment in your Plans.
- 6.) We strongly encourage you to pay via eCheck each month by clicking on the link at the bottom of the email.

**COBRA Clients:**

- 1.) Visit our website each month at [www.bmsllc.net](http://www.bmsllc.net) for reports of COBRA activity.
- 2.) Please pay as invoiced.
- 3.) We strongly encourage you to pay via eCheck each month by clicking on the link at the bottom of the email.

Please Note: In order to avoid any issues with our services, payment is due no later than 30 days from the date of the invoice. Late payments are subject to finance fees.

Total	\$93.50
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$93.50</b>



# Billing Statement

This statement represents additional charges and

Ohio County Water District  
P.O. Box 207  
Hartford, KY 42347

<b>Policy Number:</b>	[REDACTED]
<b>Policy Term:</b>	12/1/2023 - 12/1/2024
<b>Statement Date:</b>	05/01/2024
<b>Statement Number:</b>	[REDACTED]
<b>Page:</b>	1 of 1
<b>Due Date:</b>	06/01/2024
<b>Amount Due:</b>	\$1,691.00

**Agency:** Lawton Insurance

Date	Description	Amount
4/1/2024	Balance as of last statement	\$2,512.00
4/3/2024	ACH Receipt 239196	-\$818.00
5/1/2024	ACH Receipt 239937	-\$1,694.00
5/1/2024	Installment # 7 Domestic Terrorism Insurance A	\$22.00
	Installment # 7 KY Tax	\$110.00
	Installment # 7 Premium	\$1,548.00
	Installment # 7 Terrorism Insurance Act Charge	\$11.00
Date <u>5/16/24</u>		
Amount <u>1691<sup>00</sup></u>		
Account <u>8-658800</u>		
Approval <u>EJH</u>		
<b>Current Balance:</b>		<b>\$1,691.00</b>

If a prior balance appears on your statement, a portion of the Current Balance may be due earlier than the Due Date shown. Premium amounts shown may also be subject to audit.

For billing inquiries, please call: 1-800-367-5372



If you are currently enrolled in the ClearPath AutoPay plan, this payment will be automatically drafted from your bank account on the stated due date. If you no longer want to be on recurring AutoPay, it is imperative that you notify us immediately by calling 800-367-5372 or email your request to [acctg@clearpathmutual.com](mailto:acctg@clearpathmutual.com).

**Return Payment Stub**  
Ohio County Water District

**Instructions**

1. Make checks payable to ClearPath Mutual
2. Include your Policy Number on the check.
3. Remove stub at perforations and return with payment in enclosed envelope.

<b>Policy Number:</b>	[REDACTED]
<b>Policy Term:</b>	12/1/2023 - 12/1/2024
<b>Statement Date:</b>	05/01/2024
<b>Statement Number:</b>	[REDACTED]
<b>Due Date:</b>	06/01/2024
<b>Amount Due:</b>	\$1,691.00

ClearPath Mutual  
PO Box 32160  
Louisville, KY 40232-2160

02 001028621 000645553 001 00000169100 0

# INVOICE



Client Name: Ohio County Water District

Invoice No.: [REDACTED]

Client No.: [REDACTED]

Invoice Date: 06/01/2024

Billing Period: 06/01/2024 Thru 06/30/2024

Line	Identifier	Description	Quantity	UOM	Amount Due
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Reminder: Billing details are only available online on Benefit Manager Toolkit (www.benefitmanagertoolkit.com). If you do not yet have access, update your security settings via the site "First Time Login" page.

		Balance Forward			0.00
1		Subscriber Only	11	25.74	283.14
2		Subscriber and Spouse	2	51.07	102.14
3		Subscriber, Spouse, Children	3	102.87	308.61
4		Subscriber and 1 Child	2	64.46	128.92
<b>Current Monthly Total:</b>			<b>18</b>		<b>\$822.81</b>
<b>Total Amount Due:</b>					<b>\$822.81</b>

For inquiries please call: 1-800-955-2030

Changes made after 5/20/2024 will be reflected in the next billing cycle.

Date 5/28/24  
 Amount 822.81  
 Account 8-604.820  
 Approval EJH

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

## REMITTANCE



Invoice No.: [REDACTED]  
 Invoice Date: 06/01/2024  
 PO Number:  
 Client No.: [REDACTED]  
 Due Date: 06/05/2024  
 Billing Period: 06/01/2024 Thru 06/30/2024  
 AMOUNT DUE: \$822.81

Ohio County Water District  
 ATTN: Renetta Romero  
 124 E Washington St  
 Hartford KY 42347-1181

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL OF KENTUCKY  
 P O Box 950199  
 Louisville KY 40295-0199

Open Bills

Credits

Paid Bills

Payments

General Contacts

Bank Data

Log Off

### Confirmation of payment

Your ACH Confirmation Number: 111595016  
 Your ACH Payment Date is: 05/29/2024  
 You have paid the bills listed. We are debiting your bank account Checking by: USD 81.54  
 The system has saved your payment under transaction number \738687727.  
 To access the open bills, click on *Back to Bill List*.

Bill Description	Due On
Life Premiums	May 31, 2024

[Back to Bill List](#) [Print Screen](#)

### Questions or Comments?

**\*ATTENTION BILLING LIAISONS: DEI WILL BE REQUIRING ACH PAYMENTS EFFECTIVE**

Health/FSA/Life Billing Questions: Contact the Premium Billing Branch at (502) 564-9097.  
Business Hours are 7:30 am to 4:30 pm EST, Monday through Friday.

Life Insurance Questions: Contact the Life Insurance Branch at (502) 564-4774.  
Business Hours are 7:30 am to 4:30 pm EST, Monday through Friday.

Enrollment Questions: Contact the Enrollment Information Branch at (502) 564-1205.  
Business Hours are 7:30 am to 4:30 pm, EST Monday through Friday.

The Member Services Branch can be reached, toll free, at 888-581-8834.  
Business hours are 8:00 am to 4:30 pm, EST, Monday through Friday.

Ky State  
 Life Insurance

000001	Premium	01000000000000619949	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100240936
000002	Premium	01000000000000619959	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100240947
000003	Premium	01000000000000619964	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100240950
000004	Premium	01000000000000619973	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100240953
000005	Premium	01000000000000717068	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100262907
000006	Premium	01000000000000728678	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100261651
000007	Premium	01000000000000728679	[REDACTED]	Dep Option 2, 20k/2.5k/10k
	16.34	20	[REDACTED] 9200470022	0100261651
000008	Premium	01000000000000826971	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100291390
000009	Premium	01000000000000997832	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100329052
000010	Premium	01000000000001255998	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100368481
000011	Premium	01000000000001342299	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100383982
000012	Premium	01000000000001345452	[REDACTED]	Basic Life
and AD&D		1.00	20 [REDACTED] 9200470022	
0100384671				
000013	Premium	01000000000001376456	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100391611
000014	Premium	01000000000001548372	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100419287
000015	Premium	01000000000001551695	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100422291
000016	Premium	01000000000001551764	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100422235
000017	Premium	01000000000001552002	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100326397
000018	Premium	01000000000001552003	[REDACTED]	Dep Option 8, 0/2.5k/10k
	5.40	20	[REDACTED] 9200470022	0100326397
000019	Premium	01000000000001568005	[REDACTED]	Option 4, \$100K, age 40-59
	42.80	20	[REDACTED] 9200470022	0100291390
000020	Premium	01000000000001586260	[REDACTED]	Basic Life and AD&D
	1.00	20	[REDACTED] 9200470022	0100430113

\$81.54

KY STATE  
Life  
Insurance

**Location Premium Summary**

Client			Location			Billing Period			Prepared		
KLC			Ohio County Water District			June 2024 Final Invoice			05/15/2024		
			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	L03491M001 HRAC03T1	EMP	11	\$0.00	\$8,098.64	0	\$0.00	\$0.00	11	\$0.00	\$8,098.64
	L03491M001 HRAC03T1	ESP	1	\$0.00	\$1,531.08	0	\$0.00	\$0.00	1	\$0.00	\$1,531.08
	L03491M001 HRAC03T1	FAM	5	\$0.00	\$11,629.60	0	\$0.00	\$0.00	5	\$0.00	\$11,629.60
		<b>Benefit Totals</b>	<b>17</b>	<b>\$0.00</b>	<b>\$21,259.32</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>17</b>	<b>\$0.00</b>	<b>\$21,259.32</b>
Vision	L03491V001 Anthem Vision Option E	EMP	14	\$0.00	\$98.28	0	\$0.00	\$0.00	14	\$0.00	\$98.28
	L03491V001 Anthem Vision Option E	ESP	1	\$0.00	\$12.19	0	\$0.00	\$0.00	1	\$0.00	\$12.19
	L03491V001 Anthem Vision Option E	FAM	2	\$0.00	\$39.10	0	\$0.00	\$0.00	2	\$0.00	\$39.10
		<b>Benefit Totals</b>	<b>17</b>	<b>\$0.00</b>	<b>\$149.57</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>17</b>	<b>\$0.00</b>	<b>\$149.57</b>
		<b>Location Totals</b>	<b>34</b>	<b>\$0.00</b>	<b>\$21,408.89</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>34</b>	<b>\$0.00</b>	<b>\$21,408.89</b>
										<b>Misc Fees</b>	<b>\$0.00</b>
										<b>Location Adjustment</b>	<b>\$0.00</b>
										<b>Billing Fees</b>	<b>\$0.00</b>
										<b>Grand Total</b>	<b>\$21,408.89</b>

*KLC Summary*



## Location Premium Detail for Ohio County Water District



Location	Prepared	Billing Period
Renetta Romero Ohio County Water District 124 E Washington Street Hartford, KY 42347	05/15/2024	June 2024 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	06/01/2024	Amount <u>21,408.89</u> Account <u>8604.820</u> <span style="float: right;">\$21,408.89</span>

**CURRENT**

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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**Active**

[REDACTED]					
L03491M001 HRAC03T1	EMP		\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP		\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>

[REDACTED]					
L03491M001 HRAC03T1	FAM		\$0.00	\$0.00	\$2,325.92
L03491V001 Anthem Vision Option E	FAM		\$0.00	\$0.00	\$19.55
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,345.47</b>

[REDACTED]					
L03491M001 HRAC03T1	EMP		\$0.00	\$0.00	\$736.24
491V001 Anthem Vision Option E	EMP		\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>

[REDACTED]					
L03491M001 HRAC03T1	FAM		\$0.00	\$0.00	\$2,325.92
L03491V001 Anthem Vision Option E	EMP		\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,332.94</b>

[REDACTED]					
L03491M001 HRAC03T1	EMP		\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP		\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>

[REDACTED]					
L03491M001 HRAC03T1	EMP		\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP		\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>

[REDACTED]					
L03491M001 HRAC03T1	EMP		\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP		\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>

[REDACTED]					
L03491M001 HRAC03T1	FAM		\$0.00	\$0.00	\$2,325.92
L03491V001 Anthem Vision Option E	FAM		\$0.00	\$0.00	\$19.55
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,345.47</b>

a 2024 Final Invoice

05/16/2024

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
<b>Employee Totals</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,345.47</b>

[REDACTED]					
L03491M001 HRAC03T1	FAM		\$0.00	\$0.00	\$2,325.92

L03491V001 Anthem Vision Option E	EMP	\$0.00	\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,332.94</b>
L03491M001 HRAC03T1	ESP	\$0.00	\$0.00	\$0.00	\$1,531.08
L03491V001 Anthem Vision Option E	ESP	\$0.00	\$0.00	\$0.00	\$12.19
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,543.27</b>
L03491M001 HRAC03T1	EMP	\$0.00	\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP	\$0.00	\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>
L03491M001 HRAC03T1	EMP	\$0.00	\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP	\$0.00	\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>
L03491M001 HRAC03T1	EMP	\$0.00	\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP	\$0.00	\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>
L03491M001 HRAC03T1	FAM	\$0.00	\$0.00	\$0.00	\$2,325.92
L03491V001 Anthem Vision Option E	EMP	\$0.00	\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,332.94</b>
L03491M001 HRAC03T1	EMP	\$0.00	\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP	\$0.00	\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>
L03491M001 HRAC03T1	EMP	\$0.00	\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP	\$0.00	\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>
L03491M001 HRAC03T1	EMP	\$0.00	\$0.00	\$0.00	\$736.24
L03491V001 Anthem Vision Option E	EMP	\$0.00	\$0.00	\$0.00	\$7.02
<b>Employee Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$743.26</b>
<b>Active Current Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$21,408.89</b>
<b>Location Current Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$21,408.89</b>

**ADJUSTMENTS**

June 2024 Final Invoice

2

05/16/2024

**ADJUSTED TOTALS**

**Location Adjusted Totals**      \$0.00      \$0.00      \$0.00      \$21,408.89

Previous Total Due	\$21,408.89
Total Payment Received	\$21,408.89
Unpaid Balance	\$0.00
Current Total Premium	\$21,408.89
Billing Fees	\$0.00
Adjustment Total	\$0.00
Misc Fees	\$0.00
Location Adjustment	\$0.00
<b>Current Total Due</b>	<b>\$21,408.89</b>



Payroll Invoice: W030

OHIO CO WATER DIST  
Page 1 of 2

Date prepared May 15, 2024  
 Questions? Call 1-800-542-2667  
 Visit us online kentuckydcp.ky.gov

OHIO CO WATER DIST  
 ATTN: RENETTA ROMERO  
 PO BOX 207  
 HARTFORD KY 42347-0207

Below you will find the most recent deduction details as reported to us. Please review this information and return an annotated copy of the reconciled invoice to us within three days of the pay date.

**Plan details**

Plan name: KENTUCKY DEFERRED COMPENSATION  
 Plan number: 0047158  
 Payroll dated: May 31, 2024  
 Billing description: BI-WEEKLY FRIDAY1  
 Invoice number: 1470473

**Deduction details per participant**

IRS Code: 401K  
 Money Source: Salary Reduction

SSN	Name	Expected contribution	Actual contribution (if different than \$ amount)	Contribution change reason
[REDACTED]	[REDACTED]	\$25.00		
[REDACTED]	[REDACTED]	\$50.00		
[REDACTED]	[REDACTED]	\$20.00		
[REDACTED]	[REDACTED]	\$50.00		

Expected total contribution amount:	\$145.00
Total contribution amount due:	
Total employees:	4
Payroll date:	May 31, 2024
Check number:	
Amount:	

See reverse side for additional information

57154000124018





Payroll Invoice: W030

OHIO CO WATER DIST  
Page 1 of 2

Date prepared May 15, 2024  
 Questions? Call 1-800-542-2667  
 Visit us online kentuckydcp.ky.gov

OHIO CO WATER DIST  
 ATTN: RENETTA ROMERO  
 PO BOX 207  
 HARTFORD KY 42347-0207

Below you will find the most recent deduction details as reported to us. Please review this information and return an annotated copy of the reconciled invoice to us within three days of the pay date.

**Plan details**

Plan name: KENTUCKY DEFERRED COMPENSATION  
 Plan number: 0047158  
 Payroll dated: May 31, 2024  
 Billing description: BI-WEEKLY FRIDAY1  
 Invoice number: 1470474

**Deduction details per participant**

IRS Code: 457  
 Money Source: Salary Reduction

SSN	Name	Expected contribution	Actual contribution (if different than \$ amount)	Contribution change reason
[REDACTED]	[REDACTED]	\$15.00		
[REDACTED]	[REDACTED]	\$25.00		
[REDACTED]	[REDACTED]	\$20.00		
[REDACTED]	[REDACTED] A	\$75.00		

Expected total contribution amount:	\$135.00
Total contribution amount due:	
Total employees:	4
Payroll date:	May 31, 2024
Check number:	
Amount:	

See reverse side for additional information

57154000124025





Payroll Invoice: W030

OHIO CO WATER DIST  
Page 1 of 2

Date prepared May 15, 2024  
 Questions? Call 1-800-542-2667  
 Visit us online kentuckydcp.ky.gov

OHIO CO WATER DIST  
 ATTN: RENETTA ROMERO  
 PO BOX 207  
 HARTFORD KY 42347-0207

Below you will find the most recent deduction details as reported to us. Please review this information and return an annotated copy of the reconciled invoice to us within three days of the pay date.

**Plan details**

Plan name: KENTUCKY DEFERRED COMPENSATION  
 Plan number: 0047158  
 Payroll dated: May 31, 2024  
 Billing description: BI-WEEKLY FRIDAY1  
 Invoice number: 1470475

**Deduction details per participant**

IRS Code: IRA  
 Money Source: IRA Roth

SSN	Name	Expected contribution	Actual contribution (if different than \$ amount)	Contribution change reason
[REDACTED]	[REDACTED]	\$70.00		

Expected total contribution amount:	\$70.00
Total contribution amount due:	
Total employees:	1
Payroll date:	May 31, 2024
Check number:	
Amount:	

As the authorized reviewer, please provide your signature below to confirm you reviewed and can certify this list on the first page is correct:

Form reviewer signature: \_\_\_\_\_

Please also print signature: \_\_\_\_\_

Date: \_\_\_\_\_

*See reverse side for additional information*

57154000124032



# Invoice Remittance

MASA Insurance Services Inc.  
 1250 S. Pine Island Road, Suite 500  
 Plantation, FL 33324  
 Office: 954 334 8270  
 Email: B2Badmin@masaglobal.com



**Invoice ID:** [REDACTED]  
**Group Code:** [REDACTED]  
**Coverage Month:** May-2024  
**Payment Terms:** Net 30  
**Due Date:** 05/31/2024  
**Total Amount Due:** \$ 196.00

**Bill To:** Ohio County Water District  
 po box 207  
 Hartford KY 42347  
 United States

The recipient of this invoice understands and acknowledges that failure to pay the initial premium will result in no policy being issued, no binding coverage, and a lack of the formation of an insurance contract. Pursuant to the terms and conditions of your policy, a failure to make this premium payment by the due date will result in cancellation of this policy effective 12:00 AM on 06/30/2024. Further, receipt of future invoices does not extinguish recipient's obligations to pay outstanding past invoices and cancellation will be effective based on the oldest outstanding invoice. For groups who have elected to pay via self-billing, this document serves as a Notice of Cancellation pursuant to state regulation. Failure to maintain a current roster of enrolled employees with MASA Insurance Services, Inc. and timely payment will result in cancellation in accordance with the above-stated terms.

CHANGES FOR ENROLLMENTS AND CANCELATIONS CANNOT BE MORE THAN TWO MONTHS PRIOR TO THE CURRENT MONTH

Member ID	Member Name	Product Name	Premium Amount (USD)
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00
[REDACTED]	[REDACTED]	MTS Emergent Plus Family (P&C)	14.00

Total	\$ 196.00
-------	-----------

**Total Due for May :USD \$ 196.00**

Amount Count Thank You for Your Payment!  
 Members



Mutual of Omaha  
Mutual of Omaha Plaza  
Omaha, NE 68175

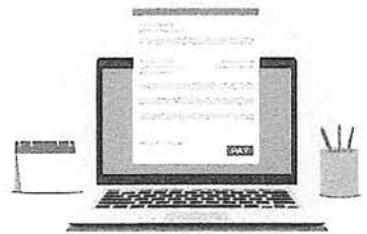
PERSONAL & CONFIDENTIAL  
OHIO COUNTY WATER DISTRICT  
RENETTA BRATCHER ROMERO  
124 EAST WASHINGTON ST SUITE 206  
HARTFORD KY 42347

Group ID: [REDACTED]  
Bill Group ID: 0001  
Due Date: 05/01/2024  
Nashville Group Office

Date 5/1/24  
Amount 1181.54  
Account 8-604,820  
Approval EJH

**Billing Tip:**

If an employee is not meeting the actively working requirements as defined by the contract, you are required to provide notice of the continuation option(s) that may be available. In most instances, the continuation period is 60 days from the eligibility end date.  
**DO NOT DELAY.**



Please review the contract provisions regarding continuation options that apply to your policy.



62152

DETACH HERE AND RETURN THIS SLIP WITH YOUR PAYMENT

**Billing Statement**

**Premium Remittance Slip**

Invoice Number: 001693028912

Please make check or money order payable to Mutual of Omaha. Return this premium remittance with your payment to ensure proper credit.



OHIO COUNTY WATER DISTRICT  
RENETTA BRATCHER ROMERO  
124 EAST WASHINGTON ST SUITE 206  
HARTFORD KY 42347

Group ID: [REDACTED]  
Bill Group ID: 0001  
Due Date: 05/01/2024  
Nashville Group Office

MUTUAL OF OMAHA  
PAYMENT PROCESSING CENTER  
PO BOX 2147  
OMAHA NE 68103-2147

TOTAL AMOUNT DUE: \$ 1,181.54



Group ID: [REDACTED]  
Bill Group ID: 0001  
Invoice Number: [REDACTED]  
Nashville Group Office

Due Date: 05/01/2024  
Billing Date: 04/17/2024  
Coverage Period From: 05/01/2024  
Through: 05/31/2024

## ACCOUNT DETAIL

PLAN	PARTICIPANT/ FAMILY INDICATOR	CURRENT NUMBER OF PARTICIPANTS	VOLUME	CURRENT	ADJUSTMENT	NET
Life	Participant	17	832,500	249.75		249.75
AD&D	Participant	17	832,500	24.98		24.98
LTD	Participant	17	77,169.21	385.84		385.84
STD	Participant	17	10,215.12	520.97		520.97
CURRENT BILL TOTALS				\$ 1,181.54	\$ 0.00	\$ 1,181.54
BALANCE CARRIED FORWARD						\$ 0.00
TOTAL						\$ 1,181.54

Mutuel of Omaha

DO NOT RETURN THIS PAGE

Page 2



Group ID: [REDACTED]  
 Bill Group ID: 0001  
 Invoice Number: [REDACTED]  
 Nashville Group Office

Due Date: 05/01/2024  
 Billing Date: 04/17/2024  
 Coverage Period: 05/01/2024  
 From: [REDACTED]  
 Through: 05/31/2024

**PARTICIPANT DETAIL**

PARTICIPANT	ID	FAMILY INDICATOR	EFF DATE	PLAN	VOLUME	AMOUNT	ADJ	TOTAL
[REDACTED]		Participant	11/01/15	Life	50,000	15.00		
[REDACTED]		Participant	11/01/15	AD&D	50,000	1.50		
[REDACTED]		Participant	11/01/15	LTD	5,330	26.65		
[REDACTED]		Participant	11/01/15	STD	738	37.64		80.79
[REDACTED]		Participant	04/01/22	Life	50,000	15.00		
[REDACTED]		Participant	04/01/22	AD&D	50,000	1.50		
[REDACTED]		Participant	04/01/22	LTD	3,774.61	18.87		
[REDACTED]		Participant	04/01/22	STD	522.64	26.66		62.03
[REDACTED]		Participant	02/01/13	Life	50,000	15.00		
[REDACTED]		Participant	02/01/13	AD&D	50,000	1.50		
[REDACTED]		Participant	02/01/13	LTD	5,555.33	27.78		
[REDACTED]		Participant	02/01/13	STD	750	38.25		82.53
[REDACTED]		Participant	06/01/20	Life	50,000	15.00		
[REDACTED]		Participant	06/01/20	AD&D	50,000	1.50		
[REDACTED]		Participant	06/01/20	LTD	4,425.2	22.13		
[REDACTED]		Participant	06/01/20	STD	612.72	31.25		69.88
[REDACTED]		Participant	02/01/13	Life	50,000	15.00		
[REDACTED]		Participant	02/01/13	AD&D	50,000	1.50		
[REDACTED]		Participant	02/01/13	LTD	4,598.53	22.99		
[REDACTED]		Participant	02/01/13	STD	636.72	32.47		71.96
[REDACTED]		Participant	08/01/19	Life	50,000	15.00		
[REDACTED]		Participant	08/01/19	AD&D	50,000	1.50		
[REDACTED]		Participant	08/01/19	LTD	4,038.67	20.19		
[REDACTED]		Participant	08/01/19	STD	559.2	28.52		65.21
[REDACTED]		Participant	02/01/13	Life	50,000	15.00		
[REDACTED]		Participant	02/01/13	AD&D	50,000	1.50		
[REDACTED]		Participant	02/01/13	LTD	4,425.2	22.13		
[REDACTED]		Participant	02/01/13	STD	612.72	31.25		69.88
[REDACTED]		Participant	09/01/23	Life	50,000	15.00		
[REDACTED]		Participant	09/01/23	AD&D	50,000	1.50		
[REDACTED]		Participant	09/01/23	LTD	3,986.67	19.93		
[REDACTED]		Participant	09/01/23	STD	552	28.15		64.58
[REDACTED]		Participant	02/01/21	Life	50,000	15.00		
[REDACTED]		Participant	02/01/21	AD&D	50,000	1.50		
[REDACTED]		Participant	02/01/21	LTD	8,333.33	41.67		
[REDACTED]		Participant	02/01/21	STD	750	38.25		96.42
[REDACTED]		Participant	04/01/22	Life	50,000	15.00		
[REDACTED]		Participant	04/01/22	AD&D	50,000	1.50		
[REDACTED]		Participant	04/01/22	LTD	3,891.93	19.46		
[REDACTED]		Participant	04/01/22	STD	538.88	27.48		63.44
[REDACTED]		Participant	05/01/14	Life	50,000	15.00		

**DO NOT RETURN THIS PAGE**  
 Page 3



Group ID: [REDACTED]  
 Bill Group ID: 0001  
 Invoice Number: [REDACTED]  
 Nashville Group Office

Due Date: 05/01/2024  
 Billing Date: 04/17/2024  
 Coverage Period: 05/01/2024  
 From:  
 Through: 05/31/2024

**PARTICIPANT DETAIL**

PARTICIPANT	ID	FAMILY INDICATOR	EFF DATE	PLAN	VOLUME	AMOUNT	ADJ	TOTAL
[REDACTED]		Participant	05/01/14	AD&D	50,000	1.50		
[REDACTED]		Participant	05/01/14	LTD	4,236.27	21.18		
[REDACTED]		Participant	05/01/14	STD	586.56	29.91		67.59
[REDACTED]		Participant	02/01/13	Life	50,000	15.00		
[REDACTED]		Participant	02/01/13	AD&D	50,000	1.50		
[REDACTED]		Participant	02/01/13	LTD	4,272.67	21.36		
[REDACTED]		Participant	02/01/13	STD	591.6	30.17		68.03
[REDACTED]		Participant	05/01/21	Life	50,000	15.00		
[REDACTED]		Participant	05/01/21	AD&D	50,000	1.50		
[REDACTED]		Participant	05/01/21	LTD	5,754.67	28.77		
[REDACTED]		Participant	05/01/21	STD	750	38.25		83.52
[REDACTED]		Participant	08/01/21	Life	50,000	15.00		
[REDACTED]		Participant	08/01/21	AD&D	50,000	1.50		
[REDACTED]		Participant	08/01/21	LTD	3,936.4	19.68		
[REDACTED]		Participant	08/01/21	STD	545.04	27.80		63.98
[REDACTED]		Participant	12/01/20	Life	32,500	9.75		
[REDACTED]		Participant	12/01/20	AD&D	32,500	0.98		
[REDACTED]		Participant	12/01/20	LTD	3,983.2	19.92		
[REDACTED]		Participant	12/01/20	STD	551.52	28.13		58.78
[REDACTED]		Participant	09/01/21	Life	50,000	15.00		
[REDACTED]		Participant	09/01/21	AD&D	50,000	1.50		
[REDACTED]		Participant	09/01/21	LTD	3,010.8	15.05		
[REDACTED]		Participant	09/01/21	STD	416.88	21.26		52.81
[REDACTED]		Participant	09/01/21	Life	50,000	15.00		
[REDACTED]		Participant	09/01/21	AD&D	50,000	1.50		
[REDACTED]		Participant	09/01/21	LTD	3,615.73	18.08		
[REDACTED]		Participant	09/01/21	STD	500.64	25.53		60.11
<b>PARTICIPANT PREMIUM</b>						<u>\$ 1,181.54</u>		
<b>PARTICIPANT ADJUSTMENTS</b>							<u>\$ 0.00</u>	
<b>CURRENT PREMIUM</b>								<u>\$ 1,181.54</u>



REMIT PAYMENT TO:  
 CINTAS CORP  
 P.O. BOX 630921  
 CINCINNATI, OH 45263-0921

VIEW & PAY YOUR BILLS ONLINE:  
 WWW.CINTAS.COM/MYACCOUNT

CUSTOMER SVC/BILLING 812-471-0870  
 CINTAS FAX # 812-471-8180  
 PAYMENT INQUIRY 812-469-6920

# INVOICE

SHIP TO: OHIO CO WATER DISTRICT  
 230 E 1ST ST  
 BEAVER DAM, KY 42320-1937

INVOICE # 4194685499  
 INVOICE DATE 06/04/2024  
 SERVICE TICKET # 4194685499  
 CUSTOMER REF # BUILDING 4

BILL TO: OHIO COUNTY WATER DISTRICT  
 PO BOX 207  
 HARTFORD, KY 42347

SOLD TO # 10644626  
 PAYER # [REDACTED]  
 PAYMENT TERMS NET 10 EOM  
 SORT # 03140084381  
 CINTAS ROUTE 18 / DAY 2 / STOP 018

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX
	X10184	3X5 ACTIVE SCRAPER	01	F	1	11.373	11.37	N
0001	X383	DUNGAREE/CARHARTT/WORK/NAVY-04232	01	F	13	1.007	13.09	N
0001	X59935	UF SHR/LT GRY/CMFT/RFT STR/SS - SZ PREM-LJ2XL	01	F	13	1.645	21.39	N
0001	X59970	PRM LND JKT/CHR GY RFLCTV TP - SZ PREM-2XLLS	01	F	1	2.780	2.78	N
0001	[REDACTED]	[REDACTED]						
0002	X383	DUNGAREE/CARHARTT/WORK/NAVY-03632	01	F	5	1.007	5.04	N
0002	X59935	UF SHR/LT GRY/CMFT/RFT STR/SS-RG0XL	01	F	13	1.435	18.66	N
0002	X59970	PRM LND JKT/CHR GY RFLCTV TP-0XLLS	01	F	2	2.570	5.14	N
0002	X945	WORK PANT/KHAKI TWILL - SZ PREM-03634	01	F	8	1.050	8.40	N
0002	[REDACTED]	[REDACTED]						
0003	X59935	UF SHR/LT GRY/CMFT/RFT STR/SS-RG00M	01	F	13	1.435	18.66	N
0003	X59970	PRM LND JKT/CHR GY RFLCTV TP-00LLS	01	F	1	2.570	2.57	N
0003	X894	JEAN COTTON/PRE-WASHED-03232	01	F	13	1.446	18.80	N
0003	[REDACTED]	[REDACTED]						
0006	X59228	BIB OVRLL/YELREFL TRIM/INDGBLU-04032	01	F	5	0.818	4.09	N
0006	X59935	UF SHR/LT GRY/CMFT/RFT STR/SS - SZ PREM-LJ2XL	01	F	12	1.645	19.74	N
0006	X59970	PRM LND JKT/CHR GY RFLCTV TP - SZ PREM-2XLLS	01	F	1	2.780	2.78	N
0006	X894	JEAN COTTON/PRE-WASHED-03632	01	F	8	1.446	11.57	N
0006	[REDACTED]	[REDACTED]						
0008	X59935	UF SHR/LT GRY/CMFT/RFT STR/SS - SZ PREM-LJ0XL	01	F	13	1.645	21.39	N
0008	X59970	PRM LND JKT/CHR GY RFLCTV TP-0XLLS	01	F	1	2.570	2.57	N
0008	X894	JEAN COTTON/PRE-WASHED-03630	01	F	13	1.446	18.80	N
0008	[REDACTED]	[REDACTED]						
0012	X59935	UF SHR/LT GRY/CMFT/RFT STR/SS - SZ PREM-LJ2XL	01	F	12	1.645	19.74	N
0012	X59970	PRM LND JKT/CHR GY RFLCTV TP - SZ PREM-2XLLS	01	F	1	2.780	2.78	N
0012	X894	JEAN COTTON/PRE-WASHED-03832	01	F	12	1.446	17.35	N



REMIT PAYMENT TO:  
CINTAS CORP  
P.O. BOX 630921  
CINCINNATI, OH 45263-0921

INVOICE # 4194685499  
INVOICE DATE 06/04/2024  
SERVICE TICKET # 4194685499

# INVOICE

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX
0012	[REDACTED]						39.87	
		EMBLEM ADVANTAGE					5.97	N
		UNIFORM ADVANTAGE					33.13	N
		PREP ADVANTAGE					10.73	N
		SUBTOTAL					296.54	
		SERVICE CHARGE					20.81	N
		SUBTOTAL					317.35	
		TAX					0.00	
		TOTAL USD					317.35	
		<b>SPECIAL PROGRAMS BREAKDOWN</b>						
		UNIFORM ADVANTAGE			160	0.207	33.13	N
		PREP ADVANTAGE			160	0.067	10.73	N
		EMBLEM ADVANTAGE			83	0.072	5.97	N

You will notice the annual price adjustment on your invoice beginning on 6/3/2024. Rental rates are being adjusted to account for increases in labor rates, fleet expenses, raw material costs, and utilities. Rates will remain consistent for the next year. Thanks for your trust in Cintas. We remain committed to providing you with the highest quality service in the rental industry.

Signature :

Cust. Name: OHIO CO WATER DISTRICT  
SOF Renetta Romero 09:43 AM 06/04/24  
SoldTo# 0010644626 SO# 4194685499  
Invoice Total Payment on Account  
\$317.35 \$0.00

SOF BJ

# Payment Confirmation

Your contribution summary payment has been submitted.

Please print a copy for your records.

## Payment Details

KY Retirement

**Employer:**

Log2 - OHIO COUNTY WATER DISTRICT

**Report:**

CERS - 05/2024

**Payment Date:**

5/29/2024

**Payment From:**

PAYROLL ACCOUNT - COMMONWEALTH COMMUNITY BANK, INC., ...4751

## Summary Totals

**Regular Contributions:**

\$38,845.39

**State-funded Expenses:**

\$0.00

**Adjustments:**


\$0.00

**IPS:**

\$0.00

**Invoices:**

\$0.00

Print 

Pay another monthly summary >>

## Kentucky Public Pensions Authority Employer Details by Report Month Report

Employer Code: L092      Report Month: 5/01/2024

<u>Contrib Group</u>	<u>Mbr ID</u>	<u>Member Name</u>	<u>Posting Month</u>	<u>Pmt Reason</u>	<u>Salary</u>	<u>Pre EECON</u>	<u>Post EECON</u>	<u>ERCON</u>	<u>HICON</u>	<u>Status</u>
CNHZCB	[REDACTED]	[REDACTED]	05/2024	REGL	\$9,289.20	\$464.46	\$0.00	\$2,168.10	\$92.89	EDIT
CNHZCB	[REDACTED]	[REDACTED]	05/2024	RPCC	\$6,652.13	\$332.61	\$0.00	\$1,552.61	\$66.52	EDIT
CNHZCB	[REDACTED]	[REDACTED]	05/2024	RPCC	\$7,180.21	\$359.01	\$0.00	\$1,675.86	\$71.80	EDIT
CNHZCB	[REDACTED]	[REDACTED]	05/2024	REGL	\$6,853.69	\$342.68	\$0.00	\$1,599.65	\$68.54	EDIT
CNHZCB	[REDACTED]	[REDACTED]	05/2024	RPCC	\$8,185.93	\$409.30	\$0.00	\$1,910.60	\$81.86	EDIT
CNHZCB	[REDACTED]	[REDACTED]	05/2024	REGL	\$6,750.72	\$337.54	\$0.00	\$1,575.62	\$67.51	EDIT
CNHZCB	[REDACTED]	[REDACTED]	05/2024	REGL	\$6,901.78	\$345.09	\$0.00	\$1,610.88	\$69.02	EDIT
CNHZCB	[REDACTED]	[REDACTED]	05/2024	REGL	\$6,336.65	\$316.83	\$0.00	\$1,478.97	\$63.37	EDIT
CNHZCB	[REDACTED]	[REDACTED]	05/2024	REGL	\$5,677.67	\$283.88	\$0.00	\$1,325.17	\$56.78	EDIT
CNHZCB	[REDACTED]	[REDACTED]	05/2024	RPCC	\$6,520.58	\$326.03	\$0.00	\$1,521.90	\$65.21	EDIT
<b>L092</b>	<b>Record Count: 10</b>	<b>Member Count: 10</b>		<b>Totals:</b>	<b>\$70,348.56</b>	<b>\$3,517.43</b>	<b>\$0.00</b>	<b>\$16,419.36</b>	<b>\$703.50</b>	
CNHZHI	[REDACTED]	[REDACTED]	05/2024	REGL	\$6,896.78	\$344.84	\$0.00	\$1,609.71	\$68.97	EDIT
CNHZHI	[REDACTED]	[REDACTED]	05/2024	REGL	\$7,848.12	\$392.41	\$0.00	\$1,831.75	\$78.48	EDIT
<b>L092</b>	<b>Record Count: 2</b>	<b>Member Count: 2</b>		<b>Totals:</b>	<b>\$14,744.90</b>	<b>\$737.25</b>	<b>\$0.00</b>	<b>\$3,441.46</b>	<b>\$147.45</b>	
CNHZNH	[REDACTED]	[REDACTED]	05/2024	RPCC	\$8,586.60	\$429.33	\$0.00	\$2,004.11	\$0.00	EDIT
CNHZNH	[REDACTED]	[REDACTED]	05/2024	REGL	\$9,344.70	\$467.24	\$0.00	\$2,181.05	\$0.00	EDIT
CNHZNH	[REDACTED]	[REDACTED]	05/2024	RPCC	\$14,542.80	\$727.14	\$0.00	\$3,394.29	\$0.00	EDIT
CNHZNH	[REDACTED]	[REDACTED]	05/2024	RPCC	\$7,184.42	\$359.22	\$0.00	\$1,676.84	\$0.00	EDIT
CNHZNH	[REDACTED]	[REDACTED]	05/2024	REGL	\$9,314.40	\$465.72	\$0.00	\$2,173.98	\$0.00	EDIT
<b>L092</b>	<b>Record Count: 5</b>	<b>Member Count: 5</b>		<b>Totals:</b>	<b>\$48,972.92</b>	<b>\$2,448.65</b>	<b>\$0.00</b>	<b>\$11,430.27</b>	<b>\$0.00</b>	
CNHZNP	[REDACTED]	[REDACTED]	05/2024	REGL	\$239.13	\$0.00	\$0.00	\$0.00	\$0.00	EDIT
CNHZNP	[REDACTED]	[REDACTED]	05/2024	REGL	\$2,264.08	\$0.00	\$0.00	\$0.00	\$0.00	EDIT
<b>L092</b>	<b>Record Count: 2</b>	<b>Member Count: 2</b>		<b>Totals:</b>	<b>\$2,503.21</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>CERS</b>	<b>Record Count: 19</b>	<b>Member Count: 19</b>		<b>Totals:</b>	<b>\$136,569.59</b>	<b>\$6,703.33</b>	<b>\$0.00</b>	<b>\$31,291.09</b>	<b>\$850.95</b>	
	<b>Record Count: 19</b>	<b>Member Count: 19</b>		<b>Totals:</b>	<b>\$136,569.59</b>	<b>\$6,703.33</b>	<b>\$0.00</b>	<b>\$31,291.09</b>	<b>\$850.95</b>	

T-m

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# Employee CHAPS

348221

West KY Hound Supply

CUSTOMER'S ORDER NO.	DEPARTMENT	DATE 3-7-24
NAME Ohio County Water District		
ADDRESS		
CITY, STATE, ZIP		

SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT.	DISC. RETD.	PAID OUT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	1 Bekina boots w/chaps		180 <sup>00</sup>
2			
3			
4			Date 3/8/24
5			Amount 180 <sup>00</sup>
6			Account 5- 604.900
7			
8	Tax exempt		Approved EJT
9			
10			
11			
12			
13			
14			180 <sup>00</sup>
15			
16			
17			
18			

RECEIVED BY

A-5003  
T-40220/10350

KEEP THIS SLIP FOR REFERENCE

01-11

For?

For customer support, visit [www.amazon.com/contact-us](http://www.amazon.com/contact-us).

**Invoice summary**

Payment due by February 20, 2024

Item subtotal before tax	\$ 43.96
Shipping & handling	\$ 9.29
Promos & discounts	(\$ 9.29)
<b>Total before tax</b>	<b>\$ 43.96</b>
Tax	\$ 0.00
<b>Amount due</b>	<b>\$ 43.96 USD</b>

**Pay by**

**Electronic funds transfer (EFT/ACH/Wire)**

Account name Amazon Capital Services, Inc.  
 Bank name Wells Fargo Bank  
 ACH routing # (ABA) 121000248  
 Bank account # (DDA) 41630410376872209  
 SWIFT code (wire transfer) WFBIUS6S

**Check**

Amazon Capital Services  
 PO Box 035184  
 Seattle, WA 98124-5184

Include Amazon invoice number(s) in the descriptive field of your electronic funds transfer payment, or Email ar-businessinvoicing@amazon.com to submit your remittance detail.

Account #   
 Payment terms Net 30  
 Purchase date 18-Jan-2024  
 Purchased by Michael Brown  
 PO # .michael

**Registered business name**

Ohio County Water District

**Bill to**

Ohio County Water District  
 PO Box 207  
 124 E Washington St  
 HARTFORD, KY 42347


**Ship to**

Michael Brown Ohio County Water Dist.  
 124 E WASHINGTON ST,  
 HARTFORD, KY 42347-1181

Date 1/24/24

Amount 43.96

Account 5620.500

Approval E.H. 

**Invoice details**

Description	Qty	Unit price	Item subtotal before tax	Tax
* 1 Wells Lamont Versatile Work Gloves   Lightweight, Durable, Comfortable Jersey   Basic, Large (506LZ), Black, 12-Pair Bulk Pack ASIN: B00622Z1G8 Sold by: Amazon.com Services, Inc Order # 113-2005285-5269041	4	\$10.99	\$43.96	0.000%
2 Shipping & handling			\$9.29	0.000%
3 Promotions & discounts			(\$9.29)	0.000%

Total before tax	\$43.96
Tax	\$0.00
<b>Amount due</b>	<b>\$43.96</b>



Description	Qty	Unit price	Item subtotal before tax	Tax
2 Handepo 6 Pairs Winter Work Gloves for Men and Women Waterproof Thermal Freezer Gloves for Work Below Zero Construction Shoveling Snow Ice Fishing, Blue ASIN: B0B6BF8JP4 Sold by: hefeihuiyuanxinxikejijiyouxiangongsi Order # 113-3065808-9149834	2	\$25.99	\$51.98	0.000%
3 Shipping & handling			\$10.40	0.000%
4 Promotions & discounts			(\$10.40)	0.000%
			Total before tax	\$101.97
			Tax	\$0.00
			<b>Amount due</b>	<b>\$101.97</b>

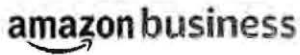
**FAQs**

**How is tax calculated?**

Visit [https://www.amazon.com/gp/help/customer/display.html/ref=hp\\_leftv4\\_sib?ie=UTF8&nodeId=202036190](https://www.amazon.com/gp/help/customer/display.html/ref=hp_leftv4_sib?ie=UTF8&nodeId=202036190)

**How are digital products and services taxed?**

Visit [https://www.amazon.com/gp/help/customer/display.html/ref=hp\\_leftv4\\_sib?ie=UTF8&nodeId=202074670](https://www.amazon.com/gp/help/customer/display.html/ref=hp_leftv4_sib?ie=UTF8&nodeId=202074670)



Invoice

Invoice # 1TPM-9K7F-LXWV | January 21, 2024

For customer support, visit [www.amazon.com/contact-us](http://www.amazon.com/contact-us).

### Invoice summary

Payment due by February 20, 2024

Item subtotal before tax	\$ 101.97
Shipping & handling	\$ 10.40
Promos & discounts	(\$ 10.40)
<b>Total before tax</b>	<b>\$ 101.97</b>
Tax	\$ 0.00
<b>Amount due</b>	<b>\$ 101.97 USD</b>

Account # [REDACTED]

Payment terms Net 30

Purchase date 17-Jan-2024

Purchased by Michael Brown

PO # michael

#### Registered business name

Ohio County Water District

#### Bill to

Ohio County Water District  
PO Box 207  
124 E Washington St  
HARTFORD, KY 42347

#### Ship to

Michael Brown Ohio County Water Dist.  
124 E WASHINGTON ST  
HARTFORD, KY 42347-1181

### Pay by

#### Electronic funds transfer (EFT/ACH/Wire)

Account name Amazon Capital Services, Inc.  
Bank name Wells Fargo Bank  
ACH routing # (ABA) 121000248  
Bank account # (DDA) 41630410376872209  
SWIFT code (wire transfer) WFBIUS6S

#### Check

Amazon Capital Services  
PO Box 035184  
Seattle, WA 98124-5184

Include Amazon invoice number(s) in the descriptive field of your electronic funds transfer payment, or  
Email [ar-businessinvoicing@amazon.com](mailto:ar-businessinvoicing@amazon.com) to submit your remittance detail.

### Invoice details

Description	Qty	Unit price	Item subtotal before tax	Tax
1 GREENWATER Hip Waders for Men Women with Boots Waterproof, 2-Ply PVC/Nylon Adult Bootfoot Hip Waders with Cleated for Fishing & Hunting (Brown, M10/W12) ASIN: B09YHC8WKG Sold by: Ningbohengqixingkejijouxiangongsi Order # 113-3065808-9149834	1	\$49.99	\$49.99	0.000%

Date 1/24/24  
Amount 101.97  
Account 5620.500  
APPROVAL EWH

REPLACEMENTS FOR ?  
Jony did  
hold up

For customer support, visit [www.amazon.com/contact-us](http://www.amazon.com/contact-us).

Invoice summary

Payment due by April 16, 2024

Item subtotal before tax	\$ 46.70
Shipping & handling	\$ 7.61
Promos & discounts	(\$ 7.61)
<b>Total before tax</b>	<b>\$ 46.70</b>
Tax	\$ 0.00
<b>Amount due</b>	<b>\$ 46.70 USD</b>

Account #	[REDACTED]
Payment terms	Net 30
Purchase date	11-Mar-2024
Purchased by	Renetta Bratcher Romero
PO #	Renetta-Safety

Registered business name

Ohio County Water District

Bill to

Ohio County Water District  
PO Box 207  
124 E Washington St  
HARTFORD, KY 42347

Ship to

Renetta Bratcher Romero  
124 E WASHINGTON ST  
HARTFORD, KY 42347-1181

Pay by

Electronic funds transfer (EFT/ACH/Wire)

Account name	Amazon Capital Services, Inc.
Bank name	Wells Fargo Bank
ACH routing # (ABA)	121000248
Bank account # (DDA)	41630410376872209
SWIFT code (wire transfer)	WFBIUS6S

Check

Amazon Capital Services
PO Box 035184
Seattle, WA 98124-5184

Include Amazon invoice number(s) in the descriptive field of your electronic funds transfer payment, or

Email [ar-businessinvoicing@amazon.com](mailto:ar-businessinvoicing@amazon.com) to submit your remittance detail.

Date 3/27/24  
 Amount 46.70  
 Account 5-675-901  
 Approval EJH

Invoice details

Description	Qty	Unit price	Item subtotal before tax	Tax
1 Quality Foam Earplugs 200 Pair - 32dB Noise Cancelling Soft High Decibel Ear Plugs for Noise Reduction Ear Protection Concerts Loud Music Shooting Guns Work Construction Safety Hearing Protection ASIN: B08273T5XC Sold by: NUNUNU LLC Order # 111-6627953-7956213	1	\$23.85	\$23.85	0.000%
2 ATERET Earplugs 100 Pairs   32db Noise Cancelling Soft Disposable Corded Ear Plugs   Safety Hearing Protection for Travel Concert Hunting Shooting Range Work Construction ASIN: B0BZWMV5R7 Sold by: Plank Supply, LLC Order # 111-6627953-7956213	1	\$22.85	\$22.85	0.000%

Description	Qty	Unit price	Item subtotal before tax	Tax
3 OrangeGear™ 36" x 36" MUTCD TTC Compliant Safety Orange Mesh Rollup Traffic Control Sign, Fiberglass Ribs & Aluminum Sign Stand Kit (Utility Work Ahead) ASIN: B0CYQVMCYC Sold by: Safety Zone Holdings, Inc. Order # 111-7599127-5677855	1	\$165.95	\$165.95	0.000%
4 Shipping & handling			\$6.99	0.000%
			<b>Total before tax</b>	<b>\$307.41</b>
			<b>Tax</b>	<b>\$0.00</b>
			<b>Amount due</b>	<b>\$307.41</b>

**FAQs**

**How is tax calculated?**

Visit [https://www.amazon.com/gp/help/customer/display.html/ref=hp\\_leftv4\\_sib?ie=UTF8&nodeId=202036190](https://www.amazon.com/gp/help/customer/display.html/ref=hp_leftv4_sib?ie=UTF8&nodeId=202036190)

**How are digital products and services taxed?**

Visit [https://www.amazon.com/gp/help/customer/display.html/ref=hp\\_leftv4\\_sib?ie=UTF8&nodeId=202074670](https://www.amazon.com/gp/help/customer/display.html/ref=hp_leftv4_sib?ie=UTF8&nodeId=202074670)

For customer support, visit [www.amazon.com/contact-us](http://www.amazon.com/contact-us).

**Invoice summary**

Payment due by April 27, 2024

Item subtotal before tax	\$ 300.42
Shipping & handling	\$ 6.99
Promos & discounts	\$ 0.00
<b>Total before tax</b>	<b>\$ 307.41</b>
Tax	\$ 0.00
<b>Amount due</b>	<b>\$ 307.41 USD</b>

Account # [REDACTED]  
 Payment terms Net 30  
 Purchase date 26-Mar-2024  
 Purchased by Renetta Bratcher Romero  
 PO # Safety

Registered business name  
 Ohio County Water District

Bill to  
 Ohio County Water District  
 PO Box 207  
 124 E Washington St  
 HARTFORD, KY 42347

Ship to  
 Renetta Bratcher Romero  
 124 E WASHINGTON ST  
 HARTFORD, KY 42347-1181

**Pay by**

**Electronic funds transfer (EFT/ACH/Wire)**

Account name Amazon Capital Services, Inc.  
 Bank name Wells Fargo Bank  
 ACH routing # (ABA) 121000248  
 Bank account # (DDA) 41630410376872209  
 SWIFT code (wire transfer) WFBUS6S

**Check**

Amazon Capital Services  
 PO Box 035184  
 Seattle, WA 98124-5184

Include Amazon invoice number(s) in the descriptive field of your electronic funds transfer payment, or  
 Email [ar-businessinvoicing@amazon.com](mailto:ar-businessinvoicing@amazon.com) to submit your remittance detail.

Date 4/11/24  
 Amount 307.41  
 Account 5.675.901 = 69.52  
5.620.500 = 237.89  
 Approval EJH

**Invoice details**

Description	Qty	Unit price	Item subtotal before tax	Tax
1 KleenGuard V30 Nemesis Safety Glasses (22476), Amber Anti-Fog Lens, Black Frame, 12 Pairs / Case ASIN: B008D84395 Sold by: Amazon.com Services, Inc. Order # 111-8015984-8934649	1	\$69.52	\$69.52	0.000%
2 OrangeGear™ 48" x 48" MUTCD TTC Compliant Safety Orange Mesh Temporary Traffic Control Rollup Sign with Orange Fiberglass Cross Ribs For 48" Sign Only (Sign Stand Not Included) (Utility Work Ahead) ASIN: B08FCH8KPF44 Sold by: Safety Zone Holdings, Inc. Order # 111-7599127-5677855	1	\$64.95	\$64.95	0.000%