

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

1 COURT SQUARE, SUITE 203  
PARKERSBURG, WV 26101

IN RE: MINUTES OF MEETING HELD  
THURSDAY, MARCH 3, 2022

PRESENT: DAVID BLAIR COUCH, PRESIDENT  
ROBERT K. TEBAY, COMMISSIONER  
JAMES E. COLOMBO, COMMISSIONER

At 9:30 A.M., the County Commission of Wood County met in regular session. They signed purchase orders, invoices and other correspondence.

The County Commission, upon a motion made by David Blair Couch, seconded by James E. Colombo and made unanimous by Robert K. Tebay, approved minutes of February 14, 17 and 24, 2022.

**AGENDA AND DISCUSSION ITEMS**

At 9:30 A.M., representatives from the ARC of the Mid-Ohio Valley met with the County Commission to request they issue a Proclamation declaring March as Development disability Awareness Month. After discussion the County Commission executed the said Proclamation. (Order 2518)

The County Commission of Wood County, upon a motion made by James E. Colombo, seconded by Robert K. Tebay and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to EXECUTE an Application for a Victims of Crime Act (VOCA) Grant No. 21-SVA-038 with the West Virginia Department of Homeland Security. (Order A/2515)

At 9:38 A.M., the County Commission met with representatives from the American Red Cross. They asked the Commission to give them \$2,500.00 and also asked them to sign a Proclamation declaring March as Red Cross Month. The Commission approved both. (Order A/2519)

At 10:00 A.M., Wood County Prosecutor, Pat Lefebure, presented an award to the Parkersburg Narcotics Task Force as Drug Task Force of the Year from the Appalachian High Intensity Drug Enforcement (HIDA-DEA)

At 10:14 A.M., the County Commission approved the hiring of Asya Cash, Stormie Augenstein and Tyler McCloy as Court Security Officers in the Sheriff's Department.

The County Commission, upon a motion made by Robert K. Tebay, seconded by David Blair Couch, and made unanimous by James C. Colombo, did hereby AUTHORIZE a moratorium be placed on the donation of park benches into the Fort Boreman Historical Park. The Commission further urged anyone desiring to make a memorial contribution to the park in memory of a loved one, may do so, and their name will be added to a plaque in their honor and placed in a shelter in the park. (Order C/121)

At 10:46 A.M., the County Commission, upon a motion made by James E. Colombo, seconded by Robert K. Tebay and made unanimous by David Blair Couch, appointed Victoria (Tori) Sims to the Wood County Planning Commission. The unexpired term will expire December 31, 2023. (Order A/2514)

Having no scheduled appointments or business to attend to, the County Commission adjourned at 10:47 A.M.

**ORDERS APPROVED AND ATTACHED TO THESE MINUTES**

A/ 2514, A/2515, A/2516, A/2518, A/2519, C/121

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY



\_\_\_\_\_

David Blair Couch, President



\_\_\_\_\_

Robert K. Tebay, Commissioner



\_\_\_\_\_

James Colombo, Commissioner

Wood County Commission Meeting  
Held March 3, 2022

Please Print

1.	Doug Hess - The Arc of the Mid Ohio Valley
2.	Melissa Southall - The Arc of the Mid Ohio Valley
3.	Liz Ford - The Arc of the Mid Ohio Valley
4.	Morgan Spicer - The Arc of the Mid Ohio Valley
5.	Michael Harper
6.	Sharon Kesseling 105 71 11
7.	Todd Wines - Red Cross
8.	Tim Pingley - Red Cross
9.	
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# Wood County Commission Agenda

March 3, 2022  
317 Market Street  
Parkersburg, WV 26101

9:30 A.M.	Developmental Disability Awareness Month Proclamation	The ARC of the Mid-Ohio Valley
9:45 A.M.	Update on the American Red Cross and present a Proclamation	Sharon Kesselring, Director
10:00 A.M.	Task Force Award discussion	Pat Lefebure
	Consider Request to Hire - Asya Cash as Court Security for the Sheriff's Department - \$14.38/hr	
	Consider Request to Hire - Stormie Augenstein as Court Security for the Sheriff's Department - \$14.38/hr	
	Consider Request to Hire - Tyler McCloy as Court Security for the Sheriff's Department - \$14.38/hr	
	Consider appointing Torie Sims to the Wood County Planning Commission	
	Administrator's Report	Marty Seufer, County Administrator
	County Commission Reports	

Discussion, Review and Approval of expenditures and disbursements identified on Exhibit 1, hereto attached

Correspondence for this meeting will be available for public review during regular office hours in Room 205 of the Wood County Courthouse two (2) days prior to the meeting



**Exhibit 1**

Discussion, Review and Approval of the following items may be included during this meeting and are available for public inspection in the Office of the County Administrator two days prior to this meeting.

Budget revisions

Purchase orders and requisitions

Revisions, reimbursement requests, resolutions and correspondence for grants

Grant disbursements to other entities

Invoices for expenditures to be paid

Reimbursements for travel expenses

Bid specifications and procedures for bids previously authorized by the Commission

Monthly Hotel Occupancy Tax Collection disbursements

Disbursements for previously approved Innovative Programming Grants

Tax refunds, exonerations, improprieties and consolidations

Probate items, including settlements, petitions and Fiduciary Commissioner reports

General Fund disbursements to entities

Funding requests from local organizations by written form

Payroll modification as submitted by elected officials

MARCH 3, 2022

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION APPOINTED VICTORIA (TORI) SIMS TO THE  
WOOD COUNTY PLANNING COMMISSION.

ORDER

The County Commission, upon a motion made by James E. Colombo, seconded by Robert K. Tebay and made unanimous by David Blair Couch, appointed Victoria (Tori) Sims to the Wood County Planning Commission,

The unexpired term will expire December 31, 2023.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

  
\_\_\_\_\_  
David Blair Couch, President  
\_\_\_\_\_  
Robert K. Tebay, Commissioner  
\_\_\_\_\_  
James E. Colombo, Commissioner

A/2514

David Couch  
John Rhodes, Clerk  
Institution: 2022/03/03  
03:05:25Z & 03:10:08 PM  
COUNTY COMMISSION ORDER  
BOOK 76 & PAGE 126  
Pages Recorded: 1

MARCH 3, 2022

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR COUCH, AS PRESIDENT, TO EXECUTE AN APPLICATION FOR A VICTIMS OF CRIME ACT (VOCA) GRANT NO. 21-SVA-038.

**ORDER**

On this date, the County Commission of Wood County, upon a motion made by James E. Colombo, seconded by Robert K. Tebay and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to EXECUTE an Application for a Victims of Crime Act (VOCA) Grant No. 21-SVA-038 with the West Virginia Department of Homeland Security.

The Grant Application is attached to this Order and should be made a part thereof.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

A blue ink signature of David Blair Couch, written in a cursive style, positioned above a horizontal line.

David Blair Couch, President

A blue ink signature of Robert K. Tebay, written in a cursive style, positioned above a horizontal line.

Robert K. Tebay, Commissioner

A blue ink signature of James E. Colombo, written in a cursive style, positioned above a horizontal line.

James E. Colombo, Commissioner



# The County Commission of Wood County

No. 1 Court Square, Suite 203 Parkersburg, West Virginia 26101  
(304) 424-1984



**DAVID BLAIR COUCH**  
President

**ROBERT K. TEBAY**  
Commissioner

**JAMES E. COLOMBO**  
Commissioner

March 3, 2022

Ms. Tammy J. Lemon  
Department of Homeland Security  
Division of Administrative Services  
Justice and Community Services  
1124 Smith Street, Suite 3100  
Charleston, WV 25301-1323

Dear Ms. Lemon:

RE: Grant No.: 21-SVA-038

Please find enclosed the progress reports for the month of October 2021 – December 2021. If you have any questions on this or desire any additional information, please feel free to contact Toni Tiano, grant consultant, at 304/481-6409. Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David Blair Couch", is written over a large, stylized, and somewhat illegible signature that appears to be "David Blair Couch".

David Blair Couch  
President

WEST VIRGINIA  
DIVISION OF ADMINISTRATIVE SERVICES  
JUSTICE AND COMMUNITY SERVICES

Request for  
Reimbursement

RECEIVED  
(For JCS Use Only)

Subgrantee: Wood County Commission  
Address: One Court Square, Suite 203  
Parkersburg, WV  
26101  
Project #: 21-SVA-038  
FEIN#: 556000417  
Funds are hereby requested to cover expenditures  
FROM: 10/1/21 TO: 10/31/21

PROJECT CASH EXPENDITURES

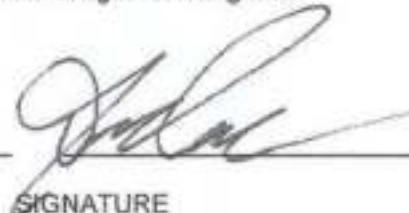
CATEGORY	AMOUNT
Personnel/Contractual	\$9,917.75
Travel/Training	
Space	
Other	
TOTAL	\$9,917.75

CERTIFICATION:

I certify that this report presents actual receipts and expenditures of funds for the period covered and for the total grant budget to date, made in accordance with the approved budget for this grant.

All documentation is available at our office.

BY: David Blair Couch, President



3/3/22

TYPED NAME & TITLE

SIGNATURE

DATE

(Authorized Official or Grant Financial Officer ONLY)

JCS USE ONLY

ADMINISTRATIVE APPROVAL:

This request is approved in the amount of \$ \_\_\_\_\_  
Initials Date

Pursuant to the authority vested in me, I certify that this request is correct and proper for payment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Accountant

VICTIMS OF CRIME ASSISTANCE PROGRAM	FINANCIAL RECAP PAGE
GRANTEE: Wood County Commission	PROJECT # 21-SVA-038
PREPARED BY: Toni Tiano	MONTH: October 2021

PERSONNEL/CONTRACTUAL

<b>Name: Tiffany Kiger</b>	<b>Position: Victims Advocate</b>	<b>% Funded Under VOCA: 100</b>
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Total Salary/Wages \$3,581.00

Total Fringe Benefits \$2,521.00

(.0765%) FICA \$272.00

( %) W/C \$

( %) U/C \$

HEALTH INSUR. \$1,891.00

LIFE INSURANCE \$

RETIREMENT \$358.00 .10

OTHER \$

**TOTAL \$6,102.00**

<b>Name: Jezirae Williams</b>	<b>Position: Assistant Victims Adv.</b>	<b>% Funded Under VOCA: 100</b>
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Total Salary/Wages \$2,541.66

Total Fringe Benefits \$1,274.09

(.0765%) FICA \$194.44

(1%) W/C \$

( %) U/C \$

HEALTH INSUR. \$825.48

LIFE INSURANCE \$

RETIREMENT \$254.17 (10%)

OTHER \$

**TOTAL \$3,815.75**

<b>Name:</b>	<b>Position:</b>	<b>% Funded Under VOCA:</b>
--------------	------------------	---------------------------------

Total Salary/Wages \$

Total Fringe Benefits \$

( %) FICA \$

( %) W/C \$

( %) U/C \$

HEALTH INSUR. \$

LIFE INSURANCE \$

RETIREMENT \$

OTHER \$

**TOTAL \$**

*Total Personnel/Contractual charged to VOCA this month: \$9,917.75*

TRAVEL/TRAINING

Name(s)	Amount \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total *TRAVEL/TRAINING* charged to VOCA this month: \$

SPACE

Explanation/Purchases	Amount \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total *SPACE* charged to VOCA this month: \$

OTHER

Explanation/Purchases	Amount \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total *OTHER* charged to VOCA this month: \$

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TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT THIS MONTH: \$9,917.75  
(Should match the total amount requested on the front reimbursement page)



<b>WEST VIRGINIA</b> <b>Division of Administrative Services</b> <b>Justice and Community Services</b>	<b>Project Financial Report</b> Final Report <input type="checkbox"/> Page <u>1</u> of <u>1</u> Report #: <u>1</u>
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Subgrantee: <u>Wood County Commission</u> Address: <u>One Court Square</u> <u>Parkersburg, WV 26101</u>	Prepared By: <u>Toni Tiano</u> Phone #: <u>304-481-5409</u> EMAIL: <u>tianoknopp@gmail.com</u>	For Period <u>10/1/2021</u> to <u>10/31/2021</u> Date Prepared: <u>3/3/22</u> Signature: <u>[Signature]</u>	Project #: <u>21-SVA-038</u>
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CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/ Contractual	\$16,347.00			\$9,917.75			\$9,917.75			
Travel/ Training										
Equipment										
Space										
Other										
<b>TOTALS</b>	\$16,347.00			\$9,917.75			\$9,917.75			

### INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

**DUE DATES:** Reports are due in the Division of Administrative Services by the C.O.B. on the 20th day of the month following the period of this report.

**SUBGRANTEE:** Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

**PREPARED BY:** Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

**FOR PERIOD** \_\_\_\_ to \_\_\_\_: Enter the month(s) covered by this report.

**FINAL REPORT:** Check this block if this is the last report.

**DATE PREPARED:** Enter the date this report was prepared.

**PROJECT #:** Enter the number assigned by the Division of Administrative Services.

**APPROVED BUDGET:** Enter the latest approved project budget.

**EXPENDED THIS PERIOD:** Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded. Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.

**REPORT #:** Assign consecutive numbers as each report is submitted.

**EXPENDED TO DATE:** Enter cumulative expenditures to date based on actual disbursements and not rounded.

**UNPAID OBLIGATIONS:** JCS use only. Enter all obligations that have been incurred during this reporting period that have not been paid.

Submit original report to:  
 Sydney Cavender  
 Division of Administrative Services  
 1124 Smith Street, Ste 3100  
 Charleston, West Virginia 25301-1323

**QUESTIONS:** Phone (304) 558-8814



United States of America  
State of West Virginia



# Grant Reimbursement Report

Page 1 of 1

Run Date 11/02/2021 10:53:49AM

Company Name Wood County Commission

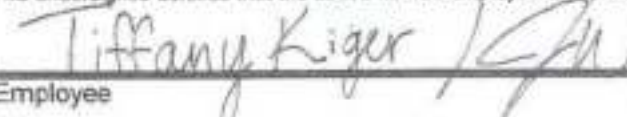
From Date 10/01/2021 Thru Date 10/31/2021


			Employers' Share					
<u>Ck No</u>	<u>Check Date</u>	<u>Check Type</u>	<u>Payee</u>	<u>Gross Pay</u>	<u>Retirement</u>	<u>Insurance</u>	<u>Fica/Medicare</u>	<u>Total Reimbursable</u>
274371	10/15/2021	REGULAR	KIGER TIFFANY F.	1,790.30	179.03	945.32	136.96	3,051.61
					Life	5.55		
					Dental	18.47		
					Vision	11.26		
274382	10/15/2021	REGULAR	WILLIAMS JEZIRAE L.	1,270.83	127.08	389.41	97.22	1,884.54
					Life	4.25		
					Dental	7.82		
					Vision	11.26		
274588	10/29/2021	REGULAR	KIGER TIFFANY F.	1,790.30	179.03	945.32	136.96	3,051.61
					Life	5.55		
					Dental	18.47		
					Vision	11.26		
274599	10/29/2021	REGULAR	WILLIAMS JEZIRAE L.	1,270.83	127.08	389.41	97.22	1,884.54
					Life	4.25		
					Dental	7.82		
					Vision	11.26		
Grand Total				\$6,122.26	\$ 612.23	\$ 2,669.46	\$ 468.35	\$ 9,872.30

<b>West Virginia</b> <b>Division of Administrative Services</b>		<b>Overtime and Salary Timesheet</b>	
Employee:	Tiffany Kiger	Wood County Comm	
Month/Year:	Oct-21	19-VA-038	

			Program 1	Program 2	Program 3
Date	Reg. Hours	OT/Flex Hrs	VOCA		
1	(2hr vaca) 8		(2hr vaca) 8		
2	Saturday		Saturday		
3	Sunday		Sunday		
4	8		8		
5	8		8		
6	8		8		
7	(1.5hr sick) 8		(1.5hr sick) 8		
8	(1 day vaca) 8		(1 day vaca) 8		
9	Saturday		Saturday		
10	Sunday		Sunday		
11	(Holiday) 8		(Holiday) 8		
12	8		8		
13	8		8		
14	8		8		
15	8		8		
16	Saturday		Saturday		
17	Sunday		Sunday		
18	8		8		
19	(8hr sick) 8		(8hr sick) 8		
20	(8hr sick) 8		(8hr sick) 8		
21	(8hr sick) 8		(8hr sick) 8		
22	(8hr sick) 8		(8hr sick) 8		
23	Saturday		Saturday		
24	Sunday		Sunday		
25	(8hr sick) 8		(8hr sick) 8		
26	(8hr sick) 8		(8hr sick) 8		
27	(8hr vaca) 8		(8hr vaca) 8		
28	(8hr vaca) 8		(8hr vaca) 8		
29	(8hr vaca) 8		(8hr vaca) 8		
30	Saturday		Saturday		
31	Sunday		Sunday		
<b>TOTAL</b>	168		168	0	0

The undersigned certifies that the above named employee was paid for the above listed salary or overtime

  
 Employee

  
 Supervisor

Hours Paid			Deductions This Pay		Check Number		
1	86.67	20.66	1,790.30			274371	
			HEALTH	160.08			
			RETIREMENT	80.56			
			SUPPL LIFE	5.40			
					This Pay	Ytd	
					Gross Pay	1,790.30 34,015.74	
					Federal Gross	1,461.56 28,194.72	
					Fica Gross	1,542.12 29,680.36	
					State Gross	1,461.56 28,194.72	
					Federal W/h	77.41 1,532.47	
					Fica W/h	95.61 1,840.18	
					Medicare W/h	22.37 430.37	
					State W/h	62.07 1,208.98	
					City W/h	0.00 0.00	
					Net Pay	1,198.68 23,079.74	
			DENTAL	9.73	Employee Id	KIGETIFF	
			VISION	2.97	Employee	TIFFANY F. KIGER	
				FSA	70.00	Check Date	10/15/2021
				USER FEE	5.42	Period End	10/15/2021

Hours Paid			Deductions This Pay		Check Number	
1	86.67	20.66	1,790.30			274371
			HEALTH	160.08		
			RETIREMENT	80.56		
			SUPPL LIFE	5.40		
					This Pay	Ytd
					Gross Pay	1,790.30 34,015.74
					Federal Gross	1,461.56 28,194.72
					Fica Gross	1,542.12 29,680.36
					State Gross	1,461.56 28,194.72
					Federal W/h	77.41 1,532.47
					Fica W/h	95.61 1,840.18
					Medicare W/h	22.37 430.37
					State W/h	62.07 1,208.98
					City W/h	0.00 0.00
					Net Pay	1,198.68 23,079.74
			DENTAL	9.73	Employee Id	KIGETIFF
			VISION	2.97	Employee	TIFFANY F. KIGER
				FSA	70.00	
				USER FEE	5.42	
					Check Date	10/15/2021
					Period End	10/15/2021

Clerk of Wood County Commission  
General County Fund - Payroll  
Post Office Box 1474  
Parkersburg, West Virginia 26102

TIFFANY F. KIGER  
705 58TH STREET

VIENNA WV 261053285

Hours Paid		
1	86.67	20.66
		1,790.30

### Deductions This Pay

HEALTH	160.08
RETIREMENT	80.56

DENTAL	9.73
VISION	2.97

FSA

70.00

USER FEE

5.42

Check Number 274588

	This Pay	Ytd
Gross Pay	1,790.30	35,806.04
Federal Gross	1,466.96	29,661.68
Fica Gross	1,547.52	31,227.88
State Gross	1,466.96	29,661.68
Federal W/h	77.95	1,610.42
Fica W/h	95.95	1,936.13
Medicare W/h	22.43	452.80
State W/h	62.39	1,271.37
City W/h	0.00	0.00
Net Pay	1,202.82	24,282.56

Employee Id KIGETIFF  
Employee TIFFANY F. KIGER

Check Date 10/29/2021

Period End 10/29/2021

Hours Paid		
1	86.67	20.66
		1,790.30

### Deductions This Pay

HEALTH	160.08
RETIREMENT	80.56

DENTAL	9.73
VISION	2.97

FSA

70.00

USER FEE

5.42

Check Number 274588

	This Pay	Ytd
Gross Pay	1,790.30	35,806.04
Federal Gross	1,466.96	29,661.68
Fica Gross	1,547.52	31,227.88
State Gross	1,466.96	29,661.68
Federal W/h	77.95	1,610.42
Fica W/h	95.95	1,936.13
Medicare W/h	22.43	452.80
State W/h	62.39	1,271.37
City W/h	0.00	0.00
Net Pay	1,202.82	24,282.56

Employee Id KIGETIFF  
Employee TIFFANY F. KIGER

Check Date 10/29/2021

Period End 10/29/2021

Clerk of Wood County Commission  
General County Fund - Payroll  
Post Office Box 1474  
Parkersburg, West Virginia 26102

TIFFANY F. KIGER  
705 58TH STREET

VIENNA WV 261053285

**West Virginia  
Division of Administrative Services**

**Overtime and Salary Timesheet**

Employee:	Jezirae Williams	Wood County Comm
Month/Year:	Oct-21	19-VA-038

Date	Reg. Hours	OT/Flex Hrs	Program 1	Program 2	Program 3
			VOCA		
1	8		8		
2	Saturday		Saturday		
3	Sunday		Sunday		
4	(8hr sick) 8		(8hr sick) 8		
5	8		8		
6	8		8		
7	8		8		
8	8		8		
9	Saturday		Saturday		
10	Sunday		Sunday		
11	(Holiday) 8		(Holiday) 8		
12	8		8		
13	8		8		
14	8		8		
15	8		8		
16	Saturday		Saturday		
17	Sunday		Sunday		
18	8		8		
19	8		8		
20	8		8		
21	8		8		
22	(2.5hr sick) 8		(2.5hr sick) 8		
23	Saturday		Saturday		
24	Sunday		Sunday		
25	8		8		
26	8		8		
27	8		8		
28	8		8		
29	(1hr sick) 8		(1hr sick) 8		
30	Saturday		Saturday		
31	Sunday		Sunday		
<b>TOTAL</b>	168		168	0	0

The undersigned certifies that the above-named employee was paid for the above listed salary or overtime

  
Employee

  
Supervisor



Hours Paid			Deductions This Pay		Check Number		
1	86.67	14.66	1,270.83		274382		
			HEALTH	20.00			
			RETIREMENT	76.25			
			SUPPL LIFE	1.80			
					<b>This Pay</b>	<b>Ytd</b>	
					Gross Pay	1,270.83	24,165.81
					Federal Gross	1,160.08	22,137.76
					Fica Gross	1,236.33	23,526.51
					State Gross	1,160.08	22,137.76
					Federal W/t	46.67	905.99
					Fica W/t	76.65	1,458.64
					Medicare W/t	17.92	341.13
					State W/t	20.72	430.89
					City W/t	0.00	0.00
					Net Pay	992.70	18,898.13
			DENTAL	9.73	Employee Id	WILLJEZI	
			VISION	2.97	Employee	JEZIRAE L WILLIAMS	
					Check Date	10/15/2021	
					Period End	10/15/2021	
			USER FEE	5.42			

Hours Paid			Deductions This Pay		Check Number	
1	86.67	14.66	1,270.83			274382
			HEALTH	20.00		
			RETIREMENT	76.25		
			SUPPL LIFE	1.80		
					<b>This Pay</b>	<b>Ytd</b>
					Gross Pay	1,270.83
					Federal Gross	1,160.08
					Fica Gross	1,236.33
					State Gross	1,160.08
					Federal W/t	46.67
					Fica W/t	76.65
					Medicare W/t	17.92
					State W/t	20.72
					City W/t	0.00
					Net Pay	992.70
						18,898.13
			DENTAL	9.73	Employee Id	WILLJEZI
			VISION	2.97	Employee	JEZIRAE L WILLIAMS
					Check Date	10/15/2021
					Period End	10/15/2021
			USER FEE	5.42		

Clerk of Wood County Commission  
General County Fund - Payroll  
Post Office Box 1474  
Parkersburg, West Virginia 26102

JEZIRAE L WILLIAMS  
11475 VETO ROAD

MARIETTA OH 457508389

Hours Paid		Deductions This Pay		Check Number	
1	86.67 14.66 1,270.83			274599	
	HEALTH	20.00			
	RETIREMENT	76.25			
				This Pay Ytd	
				Gross Pay	1,270.83 25,436.64
				Federal Gross	1,161.88 23,299.64
				Fica Gross	1,238.13 24,764.64
				State Gross	1,161.88 23,299.64
				Federal W/h	46.88 952.87
				Fica W/h	76.77 1,535.41
				Medicare W/h	17.96 359.09
				State W/h	20.77 451.66
				City W/h	0.00 0.00
				Net Pay	994.08 19,892.21
				Employee Id	WILLJEZ1
	DENTAL	9.73		Employee	JEZIRAE L WILLIAMS
	VISION	2.97		Check Date	10/29/2021
				Period End	10/29/2021
USER FEE				5.42	

Hours Paid		Deductions This Pay		Check Number	
1	86.67 14.66 1,270.83			274599	
	HEALTH	20.00			
	RETIREMENT	76.25			
				This Pay Ytd	
				Gross Pay	1,270.83 25,436.64
				Federal Gross	1,161.88 23,299.64
				Fica Gross	1,238.13 24,764.64
				State Gross	1,161.88 23,299.64
				Federal W/h	46.88 952.87
				Fica W/h	76.77 1,535.41
				Medicare W/h	17.96 359.09
				State W/h	20.77 451.66
				City W/h	0.00 0.00
				Net Pay	994.08 19,892.21
				Employee Id	WILLJEZ1
	DENTAL	9.73		Employee	JEZIRAE L WILLIAMS
	VISION	2.97		Check Date	10/29/2021
				Period End	10/29/2021
USER FEE				5.42	

Clerk of Wood County Commission  
 General County Fund - Payroll  
 Post Office Box 1474  
 Parkersburg, West Virginia 26102

JEZIRAE L WILLIAMS  
 11475 VETO ROAD

MARIETTA OH 457508389

Check Number		3725	Vendor No	HEALTH 101	Check Date	10/01/2021	Amount	251,365.11	
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
10012021		0.00	10,947.98	HEALTH PREMIUM					
10012021			15,122.58	HEALTH PREMIUM					
10012021			13,460.47	HEALTH PREMIUM					
10012021			13,149.09	HEALTH PREMIUM					
10012021			19,693.49	HEALTH PREMIUM					
10012021			7,903.86	HEALTH PREMIUM					
10012021			16,017.15	HEALTH PREMIUM					
10012021			1,557.62	HEALTH PREMIUM					
10012021			6,626.79	HEALTH PREMIUM					
10012021			58,737.08	HEALTH PREMIUM					
10012021			4,279.54	HEALTH PREMIUM					
10012021			5,567.43	HEALTH PREMIUM					
10012021			1,890.64	HEALTH PREMIUM					
10012021			28,593.87	HEALTH PREMIUM					
10012021			15,391.85	HEALTH PREMIUM					
10012021			1,890.64	HEALTH PREMIUM					
10012021			27,087.00	EMPLOYEE DEDUCTION					
10012021			3,448.03	ADJUSTMENTS					

Check Number	3725	Vendor No	HEALTH 101	Check Date	10/01/2021	Amount	251,365.11		
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
10012021		0.00	10,947.98	HEALTH PREMIUM					
10012021			15,122.58	HEALTH PREMIUM					
10012021			13,460.47	HEALTH PREMIUM					
10012021			13,149.09	HEALTH PREMIUM					
10012021			19,693.49	HEALTH PREMIUM					
10012021			7,903.86	HEALTH PREMIUM					
10012021			16,017.15	HEALTH PREMIUM					
10012021			1,557.62	HEALTH PREMIUM					
10012021			6,626.79	HEALTH PREMIUM					
10012021			58,737.08	HEALTH PREMIUM					
10012021			4,279.54	HEALTH PREMIUM					
10012021			5,567.43	HEALTH PREMIUM					
10012021			1,890.64	HEALTH PREMIUM					
10012021			28,593.87	HEALTH PREMIUM					
10012021			15,391.85	HEALTH PREMIUM					
10012021			1,890.64	HEALTH PREMIUM					
10012021			27,087.00	EMPLOYEE DEDUCTION					
10012021			3,448.03	ADJUSTMENTS					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

#8-38  
513  
No. 3725

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
HEALTH 101	10/01/2021	3725	\$251,365.11

two hundred fifty-one thousand three hundred sixty-five and 11 / 100

PAY TO THE ORDER OF  
HIGHMARK WEST VIRGINIA  
P O BOX 382153  
PITTSBURGH PA 152518153

President

County Clerk

Shelf

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND LEVIES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

\*3725\* 051900395 000388381\*

Check Number	Invoice No	P O No	Quantity	Invoice Amt	Description	Check Date	Invoice No	P O No	Quantity	Invoice Amt	Description	Amount
1250905506			0.00	18.44	BASIC LIFE	1250905506				182.27	LTD	
1250905506				32.28	BASIC LIFE	1250905506				59.53	LTD	
1250905506				28.34	BASIC LIFE	1250905506				102.92	LTD	
1250905506				24.08	BASIC LIFE	1250905506				12.42	LTD	
1250905506				34.08	BASIC LIFE	1250905506				38.47	LTD	
1250905506				13.43	BASIC LIFE	1250905506				477.52	LTD	
1250905506				23.43	BASIC LIFE	1250905506				20.60	LTD	
1250905506				4.26	BASIC LIFE	1250905506				27.69	LTD	
1250905506				12.78	BASIC LIFE	1250905506				11.46	LTD	
1250905506			106.52		BASIC LIFE	1250905506				199.50	LTD	
1250905506			6.39		BASIC LIFE	1250905506				129.89	LTD	
1250905506			6.52		BASIC LIFE	1250905506				12.60	LTD	
1250905506			2.13		BASIC LIFE	1250905506				2,228.40	SUPPLEMENTAL LIFE	
1250905506			51.77		BASIC LIFE	1250905506				527.38	DEPENDENT LIFE	
1250905506			34.08		BASIC LIFE	1250905506				2,193.65	STO	
1250905506			7.13		BASIC LIFE	1250905506				-0.51	ADJUSTMENT	
1250905506			94.80		LTD							
1250905506			121.96		LTD							
1250905506			102.12		LTD							
1250905506			86.98		LTD							

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.

Clerk of Wood County Commission

General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV

Void after 60 Days

No. 172658

VOID

VOID

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
MOO 101	10/05/2021	172658	\$7,032.51

seven thousand thirty-two and 51 / 100

PAY  
TO THE  
ORDER OF

MUTUAL OF OMAHA  
PAYMENT PROCESSING CENTER  
PO BOX 2147  
OMAHA NE 681032147

*David R. Cook*  
President  
*Mark Rhodes*

*Steven A. Stephens*  
County Clerk  
Sherriff

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER TAXES AND FEES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

⑈ 172658 ⑈ ⑆051900395⑆ 000388381⑈

[My Bill](#) [Payments](#) ▼

Current Bill Group:

001A - Wood County Commissioners ▼

Current Balance: **\$7,032.53** ⓘ  
Currently paid to: 10/01/2021

[Pay Now](#)

Next Bill Generation Date: 10/04/2021 ⓘ

Delivery  
Method:☐ Paper Bill (U.S. Mail) ☐ Paperless

View My Bill:

10/01/2021 - 10/31/2021 (# 001250905506) - Ready to Pay

Bill Details

 [View/Save PDF Bill](#)

Invoice Number: 001250905506

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01	Life	195	\$1,881,500.00	0.19/1000	\$357.49
	AD&D	195	\$1,881,500.00	0.024/1000	\$45.16
	Dep Life	66	\$630,000.00	1.5	\$99.00
	Life Vol Employee	131	\$8,200,000.00	Age Banded	\$2,229.40
	Life Vol Spouse	50	\$1,330,000.00	Age Banded	\$322.30
	Life Vol Dep	51	\$510,000.00	0.208/1000	\$106.08
	LTD	195	\$672,378.58	0.25/100	\$1,680.95
	STD Vol	101	\$47,677.25	0.46/10	\$2,193.15

Total Due on 10/01/2021:

\$7,032.53



**Mutual of Omaha**

## Self Administered Premium Reporting Statement

Policyholder Name: **WOOD COUNTY COMMISSION**Please remit payments to:Policyholder Number: **G000BKB9**

Mutual of Omaha

PO Box 2147

Period Covered: Oct-21

Omaha NE 68103-2147

To ensure proper credit to your account, please report the number of covered lives, volume and appropriate premium by line of coverage.

Coverage	Number of Employees Covered	Total Covered Volume	Premium Rate	Total Premium Due
AD&D	195	\$1,881,500.00	.024/\$1,000	\$45.16
Dependent Life			/Unit	
Life	195	\$1,881,500.00	.19/\$1,000	\$357.49
Long Term Disability	195	\$672,378.58	.25/\$100	\$1,680.93
Short Term Disability	101	\$47,677.25	.46/\$10	\$2,193.15
Supplemental AD&D			/\$1,000	
Supplemental Life	131	\$8,200,000.00	/\$1,000	\$2,228.40
Voluntary AD&D			/\$1,000	
Vol Dependent Life	66		\$1.50	\$99.00
Voluntary Life			/\$1,000	
Voluntary LTD			/\$100	
Voluntary STD			/\$10	
Voluntary Spouse Life	50	\$1,330,000.00		\$322.30
Voluntary Child Life	51		\$2.08	\$106.08
Other				
Other Adjustments	1-401-10-105			
Total Amount Due				\$7,032.51

In case we have questions:

Kristin Moore  
Person completing this form09/27/2021  
Date(304) 424-1854  
(Area Code) Telephone Number

Check Number		3731	Vendor No	DENTAL 101	Check Date	10/05/2021	Amount	1,161.27	
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
CNS0000800266		0.00	55.89	ADMIN FEE					
CNS0000800266			80.73	ADMIN FEE					
CNS0000800266			74.52	ADMIN FEE					
CNS0000800266			74.52	ADMIN FEE					
CNS0000800266			99.36	ADMIN FEE					
CNS0000800266			43.47	ADMIN FEE					
CNS0000800266			68.31	ADMIN FEE					
CNS0000800266			12.42	ADMIN FEE					
CNS0000800266			31.05	ADMIN FEE					
CNS0000800266			298.08	ADMIN FEE					
CNS0000800266			18.63	ADMIN FEE					
CNS0000800266			24.84	ADMIN FEE					
CNS0000800266			6.21	ADMIN FEE					
CNS0000800266			161.46	ADMIN FEE					
CNS0000800266			93.15	ADMIN FEE					
CNS0000800266			6.21	ADMIN FEE					
CNS0000800266			12.42	ADJ FOR NEW/TERM EM					

Check Number		3731	Vendor No	DENTAL 101	Check Date	10/05/2021	Amount	1,161.27
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice AmtDescription
CNS0000800266		0.00	55.89	ADMIN FEE				
CNS0000800266			80.73	ADMIN FEE				
CNS0000800266			74.52	ADMIN FEE				
CNS0000800266			74.52	ADMIN FEE				
CNS0000800266			99.36	ADMIN FEE				
CNS0000800266			43.47	ADMIN FEE				
CNS0000800266			68.31	ADMIN FEE				
CNS0000800266			12.42	ADMIN FEE				
CNS0000800266			31.05	ADMIN FEE				
CNS0000800266			298.08	ADMIN FEE				
CNS0000800266			18.63	ADMIN FEE				
CNS0000800266			24.84	ADMIN FEE				
CNS0000800266			6.21	ADMIN FEE				
CNS0000800266			161.46	ADMIN FEE				
CNS0000800266			93.15	ADMIN FEE				
CNS0000800266			6.21	ADMIN FEE				
CNS0000800266			12.42	ADJ FOR NEW/TERM EM				

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

No. 3731

INDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
DENTAL 101	10/05/2021	3731	\$1,161.27

one thousand one hundred sixty-one and 27 / 100

PAY  
TO THE  
ORDER OF

RENAISSANCE  
6606 COLLECTION CENTER DRIVE  
CHICAGO IL 606930066

President

County Clerk

Swift

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND LEVIES IN HIS NAME FOR COLLECTION AGAINST THE AID PAID.

⑈3731⑈ ⑆051900395⑆ 000388381⑈



# CONSOLIDATED INVOICE

Client Name: Wood County Commissioners

Invoice No.: CNS0000800266

Invoice Date: 10/01/2021

Client No.: 008364

Billing Period: 10/01/2021 Thru 10/31/2021

Client	Subclient	Subclient Name	Sub Count	Description	Invoice No	Current Due	Amount Due
8364	3000	Wood County Commissioners	189	Admin Fee	C150000000493	1,161.27	1,161.27
Total:			189			\$1,161.27	\$1,161.27

For inquiries please call 317-744-1243

Changes made after 9/28/2021 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

2715

## REMITTANCE



Invoice No.: CNS0000800266

Invoice Date: 10/01/2021

PO Number:

Client No.: 8364

Due Date: 10/05/2021

Billing Period: 10/01/2021 Thru 10/31/2021

AMOUNT DUE: \$1,161.27

Wood County Commissioners  
ATTN: Penny Givens  
PO Box 1474  
Parkersburg, WV 26102-1474

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO:  
RENAISSANCE DENTAL  
6606 Collection Center Drive  
Chicago IL 60693

CNS00008002660883641\*\*\*\*\*

Check Number		1 / 2003		VERBOR (NO	101	CHECK DATE		AMOUNT	
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
102021		0.00	29.30	SINGLE VISION	102021			127.75	FAMILY VISION
102021			41.02	SINGLE VISION	102021			182.50	FAMILY VISION
102021			35.16	SINGLE VISION	102021			91.25	FAMILY VISION
102021			32.23	SINGLE VISION	102021			146.00	FAMILY VISION
102021			43.95	SINGLE VISION	102021			36.50	FAMILY VISION
102021			17.58	SINGLE VISION	102021			54.75	FAMILY VISION
102021			32.23	SINGLE VISION	102021			492.75	FAMILY VISION
102021			5.86	SINGLE VISION	102021			54.75	FAMILY VISION
102021			14.65	SINGLE VISION	102021			35.50	FAMILY VISION
102021			143.57	SINGLE VISION	102021			19.25	FAMILY VISION
102021			8.79	SINGLE VISION	102021			237.25	FAMILY VISION
102021			11.72	SINGLE VISION	102021			146.00	FAMILY VISION
102021			2.93	SINGLE VISION	102021			18.25	FAMILY VISION
102021			67.39	SINGLE VISION	102021			665.28	FAMILY DEDUCTION
102021			43.95	SINGLE VISION	102021			350.00	SINGLE DEDUCTION
102021			2.93	SINGLE VISION					
102021			437.18	ADJUSTMENTS					
102021			164.25	FAMILY VISION					
102021			146.00	FAMILY VISION					
102021			91.25	FAMILY VISION					

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.

Clerk of Wood County Commission

General County Fund

Post Office Box 1474

Parkersburg, WV 26102

City of Parkersburg, WV

Void after 60 Days

41-35

No. 172663

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
VISION 101	10/05/2021	172663	\$4,029.72

four thousand twenty-nine and 72 / 100

PAY  
TO THE  
ORDER OF

VISION SERVICE PLAN (WV)  
FILE #73280  
PO BOX 742788  
LOS ANGELES CA 900742788

*David R. Cook*  
President  
*Mark Rhodes*

*Steven A. Stephens*  
Clerk of Commission

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER TAXES AND FEES IN HIS HAND FOR COLLECTION AGAINST THE SAID PAYEE.

⑈ 172663 ⑈ ⑆051900395⑆ 000388381⑈



WOOD COUNTY COMMISSIONERS  
EMPLOYEE BENEFITS DEPARTMENT  
#1 COURT SQUARE  
PARKERSBURG WV 26101-7500

<b>Coverage Period:</b>	<b>October 2021</b>
Statement Date:	09/19/2021
Client ID:	12023866
Statement Number:	813280139

**Payment Activity**

Previous Statement Balance:	\$	3,685.16
Payments Received:	\$	(3,685.16)
Other Adjustments:	\$	182.74
Remaining Balance:	\$	182.74

**Current Statement Activity**

Remaining Balance:	\$	182.74
Current Charges:	\$	3,883.76
Adjustments:	\$	(36.78)
<b>Amount Due:</b>	<b>\$</b>	<b>4,029.72</b>
<b>Payment Due Date:</b>	<b>Due Upon Receipt</b>	

Paying your bill has never been easier. Access our online tools at [www.vsp.com](http://www.vsp.com) by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

Questions? Please call 800.216.6248 if you have questions regarding your statement.



**VSP Current Charges Detail**  
**Statement Coverage Period: October 2021**

Page Number: 1 of 2

01

Client Name: WOOD COUNTY  
 Client ID: 12023866  
 Statement Date: September 19, 2021

**CURRENT CHARGES DETAIL**

**Division 0002 WOOD COUNTY COMMISSIONERS**

Member	Coverage	Rate	Member	Coverage	Rate
Adkins, Amanda	Member + Family	\$ 28.46	Allen, Jason	Member Only	\$ 8.32
Allen, Peggy	Member + Family	\$ 28.46	Allen, Thomas	Member + Family	\$ 28.46
Allen, Timothy	Member + Family	\$ 28.46	Alltop, Damian	Member + Family	\$ 28.46
Atkinson, Cars R	Member + Family	\$ 28.46	Bargeich, Regina	Member Only	\$ 8.32
Barker, Chelsea	Member Only	\$ 8.32	Barkley, Ashley	Member + Family	\$ 28.46
Beary, Elizabeth	Member + Family	\$ 28.46	Beaty, Patrick	Member Only	\$ 8.32
Beckett, Carolyn J	Member Only	\$ 8.32	Bell, Andrew H	Member + Family	\$ 28.46
Bennett, Stephen	Member Only	\$ 8.32	Blatt, William	Member + Family	\$ 28.46
Boley, Donald	Member + Family	\$ 28.46	Bolinger, Jessica	Member + Family	\$ 28.46
Boso, Lindsay	Member + Family	\$ 28.46	Bowman, Donna	Member Only	\$ 8.32
Braden, Angela	Member Only	\$ 8.32	Bradford, Risha	Member + Family	\$ 28.46
Brogdon I, Gregory	Member + Family	\$ 28.46	Browning, Emily	Member Only	\$ 8.32
Brunicardi-Doss, Angela	Member + Family	\$ 28.46	Brust, Pamela	Member Only	\$ 8.32
Bunner, Travis	Member Only	\$ 8.32	Burdette, April	Member + Family	\$ 28.46
Burns, Joseph	Member + Family	\$ 28.46	Bussey, David	Member + Family	\$ 28.46
Church, Amy	Member + Family	\$ 28.46	Clatterbuck, Clayton	Member + Family	\$ 28.46
Cochran, Michael L	Member + Family	\$ 28.46	Cole, Michael	Member Only	\$ 8.32
Colombo, James	Member + Family	\$ 28.46	Cottrell, Larry D	Member + Family	\$ 28.46
Couch, David	Member + Family	\$ 28.46	Cross, Derek	Member Only	\$ 8.32
Cross, Jeremy	Member + Family	\$ 28.46	Daugherty, Andrea	Member + Family	\$ 28.46
Dauphin, Charlotte	Member Only	\$ 8.32	Davies, Kyle	Member + Family	\$ 28.46
Dawkins, Kenneth Pa	Member + Family	\$ 28.46	Deem, Kayla	Member + Family	\$ 28.46
Deem, Nicky	Member Only	\$ 8.32	Deem, Rachael	Member + Family	\$ 28.46
Degraaf, Karen	Member + Family	\$ 28.46	Dennis, Amanda	Member + Family	\$ 28.46
Devore, Martha	Member Only	\$ 8.32	Dotson, Leslie	Member Only	\$ 8.32
Dye, Brenda	Member Only	\$ 8.32	Edelen, Sarah	Member + Family	\$ 28.46
Edwards, Jacob	Member + Family	\$ 28.46	Escandon, Hernando	Member Only	\$ 8.32
Evans, Christina	Member + Family	\$ 28.46	Fleak, Stacey	Member + Family	\$ 28.46
Forshey, Nathan	Member + One	\$ 28.46	Frazier, Ronald	Member + Family	\$ 28.46
Friderstine, Travis	Member + Family	\$ 28.46	Gallagher, Alesha	Member + Family	\$ 28.46
Garrett, Diana	Member + Family	\$ 28.46	George, Richard	Member + Family	\$ 28.46
Gilchrist, Corey T	Member + Family	\$ 28.46	Graham, Angela	Member + Family	\$ 28.46
Grimm, Donald	Member + Family	\$ 28.46	Hammer, Rhea	Member + Family	\$ 28.46
Harris, Lisa	Member Only	\$ 8.32	Harris, Mark	Member Only	\$ 8.32
Henrie, Margaret	Member Only	\$ 8.32	Hewitt, Tabitha	Member Only	\$ 8.32
Higgins, Marcus	Member + Family	\$ 28.46	Hockanberry, Christina	Member + Family	\$ 28.46
Holbert, Andrew	Member Only	\$ 8.32	Hudson, Catherine	Member + Family	\$ 28.46
Hupp, Matthew	Member Only	\$ 8.32	Jacks, Deborah	Member Only	\$ 8.32
Jackson, Danel	Member + Family	\$ 28.46	Jackson, Frederick	Member Only	\$ 8.32
Johnson, Brandi	Member + Family	\$ 28.46	Johnson, Charles	Member + Family	\$ 28.46
Johnson, Danielle	Member Only	\$ 8.32	Johnson, Melissa	Member + Family	\$ 28.46
Johnston, Barbara A	Member + Family	\$ 28.46	Jones, Duane	Member Only	\$ 8.32
Joy, Melinda	Member + Family	\$ 28.46	Kaufman, Denise	Member + Family	\$ 28.46
Kidder, Jeffrey	Member + Family	\$ 28.46	Kiger, Tiffany	Member + Family	\$ 28.46
Kochersperger, Hans	Member + Family	\$ 28.46	Kuczek, Thomas	Member + Family	\$ 28.46
Kuhl, Barbara	Member Only	\$ 8.32	Kuhl, Jason	Member + Family	\$ 28.46
Lafathin, Donna	Member Only	\$ 8.32	Landers, William	Member + Family	\$ 28.46
Leach, Amy	Member Only	\$ 8.32	Lefebure, Patrick	Member + Family	\$ 28.46
Marlow, Tyler	Member + Family	\$ 28.46	Martin, Emily	Member Only	\$ 8.32
Matherly, Dustin	Member Only	\$ 8.32	Maxson, Paula	Member Only	\$ 8.32
Mcatee, Connie	Member + Family	\$ 28.46	McClung, Cody	Member Only	\$ 8.32
Mcintyre, Teresa	Member + One	\$ 28.46	McLaughlin, Joshua	Member + Family	\$ 28.46
Meeks, Kayla	Member Only	\$ 8.32	Mercer, Erica	Member + Family	\$ 28.46

**Division 0002 WOOD COUNTY COMMISSIONERS**

Member	Coverage	Rate	Member	Coverage	Rate
Mercer, Robert	Member + Family	\$ 28.46	Mercer, Steven	Member + Family	\$ 28.46
Merrill, Sara	Member + Family	\$ 28.46	Michael, Evan	Member + Family	\$ 28.46
Miller, Dawn M	Member Only	\$ 8.32	Modositt, Shana	Member + Family	\$ 28.46
Montgomery, Jeremy	Member Only	\$ 8.32	Moore, Douglas I	Member + Family	\$ 28.46
Moore, Kristin	Member + Family	\$ 28.46	Morgan, Rachel	Member + Family	\$ 28.46
Munday, Larry	Member Only	\$ 8.32	Murphy, James	Member + Family	\$ 28.46
Murphy, Jillian	Member Only	\$ 8.32	Nichols, Clayton	Member + Family	\$ 28.46
Nicholson, Heather	Member Only	\$ 8.32	Nohe, David	Member + Family	\$ 28.46
Nobleby, Adrien	Member + Family	\$ 28.46	Nonamaker, Todd	Member + Family	\$ 28.46
Nortum, William	Member Only	\$ 8.32	Padden, Kandy	Member + Family	\$ 28.46
Palmer, Erica	Member Only	\$ 8.32	Parks, Daniel	Member Only	\$ 8.32
Parsons, Tom	Member Only	\$ 8.32	Paxton, Heather	Member Only	\$ 8.32
Phillips, Rebecca	Member + Family	\$ 28.46	Phillips, Taylor	Member Only	\$ 8.32
Picciano, Jonun	Member + Family	\$ 28.46	Rader, Steve	Member Only	\$ 8.32
Rather, Randy	Member + Family	\$ 28.46	Rhodes, Mark	Member + Family	\$ 28.46
Ridgway, Celeste	Member + Family	\$ 28.46	Riffle, William	Member + Family	\$ 28.46
Ritchie, Michael	Member + Family	\$ 28.46	Robinson, Sara	Member + Family	\$ 28.46
Rockhold, Michele	Member + Family	\$ 28.46	Ross, Melody	Member + Family	\$ 28.46
Rush, Lara	Member + Family	\$ 28.46	Ryder, Dabra	Member Only	\$ 8.32
Sams, Brenna	Member + Family	\$ 28.46	Sams, Curtis	Member + Family	\$ 28.46
Schuck, Denise	Member + One	\$ 28.46	Seufer, Martin A	Member + Family	\$ 28.46
Shook, William	Member + Family	\$ 28.46	Shriver, Andrew	Member + Family	\$ 28.46
Simis, Robert	Member Only	\$ 8.32	Singer, Jana	Member + Family	\$ 28.46
Skogstad Jr, Russell	Member + Family	\$ 28.46	Smith, Jamie	Member Only	\$ 8.32
Smith, Wendy	Member Only	\$ 8.32	Snodgrass, Lora	Member Only	\$ 8.32
Somerville, Brian	Member Only	\$ 8.32	Soval, Tonya	Member + Family	\$ 28.46
Spencer, Ethan	Member + Family	\$ 28.46	Spradling, Heather	Member + Family	\$ 28.46
Staata, Chelcie	Member + Family	\$ 28.46	Stephens, Aikka	Member Only	\$ 8.32
Stephens, Kent	Member Only	\$ 8.32	Stephens, Steven	Member + Family	\$ 28.46
Sturm, Douglas	Member + Family	\$ 28.46	Swiger, Brian	Member Only	\$ 8.32
Tanner, Glen	Member Only	\$ 8.32	Tebay, Robert	Member + Family	\$ 28.46
Tennant, Deborah	Member Only	\$ 8.32	Tope, Chris	Member Only	\$ 8.32
Travis, Steven	Member Only	\$ 8.32	Tribett, John R	Member Only	\$ 8.32
Underwood, Megan	Member + Family	\$ 28.46	Wade, Teresa J	Member Only	\$ 8.32
Waldron, Camille	Member Only	\$ 8.32	Walters, Teresa	Member + Family	\$ 28.46
Waters, Robert	Member Only	\$ 8.32	Wetzel, John	Member + Family	\$ 28.46
Whitaker, Christopher	Member + Family	\$ 28.46	Wickham, Chad	Member + Family	\$ 28.46
Williams, Jezirae	Member + Family	\$ 28.46	Williams, Tracy	Member Only	\$ 8.32
Windland, Ryan	Member + Family	\$ 28.46	Wood, Adam	Member Only	\$ 8.32
Woodyard, Rickey	Member Only	\$ 8.32	Yonaley, Ronald	Member Only	\$ 8.32

**Summary For Division 0002 WOOD COUNTY COMMISSIONERS**

Coverage	Members Billed	Rate	Total
Member Only	70	\$ 8.32	\$ 582.40
Member + One	3	\$ 28.46	\$ 85.38
Member + Children	0	\$ 28.46	\$ 0.00
Member + Family	113	\$ 28.46	\$ 3,215.98
<b>Total Membership</b>	<b>186</b>	<b>Current Charges*</b>	<b>\$ 3,883.76</b>

\* Please refer to your Statement to view and remit total Amount Due



Check Number 3725 Vendor No HEALTH 101 Check Date 10/01/2021 Amount 251,365.11

Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
10012021		0.00	10,947.98	HEALTH PREMIUM					
10012021			15,122.58	HEALTH PREMIUM					
10012021			13,460.47	HEALTH PREMIUM					
10012021			13,149.09	HEALTH PREMIUM					
10012021			19,693.49	HEALTH PREMIUM					
10012021			7,903.86	HEALTH PREMIUM					
10012021			16,017.15	HEALTH PREMIUM					
10012021			1,557.62	HEALTH PREMIUM					
10012021			6,826.79	HEALTH PREMIUM					
10012021			58,737.08	HEALTH PREMIUM					
10012021			4,279.54	HEALTH PREMIUM					
10012021			5,567.43	HEALTH PREMIUM					
10012021			1,890.64	HEALTH PREMIUM					
10012021			28,593.87	HEALTH PREMIUM					
10012021			15,391.85	HEALTH PREMIUM					
10012021			1,890.64	HEALTH PREMIUM					
10012021			27,087.00	EMPLOYEE DEDUCTION					
10012021			3,448.03	ADJUSTMENTS					

Check Number 3725 Vendor No HEALTH 101 Check Date 10/01/2021 Amount 251,365.11

Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
10012021		0.00	10,947.98	HEALTH PREMIUM					
10012021			15,122.58	HEALTH PREMIUM					
10012021			13,460.47	HEALTH PREMIUM					
10012021			13,149.09	HEALTH PREMIUM					
10012021			19,693.49	HEALTH PREMIUM					
10012021			7,903.86	HEALTH PREMIUM					
10012021			16,017.15	HEALTH PREMIUM					
10012021			1,557.62	HEALTH PREMIUM					
10012021			6,826.79	HEALTH PREMIUM					
10012021			58,737.08	HEALTH PREMIUM					
10012021			4,279.54	HEALTH PREMIUM					
10012021			5,567.43	HEALTH PREMIUM					
10012021			1,890.64	HEALTH PREMIUM					
10012021			28,593.87	HEALTH PREMIUM					
10012021			15,391.85	HEALTH PREMIUM					
10012021			1,890.64	HEALTH PREMIUM					
10012021			27,087.00	EMPLOYEE DEDUCTION					
10012021			3,448.03	ADJUSTMENTS					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

68-35  
519

No. 3725

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
HEALTH 101	10/01/2021	3725	\$251,365.11

two hundred fifty-one thousand three hundred sixty-five and 11 / 100

PAY  
TO THE  
ORDER OF

HIGHMARK WEST VIRGINIA  
P O BOX 382153  
PITTSBURGH PA 152518153

President

County Clerk

Share

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND LEVIES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAID.

⑈3725⑈

⑈051900395⑈

000388381⑈



3725

Wood County Commission  
Marty Seuffer  
1 Court Square  
Ste. 205  
Parkersburg, WV 26101



INVOICE NUMBER: 210909009909  
INVOICE MONTH(S): October 2021  
PREPARED DATE: 09/09/2021  
PAYMENT DUE DATE: 10/01/2021

Last Bill Amount		\$	252,337.88	
Payments Received Through 09/08/2021		(\$	252,337.88)	
<b>Balance Forward</b>		\$		0.00
<b>Current Charges</b>				
Premium Summary		\$	254,758.29	
Member Activity Processed Through 09/08/2021		(\$	3,393.18)	
<b>Total Current Charges</b>		\$		251,365.11
<b>Total Due</b>		\$		251,365.11

If you pay via check or money order, please return your payment stub and payment in the window envelope provided and make sure that the address shows through the window to HIGHMARK West Virginia PO Box 382153  
(Continued on Reverse Side)



MAKE CHECK PAYABLE TO "Highmark West Virginia"  
See page 2 for remittance address Lock Box - P.O. Box 382153

**AMOUNT PAID \$**

INVOICE MONTH(S):	October 2021
PAYMENT DUE DATE:	10/01/2021
TOTAL AMOUNT DUE:	\$ 251,365.11

If you have a change to your address please contact your billing administrator via email at [wvmembership@highmark.com](mailto:wvmembership@highmark.com)

DO NOT WRITE BELOW THIS LINE

21090900990910000000096196000100251365119

**ENDING MEMBER LISTING**

BILL ACCOUNT NUMBER: 0961960001  
BILL ACCOUNT NAME: Wood County Commission  
CLIENT NUMBER: 096196  
CLIENT NAME: Wood County Commission

INVOICE NUMBER: 210909009909  
INVOICE MONTH(S): October 2021  
PREPARED DATE: 09/09/2021

Member Name	Member ID	Product	Contract Type	Period Ending	Current Premium	Member Total
Group: 09068742 Pay Location: 009 (Continued)						
HAMMER, RHEA L	xxxxx51100 PPO		2 Person	10/31/2021	\$1,846.43	\$1,846.43
HUDSON, CATHERINE	xxxxx33660 PPO		Family	10/31/2021	2,210.80	2,210.80
KIGER, TIFFANY F	xxxxx44510 PPO		Family	10/31/2021	2,210.80	2,210.80
LEFEBURE, PATRICK O	xxxxx74330 PPO		Family	10/31/2021	2,210.80	2,210.80
MARTIN, EMILY M	xxxxx51470 PPO		Individual	10/31/2021	818.81	818.81
MEEKS, KAYLA B	xxxxx18390 PPO		Individual	10/31/2021	818.81	818.81
NICHOLSON, HEATHER D	xxxxx42430 PPO		Individual	10/31/2021	818.81	818.81
PADDEN, KANDY	xxxxx14020 PPO		Individual	10/31/2021	818.81	818.81
RYDER, DEBRA K	xxxxx85610 PPO		Individual	10/31/2021	818.81	818.81
SKOGSTAD JR, RUSSELL JEFFREY	xxxxx52260 PPO		Family	10/31/2021	2,210.80	2,210.80
SNODGRASS, LORA	xxxxx78820 PPO		Individual	10/31/2021	818.81	818.81
UNDERWOOD, MEGAN E	xxxxx47150 PPO		Family	10/31/2021	2,210.80	2,210.80
WILLIAMS, JEZIRAE L	xxxxx32770 PPO		Individual	10/31/2021	818.81	818.81
Pay Location: 009		Contract: 16			\$24,481.71	
Group: 09068742 Pay Location: 010						
ADKINS, AMANDA J	xxxxx83700 PPO		Parent & Children	10/31/2021	1,428.01	1,428.01
BARGELOH, REGINA K	xxxxx26390 PPO		Individual	10/31/2021	818.81	818.81
BRADEN, ANGELA K	xxxxx59270 PPO		Individual	10/31/2021	818.81	818.81
JOHNSON, BRANDI L	xxxxx46790 PPO		Family	10/31/2021	2,210.80	2,210.80
JOHNSON, MELISSA D	xxxxx55510 PPO		Family	10/31/2021	2,210.80	2,210.80
HANSON, PAULA A	xxxxx18280 PPO		Individual	10/31/2021	818.81	818.81
PHILLIPS, REBECCA	xxxxx51110 PPO		Parent & Children	10/31/2021	1,428.01	1,428.01
RABER-ABLES, AMANDA C	xxxxx71110 PPO		Parent & Child	10/31/2021	1,428.01	1,428.01
SCHUCK, DENISE E	xxxxx88550 PPO		2 Person	10/31/2021	1,846.43	1,846.43
SOVEL, TONYA M	xxxxx06460 PPO		Family	10/31/2021	2,210.80	2,210.80



Check Number 3737 Vendor No IRS-PAY 101					Check Date 10/15/2021 Amount \$9,810.67				
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211015-00		0.00	1,111.87	FICA	20211015-00			376.64	MED
20211015-00			17.88	FICA	20211015-00			295.89	MED
20211015-00			1,610.54	FICA	20211015-00			261.57	MED
20211015-00			1,265.16	FICA	20211015-00			552.03	MED
20211015-00			1,118.45	FICA	20211015-00			165.61	MED
20211015-00			2,360.41	FICA	20211015-00			288.97	MED
20211015-00			708.11	FICA	20211015-00			35.02	MED
20211015-00			1,235.46	FICA	20211015-00			125.93	MED
20211015-00			149.74	FICA	20211015-00			1,655.57	MED
20211015-00			538.52	FICA	20211015-00			35.25	MED
20211015-00			7,079.21	FICA	20211015-00			74.11	MED
20211015-00			150.66	FICA	20211015-00			26.68	MED
20211015-00			316.85	FICA	20211015-00			30.55	MED
20211015-00			114.08	FICA	20211015-00			725.21	MED
20211015-00			130.65	FICA	20211015-00			381.46	MED
20211015-00			3,100.95	FICA	20211015-00			34.05	MED
20211015-00			1,631.08	FICA	20211015-IR41			22,785.19	Deduction Number
20211015-00			145.57	FICA	20211015-IR42			5,328.75	Deduction Number
20211015-00			260.03	MED	20211015-IR43			33,562.79	Deduction Number
20211015-00			4.18	MED					

Check Number 3737 Vendor No IRS-PAY 101					Check Date 10/15/2021 Amount \$9,810.67				
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211015-00		0.00	1,111.87	FICA	20211015-00			376.64	MED
20211015-00			17.88	FICA	20211015-00			295.89	MED
20211015-00			1,610.54	FICA	20211015-00			261.57	MED
20211015-00			1,265.16	FICA	20211015-00			552.03	MED
20211015-00			1,118.45	FICA	20211015-00			165.61	MED
20211015-00			2,360.41	FICA	20211015-00			288.97	MED
20211015-00			708.11	FICA	20211015-00			35.02	MED
20211015-00			1,235.46	FICA	20211015-00			125.93	MED
20211015-00			149.74	FICA	20211015-00			1,655.57	MED
20211015-00			538.52	FICA	20211015-00			35.25	MED
20211015-00			7,079.21	FICA	20211015-00			74.11	MED
20211015-00			150.66	FICA	20211015-00			26.68	MED
20211015-00			316.85	FICA	20211015-00			30.55	MED
20211015-00			114.08	FICA	20211015-00			725.21	MED
20211015-00			130.65	FICA	20211015-00			381.46	MED
20211015-00			3,100.95	FICA	20211015-00			34.05	MED
20211015-00			1,631.08	FICA	20211015-IR41			22,785.19	Deduction Number
20211015-00			145.57	FICA	20211015-IR42			5,328.75	Deduction Number
20211015-00			260.03	MED	20211015-IR43			33,562.79	Deduction Number
20211015-00			4.18	MED					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

88-28  
519

No. 3737

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
IRS-PAY 101	10/15/2021	3737	\$89,810.67

eighty-nine thousand eight hundred ten and 67 / 100

PAY  
TO THE  
ORDER OF

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN UT 842010009

President

County Clerk

Shelf

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER TAXES AND FEES IN HIS NAME FOR COLLECTION AGAINST THE SAID PAYEE.

⑈ 3737 ⑈

⑈ 051900395⑈

000388381⑈

United States of America  
State of West Virginia



941 Report

Company Name	Wood County Commission			Page 1 of 1	Run Date	10/13/2021	3:08:03PM		
				From Date	10/01/2021	Thru Date	10/15/2021		
	<u>Gross</u>	<u>Fed Gross</u>	<u>Fica Gross</u>	<u>Med Gross</u>	<u>State Gross</u>	<u>City Gross</u>	<u>Net Pay</u>	<u>Tax Deferred</u>	<u>RETIREMENT</u>
	<u>Fed Liability</u>	<u>Fed W/h</u>	<u>Fica W/h</u>	<u>Med W/h</u>	<u>State W/h</u>	<u>City W/h</u>	<u>Etc</u>	<u>Sec 125</u>	<u>DEP.RETIRE</u>
			<u>Fica Employer</u>	<u>Med Employer</u>					
	387,702.21	343,632.67	367,502.65	367,502.65	343,632.67	0.00	261,671.62	1,780.00	14,084.16
	89,810.67	33,582.79	22,785.19	5,328.75	14,936.06	0.00	0.00	20,199.56	8,005.82
			22,785.19	5,328.75					
<u>Grand</u>	387,702.21	343,632.67	367,502.65	367,502.65	343,632.67	0.00	261,671.62	1,780.00	14,084.16
<u>Totals</u>		33,582.79	22,785.19	5,328.75	14,936.06	0.00	0.00	20,199.56	8,005.82
			22,785.19	5,328.75					
								Total Retirement:	22,089.98

Federal Tax Deposit **89,810.67**

State Tax Breakdown

<u>State</u>	<u>Gross Wage</u>	<u>Employee Withholding</u>
OH	19,514.59	411.39
WV	324,118.08	14,524.67

Total Employees

220

Check Number 3744 Vendor No IRS-PAY 101					Check Date 10/29/2021 Amount 86,338.67				
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211029-00		0.00	1,134.73	FICA	20211029-00			275.89	MED
20211029-00			1,541.27	FICA	20211029-00			549.95	MED
20211029-00			1,264.42	FICA	20211029-00			163.25	MED
20211029-00			1,179.69	FICA	20211029-00			278.97	MED
20211029-00			2,351.47	FICA	20211029-00			35.35	MED
20211029-00			698.11	FICA	20211029-00			135.12	MED
20211029-00			1,192.82	FICA	20211029-00			1,583.38	MED
20211029-00			151.16	FICA	20211029-00			36.04	MED
20211029-00			577.70	FICA	20211029-00			56.57	MED
20211029-00			6,770.19	FICA	20211029-00			0.76	MED
20211029-00			154.15	FICA	20211029-00			30.74	MED
20211029-00			241.87	FICA	20211029-00			647.51	MED
20211029-00			3.26	FICA	20211029-00			383.02	MED
20211029-00			131.43	FICA	20211029-00			34.04	MED
20211029-00			2,768.53	FICA	20211029-IR41			21,944.13	Deduction Number
20211029-00			1,637.75	FICA	20211029-IR42			5,132.15	Deduction Number
20211029-00			145.58	FICA	20211029-IR43			32,186.11	Deduction Number
20211029-00			265.40	MED					
20211029-00			360.45	MED					
20211029-00			295.71	MED					

Check Number 3744 Vendor No IRS-PAY 101					Check Date 10/29/2021 Amount 86,338.67				
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211029-00		0.00	1,134.73	FICA	20211029-00			275.89	MED
20211029-00			1,541.27	FICA	20211029-00			549.95	MED
20211029-00			1,264.42	FICA	20211029-00			163.25	MED
20211029-00			1,179.69	FICA	20211029-00			278.97	MED
20211029-00			2,351.47	FICA	20211029-00			35.35	MED
20211029-00			698.11	FICA	20211029-00			135.12	MED
20211029-00			1,192.82	FICA	20211029-00			1,583.38	MED
20211029-00			151.16	FICA	20211029-00			36.04	MED
20211029-00			577.70	FICA	20211029-00			56.57	MED
20211029-00			6,770.19	FICA	20211029-00			0.76	MED
20211029-00			154.15	FICA	20211029-00			30.74	MED
20211029-00			241.87	FICA	20211029-00			647.51	MED
20211029-00			3.26	FICA	20211029-00			383.02	MED
20211029-00			131.43	FICA	20211029-00			34.04	MED
20211029-00			2,768.53	FICA	20211029-IR41			21,944.13	Deduction Number
20211029-00			1,637.75	FICA	20211029-IR42			5,132.15	Deduction Number
20211029-00			145.58	FICA	20211029-IR43			32,186.11	Deduction Number
20211029-00			265.40	MED					
20211029-00			360.45	MED					
20211029-00			295.71	MED					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

88-39  
519 No. 3744

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
IRS-PAY 101	10/29/2021	3744	\$86,338.67

eighty-six thousand three hundred thirty-eight and 67 / 100

PAY  
TO THE  
ORDER OF

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE

OGDEN UT 842010009

President

County Clerk

Share

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND LEVIES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

⑈3744⑈ ⑆051900395⑆ 000388381⑈



# United States of America

State of West Virginia



## 941 Report

Company Name Wood County Commission

Page 1 of 1  
From Date

Run Date  
10/16/2021

10/27/2021  
Thru Date

3:14:00PM  
10/31/2021

<u>Gross</u>	<u>Fed Gross</u>	<u>Fica Gross</u>	<u>Med Gross</u>	<u>State Gross</u>	<u>City Gross</u>	<u>Net Pay</u>	<u>Tax Deferred</u>	<u>RETIREMENT</u>
<u>Fed Liability</u>	<u>Fed W/h</u>	<u>Fica W/h</u>	<u>Med W/h</u>	<u>State W/h</u>	<u>City W/h</u>			
		<u>Fica Employer</u>	<u>Med Employer</u>			<u>Eic</u>	<u>Sec 125</u>	<u>DEP.RETIRE</u>
371,542.58	331,006.16	353,938.18	353,938.18	331,006.16	0.00	254,782.55	1,730.00	13,590.00
86,338.67	32,186.11	21,944.13	5,132.15	14,320.02	0.00	0.00	17,604.40	7,612.02
		21,944.13	5,132.15					
371,542.58	331,006.16	353,938.18	353,938.18	331,006.16	0.00	254,782.55	1,730.00	13,590.00
	32,186.11	21,944.13	5,132.15	14,320.02	0.00	0.00	17,604.40	7,612.02
		21,944.13	5,132.15					
						Total Retirement:		21,202.02

Federal Tax Deposit **86,338.67**

### State Tax Breakdown

<u>State</u>	<u>Gross Wage</u>	<u>Employee Withholding</u>
OH	18,175.24	371.77
WV	312,830.92	13,948.25

Total Employees

214

Check Number		3751	Vendor No WV RETIRE		101	Check Date	10/31/2021	Amount	82,611.65
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211015-00		0.00	1,551.10	RETIREMENT	20211029-00			2,042.47	RETIREMENT
20211015-00			17.88	RETIREMENT	20211029-00			2,002.12	RETIREMENT
20211015-00			2,744.33	RETIREMENT	20211029-00			3,972.29	RETIREMENT
20211015-00			2,042.47	RETIREMENT	20211029-00			1,190.70	RETIREMENT
20211015-00			1,912.92	RETIREMENT	20211029-00			2,058.56	RETIREMENT
20211015-00			4,011.31	RETIREMENT	20211029-00			252.36	RETIREMENT
20211015-00			1,221.22	RETIREMENT	20211029-00			911.43	RETIREMENT
20211015-00			2,058.56	RETIREMENT	20211029-00			2,078.39	RETIREMENT
20211015-00			252.36	RETIREMENT	20211029-00			269.18	RETIREMENT
20211015-00			924.69	RETIREMENT	20211029-00			440.92	RETIREMENT
20211015-00			2,170.75	RETIREMENT	20211029-00			229.27	RETIREMENT
20211015-00			269.18	RETIREMENT	20211029-00			4,683.59	RETIREMENT
20211015-00			564.23	RETIREMENT	20211029-00			2,480.87	RETIREMENT
20211015-00			229.27	RETIREMENT	20211029-00			252.09	RETIREMENT
20211015-00			5,238.59	RETIREMENT	20211029-WV03			13,590.00	Deduction Number 03
20211015-00			2,473.53	RETIREMENT					
20211015-00			252.09	RETIREMENT					
20211015-WV03			14,084.16	Deduction Number 03					
20211029-00			1,551.04	RETIREMENT					
20211029-00			2,587.73	RETIREMENT					

Check Number		3751	Vendor No WV RETIRE		101	Check Date	10/31/2021	Amount	82,611.65
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211015-00		0.00	1,551.10	RETIREMENT	20211029-00			2,042.47	RETIREMENT
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20211015-00			2,744.33	RETIREMENT	20211029-00			3,972.29	RETIREMENT
20211015-00			2,042.47	RETIREMENT	20211029-00			1,190.70	RETIREMENT
20211015-00			1,912.92	RETIREMENT	20211029-00			2,058.56	RETIREMENT
20211015-00			4,011.31	RETIREMENT	20211029-00			252.36	RETIREMENT
20211015-00			1,221.22	RETIREMENT	20211029-00			911.43	RETIREMENT
20211015-00			2,058.56	RETIREMENT	20211029-00			2,078.39	RETIREMENT
20211015-00			252.36	RETIREMENT	20211029-00			269.18	RETIREMENT
20211015-00			924.69	RETIREMENT	20211029-00			440.92	RETIREMENT
20211015-00			2,170.75	RETIREMENT	20211029-00			229.27	RETIREMENT
20211015-00			269.18	RETIREMENT	20211029-00			4,683.59	RETIREMENT
20211015-00			564.23	RETIREMENT	20211029-00			2,480.87	RETIREMENT
20211015-00			229.27	RETIREMENT	20211029-00			252.09	RETIREMENT
20211015-00			5,238.59	RETIREMENT	20211029-WV03			13,590.00	Deduction Number 03
20211015-00			2,473.53	RETIREMENT					
20211015-00			252.09	RETIREMENT					
20211015-WV03			14,084.16	Deduction Number 03					
20211029-00			1,551.04	RETIREMENT					
20211029-00			2,587.73	RETIREMENT					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

88-29  
515  
No. 3751

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
WV RETIRE 101	10/31/2021	3751	\$82,611.65

eighty-two thousand six hundred eleven and 65 / 100

PAY  
TO THE  
ORDER OF

WV PUBLIC EMP RETIREMENT  
4101 MACCORKLE AVE SE  
CHARLESTON WV 253041636

President

County Clerk

Treasurer

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER TAXES AND FEES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

\* 3751 \* 1051900395: 00038838 1 \*



Employer Self Service

Log Out

Mark Rhodes

X05400 - Wood County Commission

Last Login: Fri, Oct 01 2021 8:14 AM

[Employer Home \(../../Common/Pages/EWelcome.aspx\)](#)

[Report](#)

[Services](#)

[Account](#)

[Admin](#)

-- Available Forms --

Open

[Getting Started > \(ERGettingStarted.aspx\)](#)

[Details > \(ERDetails.aspx\)](#)

[Summary > \(ERSummary.aspx\)](#)

[Payments > \(ERPayment.aspx\)](#)

[Results \(ERResult.aspx\)](#)

Report #:

157183

Type:

Contribution Report

Mode:

File Upload

Instructions: This screen provides you a summary of the payments for your contribution report. Please enter the PIN and click on the Submit Your Payment button to remit payment for the employer report.

#### X05400 - WOOD COUNTY COMMISSION / Contribution Payments

Contribution Summary #:  
155048

Retirement System:  
PERS

Report Date:  
10/01/2021

Total Members:  
151

Status:  
Summarized

#### Review Your Payment Information

Contributions	EECON	ERCON	Total
Regular Contributions	\$27,674.16	\$54,937.49	\$82,611.65
Corrections	\$0.00	\$0.00	\$0.00
Service Purchase Payment	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$27,674.16</b>	<b>\$54,937.49</b>	<b>\$82,611.65</b>

414 + 1000

## PREMIUM RIDER

This rider is made a part of Group Policy GLUG-BKB9.

This rider is effective on the Policy Effective Date.

### CLASS(ES)

All Eligible Employees

### LIFE INSURANCE PREMIUMS

The monthly premium for life insurance is as follows:

Employee .....	\$0.16 for each \$1,000
Spouse and All Dependent Children .....	\$1.50 for each Unit

### ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE PREMIUMS

The monthly premium for AD&D insurance is as follows:

Employee .....	\$0.024 for each \$1,000
----------------	--------------------------

### RATE GUARANTEE DATE

July 1, 2021 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

### PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

### PUBLICATION DATE

June 20, 2019

UNITED OF OMAHA LIFE INSURANCE COMPANY

  
Corporate Secretary

GLTD

## PREMIUM RIDER

This rider is made a part of Group Policy GLTD-BKB9.

This rider is effective on the Policy Effective Date.

### CLASS(ES)

All Eligible Employees

### LONG-TERM DISABILITY INSURANCE PREMIUMS

The monthly premium for long-term disability insurance is as follows:

\$0.25..... per \$100 of Monthly Covered Payroll

*Monthly Covered Payroll* means the total amount of basic monthly earnings for which all Employees are insured under the Policy.

### RATE GUARANTEE DATE

July 1, 2021 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

### PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

### PUBLICATION DATE

June 30, 2019

UNITED OF OMAHA LIFE INSURANCE COMPANY

  
Corporate Secretary



EXECUTIVE DIRECTOR  
Jeffrey E. Fleck

## Consolidated Public Retirement

4101 MacCorkle Ave., SE  
Charleston, West Virginia 25304-1636  
Telephone: 304-558-3570 or 800-654-4406  
Fax: 304-957-7522  
Email: cprb@wv.gov  
www.wvretirement.com



BOARD CHAIRMAN  
Joseph G. Bunn

March 2, 2021

WOOD COUNTY COMMISSION  
PENNY GIVENS  
PO BOX 1474  
PARKERSBURG, WV 26102

RE: Public Employees Retirement System (PERS) Contribution Rate Change

Dear Participating Employer of the Public Employees Retirement System (PERS):

This correspondence is to confirm the Board of Trustees of the WV Consolidated Public Retirement Board (Board) reviewed and accepted the 2020 PERS actuarial valuation results at the January 27, 2021 Board meeting and voted to **not change** the PERS employer contribution rate for fiscal year 2022. Therefore, the employer contribution for PERS Tier I and Tier II members will remain at 10.0% effective July 1, 2021.

Pursuant to the provisions of WV Code §5-10-31, it is the responsibility of the Board to determine the amount of employer contributions to be paid into the PERS Employers Accumulation Fund. The employer contribution rate is based upon the annual actuarial valuation of the assets and liabilities and is subject to be reset annually. As you may recall from past correspondence and publications, the Board has adopted asset smoothing as the actuarial asset valuation method for PERS. The asset smoothing method allows the annual investment gains and losses for PERS to be spread over a period of four years.

The employer contribution rate changes are necessary to provide for the continued actuarial soundness of PERS, ensuring funding for the normal cost of expected benefits and unfunded liabilities throughout the amortization period established for the plan. Specifically, the valuation results for Fiscal Year 2020 revealed that expected contributions and investment returns will be sufficient to cover the expected annual cost and related liabilities of PERS. All future employer contribution rates are subject to the annual actuarial valuation results.

Please take note that the employer contribution rate will remain 10.0% effective on any Pay Period End Date beginning on or after July 1, 2021 for both Tier I and Tier II members and should be used in your budgetary considerations for Fiscal Year 2022.

If you should have any questions or need any additional information, please do not hesitate to contact our Employer Reporting staff at (304) 558-1395.

Sincerely,

Jeffrey E. Fleck  
Executive Director



<b>WEST VIRGINIA DIVISION OF ADMINISTRATIVE SERVICES</b>	<b>Victim of Crime Act Grant Program Monthly Progress Report</b>	
<b>Grantee:</b> Wood County Commission	<b>Project Number:</b> 19-VA-038	
<b>Address:</b> #1 Court Square Parkersburg, WV 26101  <hr/> <hr/>	<b>Report Period:</b> October 2021	
	<b>Prepared By:</b> Jez Williams c/o Tiffany Kiger	
	<b>Telephone Number:</b> 304-424-1776	



**PART 1: Status of Goals and Objectives.** (List each Goal and Objective and report on the status of the goals and objectives for your grant as of the end of the current reporting month, as they are identified in your approved grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting month have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges, and provide any additional explanation you feel is necessary for **WVICS** to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting month, you must provide an explanation.) Add more goals and objectives as needed.

Goal 1:	<b>The Wood County Victims Advocate Program will identify and provide services to victims of crime throughout the 2021-2022 grant period.</b>	
Objective 1:	By the conclusion of the grant on September 30, 2022, the Victims Advocate Program will have served a minimum of 5,600 victims in Wood County.	
Status:	During the month of October 2021, the Victims Advocate assisted 55 victims in Wood County by reviewing cases and then contacting the victims to determine what services are needed to assist them, to notify them of the availability of services, and to generally guide them through the court process until the conclusion of the case. The Victims Advocate also acts as a liaison between the Prosecuting Attorney/Assistant Prosecuting Attorneys and the victim to relay their sentiments to the prosecutors and to keep the victims informed of the status of the case.	MTD: <u>55</u> YTD: <u>55</u>
Objective 2:	At the end of the grant period a minimum of 7,600 services will be provided to Wood County victims through the Victims Advocate Program.	
Status:	During the month of October 2021, the Victims Advocate provided 161 different services to victims in Wood County. The Victims Advocate meets with victims in person, assists them through all stages of the criminal justice process, assists victims in filing for Emergency Domestic Violence Protective Orders as well as recommend a safe haven at the Family Crisis Intervention Center, and can even provide transportation to and from court hearings and meetings with prosecutors. The Victims Advocate provided the appropriate services and referrals to victims including assistance completing the Crime Victims Compensation Fund application as well as sending the CVCF the appropriate reports and information. The Victims Advocate also assisted victims with referrals for counseling. The Victims Advocate assists victims during trials, change of plea hearings, sentencing hearings, felony preliminary hearings, and restitution hearings.	MTD: <u>161</u> YTD: <u>161</u>
Objective 3:		
Status:		MTD: <u>    </u> YTD: <u>    </u>
Goal 2:	<b>During the grant year, the Victims Advocate and the Assistant Victims Advocate will place an emphasis on juvenile victims who are dealing with juvenile delinquency court.</b>	
Objective 1:	At the conclusion of the grant period at least 50 juvenile individuals who are dealing with a juvenile delinquency court incident will be served by either the Advocate and/or the Assistant	
Status:	During the month of October 2021, the Victims Advocate assisted 2 juvenile victims in juvenile delinquency court.	MTD: <u>2</u> YTD: <u>2</u>
Objective 2:		
Status:		MTD: <u>    </u> YTD: <u>    </u>
Objective 3:		
Status:		MTD: <u>    </u> YTD: <u>    </u>



Goal 3:	During the grant year the Victims Advocate will accept interested and qualified Individuals to volunteer with this program, which will provide them experience of the legal system.	
Objective 1:	At the conclusion of the grant year, at least 150 volunteer hours of service will be provided by at least three volunteers.	
Status:	During the month of October 2021, there were no volunteer hours to report. The Victim Advocate will contact local colleges and/or universities in order to solicit interns/volunteers for the program. Contact will be made with appropriate social service agencies to solicit volunteers for the program. Information and requirements on the program will be provided to each volunteer. Volunteers will be given a background check. Duties of the volunteers will be overseen by the Advocate and/or the Assistant.	MTD: <u>0</u> YTD: <u>0</u>
Objective 2:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Objective 3:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Goal 4:		
Objective 1:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Objective 2:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Objective 3:		
Status:		MTD: <u>   </u> YTD: <u>   </u>

\*Grantee is to supply both the MTD (Month to Date Total) and YTD (Year to Date Total) for each objective.

Please complete the following questions (if left blank, the document will be returned to the grantee and will delay the reimbursement process):

Were there volunteers utilized for the VOCA Project this month?

\*Grantee is required to utilize at least 1 volunteer during the grant cycle.

- ☐ Yes. If yes, please attach a copy of the Volunteer Log or JCS Volunteer Timesheet.
- ☒ No. If no, please indicate which month a volunteer will be utilized: TBD

Was there a Board Meeting/County Commission Meeting this month?

- ☒ Yes. Please indicate the date of the meeting here: 10-4, 10-18, 10-21  
(Please be sure to attach a copy of the corresponding meeting minutes with this report. Note: All Board Meeting Minutes must be submitted). 2021
- ☐ NO. Please indicate the date of your next scheduled meeting here:

<b>WEST VIRGINIA DIVISION OF ADMINISTRATIVE SERVICES</b>	<b>Victim of Crime Act Grant Program Monthly Progress Report</b>
<b>Grantee: Wood County Commission</b>	<b>Project Number: 19-VA-038</b>
<b>Address: #1 Court Square Parkersburg, WV 26101</b>  _____  _____	<b>Report Period: October 2021</b>
	<b>Prepared By: Jez Williams</b>
	<b>Telephone Number: 304-424-1776</b>



**PART 1: Status of Goals and Objectives.** (List each Goal and Objective and report on the status of the goals and objectives for your grant as of the end of the current reporting month, as they are identified in your approved grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting month have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges, and provide any additional explanation you feel is necessary for WVJCS to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting month, you must provide an explanation.) Add more goals and objectives as needed.

Goal 1:	<b>The Wood County Victims Advocate Program will identify and provide services to victims of crime throughout the 2021-2022 grant period.</b>	
Objective 1:	<b>By the conclusion of the grant on September 30, 2022, the Victims Advocate Program will have served a minimum of 5,600 victims in Wood County.</b>	
Status:	During the month of October 2021, the Victims Advocate Assistant assisted 192 victims in Wood County by reviewing cases and then contacting the victims to determine what services are needed to assist them, to notify them of the availability of services, and to generally guide them through the court process until the conclusion of the case. The Victims Advocate Assistant also acts as a liaison between the Prosecuting Attorney/Assistant Prosecuting Attorneys and the victim to relay their sentiments to the prosecutors and to keep the victims informed of the status of the case.	MTD: <u>192</u> YTD: <u>192</u>
Objective 2:	<b>At the end of the grant period a minimum of 7,600 services will be provided to Wood County victims through the Victims Advocate Program.</b>	
Status:	During the month of October 2021, the Victims Advocate Assistant provided 683 different services to victims in Wood County. The Victims Advocate meets with victims in person, assists them through all stages of the criminal justice process, assists victims in filing for Emergency Domestic Violence Protective Orders as well as recommend a safe haven at the Family Crisis Intervention Center, and can even provide transportation to and from court hearings and meetings with prosecutors. The Victims Advocate provided the appropriate services and referrals to victims including assistance completing the Crime Victims Compensation Fund application as well as sending the CVCF the appropriate reports and information. The Victims Advocate also assisted victims with referrals for counseling. The Victims Advocate assists victims during trials, change of plea hearings, sentencing hearings, felony preliminary hearings, and restitution hearings.	MTD: <u>683</u> YTD: <u>683</u>
Objective 3:		
Status:		MTD: ____ YTD: ____
Goal 2:	<b>During the grant year, the Victims Advocate and the Assistant Victims Advocate will place an emphasis on juvenile victims who are dealing with juvenile delinquency court.</b>	
Objective 1:	<b>At the conclusion of the grant period at least 50 juvenile individuals who are dealing with a juvenile delinquency court incident will be served by either the Advocate and/or the Assistant</b>	
Status:	During the month of October 2021, the Victims Advocate Assistant assisted 0 juvenile victims in juvenile delinquency court.	MTD: <u>0</u> YTD: <u>0</u>
Objective 2:		
Status:		MTD: ____ YTD: ____
Objective 3:		
Status:		MTD: ____ YTD: ____
Goal 3:	<b>During the grant year the Victims Advocate will accept interested and qualified Individuals to volunteer with this program, which will provide them experience</b>	



	of the legal system.	
Objective 1	At the conclusion of the grant year, at least 150 volunteer hours of service will be provided by at least three volunteers.	
Status	During the month of October 2021, there were no volunteer hours to report. The Victim Advocate will contact local colleges and/or universities in order to solicit interns/volunteers for the program. Contact will be made with appropriate social service agencies to solicit volunteers for the program. Information and requirements on the program will be provided to each volunteer. Volunteers will be given a background check. Duties of the volunteers will be overseen by the Advocate and/or the Assistant.	MTD: <u>0</u> YTD: <u>0</u>
Objective 2		
Status		MTD: ___ YTD: ___
Objective 3		
Status		MTD: ___ YTD: ___
Goal 4		
Objective 1		
Status		MTD: ___ YTD: ___
Objective 2		
Status		MTD: ___ YTD: ___
Objective 3		
Status		MTD: ___ YTD: ___

\*Grantee is to supply both the MTD (Month to Date Total) and YTD (Year to Date Total) for each objective.

Please complete the following questions (if left blank, the document will be returned to the grantee and will delay the reimbursement process):

Were there volunteers utilized for the VOCA Project this month?

\*Grantee is required to utilize at least 1 volunteer during the grant cycle.

- ☐ Yes. If yes, please attach a copy of the Volunteer Log or JCS Volunteer Timesheet.
- ☒ No. If no, please indicate which month a volunteer will be utilized: TBD

Was there a Board Meeting/County Commission Meeting this month?

- ☒ Yes. Please indicate the date of the meeting here: 10-4, 10-18, 10-21, 2021  
(Please be sure to attach a copy of the corresponding meeting minutes with this report. Note: All Board Meeting Minutes must be submitted).
- ☐ NO. Please indicate the date of your next scheduled meeting here: \_\_\_\_\_



OCTOBER 4, 2021

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION WAS IN RECEIPT OF A CHECK  
FROM THE STATE OF WV IN THE AMOUNT OF \$6,120.03  
REPRESENTS REIMBURSEMENT IN REGARD TO THE VICTIMS  
OF CRIME ASSISTANCE GRANT NUMBER 18-VA-047.

**ORDER**

On this date, the County Commission of Wood County was in receipt of a check from the State of West Virginia in the amount of six thousand one hundred twenty dollars and three cents (\$6,120.03) which represents reimbursement to Wood County for expenses incurred during the month of July, 2021, in regard to the Victims of Crime Assistance Grant Number 18-VA-047. Receipt of the aforementioned check is pursuant to an Order appearing in Order Book 75, at Page 609 and bearing the date of August 30, 2021, at which time David Blair Couch, in his official capacity as President, and on behalf of the County Commission, was AUTHORIZED to EXECUTE the Request for Reimbursement.

Documentation pertaining to the WVDCJS Victims of Crime Advocate Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

---

David Blair Couch, President

---

Robert K. Tebay, Commissioner

---

James E. Colombo, Commissioner

OCTOBER 18, 2021

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION AUTHORIZED DAVID BLAIR COUCH TO SIGN THE REQUEST FOR REIMBURSEMENT IN REGARD TO THE VICTIMS OF CRIME ASSISTANCE GRANT NUMBER 18-VA-047. SAID REQUEST IS IN THE AMOUNT OF \$6,120.03

ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by David Blair Couch and made unanimous by James E. Colombo, did hereby AUTHORIZE David Blair Couch, on behalf of the County Commission, to sign the Request for Reimbursement in regard to the Victims of Crime Assistance Grant Number 18-VA-047. The Request for Reimbursement is in the amount of six thousand one hundred twenty dollars and three cents (\$6,120.03) for the month of September, 2021. Along with the Request for Reimbursement Form; a Financial Recap Page; Project Financial Report; Daily Time Sheets for the Victims Advocate, and Assistant Victims Advocate; Monthly Progress Reports and the Monthly Statistical Report have been submitted.

Documentation pertaining to the Victims of Crime Advocate Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

---

David Blair Couch, President

---

Robert K. Tebay, Commissioner

---

James E. Colombo, Commissioner

OCTOBER 21, 2021

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION WAS IN RECEIPT OF A CHECK  
FROM THE STATE OF WV IN THE AMOUNT OF \$6,120.03  
REPRESENTS REIMBURSEMENT IN REGARD TO THE VICTIMS  
OF CRIME ASSISTANCE GRANT NUMBER 18-VA-047.

**ORDER**

On this date, the County Commission of Wood County was in receipt of a check from the State of West Virginia in the amount of six thousand one hundred twenty dollars and three cents (\$6,120.03) which represents reimbursement to Wood County for expenses incurred during the month of August, 2021, in regard to the Victims of Crime Assistance Grant Number 18-VA-047. Receipt of the aforementioned check is pursuant to an Order appearing in Order Book 75, at Page 652 and bearing the date of September 20, 2021, at which time David Blair Couch, in his official capacity as President, and on behalf of the County Commission, was AUTHORIZED to EXECUTE the Request for Reimbursement.

Documentation pertaining to the WVDCJS Victims of Crime Advocate Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

---

David Blair Couch, President

---

Robert K. Tebay, Commissioner

---

James E. Colombo, Commissioner



WEST VIRGINIA  
DIVISION OF ADMINISTRATIVE SERVICES  
JUSTICE AND COMMUNITY SERVICES

Request for  
Reimbursement

RECEIVED  
(For JCS Use Only)

Subgrantee: Wood County Commission  
Address: One Court Square, Suite 203  
Parkersburg, WV  
26101  
Project #: 21-SVA-038  
FEIN#: 556000417  
Funds are hereby requested to cover expenditures  
FROM: 11/1/21 TO: 11/30/21

PROJECT CASH EXPENDITURES

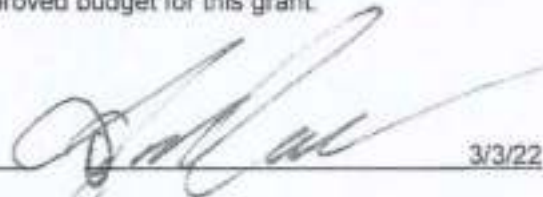
CATEGORY	AMOUNT
Personnel/Contractual	\$3,135.07
Travel/Training	
Space	
Other	
TOTAL	\$3,135.07

CERTIFICATION:

I certify that this report presents actual receipts and expenditures of funds for the period covered and for the total grant budget to date, made in accordance with the approved budget for this grant.

All documentation is available at our office.

BY: David Blair Couch, President

  
3/3/22

TYPED NAME & TITLE

SIGNATURE

DATE

(Authorized Official or Grant Financial Officer ONLY)

JCS USE ONLY

ADMINISTRATIVE APPROVAL:

This request is approved in the amount of \$ \_\_\_\_\_  
Initials \_\_\_\_\_ Date \_\_\_\_\_

Pursuant to the authority vested in me, I certify that this request is correct and proper for payment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Accountant



VICTIMS OF CRIME ASSISTANCE PROGRAM	FINANCIAL RECAP PAGE
GRANTEE: Wood County Commission	PROJECT # 21-SVA-038
PREPARED BY: Toni Tiano	MONTH: November 2021

PERSONNEL/CONTRACTUAL

<b>Name:</b> Jez Williams – 11/1/21 – 11/15/21	<b>Position:</b> Assistant Victims Advocate	<b>% Funded Under VOCA:</b> 100
--	---	---------------------------------

Total Salary/Wages \$1,270.83  
Total Fringe Benefits \$637.04

(.0765%) FICA	\$97.22	HEALTH INSUR.	\$412.74
( %) W/C	\$	LIFE INSURANCE	\$
( %) U/C	\$	RETIREMENT	\$127.08 .10
		OTHER	\$

**TOTAL \$1,907.87**

<b>Name:</b> Jezirae Williams	<b>Position:</b> Victims Advocate – 11/16/21 – 11/30/21	<b>% Funded Under VOCA:</b> 57
-------------------------------	---	--------------------------------

Total Salary/Wages \$843.13  
Total Fringe Benefits \$384.07

(.0765%) FICA	\$64.50	HEALTH INSUR.	\$235.26
(1%) W/C	\$	LIFE INSURANCE	\$
( %) U/C	\$	RETIREMENT	\$84.31 (10%)
		OTHER	\$

**TOTAL \$1,227.20**

<b>Name:</b>	<b>Position:</b>	<b>% Funded Under VOCA:</b>
--------------	------------------	-----------------------------

Total Salary/Wages \$  
Total Fringe Benefits \$

( %) FICA	\$	HEALTH INSUR.	\$
( %) W/C	\$	LIFE INSURANCE	\$
( %) U/C	\$	RETIREMENT	\$
		OTHER	\$

**TOTAL \$**

*Total Personnel/Contractual charged to VOCA this month: \$3,135.07*

TRAVEL/TRAINING

Name(s)	Amount \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total *TRAVEL/TRAINING* charged to VOCA this month: \$

SPACE

Explanation/Purchases	Amount \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total *SPACE* charged to VOCA this month: \$

OTHER

Explanation/Purchases	Amount \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total *OTHER* charged to VOCA this month: \$

---

TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT THIS MONTH: \$1,135.07  
(Should match the total amount requested on the front reimbursement page)

# WEST VIRGINIA

## Division of Administrative Services Justice and Community Services

# Project Financial Report

Final Report ☐

Page 1 of 1

Report #: 2

Subgrantee: Wood County Commission

Prepared By: Toni Tiano

For Period 11/1/2021 to 11/30/2021

Project #: 21-SVA-038

Address: One Court Square

Phone #: 304-481-6409

Date Prepared: 3/3/22

Signature: Toni Tiano

Parkersburg, WV 26101

EMAIL: tianoknopp@gmail.com

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/ Contractual	\$16,347.00			\$3,135.07			\$13,052.82			
Travel/ Training										
Equipment										
Space										
Other										
TOTALS	\$16,347.00			\$3,135.07			\$13,052.82			

## INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

**DUE DATES:** Reports are due in the Division of Administrative Services by the C.O.B. on the 20th day of the month following the period of this report.

**SUBGRANTEE:** Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

**PREPARED BY:** Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

**FOR PERIOD**        to       : Enter the month(s) covered by this report.

**FINAL REPORT:** Check this block if this is the last report.

**DATE PREPARED:** Enter the date this report was prepared.

**PROJECT #:** Enter the number assigned by the Division of Administrative Services.

**APPROVED BUDGET:** Enter the latest approved project budget.

**EXPENDED THIS PERIOD:** Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded. Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.

**REPORT #:** Assign consecutive numbers as each report is submitted.

**EXPENDED TO DATE:** Enter cumulative expenditures to date based on actual disbursements and not rounded.

**UNPAID OBLIGATIONS:** JCS use only. Enter all obligations that have been incurred during this reporting period that have not been paid.

Submit original report to:

Sydney Cavender  
Division of Administrative Services  
1124 Smith Street, Ste 3100  
Charleston, West Virginia 25301-1323

**QUESTIONS:** Phone (304) 558-8814



## Grant Reimbursement Report

Company Name Wood County Commission

Page 1 of 1

Run Date 12/01/2021 10:22:54AM

From Date 11/01/2021 Thru Date 11/30/2021

### Employers Share

Ck No	Check Date	Check Type	Payee	Gross Pay	Retirement	Insurance	Fica/Medicare	Total Reimbursable
274801	11/15/2021	REGULAR	KIGER TIFFANY F.	495.76	49.58	945.32	37.93	1,528.58
					Life	5.55		
					Dental	18.47		
					Vision	11.26		
274813	11/15/2021	REGULAR	WILLIAMS JEZIRAE L.	1,270.83	127.08	389.41	97.22	1,884.54
					Life	4.25		
					Dental	7.82		
					Vision	11.26		
275027	11/30/2021	REGULAR	WILLIAMS JEZIRAE L.	1,479.17	147.92	389.41	113.16	2,129.65
					Life	4.25		
					Dental	7.82		
					Vision	11.26		
Grand Total				\$3,245.76	\$ 324.58	\$ 1,724.14	\$ 248.30	\$ 5,542.78



**West Virginia  
Division of Administrative Services**

**Overtime and Salary Timesheet**

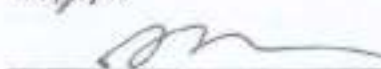
Employee:	Jezirae Williams	Wood County Comm
Month/Year:	Nov-21	19-VA-038

Date	Reg. Hours	OT/Flex Hrs	Program 1	Program 2	Program 3
			VOCA		
1	8		8		
2	8		8		
3	8		8		
4	8		8		
5	(3.5 sick) 8		(3.5 sick) 8		
6	Saturday		Saturday		
7	Sunday		Sunday		
8	8		8		
9	8		8		
10	8		8		
11	(Holiday) 8		(Holiday) 8		
12	8		8		
13	Saturday		Saturday		
14	Sunday		Sunday		
15	8		8		
16	(1hr vaca) 8		(1hr vaca) 8		
17	8		8		
18	8		8		
19	8		8		
20	Saturday		Saturday		
21	Sunday		Sunday		
22	8		8		
23	8		8		
24	8		8		
25	(Holiday) 8		(Holiday) 8		
26	(Holiday) 8		(Holiday) 8		
27	Saturday		Saturday		
28	Sunday		Sunday		
29	8		8		
30	8		8		
<b>TOTAL</b>	176		176	0	0

The undersigned certifies that the above named employee was paid for the above listed salary or overtime



Employee



Supervisor

Hours Paid			Deductions This Pay	
1	86.67	14.66	1,270.83	

Check Number 274813

RETIREMENT 76.25  
SUPPL LIFE 1.80

This Pay		Ytd
Gross Pay	1,270.83	26,707.47
Federal Gross	1,180.08	24,479.72
Fica Gross	1,256.33	26,020.97
State Gross	1,180.08	24,479.72
Federal W/h	49.07	1,001.94
Fica W/h	77.89	1,613.30
Medicare W/h	18.21	377.30
State W/h	21.32	472.98
City W/h	0.00	0.00
Net Pay	1,008.17	20,900.38

DENTAL 9.73  
VISION 2.97

Employee Id WILLJEZI  
Employee JEZIRAE L WILLIAMS  
Check Date 11/10/2021  
Period End 11/15/2021

USER FEE 5.42

Hours Paid			Deductions This Pay	
1	86.67	14.66	1,270.83	

Check Number 274813

RETIREMENT 76.25  
SUPPL LIFE 1.80

This Pay		Ytd
Gross Pay	1,270.83	26,707.47
Federal Gross	1,180.08	24,479.72
Fica Gross	1,256.33	26,020.97
State Gross	1,180.08	24,479.72
Federal W/h	49.07	1,001.94
Fica W/h	77.89	1,613.30
Medicare W/h	18.21	377.30
State W/h	21.32	472.98
City W/h	0.00	0.00
Net Pay	1,008.17	20,900.38

DENTAL 9.73  
VISION 2.97

Employee Id WILLJEZI  
Employee JEZIRAE L WILLIAMS

USER FEE

Check Date 11/10/2021  
Period End 11/15/2021

Clerk of Wood County Commission  
General County Fund - Payroll  
Post Office Box 1474  
Parkersburg, West Virginia 26102

JEZIRAE L WILLIAMS  
11475 VETO ROAD

MARIETTA OH 457508389

Hours Paid			
1	86.67	17.07	1,479.17

Deductions This Pay	
RETIREMENT	88.75
DENTAL	9.73
VISION	2.97
USER FEE	5.42

Check Number	
275027	

Deductions This Pay	
RETIREMENT	88.75

This Pay		Ytd	
Gross Pay	1,479.17	28,186.64	
Federal Gross	1,377.72	25,857.44	
Fica Gross	1,466.47	27,487.44	
State Gross	1,377.72	25,857.44	
Federal W/h	72.78	1,074.72	
Fica W/h	90.92	1,704.22	
Medicare W/h	21.27	398.57	
State W/h	27.26	500.24	
City W/h	0.00	0.00	
Net Pay	1,160.07	22,060.45	

DENTAL	9.73
VISION	2.97

Employee Id	WILLJEZI
Employee	JEZIRAE L WILLIAMS
Check Date	11/30/2021
Period End	11/30/2021

USER FEE	5.42
----------	------

Hours Paid			
1	86.67	17.07	1,479.17

Deductions This Pay	
RETIREMENT	88.75
DENTAL	9.73
VISION	2.97
USER FEE	5.42

Check Number	
275027	

Deductions This Pay	
RETIREMENT	88.75

This Pay		Ytd	
Gross Pay	1,479.17	28,186.64	
Federal Gross	1,377.72	25,857.44	
Fica Gross	1,466.47	27,487.44	
State Gross	1,377.72	25,857.44	
Federal W/h	72.78	1,074.72	
Fica W/h	90.92	1,704.22	
Medicare W/h	21.27	398.57	
State W/h	27.26	500.24	
City W/h	0.00	0.00	
Net Pay	1,160.07	22,060.45	

DENTAL	9.73
VISION	2.97

Employee Id	WILLJEZI
Employee	JEZIRAE L WILLIAMS

USER FEE	5.42
----------	------

Check Date	11/30/2021
Period End	11/30/2021

Clerk of Wood County Commission  
General County Fund - Payroll  
Post Office Box 1474  
Parkersburg, West Virginia 26102

JEZIRAE L WILLIAMS  
11475 VETO ROAD

MARIETTA OH 457508389



Check Number		172789	Vendor No		MOO 101	Check Date		11/02/2021	Amount		7,123.50
Invoice No	P O No	Quantity	Invoice Amt	Description		Invoice No	P O No	Quantity	Invoice Amt	Description	
001263075728		0.00	18.44	LIFE PREMIUM		001263075728			59.53	LTD PREMIUM	
001263075728			34.41	LIFE PREMIUM		001263075728			102.92	LTD PREMIUM	
001263075728			28.34	LIFE PREMIUM		001263075728			12.62	LTD PREMIUM	
001263075728			24.08	LIFE PREMIUM		001263075728			38.47	LTD PREMIUM	
001263075728			34.08	LIFE PREMIUM		001263075728			477.54	LTD PREMIUM	
001263075728			13.43	LIFE PREMIUM		001263075728			20.60	LTD PREMIUM	
001263075728			23.43	LIFE PREMIUM		001263075728			27.69	LTD PREMIUM	
001263075728			4.26	LIFE PREMIUM		001263075728			11.46	LTD PREMIUM	
001263075728			106.52	LIFE PREMIUM		001263075728			199.50	LTD PREMIUM	
001263075728			6.39	LIFE PREMIUM		001263075728			137.80	LTD PREMIUM	
001263075728			8.52	LIFE PREMIUM		001263075728			12.60	LTD PREMIUM	
001263075728			2.13	LIFE PREMIUM		001263075728			2,255.50	SUPP LIFE	
001263075728			51.77	LIFE PREMIUM		001263075728			530.96	DEP LIFE	
001263075728			36.21	LIFE PREMIUM		001263075728			2,231.73	SHORT TO	
001263075728			2.13	LIFE PREMIUM		001263075728			2.28	INV ADJ	
001263075728			94.80	LTD PREMIUM		001263075728			12.78	LIFE PREMIUM	
001263075728			129.21	LTD PREMIUM							
001263075728			102.12	LTD PREMIUM							
001263075728			86.98	LTD PREMIUM							
001263075728			182.27	LTD PREMIUM							

Check Number		172789	Vendor No		MOO 101	Check Date		11/02/2021	Amount		7,123.50
Invoice No	P O No	Quantity	Invoice Amt	Description		Invoice No	P O No	Quantity	Invoice Amt	Description	
001263075728		0.00	18.44	LIFE PREMIUM		001263075728			59.53	LTD PREMIUM	
001263075728			34.41	LIFE PREMIUM		001263075728			102.92	LTD PREMIUM	
001263075728			28.34	LIFE PREMIUM		001263075728			12.62	LTD PREMIUM	
001263075728			24.08	LIFE PREMIUM		001263075728			38.47	LTD PREMIUM	
001263075728			34.08	LIFE PREMIUM		001263075728			477.54	LTD PREMIUM	
001263075728			13.43	LIFE PREMIUM		001263075728			20.60	LTD PREMIUM	
001263075728			23.43	LIFE PREMIUM		001263075728			27.69	LTD PREMIUM	
001263075728			4.26	LIFE PREMIUM		001263075728			11.46	LTD PREMIUM	
001263075728			106.52	LIFE PREMIUM		001263075728			199.50	LTD PREMIUM	
001263075728			6.39	LIFE PREMIUM		001263075728			137.80	LTD PREMIUM	
001263075728			8.52	LIFE PREMIUM		001263075728			12.60	LTD PREMIUM	
001263075728			2.13	LIFE PREMIUM		001263075728			2,255.50	SUPP LIFE	
001263075728			51.77	LIFE PREMIUM		001263075728			530.96	DEP LIFE	
001263075728			36.21	LIFE PREMIUM		001263075728			2,231.73	SHORT TO	
001263075728			2.13	LIFE PREMIUM		001263075728			2.28	INV ADJ	
001263075728			94.80	LTD PREMIUM		001263075728			12.78	LIFE PREMIUM	
001263075728			129.21	LTD PREMIUM							
001263075728			102.12	LTD PREMIUM							
001263075728			86.98	LTD PREMIUM							
001263075728			182.27	LTD PREMIUM							

THIS CHECK IS PROTECTED BY A VOID PANTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

Parkersburg WV  
Void after 60 Days

No. 172789

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
MOO 101	11/02/2021	172789	\$7,123.50

seven thousand one hundred twenty-three and 50 / 100

PAY  
TO THE  
ORDER OF

MUTUAL OF OMAHA  
PAYMENT PROCESSING CENTER  
PO BOX 2147  
OMAHA NE 681032147

*Paul B. Cook*  
President  
*Mark Rhodes*

*Steven A. Stephens*  
County Clerk  
Shirley

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER TAXES AND FEES IN THIS RANGE FOR COLLECTION AGAINST THE SAID PAYEE.

⑈ 172789 ⑈ ⑆051900395⑆ 00038838 ⑈



Bill Details

 [View/Save PDF Bill](#)

Invoice Number: 001263075728

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01	Life	198	\$1,911,500.00	0.19/1000	\$363.19
	AD&D	198	\$1,911,500.00	0.024/1000	\$45.88
	Dep Life	67	\$620,000.00	1.5	\$100.50
	Life Vol Employee	131	\$8,270,000.00	Age Banded	\$2,255.47
	Life Vol Spouse	50	\$1,330,000.00	Age Banded	\$322.30
	Life Vol Dep	52	\$520,000.00	0.208/1000	\$108.16
	LTD	198	\$678,455.26	0.25/100	\$1,696.14
	STD Vol	101	\$48,518.64	0.46/10	\$2,231.86

**Total Due on 11/01/2021:** \$7,123.50

# Mutual of Omaha

## Self Administered Premium Reporting Statement

Policyholder Name: **WOOD COUNTY COMMISSION**

Please remit payments to:

Policyholder Number: **G000BKB9**

Mutual of Omaha

PO Box 2147

Period Covered: Nov-21

Omaha NE 68103-2147

To ensure proper credit to your account, please report the number of covered lives, volume and appropriate premium by line of coverage.

Coverage	Number of Employees Covered	Total Covered Volume	Premium Rate	Total Premium Due
AD&D	198	\$1,911,500.00	.024/\$1,000	\$45.88
Dependent Life			/Unit	
Life	198	\$1,911,500.00	.19/\$1,000	\$363.19
Long Term Disability	198	\$678,455.26	.25/\$100	\$1,696.11
Short Term Disability	101	\$48,518.64	.46/\$10	\$2,231.86
Supplemental AD&D			/\$1,000	
Supplemental Life	131	\$8,270,000.00	/\$1,000	\$2,255.50
Voluntary AD&D			/\$1,000	
Vol Dependent Life	67		\$1.50	\$100.50
Voluntary Life			/\$1,000	
Voluntary LTD			/\$100	
Voluntary STD			/\$10	
Voluntary Spouse Life	50	\$1,330,000.00		\$322.30
Voluntary Child Life	52		\$2.08	\$108.16
Other				
Other Adjustments	1-401-10-105			
Total Amount Due				\$7,123.50

In case we have questions:

Christy Hockenberry 10/28/2021  
Person completing this form Date

(304) 424-1854  
[Area Code] Telephone Number

This form may be duplicated. WVIR/WV

# Mutual of Omaha

## Self Administered Premium Reporting Statement

Policyholder Name: **WOOD COUNTY COMMISSION**

Please remit payments to:

Policyholder Number: **G000BKB9**

Mutual of Omaha

PO Box 2147

Period Covered: Oct-21

Omaha NE 68103-2147

To ensure proper credit to your account, please report the number of covered lives, volume and appropriate premium by line of coverage.

Coverage	Number of Employees Covered	Total Covered Volume	Premium Rate	Total Premium Due
AD&D	198	\$1,911,500.00	.024/\$1,000	\$45.88
Dependent Life			/Unit	
Life	198	\$1,911,500.00	.19/\$1,000	\$363.19
Long Term Disability	195	\$678,455.26	.25/\$100	\$1,696.11
Short Term Disability	101	\$48,518.64	.46/\$10	\$2,231.86
Supplemental AD&D			/ \$1,000	
Supplemental Life	131	\$8,270,000.00	/ \$1,000	\$2,255.50
Voluntary AD&D			/ \$1,000	
Vol Dependent Life	67		\$1.50	\$100.50
Voluntary Life			/ \$1,000	
Voluntary LTD			/ \$100	
Voluntary STD			/ \$10	
Voluntary Spouse Life	50	\$1,330,000.00		\$322.30
Voluntary Child Life	52		\$2.08	\$108.16
Other				
Other Adjustments	1-401-10-105			
Total Amount Due				\$7,123.50

In case we have questions:

Kristin Moore 09/27/2021  
Person completing this form Date

(304) 424-1854  
(Area Code) Telephone Number

4120 + HUTU

## PREMIUM RIDER

This rider is made a part of Group Policy GLUG-BKB9.

This rider is effective on the Policy Effective Date.

### CLASS(ES)

All Eligible Employees

### LIFE INSURANCE PREMIUMS

The monthly premium for life insurance is as follows:

Employee.....	\$0.16 for each \$1,000
Spouse and All Dependent Children.....	\$1.50 for each Unit

### ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE PREMIUMS

The monthly premium for AD&D insurance is as follows:

Employee.....	\$0.024 for each \$1,000
---------------	--------------------------

### RATE GUARANTEE DATE

July 1, 2021 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

### PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

### PUBLICATION DATE

June 20, 2019

UNITED OF OMAHA LIFE INSURANCE COMPANY

  
Corporate Secretary



GLTD

## PREMIUM RIDER

This rider is made a part of Group Policy GLTD-BKB9.

This rider is effective on the Policy Effective Date.

### CLASS(ES)

All Eligible Employees

### LONG-TERM DISABILITY INSURANCE PREMIUMS

The monthly premium for long-term disability insurance is as follows:

\$0.25..... per \$100 of Monthly Covered Payroll

*Monthly Covered Payroll* means the total amount of basic monthly earnings for which all Employees are insured under the Policy.

### RATE GUARANTEE DATE

July 1, 2021 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

### PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

### PUBLICATION DATE

June 20, 2019

UNITED OF OMAHA LIFE INSURANCE COMPANY

  
Corporate Secretary

Check Number 3754 Vendor No DENTAL  
101  
Invoice No P O No Quantity Invoice Amt Description  
CNS0000821122 0.00 1,136.43 ADMIN FEE

Check Date 11/02/2021 Amount 1,136.43

Invoice No P O No Quantity Invoice Amt Description

Check Number 3754 Vendor No DENTAL  
101  
Invoice No P O No Quantity Invoice Amt Description  
CNS0000821122 0.00 1,136.43 ADMIN FEE

Check Date 11/02/2021 Amount 1,136.43

Invoice No P O No Quantity Invoice Amt Description

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

69-35  
519

No. 3754

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
DENTAL 101	11/02/2021	3754	\$1,136.43

one thousand one hundred thirty-six and 43 / 100

PAY  
TO THE  
ORDER OF

RENAISSANCE  
6606 COLLECTION CENTER DRIVE  
CHICAGO IL 606930066

President

County Clerk

Sherril

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND FEES IN HIS NAME FOR COLLECTION AGAINST THE SAID PAYEE.

⑈ 3754 ⑈ ⑆051900395⑆ 000388381⑈



## CONSOLIDATED INVOICE

Client Name: Wood County Commissioners

Invoice No.: CN50000821122

Client No.: 008364

Invoice Date: 11/01/2021

Billing Period: 11/01/2021 Thru 11/30/2021

Client	Subclient	Subclient Name	Sub Count	Description	Invoice No.	Current Due	Amount Due
8364	1000	Wood County Commissioners	187	Admin Fee	CI50000000498	1,161.27	1,136.43
Total:			187			\$1,161.27	\$1,136.43

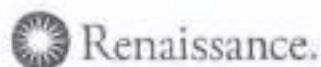
For inquiries please call 317-744-1243

Changes made after 10/26/2021 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

2715

## REMITTANCE



Invoice No.: CN50000821122

Invoice Date: 11/01/2021

PO Number:

Client No.: 8364

Due Date: 11/15/2021

Billing Period: 11/01/2021 Thru 11/30/2021

AMOUNT DUE: \$1,136.43

Wood County Commissioners  
 ATTN: Penny Givens  
 PO Box 1474  
 Parkersburg, WV 26102-1474

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO:  
 RENAISSANCE DENTAL  
 6606 Collection Center Drive  
 Chicago IL 60693

CN500008211220083641\*\*\*\*\*

Check Number	172795	Vendor No	VISION 101	Check Date	11/02/2021	Amount	3,713.00		
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
813501725		0.00	33.20	SINGLE VISION	813501725			192.00	FAMILY VISION
813501725			46.48	SINGLE VISION	813501725			96.00	FAMILY VISION
813501725			39.84	SINGLE VISION	813501725			153.60	FAMILY VISION
813501725			36.52	SINGLE VISION	813501725			38.40	FAMILY VISION
813501725			53.12	SINGLE VISION	813501725			57.60	FAMILY VISION
813501725			19.92	SINGLE VISION	813501725			518.40	FAMILY VISION
813501725			36.52	SINGLE VISION	813501725			57.60	FAMILY VISION
813501725			6.64	SINGLE VISION	813501725			57.60	FAMILY VISION
813501725			16.60	SINGLE VISION	813501725			19.20	FAMILY VISION
813501725			162.68	SINGLE VISION	813501725			268.80	FAMILY VISION
813501725			9.96	SINGLE VISION	813501725			153.60	FAMILY VISION
813501725			13.28	SINGLE VISION	813501725			19.20	FAMILY VISION
813501725			3.32	SINGLE VISION	813501725			871.22	SINGLE EMP DED
813501725			76.36	SINGLE VISION	813501725			355.00	FAMILY EMP DED
813501725			53.12	SINGLE VISION	813501725			-93.70	FAMILY EMP DED
813501725			3.32	SINGLE VISION					
813501725			172.80	FAMILY VISION					
813501725			134.40	FAMILY VISION					
813501725			96.00	FAMILY VISION					
813501725			134.40	FAMILY VISION					

Check Number	172795	Vendor No	VISION 101	Check Date	11/02/2021	Amount	3,713.00		
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
813501725		0.00	33.20	SINGLE VISION	813501725			192.00	FAMILY VISION
813501725			46.48	SINGLE VISION	813501725			96.00	FAMILY VISION
813501725			39.84	SINGLE VISION	813501725			153.60	FAMILY VISION
813501725			36.52	SINGLE VISION	813501725			38.40	FAMILY VISION
813501725			53.12	SINGLE VISION	813501725			57.60	FAMILY VISION
813501725			19.92	SINGLE VISION	813501725			518.40	FAMILY VISION
813501725			36.52	SINGLE VISION	813501725			57.60	FAMILY VISION
813501725			6.64	SINGLE VISION	813501725			57.60	FAMILY VISION
813501725			16.60	SINGLE VISION	813501725			19.20	FAMILY VISION
813501725			162.68	SINGLE VISION	813501725			268.80	FAMILY VISION
813501725			9.96	SINGLE VISION	813501725			153.60	FAMILY VISION
813501725			13.28	SINGLE VISION	813501725			19.20	FAMILY VISION
813501725			3.32	SINGLE VISION	813501725			871.22	SINGLE EMP DED
813501725			76.36	SINGLE VISION	813501725			355.00	FAMILY EMP DED
813501725			53.12	SINGLE VISION	813501725			-93.70	FAMILY EMP DED
813501725			3.32	SINGLE VISION					
813501725			172.80	FAMILY VISION					
813501725			134.40	FAMILY VISION					
813501725			96.00	FAMILY VISION					
813501725			134.40	FAMILY VISION					

THIS CHECK IS PROTECTED BY A VOID PHOTOGRAPH, MICROPRINT SIGNATURE LINE AND A HEAT SENSITIVE PADLOCK ICON. ADDITIONAL SECURITY FEATURES ARE LISTED ON BACK.

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

VOID

VOID

VOID after 60 Days

No. 172795

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
VISION 101	11/02/2021	172795	\$3,713.00

three thousand seven hundred thirteen and xx / 100

PAY TO THE ORDER OF  
VISION SERVICE PLAN (WV)  
FILE #73280  
PO BOX 742788  
LOS ANGELES CA 900742788

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER TAXES AND LEVIES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

David B. Cook  
Mark Rhodes  
Steven A. Stephens

172795 051900395 000388381





WOOD COUNTY COMMISSIONERS  
EMPLOYEE BENEFITS DEPARTMENT  
#1 COURT SQUARE  
PARKERSBURG WV 26101-7500



<b>Coverage Period</b>	<b>November 2021</b>
Statement Date:	10/19/2021
Client ID:	12023866
Statement Number:	813501725

<b>Payment Activity</b>	
Previous Statement Balance:	\$ 4,029.72
Payments Received:	\$ (4,029.72)
Remaining Balance:	\$ 0.00

<b>Current Statement Activity</b>	
Remaining Balance:	\$ 0.00
Current Charges:	\$ 3,806.70
Adjustments:	\$ (93.70)
<b>Amount Due:</b>	<b>\$ 3,713.00</b>
<b>Payment Due Date:</b>	<b>Due Upon Receipt</b>

Paying your bill has never been easier. Access our online tools at [www.vsp.com](http://www.vsp.com) by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

Questions? Please call 800.216.6248 if you have questions regarding your statement.

Please detach and return this portion with your payment.

Client Name: WOOD COUNTY COMMISSIONERS  
Coverage Period: November 2021  
Statement Date: 10/19/2021

Client ID: 12023866  
Statement Number: 813501725  
Customer Ref: 3330524

VSP INSURANCE CO. (CT)  
PO BOX 742788  
LOS ANGELES CA 90074-2788

**Indicate Amount Paid**

☐ Statement Amount: \$3,713.00  
Payment Due Date: **Due Upon Receipt**

☐ Other Amount: \_\_\_\_\_

**VSP Current Charges Detail**  
**Statement Coverage Period: November 2021**

Page Number: 1 of 2

01

Client Name: WOOD COUNTY  
 Client ID: 12023866  
 Statement Date: October 19, 2021

**CURRENT CHARGES DETAIL**

**Division 0002 WOOD COUNTY COMMISSIONERS**

Member	Coverage	Rate	Member	Coverage	Rate
Adkins, Amanda	Member + Family	\$ 28.46	Allen, Jason	Member Only	\$ 8.32
Allen, Peggy	Member + Family	\$ 28.46	Allen, Thomas	Member + Family	\$ 28.46
Allen, Timothy	Member + Family	\$ 28.46	Aitop, Damian	Member + Family	\$ 28.46
Atkinson, Cara R.	Member + Family	\$ 28.46	Bargeloh, Regina	Member Only	\$ 8.32
Barker, Chelsea	Member Only	\$ 8.32	Barkley, Ashley	Member + Family	\$ 28.46
Beary, Elizabeth	Member + Family	\$ 28.46	Beatty, Patrick	Member Only	\$ 8.32
Beckett, Carolyn J.	Member Only	\$ 8.32	Bell, Andrew H.	Member + Family	\$ 28.46
Bennett, Stephen	Member Only	\$ 8.32	Blatt, William	Member + Family	\$ 28.46
Boley, Donald	Member + Family	\$ 28.46	Bolinger, Jessica	Member + Family	\$ 28.46
Boso, Lindsey	Member + Family	\$ 28.46	Bowman, Donna	Member Only	\$ 8.32
Braden, Angela	Member Only	\$ 8.32	Bradford, Risha	Member + Family	\$ 28.46
Brogdon I, Gregory	Member + Family	\$ 28.46	Browning, Emily	Member Only	\$ 8.32
Brust, Pamela	Member Only	\$ 8.32	Burdette, April	Member + Family	\$ 28.46
Burns, Joseph	Member + Family	\$ 28.46	Bussey, David	Member + Family	\$ 28.46
Church, Amy	Member + Family	\$ 28.46	Clatterbuck, Clayton	Member + Family	\$ 28.46
Cochran, Michael L.	Member + Family	\$ 28.46	Cole, Michell	Member Only	\$ 8.32
Colombo, James	Member + Family	\$ 28.46	Coltrell, Larry D.	Member + Family	\$ 28.46
Couch, David	Member + Family	\$ 28.46	Cross, Derek	Member Only	\$ 8.32
Cross, Jeremy	Member + Family	\$ 28.46	Daugherty, Andrea	Member + Family	\$ 28.46
Dauphin, Charlotte	Member Only	\$ 8.32	Davies, Kyle	Member + Family	\$ 28.46
Dawkins, Kenneth Pa.	Member + Family	\$ 28.46	Deem, Kayla	Member + Family	\$ 28.46
Deem, Nicky	Member Only	\$ 8.32	Deem, Rachael	Member + Family	\$ 28.46
Degraaf, Karen	Member + Family	\$ 28.46	Dennis, Amanda	Member + Family	\$ 28.46
Devore, Martha	Member Only	\$ 8.32	Dotson, Leslie	Member Only	\$ 8.32
Dye, Brenda	Member Only	\$ 8.32	Edelen, Sarah	Member + Family	\$ 28.46
Edwards, Jacob	Member + Family	\$ 28.46	Escandon, Hernando	Member Only	\$ 8.32
Evans, Christina	Member + Family	\$ 28.46	Fleak, Stacey	Member + Family	\$ 28.46
Forshey, Nathan	Member + One	\$ 28.46	Frazier, Ronald	Member + Family	\$ 28.46
Fridentine, Travis	Member + Family	\$ 28.46	Gallagher, Alesha	Member + Family	\$ 28.46
Garrett, Diana	Member + Family	\$ 28.46	George, Richard	Member + Family	\$ 28.46
Gilchrist, Corey T.	Member + Family	\$ 28.46	Graham, Angela	Member + Family	\$ 28.46
Grimm, Donald	Member + Family	\$ 28.46	Hammer, Rhea	Member + Family	\$ 28.46
Harris, Lisa	Member Only	\$ 8.32	Harris, Mark	Member Only	\$ 8.32
Henrie, Margaret	Member Only	\$ 8.32	Hewitt, Tabitha	Member Only	\$ 8.32
Higgins, Marcus	Member + Family	\$ 28.46	Hockenberry, Christina	Member + Family	\$ 28.46
Holbert, Andrew	Member Only	\$ 8.32	Hudson, Catherine	Member + Family	\$ 28.46
Hupp, Matthew	Member Only	\$ 8.32	Jacks, Deborah	Member Only	\$ 8.32
Jackson, Darrell	Member + Family	\$ 28.46	Jackson, Frederick	Member Only	\$ 8.32
Jackson, Kimberly	Member Only	\$ 8.32	Johnson, Brandi	Member + Family	\$ 28.46
Johnson, Charles	Member + Family	\$ 28.46	Johnson, Danielle	Member Only	\$ 8.32
Johnston, Barbara A.	Member + Family	\$ 28.46	Jones, Duane	Member Only	\$ 8.32
Joy, Melinda	Member + Family	\$ 28.46	Kaufman, Denise	Member + Family	\$ 28.46
Kidder, Jeffrey	Member + Family	\$ 28.46	Kiger, Tiffany	Member + Family	\$ 28.46
Kochersperger, Hans	Member + Family	\$ 28.46	Kuczek, Thomas	Member + Family	\$ 28.46
Kuhl, Barbara	Member Only	\$ 8.32	Kuhl, Jason	Member + Family	\$ 28.46
Lailathin, Donna	Member Only	\$ 8.32	Landers, William	Member + Family	\$ 28.46
Leach, Amy	Member Only	\$ 8.32	Lafabure, Patrick	Member + Family	\$ 28.46
Marlow, Tyler	Member + Family	\$ 28.46	Martin, Emily	Member Only	\$ 8.32
Mathany, Dustin	Member Only	\$ 8.32	Maxson, Paula	Member Only	\$ 8.32
Mcatee, Connie	Member + Family	\$ 28.46	Modlung, Cody	Member Only	\$ 8.32
McIntyre, Teresa	Member + One	\$ 28.46	McLaughlin, Joshua	Member + Family	\$ 28.46
Meeks, Kayla	Member Only	\$ 8.32	Mercer, Erica	Member + Family	\$ 28.46
Mercer, Robert	Member + Family	\$ 28.46	Mercer, Steven	Member + Family	\$ 28.46



**Division 0002 WOOD COUNTY COMMISSIONERS**

Member	Coverage	Rate	Member	Coverage	Rate
Merrill, Sara	Member + Family	\$ 28.46	Michael, Evan	Member + Family	\$ 28.46
Miller, Dawn M	Member Only	\$ 8.32	Modesitt, Shana	Member + Family	\$ 28.46
Montgomery, Jeremy	Member Only	\$ 8.32	Moore, Douglas I	Member + Family	\$ 28.46
Moore, Kristin	Member + Family	\$ 28.46	Morgan, Rachel	Member + Family	\$ 28.46
Munday, Larry	Member Only	\$ 8.32	Murphy, James	Member + Family	\$ 28.46
Murphy, Jillian	Member Only	\$ 8.32	Nichols, Clayton	Member + Family	\$ 28.46
Nicholson, Heather	Member Only	\$ 8.32	Nohe, David	Member + Family	\$ 28.46
Nobleby, Adrian	Member + Family	\$ 28.46	Nonamaker, Todd	Member + Family	\$ 28.46
Nortum, William	Member Only	\$ 8.32	Padden, Kandy	Member + Family	\$ 28.46
Palmer, Erica	Member Only	\$ 8.32	Parks, Daniel	Member Only	\$ 8.32
Parsons, Tom	Member Only	\$ 8.32	Paxton, Heather	Member Only	\$ 8.32
Phillips, Rebecca	Member + Family	\$ 28.46	Phillips, Taylor	Member Only	\$ 8.32
Picciano, Jonun	Member + Family	\$ 28.46	Rader, Steve	Member Only	\$ 8.32
Rather, Randy	Member + Family	\$ 28.46	Rhodes, Mark	Member + Family	\$ 28.46
Ridgway, Celeste	Member + Family	\$ 28.46	Riffle, William	Member + Family	\$ 28.46
Ritchie, Michael	Member + Family	\$ 28.46	Robinson, Sara	Member + Family	\$ 28.46
Rockhold, Michele	Member + Family	\$ 28.46	Rush, Lara	Member + Family	\$ 28.46
Ryder, Debra	Member Only	\$ 8.32	Sams, Brenna	Member + Family	\$ 28.46
Sams, Curtis	Member + Family	\$ 28.46	Schuck, Denise	Member + One	\$ 28.46
Seufer, Martin A	Member + Family	\$ 28.46	Shook, William	Member + Family	\$ 28.46
Shriver, Andrew	Member + Family	\$ 28.46	Sims, Robert	Member Only	\$ 8.32
Singer, Jana	Member + Family	\$ 28.46	Skogstad Jr, Russell	Member + Family	\$ 28.46
Smiri, Soumia	Member Only	\$ 8.32	Smith, Jamie	Member Only	\$ 8.32
Smith, Wendy	Member Only	\$ 8.32	Snodgrass, Lora	Member Only	\$ 8.32
Somerville, Brian	Member Only	\$ 8.32	Sovel, Tonya	Member + Family	\$ 28.46
Spencer, Ethan	Member + Family	\$ 28.46	Spradling, Heather	Member + Family	\$ 28.46
Staats, Chalcie	Member + Family	\$ 28.46	Stephens, Aikka	Member Only	\$ 8.32
Stephens, Kent	Member Only	\$ 8.32	Stephens, Steven	Member + Family	\$ 28.46
Sturm, Douglas	Member + Family	\$ 28.46	Swiger, Brian	Member Only	\$ 8.32
Tanner, Glen	Member Only	\$ 8.32	Tebay, Robert	Member + Family	\$ 28.46
Ternant, Deborah	Member Only	\$ 8.32	Tope, Chris	Member Only	\$ 8.32
Travis, Steven	Member Only	\$ 8.32	Tribett, John R	Member Only	\$ 8.32
Underwood, Megan	Member + Family	\$ 28.46	Wade, Teresa J	Member Only	\$ 8.32
Waldron, Camille	Member Only	\$ 8.32	Walters, Teresa	Member + Family	\$ 28.46
Waters, Robert	Member Only	\$ 8.32	Wetzel, John	Member + Family	\$ 28.46
Whittaker, Christopher	Member + Family	\$ 28.46	Wickham, Chad	Member + Family	\$ 28.46
Williams, Jezirao	Member + Family	\$ 28.46	Williams, Tracy	Member Only	\$ 8.32
Windland, Ryan	Member + Family	\$ 28.46	Wood, Adam	Member Only	\$ 8.32
Woodyard, Rickey	Member Only	\$ 8.32	Yonaley, Ronald	Member Only	\$ 8.32

**Summary For Division 0002 WOOD COUNTY COMMISSIONERS**

Coverage	Members Billed	Rate	Total
Member Only	71	\$ 8.32	\$ 590.72
Member + One	3	\$ 28.46	\$ 85.38
Member + Children	0	\$ 28.46	\$ 0.00
Member + Family	110	\$ 28.46	\$ 3,130.60
<b>Total Membership</b>	<b>184</b>	<b>Current Charges*</b>	<b>\$ 3,806.70</b>

\* Please refer to your Statement to view and remit total Amount Due

Check Number		3758	Vendor No		IRS-PAY 101	Check Date	11/15/2021	Amount	89,043.61
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211115-00		0.00	1,169.70	FICA	20211115-00			388.55	MED
20211115-00			18.49	FICA	20211115-00			306.39	MED
20211115-00			1,661.15	FICA	20211115-00			296.25	MED
20211115-00			1,310.09	FICA	20211115-00			606.67	MED
20211115-00			1,266.67	FICA	20211115-00			170.01	MED
20211115-00			2,594.07	FICA	20211115-00			292.64	MED
20211115-00			726.95	FICA	20211115-00			35.60	MED
20211115-00			1,251.27	FICA	20211115-00			136.68	MED
20211115-00			152.22	FICA	20211115-00			1,520.51	MED
20211115-00			584.43	FICA	20211115-00			37.85	MED
20211115-00			6,501.58	FICA	20211115-00			53.86	MED
20211115-00			161.84	FICA	20211115-00			26.53	MED
20211115-00			230.37	FICA	20211115-00			32.88	MED
20211115-00			113.46	FICA	20211115-00			669.32	MED
20211115-00			140.58	FICA	20211115-00			388.56	MED
20211115-00			2,862.14	FICA	20211115-00			36.37	MED
20211115-00			1,661.50	FICA	20211115-IR41			22,562.02	Deduction Number
20211115-00			155.51	FICA	20211115-IR42			5,276.53	Deduction Number
20211115-00			273.54	MED	20211115-IR43			33,366.51	Deduction Number
20211115-00			4.32	MED					

Check Number		3758	Vendor No		IRS-PAY 101	Check Date	11/15/2021	Amount	89,043.61
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211115-00		0.00	1,169.70	FICA	20211115-00			388.55	MED
20211115-00			18.49	FICA	20211115-00			306.39	MED
20211115-00			1,661.15	FICA	20211115-00			296.25	MED
20211115-00			1,310.09	FICA	20211115-00			606.67	MED
20211115-00			1,266.67	FICA	20211115-00			170.01	MED
20211115-00			2,594.07	FICA	20211115-00			292.64	MED
20211115-00			726.95	FICA	20211115-00			35.60	MED
20211115-00			1,251.27	FICA	20211115-00			136.68	MED
20211115-00			152.22	FICA	20211115-00			1,520.51	MED
20211115-00			584.43	FICA	20211115-00			37.85	MED
20211115-00			6,501.58	FICA	20211115-00			53.86	MED
20211115-00			161.84	FICA	20211115-00			26.53	MED
20211115-00			230.37	FICA	20211115-00			32.88	MED
20211115-00			113.46	FICA	20211115-00			669.32	MED
20211115-00			140.58	FICA	20211115-00			188.56	MED
20211115-00			2,862.14	FICA	20211115-00			36.37	MED
20211115-00			1,661.50	FICA	20211115-IR41			22,562.02	Deduction Number
20211115-00			155.51	FICA	20211115-IR42			5,276.53	Deduction Number
20211115-00			273.54	MED	20211115-IR43			33,366.51	Deduction Number
20211115-00			4.32	MED					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg, WV  
Valid after 60 Days

44-39  
518

No. 3758

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
IRS-PAY 101	11/15/2021	3758	\$89,043.61

eighty-nine thousand forty-three and 61 / 100

PAY  
TO THE  
ORDER OF

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE

OGDEN UT 842010009

President

County Clerk

Shelf

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND LEVIES IN HER NAME FOR COLLECTION AGAINST THE SAID PAYEE.

⑈ 3758 ⑈

⑈ 051900395⑈

000388381⑈



United States of America  
State of West Virginia



941 Report

Company Name:	Wood County Commission			Page 1 of 1	Run Date	11/10/2021	11:22:38AM		
				From Date	11/01/2021	Thru Date	11/15/2021		
	<u>Gross</u>	<u>Fed Gross</u>	<u>Fica Gross</u>	<u>Med Gross</u>	<u>State Gross</u>	<u>City Gross</u>	<u>Net Pay</u>	<u>Tax Deferred</u>	<u>RETIREMENT</u>
	<u>Fed Liability</u>	<u>Fed W/h</u>	<u>Fica W/h</u>	<u>Med W/h</u>	<u>State W/h</u>	<u>City W/h</u>	<u>Etc</u>	<u>Sec 125</u>	<u>DEP.RETIRE</u>
			<u>Fica Employer</u>	<u>Med Employer</u>					
	370,575.68	341,544.73	363,904.28	363,904.28	341,544.73	0.00	260,170.04	1,630.00	13,651.55
	89,043.61	33,366.51	22,562.02	5,276.53	14,838.37	0.00	0.00	6,671.40	7,078.00
			22,562.02	5,276.53					
<u>Grand</u>	370,575.68	341,544.73	363,904.28	363,904.28	341,544.73	0.00	260,170.04	1,630.00	13,651.55
<u>Totals</u>		33,366.51	22,562.02	5,276.53	14,838.37	0.00	0.00	6,671.40	7,078.00
			22,562.02	5,276.53					
								Total Retirement:	20,729.55

Federal Tax Deposit 89,043.61

State Tax Breakdown

<u>State</u>	<u>Gross Wage</u>	<u>Employee Withholding</u>
OH	19,652.94	415.25
WV	321,891.79	14,423.12

Total Employees

218

Check Number 3772 Vendor No IRS-PAY 101					Check Date 11/30/2021 Amount 94,532.41				
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211130-00		0.00	1,180.29	FICA	20211130-00			608.49	MED
20211130-00			1,675.32	FICA	20211130-00			242.37	MED
20211130-00			1,312.32	FICA	20211130-00			295.26	MED
20211130-00			1,134.25	FICA	20211130-00			35.93	MED
20211130-00			2,601.77	FICA	20211130-00			135.04	MED
20211130-00			1,036.31	FICA	20211130-00			1,519.92	MED
20211130-00			1,262.56	FICA	20211130-00			38.66	MED
20211130-00			153.64	FICA	20211130-00			56.31	MED
20211130-00			577.43	FICA	20211130-00			33.06	MED
20211130-00			6,926.36	FICA	20211130-00			803.98	MED
20211130-00			165.30	FICA	20211130-00			383.73	MED
20211130-00			240.78	FICA	20211130-00			36.37	MED
20211130-00			141.36	FICA	20211130-IR41			23,641.52	Deduction Number
20211130-00			3,437.66	FICA	20211130-IR42			5,529.12	Deduction Number
20211130-00			1,640.67	FICA	20211130-IR43			36,191.13	Deduction Number
20211130-00			155.50	FICA					
20211130-00			276.02	MED					
20211130-00			391.79	MED					
20211130-00			306.92	MED					
20211130-00			265.27	MED					

Check Number 3772 Vendor No IRS-PAY 101					Check Date 11/30/2021 Amount 94,532.41				
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211130-00		0.00	1,180.29	FICA	20211130-00			608.49	MED
20211130-00			1,675.32	FICA	20211130-00			242.37	MED
20211130-00			1,312.32	FICA	20211130-00			295.26	MED
20211130-00			1,134.25	FICA	20211130-00			35.93	MED
20211130-00			2,601.77	FICA	20211130-00			135.04	MED
20211130-00			1,036.31	FICA	20211130-00			1,519.92	MED
20211130-00			1,262.56	FICA	20211130-00			38.66	MED
20211130-00			153.64	FICA	20211130-00			56.31	MED
20211130-00			577.43	FICA	20211130-00			33.06	MED
20211130-00			6,926.36	FICA	20211130-00			803.98	MED
20211130-00			165.30	FICA	20211130-00			383.73	MED
20211130-00			240.78	FICA	20211130-00			36.37	MED
20211130-00			141.36	FICA	20211130-IR41			23,641.52	Deduction Number
20211130-00			3,437.66	FICA	20211130-IR42			5,529.12	Deduction Number
20211130-00			1,640.67	FICA	20211130-IR43			36,191.13	Deduction Number
20211130-00			155.50	FICA					
20211130-00			276.02	MED					
20211130-00			391.79	MED					
20211130-00			306.92	MED					
20211130-00			265.27	MED					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

No. 3772  
519

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
IRS-PAY 101	11/30/2021	3772	94,532.41

ninety-four thousand five hundred thirty-two and 41 / 100

PAY  
TO THE  
ORDER OF

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE

OGDEN UT 842010009

President

County Clerk

Spec

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND LEVIES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

⑈3772⑈ ⑈051900395⑈ 000388381⑈

United States of America  
State of West Virginia



941 Report

Company Name	Wood County Commission		Page 1 of 1	Run Date	11/23/2021	2:00:02PM			
			From Date	11/16/2021	Thru Date	11/30/2021			
	<u>Gross</u>	<u>Fed Gross</u>	<u>Fica Gross</u>	<u>Med Gross</u>	<u>State Gross</u>	<u>City Gross</u>	<u>Net Pay</u>	<u>Tax Deferred</u>	<u>RETIREMENT</u>
	<u>Fed Liability</u>	<u>Fed W/h</u>	<u>Fica W/h</u>	<u>Med W/h</u>	<u>State W/h</u>	<u>City W/h</u>	<u>Etc</u>	<u>Sec 125</u>	<u>DEP RETIRE</u>
			<u>Fica Employer</u>	<u>Med Employer</u>					
	385,616.38	357,731.35	381,314.48	381,314.48	357,731.35	0.00	273,900.03	1,630.00	14,356.05
	94,532.41	36,191.13	23,641.52	5,529.12	15,844.61	0.00	0.00	4,301.90	7,597.08
			23,641.52	5,529.12					
<u>Grand</u>	385,616.38	357,731.35	381,314.48	381,314.48	357,731.35	0.00	273,900.03	1,630.00	14,356.05
<u>Totals</u>		36,191.13	23,641.52	5,529.12	15,844.61	0.00	0.00	4,301.90	7,597.08
			23,641.52	5,529.12					
								Total Retirement:	21,953.13

Federal Tax Deposit **94,532.41**

State Tax Breakdown

<u>State</u>	<u>Gross Wage</u>	<u>Employee Withholding</u>
OH	20,994.05	457.33
WV	336,737.30	15,387.28

Total Employees

212



Employer Home (../Common/Pages/EWelcome.aspx)

Report

Services

Account

Admin

-- Available Forms --

Open

Getting Started > (ERGettingStarted.aspx)

Details > (ERDetails.aspx)

Summary > (ERSummary.aspx)

Payments > (ERPayment.aspx)

Results (ERResult.aspx)

**Report #:**

158510

**Type:**

Contribution Report

**Mode:**

File Upload

**Instructions:** This screen provides you a summary view for your contribution report. You will be able to round the employer contribution amount by one penny per person per pay period under the ERCON column in Regular Contributions or Corrections section. If you are a TRS or TDC employer you will be able to apply credit for your employer contribution amount from State Aid (and forfeiture fund for TDC) allocation. To apply any debit or credit invoice to your report, click on the Apply ☐ icon under Apply Invoices section. Click on the Save and Proceed to Payment button to remit your payment for the report. If you do not wish to submit your summary and need to review and update your detail report, click on the Unsubmit and Review Details button.

**X05400 - WOOD COUNTY COMMISSION / Contributions Summary**

**Contribution Summary #:**

156393

**Retirement System:**

PERS

**Report Date:**

11/01/2021

**Total Members:**

161

**Status:**

Summarized

**Regular Contributions**

Contribution Group	Salary	EECON	%	ERCON	%
PERS Non-State Tier 1 (NE)	\$ 2,502.26	\$ 0.00	0.00	\$ 0.00	0.00
PERS Non-State Tier 2 (NE)	\$ 2,192.50	\$ 0.00	0.00	\$ 0.00	0.00

Check Number		3777	Vendor No	WV RETIRE 101	Check Date	11/30/2021	Amount	83,550.40
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt Description
20211115-00		0.00	1,551.23	RETIREMENT	20211130-00		2,042.47	RETIREMENT
20211115-00			17.69	RETIREMENT	20211130-00		1,852.18	RETIREMENT
20211115-00			2,722.94	RETIREMENT	20211130-00		4,238.85	RETIREMENT
20211115-00			2,042.47	RETIREMENT	20211130-00		1,693.37	RETIREMENT
20211115-00			1,822.90	RETIREMENT	20211130-00		2,058.56	RETIREMENT
20211115-00			4,267.59	RETIREMENT	20211130-00		252.36	RETIREMENT
20211115-00			1,208.77	RETIREMENT	20211130-00		927.33	RETIREMENT
20211115-00			2,058.56	RETIREMENT	20211130-00		2,024.95	RETIREMENT
20211115-00			252.36	RETIREMENT	20211130-00		269.18	RETIREMENT
20211115-00			911.74	RETIREMENT	20211130-00		403.16	RETIREMENT
20211115-00			1,949.92	RETIREMENT	20211130-00		229.27	RETIREMENT
20211115-00			269.18	RETIREMENT	20211130-00		5,554.49	RETIREMENT
20211115-00			388.76	RETIREMENT	20211130-00		2,376.00	RETIREMENT
20211115-00			229.27	RETIREMENT	20211130-00		252.09	RETIREMENT
20211115-00			4,657.75	RETIREMENT	20211130-WV03		14,356.05	Deduction Number 03
20211115-00			2,473.53	RETIREMENT				
20211115-00			252.09	RETIREMENT				
20211115-WV03			13,651.55	Deduction Number 03				
20211130-00			1,551.04	RETIREMENT				
20211130-00			2,740.55	RETIREMENT				

Check Number		3777	Vendor No	WV RETIRE 101	Check Date	11/30/2021	Amount	83,550.40
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt Description
20211115-00		0.00	1,551.23	RETIREMENT	20211130-00		2,042.47	RETIREMENT
20211115-00			17.69	RETIREMENT	20211130-00		1,852.18	RETIREMENT
20211115-00			2,722.94	RETIREMENT	20211130-00		4,238.85	RETIREMENT
20211115-00			2,042.47	RETIREMENT	20211130-00		1,693.37	RETIREMENT
20211115-00			1,822.90	RETIREMENT	20211130-00		2,058.56	RETIREMENT
20211115-00			4,267.59	RETIREMENT	20211130-00		252.36	RETIREMENT
20211115-00			1,208.77	RETIREMENT	20211130-00		927.33	RETIREMENT
20211115-00			2,058.56	RETIREMENT	20211130-00		2,024.95	RETIREMENT
20211115-00			252.36	RETIREMENT	20211130-00		269.18	RETIREMENT
20211115-00			911.74	RETIREMENT	20211130-00		403.16	RETIREMENT
20211115-00			1,949.92	RETIREMENT	20211130-00		229.27	RETIREMENT
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20211115-00			2,473.53	RETIREMENT				
20211115-00			252.09	RETIREMENT				
20211115-WV03			13,651.55	Deduction Number 03				
20211130-00			1,551.04	RETIREMENT				
20211130-00			2,740.55	RETIREMENT				

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

48-38  
319  
No. 3777

INDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
WV RETIRE 101	11/30/2021	3777	\$83,550.40

eighty-three thousand five hundred fifty and 40 / 100

PAY  
TO THE  
ORDER OF

WV PUBLIC EMP RETIREMENT  
4101 MACCORKLE AVE SE  
CHARLESTON WV 253041636

President

County Clerk

Shred

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER TAXES ARE DEPOSITED IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

\* 3 7 7 7 \* 10519003951 000388381\*

Contribution Group	Salary	EECON	%	ERCON	%
PERS Non-State Tier 1	\$ 3354,533.27	\$ 15,954.10	4.50	\$ 35,453.49	10.00
PERS Non-State Tier 2	\$ 200,892.14	\$ 12,053.50	6.00	\$ 20,089.31	10.00
<b>Totals</b>	<b>\$560,120.17</b>	<b>\$28,007.60</b>		<b>\$55,542.80</b>	

#### Corrections

Contribution Group	Salary	EECON	ERCON
--------------------	--------	-------	-------

No adjustments available.

#### Non Pensionable Contributions

Contribution Group	Salary	
PERS Non-State Tier 1	\$ 114.42	
PERS Non-State Tier 2	\$ 3,289.84	
<b>Totals</b>	<b>\$3,404.26</b>	

#### Service Purchase Payment

##### Service Purchase Amount

No Service Purchase Payments available.

#### Apply Invoices

Apply	Invoice	Invoice Type	Date	Amount
-------	---------	--------------	------	--------

You have no invoices outstanding.

[< Back](#)

[Next >](#)





EXECUTIVE DIRECTOR  
Jeffrey E. Fleck

## Consolidated Public Retirement

4101 MacCorkle Ave., SE  
Charleston, West Virginia 25304-1636  
Telephone: 304-558-3570 or 800-654-4406  
Fax: 304-957-7522  
Email: [cprb@wv.gov](mailto:cprb@wv.gov)  
[www.wvretirement.com](http://www.wvretirement.com)



BOARD CHAIRMAN  
Joseph G. Bunn

March 2, 2021

WOOD COUNTY COMMISSION  
PENNY GIVENS  
PO BOX 1474  
PARKERSBURG, WV 26102

RE: Public Employees Retirement System (PERS) Contribution Rate Change

Dear Participating Employer of the Public Employees Retirement System (PERS):

This correspondence is to confirm the Board of Trustees of the WV Consolidated Public Retirement Board (Board) reviewed and accepted the 2020 PERS actuarial valuation results at the January 27, 2021 Board meeting and voted to **not change** the PERS employer contribution rate for fiscal year 2022. Therefore, the employer contribution for PERS Tier I and Tier II members will remain at 10.0% effective July 1, 2021.

Pursuant to the provisions of WV Code §5-10-31, it is the responsibility of the Board to determine the amount of employer contributions to be paid into the PERS Employers Accumulation Fund. The employer contribution rate is based upon the annual actuarial valuation of the assets and liabilities and is subject to be reset annually. As you may recall from past correspondence and publications, the Board has adopted asset smoothing as the actuarial asset valuation method for PERS. The asset smoothing method allows the annual investment gains and losses for PERS to be spread over a period of four years.

The employer contribution rate changes are necessary to provide for the continued actuarial soundness of PERS, ensuring funding for the normal cost of expected benefits and unfunded liabilities throughout the amortization period established for the plan. Specifically, the valuation results for Fiscal Year 2020 revealed that expected contributions and investment returns will be sufficient to cover the expected annual cost and related liabilities of PERS. All future employer contribution rates are subject to the annual actuarial valuation results.

Please take note that the employer contribution rate will remain 10.0% effective on any Pay Period End Date beginning on or after July 1, 2021 for both Tier I and Tier II members and should be used in your budgetary considerations for Fiscal Year 2022.

If you should have any questions or need any additional information, please do not hesitate to contact our Employer Reporting staff at (304) 558-1395.

Sincerely,

Jeffrey E. Fleck  
Executive Director

<b>WEST VIRGINIA DIVISION OF ADMINISTRATIVE SERVICES</b>	<b>Victim of Crime Act Grant Program Monthly Progress Report</b>
<b>Grantee:</b> Wood County Commission	<b>Project Number:</b> 19-VA-038
<b>Address:</b> #1 Court Square Parkersburg, WV 26101  _____  _____	<b>Report Period:</b> November 2021
	<b>Prepared By:</b> Jez Williams
	<b>Telephone Number:</b> 304-424-1776



**PART 1: Status of Goals and Objectives.** (List each Goal and Objective and report on the status of the goals and objectives for your grant as of the end of the current reporting month, as they are identified in your approved grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting month have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges, and provide any additional explanation you feel is necessary for **WVJCS** to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting month, you must provide an explanation.) Add more goals and objectives as needed.

Goal 1:	<b>The Wood County Victims Advocate Program will identify and provide services to victims of crime throughout the 2021-2022 grant period.</b>	
Objective 1:	By the conclusion of the grant on September 30, 2022, the Victims Advocate Program will have served a minimum of 5,600 victims in Wood County.	
Status:	During the month of November 2021, the Victims Advocate Assistant assisted <b>214</b> victims in Wood County by reviewing cases and then contacting the victims to determine what services are needed to assist them, to notify them of the availability of services, and to generally guide them through the court process until the conclusion of the case. The Victims Advocate Assistant also acts as a liaison between the Prosecuting Attorney/Assistant Prosecuting Attorneys and the victim to relay their sentiments to the prosecutors and to keep the victims informed of the status of the case.	MTD: <u>214</u> YTD: <u>406</u>
Objective 2:	At the end of the grant period a minimum of 7,600 services will be provided to Wood County victims through the Victims Advocate Program.	
Status:	During the month of November 2021, the Victims Advocate Assistant provided <b>736</b> different services to victims in Wood County. The Victims Advocate meets with victims in person, assists them through all stages of the criminal justice process, assists victims in filing for Emergency Domestic Violence Protective Orders as well as recommend a safe haven at the Family Crisis Intervention Center, and can even provide transportation to and from court hearings and meetings with prosecutors. The Victims Advocate provided the appropriate services and referrals to victims including assistance completing the Crime Victims Compensation Fund application as well as sending the CVCF the appropriate reports and information. The Victims Advocate also assisted victims with referrals for counseling. The Victims Advocate assists victims during trials, change of plea hearings, sentencing hearings, felony preliminary hearings, and restitution hearings.	MTD: <u>736</u> YTD: <u>1,419</u>
Objective 3:		
Status:		MTD: <u>    </u> YTD: <u>    </u>
Goal 2:	<b>During the grant year, the Victims Advocate and the Assistant Victims Advocate will place an emphasis on juvenile victims who are dealing with juvenile delinquency court.</b>	
Objective 1:	At the conclusion of the grant period at least 50 juvenile individuals who are dealing with a juvenile delinquency court incident will be served by either the Advocate and/or the Assistant	
Status:	During the month of November 2021, the Victims Advocate Assistant assisted <b>0</b> juvenile victims in juvenile delinquency court.	MTD: <u>0</u> YTD: <u>0</u>
Objective 2:		
Status:		MTD: <u>    </u> YTD: <u>    </u>
Objective 3:		
Status:		MTD: <u>    </u> YTD: <u>    </u>
Goal 3:	<b>During the grant year the Victims Advocate will accept interested and qualified Individuals to volunteer with this program, which will provide them experience</b>	



	<b>of the legal system.</b>	
Objective 1:	At the conclusion of the grant year, at least 150 volunteer hours of service will be provided by at least three volunteers.	
Status:	During the month of November 2021, there were no volunteer hours to report. The Victim Advocate will contact local colleges and/or universities in order to solicit interns/volunteers for the program. Contact will be made with appropriate social service agencies to solicit volunteers for the program. Information and requirements on the program will be provided to each volunteer. Volunteers will be given a background check. Duties of the volunteers will be overseen by the Advocate and/or the Assistant.	MTD: <u>0</u> YTD: <u>0</u>
Objective 2:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Objective 3:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Goal 4:		
Objective 1:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Objective 2:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Objective 3:		
Status:		MTD: <u>   </u> YTD: <u>   </u>

\*Grantee is to supply both the MTD (Month to Date Total) and YTD (Year to Date Total) for each objective.

Please complete the following questions (if left blank, the document will be returned to the grantee and will delay the reimbursement process):

Were there volunteers utilized for the VOCA Project this month?

\*Grantee is required to utilize at least 1 volunteer during the grant cycle.

☐ Yes. If yes, please attach a copy of the Volunteer Log or JCS Volunteer Timesheet.

☒ No. If no, please indicate which month a volunteer will be utilized:                     

Spring/Summer 2022

Was there a Board Meeting/County Commission Meeting this month?

☒ Yes. Please indicate the date of the meeting here: Nov. 15, 2021

(Please be sure to attach a copy of the corresponding meeting minutes with this report. Note: All Board Meeting Minutes must be submitted).

☐ NO. Please indicate the date of your next scheduled meeting here:

NOVEMBER 15, 2021

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE DAVID BLAIR  
COUCH, AS PRESIDENT, TO EXECUTE A GRANT CONTRACT FOR  
GRANT NO. 19-VA-038.

ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by James E. Colombo and made unanimous by David Blair Couch, did hereby AUTHORIZE David Blair Couch, in his official capacity as President and on behalf of the County Commission, to EXECUTE a Grant Contract Agreement with the West Virginia Division of Administrative Services, Justice and Community Services Section for the Victims of Crime Act Grant Number 19-VA-038.

A copy of said Agreement is attached to this Order and should be made a part thereof.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

\_\_\_\_\_  
David Blair Couch, President

\_\_\_\_\_  
Robert K. Tebay, Commissioner

\_\_\_\_\_  
James E. Colombo, Commissioner

A/2471





VICTIMS OF CRIME ASSISTANCE PROGRAM	FINANCIAL RECAP PAGE
GRANTEE: Wood County Commission	PROJECT # 21-SVA-038
PREPARED BY: Toni Tiano	MONTH: December 2021

PERSONNEL/CONTRACTUAL

Name: Kaylee Hall	Position: Assistant Victims Advocate	% Funded Under VOCA: 100
-------------------	--------------------------------------	--------------------------

Total Salary/Wages \$2,787.68

Total Fringe Benefits \$506.05

(.0765%) FICA \$227.33

( %) W/C \$

( %) U/C \$

HEALTH INSUR. \$

LIFE INSURANCE \$

RETIREMENT \$279.17 .10

OTHER \$

**TOTAL \$3,294.18**

Name:	Position:	% Funded Under VOCA:
-------	-----------	----------------------

Total Salary/Wages \$

Total Fringe Benefits \$

(.0765%) FICA \$

(1%) W/C \$

( %) U/C \$

HEALTH INSUR. \$

LIFE INSURANCE \$

RETIREMENT \$

OTHER \$

**TOTAL \$**

Name:	Position:	% Funded Under VOCA:
-------	-----------	----------------------

Total Salary/Wages \$

Total Fringe Benefits \$

( %) FICA \$

( %) W/C \$

( %) U/C \$

HEALTH INSUR. \$

LIFE INSURANCE \$

RETIREMENT \$

OTHER \$

**TOTAL \$**

**Total Personnel/Contractual charged to VOCA this month: \$3,294.18**

TRAVEL/TRAINING

Name(s)	Amount \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total *TRAVEL/TRAINING* charged to VOCA this month: \$

SPACE

Explanation/Purchases	Amount \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total *SPACE* charged to VOCA this month: \$

OTHER

Explanation/Purchases	Amount \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total *OTHER* charged to VOCA this month: \$

---

TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT THIS MONTH: \$3,194.18  
(Should match the total amount requested on the front reimbursement page)

<b>WEST VIRGINIA</b> <b>Division of Administrative Services</b> <b>Justice and Community Services</b>	<b>Project Financial Report</b> Final Report <del>XX</del> Page <u>1</u> of <u>1</u> Report #: <u>3</u>
---	--

Subgrantee: <u>Wood County Commission</u> Address: <u>One Court Square</u> <u>Parkersburg, WV 26101</u>	Prepared By: <u>Toni Tiano</u> Phone #: <u>304-481-6409</u> EMAIL: <u>tianoknopp@gmail.com</u>	For Period <u>12/1/2021</u> to <u>12/31/2021</u> Date Prepared: <u>3/3/22</u> Signature: <u>[Signature]</u>	Project #: <u>21-SVA-038</u>
---	--	---	------------------------------

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/ Contractual	\$16,347.00			\$3,294.18			\$16,347.00			
Travel/ Training										
Equipment										
Space										
Other										
<b>TOTALS</b>	<b>\$16,347.00</b>			<b>\$3,294.18</b>			<b>\$16,347.00</b>			

### INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

**DUE DATES:** Reports are due in the Division of Administrative Services by the C.O.B. on the 20th day of the month following the period of this report.

**SUBGRANTEE:** Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

**PREPARED BY:** Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

**FOR PERIOD** \_\_\_\_ to \_\_\_\_: Enter the month(s) covered by this report.

**FINAL REPORT:** Check this block if this is the last report.

**DATE PREPARED:** Enter the date this report was prepared.

**PROJECT #:** Enter the number assigned by the Division of Administrative Services.

**APPROVED BUDGET:** Enter the latest approved project budget.

**EXPENDED THIS PERIOD:** Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded. Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.

**REPORT #:** Assign consecutive numbers as each report is submitted.

**EXPENDED TO DATE:** Enter cumulative expenditures to date based on actual disbursements and not rounded.

**UNPAID OBLIGATIONS:** JCS use only. Enter all obligations that have been incurred during this reporting period that have not been paid.

Submit original report to:

Sydney Cavender  
 Division of Administrative Services  
 1124 Smith Street, Ste 3100  
 Charleston, West Virginia 25301-1323

**QUESTIONS:** Phone (304) 568-8814



United States of America  
State of West Virginia



# Grant Reimbursement Report

Company Name Wood County Commission

Page 1 of 1

Run Date 01/03/2022 10:55:03AM

From Date 12/01/2021

Thru Date 12/30/2021

		Employers' Share						
Ck No	Check Date	Check Type	Payee	Gross Pay	Retirement	Insurance	Fica/Medicare	Total Reimbursable
275223	12/15/2021	REGULAR	HALL KAYLEE N	1,395.84	139.58	0.00	106.78	1,642.21
					Life	2.82		
					Dental	0.00		
					Vision	0.00		
275237	12/15/2021	REGULAR	WILLIAMS JEZIRAE L	1,479.17	147.92	389.41	113.16	2,129.65
					Life	4.25		
					Dental	7.82		
					Vision	11.26		
275440	12/30/2021	REGULAR	HALL KAYLEE N	1,395.84	139.58	0.00	106.78	1,642.21
					Life	2.82		
					Dental	0.00		
					Vision	0.00		
275454	12/30/2021	REGULAR	WILLIAMS JEZIRAE L	1,479.17	147.92	389.41	113.16	2,129.65
					Life	4.25		
					Dental	7.82		
					Vision	11.26		
Grand Total				\$5,750.02	\$ 575.00	\$ 778.82	\$ 439.88	\$ 7,543.72

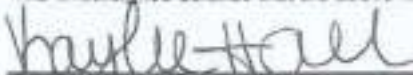
**West Virginia  
Division of Administrative Services**

**Overtime and Salary Timesheet**

Employee: Kaylee Hall Wood County Comm  
Month/Year: Dec-21 19-VA-038

Date	Reg. Hours	OT/Flex Hrs	Program 1	Program 2	Program 3
			VOCA		
1	8		8		
2	8		8		
3	(8hr vaca) 8		(8hr vaca) 8		
4	Saturday		Saturday		
5	Sunday		Sunday		
6	8		8		
7	8		8		
8	8		8		
9	8		8		
10	(4hr vaca) 8		(4hr vaca) 8		
11	Saturday		Saturday		
12	Sunday		Sunday		
13	8		8		
14	8		8		
15	8		8		
16	8		8		
17	8		8		
18	Saturday		Saturday		
19	Sunday		Sunday		
20	8		8		
21	8		8		
22	8		8		
23	(1/2day holiday) 8		(1/2day holiday) 8		
24	(Holiday) 8		(Holiday) 8		
25	Saturday		Saturday		
26	Sunday		Sunday		
27	8		8		
28	(8hr off) 8		(8hr off) 8		
29	(8hr off) 8		(8hr off) 8		
30	(8hr off) 8		(8hr off) 8		
31	(Holiday) 8		(Holiday) 8		
<b>TOTAL</b>	<b>184</b>		<b>184</b>	<b>0</b>	<b>0</b>

The undersigned certifies that the above named employee was paid for the above listed salary or overtime

  
Employee

  
Supervisor

Hours Paid			Deductions This Pay		Check Number	
1	86.67	16.11	1,395.84	MOD STD 17.78	275223	
			RETIREMENT 83.75			
					This Pay	Ytd
					Gross Pay	1,395.84 6,871.78
					Federal Gross	1,312.09 6,459.47
					Fica Gross	1,395.84 6,871.78
					State Gross	1,312.09 6,459.47
					Federal W/t	129.41 634.93
					Fica W/t	86.54 426.05
					Medicare W/t	20.24 99.64
					State W/t	45.92 225.06
					City W/t	0.00 0.00
					Net Pay	1,006.78 5,028.91
					Employee Id	HALLKAYL
					Employee	KAYLEEN HALL
					Check Date	12/15/2021
					Period End	12/15/2021
			USER FEE 5.42			

Hours Paid			Deductions This Pay		Check Number	
1	86.67	16.11	1,395.84		275440	
			RETIREMENT 83.75			
					This Pay	Ytd
					Gross Pay	1,395.84 8,267.62
					Federal Gross	1,312.09 7,771.56
					Fica Gross	1,395.84 8,267.62
					State Gross	1,312.09 7,771.56
					Federal W/t	129.41 764.34
					Fica W/t	86.54 512.59
					Medicare W/t	20.24 119.88
					State W/t	45.92 270.98
					City W/t	0.00 0.00
					Net Pay	1,024.46 6,053.47
					Employee Id	HALLKAYL
					Employee	KAYLEEN HALL
					Check Date	12/30/2021
					Period End	12/30/2021
			USER FEE 5.42			



Check Number 172912 Vendor No MOO 101 Check Date 11/30/2021 Amount 7,070.37

Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
1274116306		0.00	18.44	BASIC LIFE	1274116306			69.62	LTD
1274116306			34.41	BASIC LIFE	1274116306			199.05	LTD
1274116306			28.34	BASIC LIFE	1274116306			59.53	LTD
1274116306			24.08	BASIC LIFE	1274116306			102.92	LTD
1274116306			34.08	BASIC LIFE	1274116306			12.62	LTD
1274116306			13.43	BASIC LIFE	1274116306			38.47	LTD
1274116306			23.43	BASIC LIFE	1274116306			477.59	LTD
1274116306			4.26	BASIC LIFE	1274116306			20.60	LTD
1274116306			12.78	BASIC LIFE	1274116306			27.69	LTD
1274116306			106.52	BASIC LIFE	1274116306			11.46	LTD
1274116306			6.39	BASIC LIFE	1274116306			199.90	LTD
1274116306			8.52	BASIC LIFE	1274116306			129.49	LTD
1274116306			2.13	BASIC LIFE	1274116306			12.60	LTD
1274116306			51.77	BASIC LIFE	1274116306			2,220.50	SUPP LIFE
1274116306			36.21	BASIC LIFE	1274116306			529.46	DEP LIFE
1274116306			2.13	BASIC LIFE	1274116306			2,232.65	STD
1274116306			-6.83	INV ADJ					
1274116306			94.80	LTD					
1274116306			129.21	LTD					
1274116306			102.12	LTD					

County Commission of Wood County

G0008K89

[Return to my Dashboard](#)

My Bill Payments

Current Bill Group: 001A - Wood County Commissioners

Current Balance:

\$6,950.64

Currently paid to: 01/01/2022

Pay Now



Next Bill Generation Date: 01/03/2022

Delivery Method:



Paper Bill (U.S. Mail)



Paperless

View My Bill:

12/01/2021 - 12/31/2021 (# 001274116306) - Paid

Bill Details

 View/Save PDF

Invoice Number: 001274116306

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01	Life	196	\$1,888,000.00	0.19/1000	\$358.72
	AD&D	196	\$1,888,000.00	0.024/1000	\$45.31
	Dep Life	66	\$620,000.00	1.5	\$99.00
	Life Vol Employee	129	\$8,060,000.00	Age Banded	\$2,220.48
	Life Vol Spouse	50	\$1,330,000.00	Age Banded	\$322.30
	Life Vol Dep	52	\$520,000.00	0.208/1000	\$108.16
	UTD	196	\$675,074.72	0.25/100	\$1,687.69
	STD Vol	103	\$48,450.25	0.46/10	\$2,228.71

Total Due on 12/01/2021:

\$7,070.37

# Mutual of Omaha

## Self Administered Premium Reporting Statement

Policyholder Name: **WOOD COUNTY COMMISSION**

Please remit payments to:

Policyholder Number: **G000BKB9**

Mutual of Omaha

PO Box 2147

Period Covered: Dec-21

Omaha NE 68103-2147

To ensure proper credit to your account, please report the number of covered lives, volume and appropriate premium by line of coverage.

Coverage	Number of Employees Covered	Total Covered Volume	Premium Rate	Total Premium Due
AD&D	196	\$1,888,000.00	.024/\$1,000	\$45.31
Dependent Life			/Unit	
Life	196	\$1,888,000.00	.19/\$1,000	\$358.72
Long Term Disability	196	\$675,074.72	.25/\$100	\$1,687.67
Short Term Disability	103	\$48,450.25	.46/\$10	\$2,228.71
Supplemental AD&D			/ \$1,000	
Supplemental Life	129	\$8,060,000.00	/ \$1,000	\$2,220.50
Voluntary AD&D			/ \$1,000	
Vol Dependent Life	66		\$1.50	\$99.00
Voluntary Life			/ \$1,000	
Voluntary LTD			/ \$100	
Voluntary STD			/ \$10	
Voluntary Spouse Life	50	\$1,330,000.00		\$322.30
Voluntary Child Life	52		\$2.08	\$108.16
Other				
Other Adjustments	1-401-10-105			
Total Amount Due				\$7,070.37

In case we have questions:

Kristin Moore 11/18/2021  
Person completing this form Date

(304) 424-1854  
(Area Code) Telephone Number

This form may be duplicated. WVIR/WV



## PREMIUM RIDER

This rider is made a part of Group Policy GLUG-BKB9.

This rider is effective on the Policy Effective Date.

### CLASS(ES)

All Eligible Employees

### LIFE INSURANCE PREMIUMS

The monthly premium for life insurance is as follows:

Employee.....	\$0.16 for each \$1,000
Spouse and All Dependent Children.....	\$1.50 for each Unit

### ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE PREMIUMS

The monthly premium for AD&D insurance is as follows:

Employee .....	\$0.024 for each \$1,000
----------------	--------------------------

### RATE GUARANTEE DATE

July 1, 2021 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

### PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

### PUBLICATION DATE

June 20, 2019

UNITED OF OMAHA LIFE INSURANCE COMPANY

  
Corporate Secretary

GLTD

## PREMIUM RIDER

This rider is made a part of Group Policy GLTD-BKB9.

This rider is effective on the Policy Effective Date.

### CLASS(ES)

All Eligible Employees

### LONG-TERM DISABILITY INSURANCE PREMIUMS

The monthly premium for long-term disability insurance is as follows:

\$0.25.....per \$100 of Monthly Covered Payroll

*Monthly Covered Payroll* means the total amount of basic monthly earnings for which all Employees are insured under the Policy.

### RATE GUARANTEE DATE

July 1, 2021 or any date thereafter agreed to in writing by Our authorized representative in Our home office.

### PREMIUM ALLOCATION

The total amount of premium paid or remitted by the Policyholder for this Policy and any other group insurance policy the Policyholder has with Us or any of Our affiliates ("Other Policy") will be allocated to this Policy and each Other Policy on a pro-rata basis. This means that if the Policyholder does not pay or remit the full premium that is due for this Policy or any Other Policy by the due date, the full amount of premium for this Policy and each Other Policy will be past due, resulting in termination of this Policy and each Other Policy in accordance with the applicable grace period for this Policy and each Other Policy.

### PUBLICATION DATE

June 20, 2019

UNITED OF OMAHA LIFE INSURANCE COMPANY

  
Corporate Secretary

Check Number	3779	Vendor No	DENTAL 101	Check Date	11/30/2021	Amount	1,173.69
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Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
CNS000084352		0.00	55.89	DEC ADMIN FEE					
CNS000084352			86.94	DEC ADMIN FEE					
CNS000084352			74.52	DEC ADMIN FEE					
CNS000084352			62.10	DEC ADMIN FEE					
CNS000084352			99.36	DEC ADMIN FEE					
CNS000084352			43.47	DEC ADMIN FEE					
CNS000084352			68.31	DEC ADMIN FEE					
CNS000084352			12.42	DEC ADMIN FEE					
CNS000084352			31.05	DEC ADMIN FEE					
CNS000084352			291.87	DEC ADMIN FEE					
CNS000084352			18.63	DEC ADMIN FEE					
CNS000084352			18.63	DEC ADMIN FEE					
CNS000084352			6.21	DEC ADMIN FEE					
CNS000084352			161.46	DEC ADMIN FEE					
CNS000084352			93.15	DEC ADMIN FEE					
CNS000084352			6.21	DEC ADMIN FEE					
CNS000084352			43.47	ADJUSTMENTS					

Check Number	3779	Vendor No	DENTAL 101	Check Date	11/30/2021	Amount	1,173.69
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Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
CNS000084352		0.00	55.89	DEC ADMIN FEE					
CNS000084352			86.94	DEC ADMIN FEE					
CNS000084352			74.52	DEC ADMIN FEE					
CNS000084352			62.10	DEC ADMIN FEE					
CNS000084352			99.36	DEC ADMIN FEE					
CNS000084352			43.47	DEC ADMIN FEE					
CNS000084352			68.31	DEC ADMIN FEE					
CNS000084352			12.42	DEC ADMIN FEE					
CNS000084352			31.05	DEC ADMIN FEE					
CNS000084352			291.87	DEC ADMIN FEE					
CNS000084352			18.63	DEC ADMIN FEE					
CNS000084352			18.63	DEC ADMIN FEE					
CNS000084352			6.21	DEC ADMIN FEE					
CNS000084352			161.46	DEC ADMIN FEE					
CNS000084352			93.15	DEC ADMIN FEE					
CNS000084352			6.21	DEC ADMIN FEE					
CNS000084352			43.47	ADJUSTMENTS					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

No. 3779

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
DENTAL 101	11/30/2021	3779	\$1,173.69

one thousand one hundred seventy-three and 69 / 100

PAY  
TO THE  
ORDER OF

RENAISSANCE  
6606 COLLECTION CENTER DRIVE  
CHICAGO IL 606930066

President

County Clerk

Shelf

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER TAXES AND FEES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAID.

⑈3779⑈ ⑆051900395⑆ 000388381⑈



## INVOICE

Client Name: Wood County Commissioners

Invoice No.: C150000000503

Client No.: 0083641000

Invoice Date: 12/01/2021

Billing Period: 12/01/2021 Thru 12/31/2021

Line	Identifier	Description	Quantity	UOM	Amount Due
1		Subscriber Only	79	6.21	490.59
2		Subscriber and Spouse	34	6.21	211.34
3		Subscriber, Spouse, Children	59	6.21	366.39
4		Subscriber and 1 Child	7	6.21	43.47
5		Subscriber and 2+ Children	10	6.21	62.10
Current Monthly Total:			189		\$1,173.69
Total Amount Due:					\$1,173.69

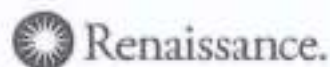
For inquiries please call 317-744-1243

Changes made after 11/23/2021 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

2715

## REMITTANCE



Invoice No.: C150000000503

Invoice Date: 12/01/2021

PO Number:

Client No.: 0083641000

Due Date: 12/15/2021

Billing Period: 12/01/2021 Thru 12/31/2021

AMOUNT DUE: \$1,173.69

Wood County Commissioners  
 ATTN: Penny Givens  
 PO Box 1474  
 Parkersburg WV 26102-1474

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO:  
 RENAISSANCE DENTAL  
 6606 Collection Center Drive  
 Chicago IL 60693

C1500000005030083641000\*\*\*\*\*

Check Number		172917	Vendor No VISION 101		Check Date	11/30/2021	Amount	3,843.48		
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description	
122021		0.00	32.20	SINGLE	122021			134.40	FAMILY	
122021			46.48	SINGLE	122021			211.20	FAMILY	
122021			39.84	SINGLE	122021			76.80	FAMILY	
122021			33.20	SINGLE	122021			153.60	FAMILY	
122021			53.12	SINGLE	122021			39.40	FAMILY	
122021			19.92	SINGLE	122021			57.60	FAMILY	
122021			36.52	SINGLE	122021			518.40	FAMILY	
122021			6.64	SINGLE	122021			57.60	FAMILY	
122021			16.60	SINGLE	122021			57.60	FAMILY	
122021			162.68	SINGLE	122021			19.20	FAMILY	
122021			9.96	SINGLE	122021			268.80	FAMILY	
122021			13.28	SINGLE	122021			153.60	FAMILY	
122021			3.32	SINGLE	122021			19.20	FAMILY	
122021			76.36	SINGLE	122021			671.22	FAMILY DED	
122021			49.80	SINGLE	122021			345.00	SINGLE DED	
122021			3.32	SINGLE						
122021			51.42	ADJUSTMENT						
122021			172.80	FAMILY						
122021			134.40	FAMILY						
122021			96.00	FAMILY						



WOOD COUNTY COMMISSIONERS  
EMPLOYEE BENEFITS DEPARTMENT  
#1 COURT SQUARE  
PARKERSBURG WV 26101-7500

Coverage Period	December 2021
Statement Date:	11/19/2021
Client ID:	12023866
Statement Number:	813727623

Payment Activity		
Previous Statement Balance:	\$	3,713.00
Payments Received:	\$	(3,713.00)
Remaining Balance:	\$	0.00

Current Statement Activity		
Remaining Balance:	\$	0.00
Current Charges:	\$	3,843.48
Adjustments:	\$	0.00
Amount Due:	\$	3,843.48
Payment Due Date:	Due Upon Receipt	

Paying your bill has never been easier. Access our online tools at [www.vsp.com](http://www.vsp.com) by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

Questions? Please call 800.216.6248 if you have questions regarding your statement.



**VSP Current Charges Detail**  
**Statement Coverage Period: December 2021**

Page Number: 1 of 2

01

Client Name: WOOD COUNTY  
 Client ID: 12023866  
 Statement Date: November 19, 2021

**CURRENT CHARGES DETAIL**

**Division 0002 WOOD COUNTY COMMISSIONERS**

Member	Coverage	Rate	Member	Coverage	Rate
Adkins, Amanda	Member + Family	\$ 28.46	Allen, Jason	Member Only	\$ 8.32
Allen, Peggy	Member + Family	\$ 28.46	Allen, Thomas	Member + Family	\$ 28.46
Allen, Timothy	Member + Family	\$ 28.46	Aitop, Damian	Member + Family	\$ 28.46
Atkinson, Cara R	Member + Family	\$ 28.46	Bargeioh, Regina	Member Only	\$ 8.32
Barker, Chelsea	Member Only	\$ 8.32	Barkley, Ashley	Member + Family	\$ 28.46
Beary, Elizabeth	Member + Family	\$ 28.46	Beaty, Patrick	Member Only	\$ 8.32
Beckett, Carolyn J	Member Only	\$ 8.32	Beil, Andrew H	Member + Family	\$ 28.46
Bennett, Stephen	Member Only	\$ 8.32	Benson, Rebecca	Member + Family	\$ 28.46
Blatt, William	Member + Family	\$ 28.46	Boley, Donald	Member + Family	\$ 28.46
Bolinger, Jessica	Member + Family	\$ 28.46	Boso, Lindsey	Member + Family	\$ 28.46
Bowman, Donna	Member Only	\$ 8.32	Braden, Angela	Member Only	\$ 8.32
Bradford, Risha	Member + Family	\$ 28.46	Brogdon I, Gregory	Member + Family	\$ 28.46
Browning, Emily	Member Only	\$ 8.32	Brust, Pamela	Member Only	\$ 8.32
Burdette, April	Member + Family	\$ 28.46	Burns, Joseph	Member + Family	\$ 28.46
Bussey, David	Member + Family	\$ 28.46	Church, Amy	Member + Family	\$ 28.46
Clatterbuck, Clayton	Member + Family	\$ 28.46	Cochran, Michael L	Member + Family	\$ 28.46
Cole, Micheil	Member Only	\$ 8.32	Colombo, James	Member + Family	\$ 28.46
Cook, Kayla	Member Only	\$ 8.32	Cottrell, Larry D	Member + Family	\$ 28.46
Couch, David	Member + Family	\$ 28.46	Cross, Derek	Member Only	\$ 8.32
Cross, Jeremy	Member + Family	\$ 28.46	Daugherty, Andrea	Member + Family	\$ 28.46
Dauphin, Charlotte	Member Only	\$ 8.32	Davies, Kyle	Member + Family	\$ 28.46
Dawkins, Kenneth Pa	Member + Family	\$ 28.46	Deam, Kayla	Member + Family	\$ 28.46
Deam, Nicky	Member Only	\$ 8.32	Deam, Rachael	Member + Family	\$ 28.46
Degraef, Karen	Member + Family	\$ 28.46	Dennis, Amanda	Member + Family	\$ 28.46
Devore, Martha	Member Only	\$ 8.32	Dotson, Leslie	Member Only	\$ 8.32
Dye, Brenda	Member Only	\$ 8.32	Edelen, Sarah	Member + Family	\$ 28.46
Edwards, Jacob	Member + Family	\$ 28.46	Escandon, Hernando	Member Only	\$ 8.32
Evans, Christina	Member + Family	\$ 28.46	Fleak, Stacey	Member + Family	\$ 28.46
Forshey, Nathan	Member + One	\$ 28.46	Frazier, Ronald	Member + Family	\$ 28.46
Fridenstine, Travis	Member + Family	\$ 28.46	Gallagher, Alesha	Member + Family	\$ 28.46
Garrett, Diana	Member + Family	\$ 28.46	George, Richard	Member + Family	\$ 28.46
Glichrist, Corey T	Member + Family	\$ 28.46	Graham, Angela	Member + Family	\$ 28.46
Grimm, Donald	Member + Family	\$ 28.46	Hammer, Rhea	Member + Family	\$ 28.46
Harris, Lisa	Member Only	\$ 8.32	Harris, Mark	Member Only	\$ 8.32
Henrie, Margaret	Member Only	\$ 8.32	Hewitt, Tabitha	Member Only	\$ 8.32
Higgins, Marcus	Member + Family	\$ 28.46	Hockenberry, Christina	Member + Family	\$ 28.46
Holbert, Andrew	Member Only	\$ 8.32	Hudson, Catherine	Member + Family	\$ 28.46
Hupp, Matthew	Member Only	\$ 8.32	Jacks, Deborah	Member Only	\$ 8.32
Jackson, Darrell	Member + Family	\$ 28.46	Jackson, Frederick	Member Only	\$ 8.32
Jackson, Kimberly	Member Only	\$ 8.32	Johnson, Brandi	Member + Family	\$ 28.46
Johnson, Charles	Member + Family	\$ 28.46	Johnson, Danielle	Member Only	\$ 8.32
Johnston, Barbara A	Member + Family	\$ 28.46	Jones, Duane	Member Only	\$ 8.32
Joy, Melinda	Member + Family	\$ 28.46	Kaufman, Denise	Member + Family	\$ 28.46
Kidder, Jeffrey	Member + Family	\$ 28.46	Kiger, Tiffany	Member + Family	\$ 28.46
Kochersperger, Hans	Member + Family	\$ 28.46	Kuczek, Thomas	Member + Family	\$ 28.46
Kuhl, Barbara	Member Only	\$ 8.32	Kuhl, Jason	Member + Family	\$ 28.46
Lallathin, Donna	Member Only	\$ 8.32	Landers, William	Member + Family	\$ 28.46
Leach, Amy	Member Only	\$ 8.32	Lefebure, Patrick	Member + Family	\$ 28.46
Marlow, Tyler	Member + Family	\$ 28.46	Martin, Emily	Member Only	\$ 8.32
Matherly, Dustin	Member Only	\$ 8.32	Maxson, Paula	Member Only	\$ 8.32
Mcatee, Connie	Member + Family	\$ 28.46	Mcclung, Cody	Member Only	\$ 8.32
McCullough, David	Member + Family	\$ 28.46	Mcintyre, Teresa	Member + One	\$ 28.46
McLaughlin, Joshua	Member + Family	\$ 28.46	Meeks, Kayla	Member Only	\$ 8.32

**Division 0002 WOOD COUNTY COMMISSIONERS**

Member	Coverage	Rate	Member	Coverage	Rate
Mercer, Erica	Member + Family	\$ 28.46	Mercer, Robert	Member + Family	\$ 28.46
Mercer, Steven	Member + Family	\$ 28.46	Merrill, Sara	Member + Family	\$ 28.46
Michael, Evan	Member + Family	\$ 28.46	Miller, Dawn M	Member Only	\$ 8.32
Modesitt, Shana	Member + Family	\$ 28.46	Montgomery, Jeremy	Member Only	\$ 8.32
Moore, Douglas I	Member + Family	\$ 28.46	Moore, Kristin	Member + Family	\$ 28.46
Morgan, Rachel	Member + Family	\$ 28.46	Munday, Larry	Member Only	\$ 8.32
Murphy, James	Member + Family	\$ 28.46	Murphy, Jillian	Member Only	\$ 8.32
Nichols, Clayton	Member + Family	\$ 28.46	Nicholson, Heather	Member Only	\$ 8.32
Nohe, David	Member + Family	\$ 28.46	Nobleby, Adrian	Member + Family	\$ 28.46
Nonemaker, Todd	Member + Family	\$ 28.46	Nortum, William	Member Only	\$ 8.32
Padden, Kandy	Member + Family	\$ 28.46	Palmer, Erica	Member Only	\$ 8.32
Parks, Daniel	Member Only	\$ 8.32	Parsons, Tom	Member Only	\$ 8.32
Paxton, Heather	Member Only	\$ 8.32	Phillips, Taylor	Member Only	\$ 8.32
Picciano, Jorun	Member + Family	\$ 28.46	Rader, Steve	Member Only	\$ 8.32
Rather, Randy	Member + Family	\$ 28.46	Rhodes, Mark	Member + Family	\$ 28.46
Ridgway, Celeste	Member + Family	\$ 28.46	Rifle, William	Member + Family	\$ 28.46
Ritchie, Michael	Member + Family	\$ 28.46	Robinson, Sara	Member + Family	\$ 28.46
Rockhold, Michele	Member + Family	\$ 28.46	Rush, Lara	Member + Family	\$ 28.46
Ryder, Debra	Member Only	\$ 8.32	Sams, Brenna	Member + Family	\$ 28.46
Sams, Curtis	Member + Family	\$ 28.46	Schuck, Denise	Member + One	\$ 28.46
Seufer, Martin A	Member + Family	\$ 28.46	Shook, William	Member + Family	\$ 28.46
Shriver, Andrew	Member + Family	\$ 28.46	Sims, Robert	Member Only	\$ 8.32
Singer, Jana	Member + Family	\$ 28.46	Skogstad Jr, Russell	Member + Family	\$ 28.46
Smiri, Soumia	Member Only	\$ 8.32	Smith, Jamie	Member Only	\$ 8.32
Smith, Wendy	Member Only	\$ 8.32	Snodgrass, Lora	Member Only	\$ 8.32
Somerville, Brian	Member Only	\$ 8.32	Sovel, Tonya	Member + Family	\$ 28.46
Spencer, Ethan	Member + Family	\$ 28.46	Spradling, Heather	Member + Family	\$ 28.46
Staats, Chelcie	Member + Family	\$ 28.46	Stephens, Alikka	Member Only	\$ 8.32
Stephens, Kent	Member Only	\$ 8.32	Stephens, Steven	Member + Family	\$ 28.46
Sturm, Douglas	Member + Family	\$ 28.46	Swiger, Brian	Member Only	\$ 8.32
Tanner, Glen	Member Only	\$ 8.32	Tebay, Robert	Member + Family	\$ 28.46
Tennant, Deborah	Member Only	\$ 8.32	Tope, Chris	Member Only	\$ 8.32
Travis, Steven	Member Only	\$ 8.32	Tribett, John R.	Member Only	\$ 8.32
Underwood, Mogan	Member + Family	\$ 28.46	Wade, Teresa J	Member Only	\$ 8.32
Waldron, Camille	Member Only	\$ 8.32	Walters, Teresa	Member + Family	\$ 28.46
Waters, Robert	Member Only	\$ 8.32	Wetzel, John	Member + Family	\$ 28.46
Whittaker, Christopher	Member + Family	\$ 28.46	Wickham, Chad	Member + Family	\$ 28.46
Williams, Jezirae	Member + Family	\$ 28.46	Williams, Tracy	Member Only	\$ 8.32
Windland, Ryan	Member + Family	\$ 28.46	Wood, Adam	Member Only	\$ 8.32
Woodyard, Rickey	Member Only	\$ 8.32	Yonaley, Ronald	Member Only	\$ 8.32

**Summary For Division 0002 WOOD COUNTY COMMISSIONERS**

Coverage	Members Billed	Rate	Total
Member Only	72	\$ 8.32	\$ 599.04
Member + One	3	\$ 28.46	\$ 85.38
Member + Children	0	\$ 28.46	\$ 0.00
Member + Family	111	\$ 28.46	\$ 3,159.06
<b>Total Membership</b>	<b>186</b>	<b>Current Charges*</b>	<b>\$ 3,843.48</b>

\* Please refer to your Statement to view and remit total Amount Due



Check Number		3778 Vendor No		HEALTH 101	Check Date	11/30/2021	Amount	246,435.02	
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
12012021		0.00	10,947.98	HEALTH PREMIUM					
12012021			15,901.39	HEALTH PREMIUM					
12012021			13,460.47	HEALTH PREMIUM					
12012021			12,370.28	HEALTH PREMIUM					
12012021			19,693.49	HEALTH PREMIUM					
12012021			8,735.14	HEALTH PREMIUM					
12012021			16,017.15	HEALTH PREMIUM					
12012021			1,557.62	HEALTH PREMIUM					
12012021			6,626.79	HEALTH PREMIUM					
12012021			59,017.63	HEALTH PREMIUM					
12012021			4,279.54	HEALTH PREMIUM					
12012021			5,567.43	HEALTH PREMIUM					
12012021			1,890.64	HEALTH PREMIUM					
12012021			28,593.87	HEALTH PREMIUM					
12012021			15,391.85	HEALTH PREMIUM					
12012021			1,890.64	HEALTH PREMIUM					
12012021			27,367.16	EMPLOYEE DEDUCTION					
12012021			-2,874.05	ADJUSTMENTS					

Check Number		3778 Vendor No		HEALTH 101	Check Date	11/30/2021	Amount	246,435.02	
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
12012021		0.00	10,947.98	HEALTH PREMIUM					
12012021			15,901.39	HEALTH PREMIUM					
12012021			13,460.47	HEALTH PREMIUM					
12012021			12,370.28	HEALTH PREMIUM					
12012021			19,693.49	HEALTH PREMIUM					
12012021			8,735.14	HEALTH PREMIUM					
12012021			16,017.15	HEALTH PREMIUM					
12012021			1,557.62	HEALTH PREMIUM					
12012021			6,626.79	HEALTH PREMIUM					
12012021			59,017.63	HEALTH PREMIUM					
12012021			4,279.54	HEALTH PREMIUM					
12012021			5,567.43	HEALTH PREMIUM					
12012021			1,890.64	HEALTH PREMIUM					
12012021			28,593.87	HEALTH PREMIUM					
12012021			15,391.85	HEALTH PREMIUM					
12012021			1,890.64	HEALTH PREMIUM					
12012021			27,367.16	EMPLOYEE DEDUCTION					
12012021			-2,874.05	ADJUSTMENTS					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg, WV  
Void after 60 Days

88-39  
519

No. 3778

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
HEALTH 101	11/30/2021	3778	\$246,435.02

two hundred forty-six thousand four hundred thirty-five and 02 / 100

PAY  
TO THE  
ORDER OF

HIGHMARK WEST VIRGINIA  
P O BOX 382153  
PITTSBURGH PA 152518153

President

County Clerk

Shelf

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND LEVIES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

# 3778# 1051900395: 000388381#



21110903054940000000096196000100246435027

**ENDING MEMBER LISTING**

BILL ACCOUNT NUMBER: 0961960001  
BILL ACCOUNT NAME: Wood County Commission  
CLIENT NUMBER: 096196  
CLIENT NAME: Wood County Commission

INVOICE NUMBER: 211109030549  
INVOICE MONTH(S): December 2021  
PREPARED DATE: 11/09/2021

Member Name	Member ID	Product	Contract Type	Period Ending	Current Premium	Member Total
Group: 09068742 Pay Location: 009 (Continued)						
HAMMER, RHEA L	xxxxx51100	PPO	2 Person	12/31/2021	\$1,846.43	\$1,846.43
HUDSON, CATHERINE	xxxxx33660	PPO	Family	12/31/2021	2,210.80	2,210.80
KIGER, TIFFANY F	xxxxx44510	PPO	Family	12/31/2021	2,210.80	2,210.80
LEFEBURE, PATRICK O	xxxxx74330	PPO	Family	12/31/2021	2,210.80	2,210.80
MARTIN, EMILY M	xxxxx81470	PPO	Individual	12/31/2021	818.81	818.81
MEERS, KAYLA B	xxxxx18390	PPO	Individual	12/31/2021	818.81	818.81
NICHOLSON, HEATHER D	xxxxx42430	PPO	Individual	12/31/2021	818.81	818.81
PADDEN, KANDY	xxxxx14020	PPO	Individual	12/31/2021	818.81	818.81
RYDER, DEBRA K	xxxxx85610	PPO	Individual	12/31/2021	818.81	818.81
SKOGSTAD JR, RUSSELL JEFFREY	xxxxx52260	PPO	Family	12/31/2021	2,210.80	2,210.80
SNODGRASS, LORA	xxxxx78820	PPO	Individual	12/31/2021	818.81	818.81
UNDERWOOD, MEGAN E	xxxxx47150	PPO	Family	12/31/2021	2,210.80	2,210.80
WILLIAMS, JEZIRAE L	xxxxx32770	PPO	Individual	12/31/2021	818.81	818.81
Pay Location: 009 Contract: 15					\$22,270.91	

Group: 09068742 Pay Location: 010

ADKINS, AMANDA J	xxxxx83700	PPO	Parent & Children	12/31/2021	1,428.01	1,428.01
BARGELON, REGINA K	xxxxx26390	PPO	Individual	12/31/2021	818.81	818.81
BRADEN, ANGELA K	xxxxx59270	PPO	Individual	12/31/2021	818.81	818.81
JOHNSON, BRANDI L	xxxxx46790	PPO	Family	12/31/2021	2,210.80	2,210.80
MAXSON, PAULA A	xxxxx18280	PPO	Individual	12/31/2021	818.81	818.81
PHILLIPS, REBECCA	xxxxx51110	PPO	Parent & Children	12/31/2021	1,428.01	1,428.01
RABER-ABLES, AMANDA C	xxxxx71110	PPO	Parent & Child	12/31/2021	1,428.01	1,428.01
SCHUCK, DENISE E	xxxxx88550	PPO	2 Person	12/31/2021	1,846.43	1,846.43
SOVEL, TONYA M	xxxxx06460	PPO	Family	12/31/2021	2,210.80	2,210.80
STEPHENS, STEVEN A	xxxxx05540	PPO	Individual	12/31/2021	818.81	818.81

F2  
PC -3  
2P-1  
S-4

United States of America  
State of West Virginia



941 Report

Company Name Wood County Commission

Page 1 of 1  
From Date

Run Date  
12/01/2021

12/13/2021  
Thru Date

2:32:46PM  
12/15/2021

	<u>Gross</u> <u>Fed Liability</u>	<u>Fed Gross</u> <u>Fed W/h</u>	<u>Fica Gross</u> <u>Fica W/h</u> <u>Fica Employer</u>	<u>Med Gross</u> <u>Med W/h</u> <u>Med Employer</u>	<u>State Gross</u> <u>State W/h</u>	<u>City Gross</u> <u>City W/h</u>	<u>Net Pay</u> <u>Etc</u>	<u>Tax Deferred</u> <u>Sec 125</u>	<u>RETIREMENT</u> <u>DEP.RETIRE</u>
	399,498.85	355,149.60	379,662.18	379,662.18	355,149.60	0.00	269,736.17	1,630.00	14,436.69
	93,500.68	35,412.32	23,539.07	5,505.11	15,646.58	0.00	0.00	19,836.67	8,445.89
			23,539.07	5,505.11					
<u>Grand</u>	399,498.85	355,149.60	379,662.18	379,662.18	355,149.60	0.00	269,736.17	1,630.00	14,436.69
<u>Totals</u>		35,412.32	23,539.07	5,505.11	15,646.58	0.00	0.00	19,836.67	8,445.89
			23,539.07	5,505.11					
							Total Retirement:		22,882.58

Federal Tax Deposit 93,500.68

State Tax Breakdown

<u>State</u>	<u>Gross Wage</u>	<u>Employee Withholding</u>
OH	20,084.99	432.95
WV	335,064.61	15,213.63

Total Employees

219



Check Number		3788	Vendor No	IRS-PAY 101	Check Date	12/15/2021	Amount	93,500.68
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt Description
20211215-00		0.00	1,117.99	FICA	20211215-00			374.91 MED
20211215-00			18.16	FICA	20211215-00			294.06 MED
20211215-00			1,603.14	FICA	20211215-00			255.53 MED
20211215-00			1,257.39	FICA	20211215-00			586.11 MED
20211215-00			1,092.65	FICA	20211215-00			160.29 MED
20211215-00			2,506.16	FICA	20211215-00			276.33 MED
20211215-00			685.34	FICA	20211215-00			35.02 MED
20211215-00			1,181.51	FICA	20211215-00			137.52 MED
20211215-00			149.73	FICA	20211215-00			1,723.51 MED
20211215-00			587.99	FICA	20211215-00			35.24 MED
20211215-00			7,369.69	FICA	20211215-00			57.43 MED
20211215-00			150.67	FICA	20211215-00			21.76 MED
20211215-00			245.55	FICA	20211215-00			32.00 MED
20211215-00			93.00	FICA	20211215-00			792.22 MED
20211215-00			136.84	FICA	20211215-00			423.38 MED
20211215-00			3,387.33	FICA	20211215-00			34.05 MED
20211215-00			1,810.35	FICA	20211215-IR41			23,539.07 Deduction Number
20211215-00			145.58	FICA	20211215-IR42			5,505.11 Deduction Number
20211215-00			261.49	MED	20211215-IR43			35,412.32 Deduction Number
20211215-00			4.26	MED				

Check Number		3788	Vendor No	IRS-PAY 101	Check Date	12/15/2021	Amount	93,500.68
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt Description
20211215-00		0.00	1,117.99	FICA	20211215-00			374.91 MED
20211215-00			18.16	FICA	20211215-00			294.06 MED
20211215-00			1,603.14	FICA	20211215-00			255.53 MED
20211215-00			1,257.39	FICA	20211215-00			586.11 MED
20211215-00			1,092.65	FICA	20211215-00			160.29 MED
20211215-00			2,506.16	FICA	20211215-00			276.33 MED
20211215-00			685.34	FICA	20211215-00			35.02 MED
20211215-00			1,181.51	FICA	20211215-00			137.52 MED
20211215-00			149.73	FICA	20211215-00			1,723.51 MED
20211215-00			587.99	FICA	20211215-00			35.24 MED
20211215-00			7,369.69	FICA	20211215-00			57.43 MED
20211215-00			150.67	FICA	20211215-00			21.76 MED
20211215-00			245.55	FICA	20211215-00			32.00 MED
20211215-00			93.00	FICA	20211215-00			792.22 MED
20211215-00			136.84	FICA	20211215-00			423.38 MED
20211215-00			3,387.33	FICA	20211215-00			34.05 MED
20211215-00			1,810.35	FICA	20211215-IR41			23,539.07 Deduction Number
20211215-00			145.58	FICA	20211215-IR42			5,505.11 Deduction Number
20211215-00			261.49	MED	20211215-IR43			35,412.32 Deduction Number
20211215-00			4.26	MED				

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Void after 60 Days

36-38  
113  
No. 3788

INDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
IRS-PAY 101	12/15/2021	3788	\$93,500.68

ninety-three thousand five hundred and 68 / 100

PAY  
TO THE  
ORDER OF

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN UT 842010009

President

County Clerk

Signer

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND LEVIES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

037880 00519003950 00038838100

United States of America  
State of West Virginia



941 Report

Company Name Wood County Commission

Page 1 of 1  
From Date

Run Date  
12/16/2021

12/28/2021  
Thru Date

11:56:47AM  
12/31/2021

	<u>Gross</u> <u>Fed Liability</u>	<u>Fed Gross</u> <u>Fed W/h</u>	<u>Fica Gross</u> <u>Fica W/h</u> <u>Fica Employer</u>	<u>Med Gross</u> <u>Med W/h</u> <u>Med Employer</u>	<u>State Gross</u> <u>State W/h</u>	<u>City Gross</u> <u>City W/h</u>	<u>Net Pay</u> <u>Etc</u>	<u>Tax Deferred</u> <u>Sec 125</u>	<u>RETIREMENT</u> <u>DEP.RETIRE</u>
	385,522.11	344,351.58	368,033.36	368,033.36	344,351.58	0.00	264,787.44	1,640.00	14,294.92
	90,149.09	33,839.93	22,818.09	5,336.49	14,933.85	0.00	0.00	17,488.75	7,746.86
			22,818.09	5,336.49					
<u>Grand</u>	385,522.11	344,351.58	368,033.36	368,033.36	344,351.58	0.00	264,787.44	1,640.00	14,294.92
<u>Totals</u>		33,839.93	22,818.09	5,336.49	14,933.85	0.00	0.00	17,488.75	7,746.86
			22,818.09	5,336.49					
							Total Retirement:		22,041.78

Federal Tax Deposit 90,149.09

State Tax Breakdown

<u>State</u>	<u>Gross Wage</u>	<u>Employee Withholding</u>
OH	20,617.50	447.04
WV	323,734.08	14,486.81

Total Employees

212

Check Number		3796	Vendor No	IRS-PAY 101	Check Date	12/30/2021	Amount	90,149.09
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt Description
20211230-00		6.00	1,255.37	FICA	20211230-00			256.50 MED
20211230-00			1,539.20	FICA	20211230-00			591.81 MED
20211230-00			1,262.12	FICA	20211230-00			161.68 MED
20211230-00			1,096.75	FICA	20211230-00			278.97 MED
20211230-00			2,530.52	FICA	20211230-00			35.36 MED
20211230-00			691.38	FICA	20211230-00			135.38 MED
20211230-00			1,192.84	FICA	20211230-00			1,580.38 MED
20211230-00			151.17	FICA	20211230-00			56.84 MED
20211230-00			578.83	FICA	20211230-00			78.91 MED
20211230-00			6,757.37	FICA	20211230-00			7.72 MED
20211230-00			243.03	FICA	20211230-00			32.19 MED
20211230-00			337.43	FICA	20211230-00			717.67 MED
20211230-00			33.01	FICA	20211230-00			420.30 MED
20211230-00			137.64	FICA	20211230-00			34.04 MED
20211230-00			3,068.63	FICA	20211230-1841			22,818.09 Deduction Number
20211230-00			1,797.22	FICA	20211230-1842			5,336.49 Deduction Number
20211230-00			145.58	FICA	20211230-1843			33,839.93 Deduction Number
20211230-00			293.59	MED				
20211230-00			359.98	MED				
20211230-00			295.17	MED				

Check Number		3796	Vendor No	IRS-PAY 101	Check Date	12/30/2021	Amount	90,149.09
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt Description
20211230-00		6.00	1,255.37	FICA	20211230-00			256.50MED
20211230-00			1,539.20	FICA	20211230-00			591.81MED
20211230-00			1,262.12	FICA	20211230-00			161.68MED
20211230-00			1,096.75	FICA	20211230-00			278.97MED
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20211230-00			151.17	FICA	20211230-00			56.84MED
20211230-00			578.83	FICA	20211230-00			78.91MED
20211230-00			6,757.37	FICA	20211230-00			7.72MED
20211230-00			243.03	FICA	20211230-00			32.19MED
20211230-00			337.43	FICA	20211230-00			717.67MED
20211230-00			33.01	FICA	20211230-00			420.30MED
20211230-00			137.64	FICA	20211230-00			34.04MED
20211230-00			3,068.63	FICA	20211230-1841			22,818.09Deduction Number
20211230-00			1,797.22	FICA	20211230-1842			5,336.49Deduction Number
20211230-00			145.58	FICA	20211230-1843			33,839.93Deduction Number
20211230-00			293.59	MED				
20211230-00			359.98	MED				
20211230-00			295.17	MED				

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Valid after 60 Days

23-11  
919

No. 3796

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
IRS-PAY 101	12/30/2021	3796	\$90,149.09

ninety thousand one hundred forty-nine and 09 / 100

PAY  
TO THE  
ORDER OF

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE

OGDEN UT 842010009

President

County Clerk

Sheriff

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER  
TAXES AND LEVIES IN HIS HANDS FOR COLLECTION AGAINST THE SAID PAYEE.

⑈3796⑈ ⑈051900375⑈ 00038838⑈



Check Number		3804	Vendor No	WV RETIRE	101	Check Date	01/03/2022	Amount	85,348.04
Invoice No	P O No	Quantity	Invoice Amt	Description	Invoice No	P O No	Quantity	Invoice Amt	Description
20211215-00		0.00	1,551.04	RETIREMENT	20211230-00			2,042.47	RETIREMENT
20211215-00			17.90	RETIREMENT	20211230-00			1,864.30	RETIREMENT
20211215-00			2,718.92	RETIREMENT	20211230-00			4,254.05	RETIREMENT
20211215-00			2,042.47	RETIREMENT	20211230-00			1,190.70	RETIREMENT
20211215-00			1,864.30	RETIREMENT	20211230-00			2,058.56	RETIREMENT
20211215-00			4,238.85	RETIREMENT	20211230-00			252.36	RETIREMENT
20211215-00			1,197.93	RETIREMENT	20211230-00			919.87	RETIREMENT
20211215-00			2,058.56	RETIREMENT	20211230-00			1,933.01	RETIREMENT
20211215-00			252.36	RETIREMENT	20211230-00			412.54	RETIREMENT
20211215-00			942.89	RETIREMENT	20211230-00			577.74	RETIREMENT
20211215-00			2,022.73	RETIREMENT	20211230-00			239.27	RETIREMENT
20211215-00			269.18	RETIREMENT	20211230-00			5,146.67	RETIREMENT
20211215-00			431.96	RETIREMENT	20211230-00			2,750.35	RETIREMENT
20211215-00			239.27	RETIREMENT	20211230-00			252.09	RETIREMENT
20211215-00			5,563.20	RETIREMENT	20211230-00			0.26	ADJ
20211215-00			2,772.48	RETIREMENT	20211230-WV03			14,294.92	Deduction Number 03
20211215-00			252.09	RETIREMENT					
20211215-WV03			14,436.69	Deduction Number 03					
20211230-00			1,677.43	RETIREMENT					
20211230-00			2,608.63	RETIREMENT					

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20211215-00			269.18	RETIREMENT	20211230-00			5,146.67	RETIREMENT
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20211230-00			1,677.43	RETIREMENT					
20211230-00			2,608.63	RETIREMENT					

Clerk of Wood County Commission  
General County Fund  
Post Office Box 1474  
Parkersburg, WV 26102

United Bank  
Parkersburg WV  
Valid after 60 Days

No. 3804

IDENTIFICATION NUMBER	DATE	CHECK NUMBER	NET AMOUNT
WV RETIRE 101	01/03/2022	3804	\$85,348.04

eighty-five thousand three hundred forty-eight and 04 / 100

PAY  
TO THE  
ORDER OF

WV PUBLIC EMP RETIREMENT  
4101 MACCORKLE AVE SE  
CHARLESTON WV 253041636

President

County Clerk

Sherrif

AFTER DEDUCTING THEREFROM THE AMOUNT OF ALL STATE, COUNTY AND OTHER TAXES AND LEVIES IN HIS NAME FOR COLLECTION AGAINST THE SAID PAYEE.

⑈ 3804 ⑈ ⑈ 051900395⑈ 000388381⑈

[Employer Home \(../Common/Pages/ERWelcome.aspx\)](#)[Report](#)[Services](#)[Account](#)[Admin](#)

-- Available Forms --

Open

Please correct the following:

- The PIN number you have entered does not match what we have on file. Please check the PIN number you have entered and try again.

[Getting Started > \(ERGettingStarted.aspx\)](#)[Details > \(ERDetails.aspx\)](#)[Summary > \(ERSummary.aspx\)](#)[Payments > \(ERPayment.aspx\)](#)[Results \(ERResult.aspx\)](#)**Report #:**

160060

**Type:**

Contribution Report

**Mode:**

File Upload

**Instructions:** This screen provides you a summary of the payments for your contribution report. Please enter the PIN and click on the Submit Your Payment button to remit payment for the employer report.

**X05400 - WOOD COUNTY COMMISSION / Contribution Payments****Contribution Summary #:**

158030

**Retirement System:**

PERS

**Report Date:**

12/01/2021

**Total Members:**

162

**Status:**

Summarized

**Review Your Payment Information**

Contributions	EECON	ERCON	Total
Regular Contributions	\$26,731.61	\$56,616.43	\$85,348.04
Corrections	\$0.00	\$0.00	\$0.00
Service Purchase Payment	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$28,731.61</b>	<b>\$56,616.43</b>	<b>\$85,348.04</b>

**Remit Your Payment: (ACH)****Payment Due Amount:****\$85,348.04**

Enter the PIN number: \*

••••

[← Back](#)[Submit Your Payment >](#)



EXECUTIVE DIRECTOR  
Jeffrey E. Fleck

## Consolidated Public Retirement

4101 MacCorkle Ave., SE  
Charleston, West Virginia 25304-1636  
Telephone: 304-558-3570 or 800-654-4406  
Fax: 304-957-7522  
Email: cprb@wv.gov  
www.wvretirement.com



BOARD CHAIRMAN  
Joseph G. Bunn

March 2, 2021

WOOD COUNTY COMMISSION  
PENNY GIVENS  
PO BOX 1474  
PARKERSBURG, WV 26102

RE: Public Employees Retirement System (PERS) Contribution Rate Change

Dear Participating Employer of the Public Employees Retirement System (PERS):

This correspondence is to confirm the Board of Trustees of the WV Consolidated Public Retirement Board (Board) reviewed and accepted the 2020 PERS actuarial valuation results at the January 27, 2021 Board meeting and voted to **not change** the PERS employer contribution rate for fiscal year 2022. Therefore, the employer contribution for PERS Tier I and Tier II members will remain at 10.0% effective July 1, 2021.

Pursuant to the provisions of WV Code §5-10-31, it is the responsibility of the Board to determine the amount of employer contributions to be paid into the PERS Employers Accumulation Fund. The employer contribution rate is based upon the annual actuarial valuation of the assets and liabilities and is subject to be reset annually. As you may recall from past correspondence and publications, the Board has adopted asset smoothing as the actuarial asset valuation method for PERS. The asset smoothing method allows the annual investment gains and losses for PERS to be spread over a period of four years.

The employer contribution rate changes are necessary to provide for the continued actuarial soundness of PERS, ensuring funding for the normal cost of expected benefits and unfunded liabilities throughout the amortization period established for the plan. Specifically, the valuation results for Fiscal Year 2020 revealed that expected contributions and investment returns will be sufficient to cover the expected annual cost and related liabilities of PERS. All future employer contribution rates are subject to the annual actuarial valuation results.

Please take note that the employer contribution rate will remain 10.0% effective on any Pay Period End Date beginning on or after July 1, 2021 for both Tier I and Tier II members and should be used in your budgetary considerations for Fiscal Year 2022.

If you should have any questions or need any additional information, please do not hesitate to contact our Employer Reporting staff at (304) 558-1395.

Sincerely,

Jeffrey E. Fleck  
Executive Director



<p align="center"><b>WEST VIRGINIA DIVISION OF ADMINISTRATIVE SERVICES</b></p>	<p align="center"><b>Victim of Crime Act Grant Program Monthly Progress Report</b></p>
<p><b>Grantee:</b> Wood County Commission</p>	<p><b>Project Number:</b> 19-VA-038</p>
<p><b>Address:</b> #1 Court Square Parkersburg, WV 26101</p> <p>_____</p> <p>_____</p>	<p><b>Report Period:</b> December 2021</p>
	<p><b>Prepared By:</b> Kaylee Hall</p>
	<p><b>Telephone Number:</b> 304-424-1776</p>

**PART 1: Status of Goals and Objectives.** (List each Goal and Objective and report on the status of the goals and objectives for your grant as of the end of the current reporting month, as they are identified in your approved grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting month have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges, and provide any additional explanation you feel is necessary for **WVICS** to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting month, you must provide an explanation.) Add more goals and objectives as needed.

Goal 1:	<b>The Wood County Victims Advocate Program will identify and provide services to victims of crime throughout the 2021-2022 grant period.</b>	
Objective 1:	By the conclusion of the grant on September 30, 2022, the Victims Advocate Program will have served a minimum of 5,600 victims in Wood County.	
Status:	During the month of December 2021, the Victims Advocate Assistant assisted <b>43</b> victims in Wood County by reviewing cases and then contacting the victims to determine what services are needed to assist them, to notify them of the availability of services, and to generally guide them through the court process until the conclusion of the case. The Victims Advocate Assistant also acts as a liaison between the Prosecuting Attorney/Assistant Prosecuting Attorneys and the victim to relay their sentiments to the prosecutors and to keep the victims informed of the status of the case.	MTD: <u>43</u> YTD: <u>43</u>
Objective 2:	At the end of the grant period a minimum of 7,600 services will be provided to Wood County victims through the Victims Advocate Program.	
Status:	During the month of December 2021, the Victims Advocate Assistant provided <b>124</b> different services to victims in Wood County. The Victims Advocate meets with victims in person, assists them through all stages of the criminal justice process, assists victims in filing for Emergency Domestic Violence Protective Orders as well as recommend a safe haven at the Family Crisis Intervention Center, and can even provide transportation to and from court hearings and meetings with prosecutors. The Victims Advocate provided the appropriate services and referrals to victims including assistance completing the Crime Victims Compensation Fund application as well as sending the CVCF the appropriate reports and information. The Victims Advocate also assisted victims with referrals for counseling. The Victims Advocate assists victims during trials, change of plea hearings, sentencing hearings, felony preliminary hearings, and restitution hearings.	MTD: <u>124</u> YTD: <u>124</u>
Objective 3:		
Status:		MTD: <u>    </u> YTD: <u>    </u>
Goal 2:	<b>During the grant year, the Victims Advocate and the Assistant Victims Advocate will place an emphasis on juvenile victims who are dealing with juvenile delinquency court.</b>	
Objective 1:	At the conclusion of the grant period at least 50 juvenile individuals who are dealing with a juvenile delinquency court incident will be served by either the Advocate and/or the Assistant	
Status:	During the month of December 2021, the Victims Advocate Assistant assisted 0 juvenile victims in juvenile delinquency court.	MTD: <u>0</u> YTD: <u>0</u>
Objective 2:		
Status:		MTD: <u>    </u> YTD: <u>    </u>
Objective 3:		
Status:		MTD: <u>    </u> YTD: <u>    </u>
Goal 3:	<b>During the grant year the Victims Advocate will accept interested and qualified Individuals to volunteer with this program, which will provide them experience</b>	



	<b>of the legal system.</b>	
Objective 1:	At the conclusion of the grant year, at least 150 volunteer hours of service will be provided by at least three volunteers.	
Status:	During the month of December 2021, there were no volunteer hours to report. The Victim Advocate will contact local colleges and/or universities in order to solicit interns/volunteers for the program. Contact will be made with appropriate social service agencies to solicit volunteers for the program. Information and requirements on the program will be provided to each volunteer. Volunteers will be given a background check. Duties of the volunteers will be overseen by the Advocate and/or the Assistant.	MTD: <u>0</u> YTD: <u>0</u>
Objective 2:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Objective 3:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Goal 4:		
Objective 1:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Objective 2:		
Status:		MTD: <u>   </u> YTD: <u>   </u>
Objective 3:		
Status:		MTD: <u>   </u> YTD: <u>   </u>

\*Grantee is to supply both the MTD (Month to Date Total) and YTD (Year to Date Total) for each objective.

Please complete the following questions (if left blank, the document will be returned to the grantee and will delay the reimbursement process):

Were there volunteers utilized for the VOCA Project this month?

\*Grantee is required to utilize at least 1 volunteer during the grant cycle.

☐ Yes. If yes, please attach a copy of the Volunteer Log or JCS Volunteer Timesheet.

☒ No. If no, please indicate which month a volunteer will be utilized: Spring / Summer 2022

Was there a Board Meeting/County Commission Meeting this month?

☒ Yes. Please indicate the date of the meeting here: Dec. 23, 2021

(Please be sure to attach a copy of the corresponding meeting minutes with this report. Note: All Board Meeting Minutes must be submitted).

☐ NO. Please indicate the date of your next scheduled meeting here:



DECEMBER 23, 2021

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION WAS IN RECEIPT OF A CHECK  
FROM THE STATE OF WV IN THE AMOUNT OF \$6,120.03  
REPRESENTS REIMBURSEMENT IN REGARD TO THE VICTIMS  
OF CRIME ASSISTANCE GRANT NUMBER 18-VA-047.

**ORDER**

On this date, the County Commission of Wood County was in receipt of a check from the State of West Virginia in the amount of six thousand one hundred twenty dollars and three cents (\$6,120.03) which represents reimbursement to Wood County for expenses incurred during the month of September, 2021, in regard to the Victims of Crime Assistance Grant Number 18-VA-047. Receipt of the aforementioned check is pursuant to an Order appearing in Order Book 75, at Page 705 and bearing the date of October 18, 2021, at which time David Blair Couch, in his official capacity as President, and on behalf of the County Commission, was AUTHORIZED to EXECUTE the Request for Reimbursement.

Documentation pertaining to the WVDCJS Victims of Crime Advocate Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

\_\_\_\_\_  
David Blair Couch, President

\_\_\_\_\_  
Robert K. Tebay, Commissioner

\_\_\_\_\_  
James E. Colombo, Commissioner

MARCH 3, 2022

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION AUTHORIZED DAVID BLAIR COUCH TO SIGN  
A PROGRESS REPORT IN REGARD TO THE VICTIMS OF CRIME  
ASSISTANCE GRANT NUMBER 19-VA-038.

ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by David Blair Couch and made unanimous by James E. Colombo, did hereby AUTHORIZE David Blair Couch, on behalf of the County Commission, to sign the Progress Report in regard to the Victims of Crime Assistance Grant Number 19-VA-038.

Documentation pertaining to the Victims of Crime Advocate Grant is on file in the Office of the County Administrator.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

David Blair Couch, President

Robert K. Tebay, Commissioner

James E. Colombo, Commissioner

A/2516

Wood County  
Court Records, Clerk  
Index Number: 8277677  
03/03/2022 @ 01:57:05 PM  
COUNTY COMMISSION ORDER  
BOOK 75 @ Page 125  
Pages Recorded: 1

MARCH 3, 2022

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY ORDER THE  
EXECUTION OF A PROCLAMATION IN REGARD TO  
DEVELOPMENTAL DISABILITIES AWARENESS MONTH.


**ORDER**

On this date, the County Commission of Wood County, upon a motion duly made, seconded and passed, did hereby ORDER the EXECUTION of a PROCLAMATION in regard to Developmental Disabilities Awareness Month (March, 2022).

A copy of the PROCLAMATION is attached to this ORDER and should be made a part thereof.

APPROVED:


THE COUNTY COMMISSION OF WOOD COUNTY



David Blair Couch, President



Robert K. Tebay, Commissioner



James E. Colombo, Commissioner

A/2518



MARCH 3, 2022

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

PROCLAMATION



**Whereas**, National Developmental Disabilities (DD) Awareness Month officially began in 1987 with a proclamation from President Reagan to help bring awareness and acceptance for people of every ability; and

**Whereas**, people with a developmental disability are of all racial, ethnic, educational, social, and economic backgrounds, and all are valued members of society who find fulfillment living everyday lives; and

**Whereas**, the month seeks to raise awareness about the inclusion of people with developmental disabilities in all facets of community life, as well as awareness of the barriers that people with disabilities still sometimes face in connecting to the communities in which they live; and

**Whereas**, we value what is important to people with disabilities and their families who are striving for everyday lives no different than that of all other citizens; and


**Whereas**, Wood County, West Virginia has a commitment to being an inclusive for people with and without disabilities;

**Therefore we**, the Commissioners of Wood County, West Virginia do hereby proclaim March 2022 as Developmental Disabilities Awareness Month and in doing so, we call upon residents, employers, schools and community organizations in Wood County, West Virginia to observe this month with appropriate programs and activities, and to advance its important message that people with developmental disabilities are family, friends, neighbors, customers, voters and coworkers and while they may need additional supports, deserve to live, work, worship and play just like everyone else.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

  
David Blair Couch, President

  
Robert K. Debay, Commissioner

  
James E. Colombo, Commissioner

Wood County  
Mark Phillips, Clerk  
E-mail: mark.phillips@wv.gov  
03/07/2022 at 05:19:50 PM  
COUNTY COMMISSION - 00000  
Page 76 of Page 200  
Pages Recorded: 2

MARCH 3, 2022

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY ORDER THE  
EXECUTION OF A PROCLAMATION IN REGARD TO  
AMERICAN RED CROSS MONTH.


**ORDER**

On this date, the County Commission of Wood County, upon a motion duly made, seconded and passed, did hereby ORDER the EXECUTION of a PROCLAMATION in regard to American Red Cross Month (March, 2022).


A copy of the PROCLAMATION is attached to this ORDER and should be made a part thereof.

APPROVED:

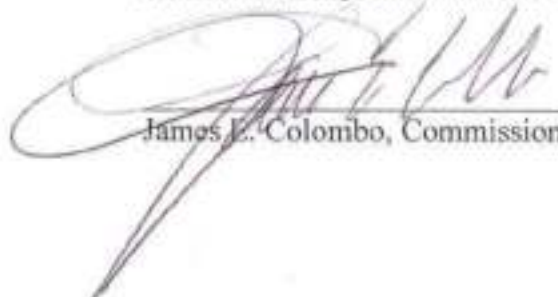
THE COUNTY COMMISSION OF WOOD COUNTY



David Blair Couch, President



Robert K. Tebay, Commissioner



James E. Colombo, Commissioner

A/2519



**AMERICAN RED CROSS MONTH 2022**  
**A Proclamation**


- Whereas, In times of crisis, people in our community come together to care for one another. This humanitarian spirit is part of the foundation of our community and is exemplified by our local American Red Cross volunteers and donors.
- Whereas, In 1881, Clara Barton founded the American Red Cross, turning her steadfast dedication for helping others into a bold mission of preventing and alleviating people's suffering.
- Whereas, Today, more than 140 years later, we honor the kindness and generosity of Red Cross volunteers here in our community, who continue to carry out Clara's lifesaving legacy. They join the millions of people across the United States who volunteer, give blood, donate financially or learn vital life-preserving skills through the Red Cross.
- Whereas, In our community, the contributions of local Red Cross volunteers give hope to the most vulnerable in their darkest hours — whether it's providing emergency shelter, food and comfort for families devastated by local disasters like home fires and severe weather; donating essential blood for accident and burn victims, heart surgery and organ transplant patients, and those receiving treatment for leukemia, cancer or sickle cell disease; supporting service members and veterans, along with their families and caregivers, through the unique challenges of military life; helping to save the lives of others with first aid, CPR and other skills; or delivering international humanitarian aid.
- Whereas, Last year in the Ohio River Valley Chapter with the challenges of the pandemic, the Red Cross assisted nearly 240 families impacted by the disaster, installed over 330 smoke alarms, educated more than 900 students in preparedness education, collected almost 8,600 units of lifesaving blood at over 500 blood drives, trained over 5,200 in lifesaving skills such as CPR and first aid, provided almost 1,000 services to over 400 military members, veterans and their families through the efforts of over 150 volunteers.
- Whereas, Their work to prevent and alleviate human suffering is vital to strengthening Ohio River Valley Chapter communities' resilience. We dedicate this month of March to all those who continue to advance the noble legacy of American Red Cross founder Clara Barton, who lived by her words, "You must never think of anything except the need, and how to meet it." We ask others to join in this commitment to give back in our community.

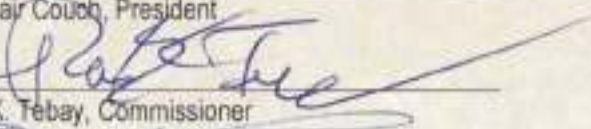
NOW, THEREFORE, by virtue of the authority vested in me by the laws of Wood County, West Virginia, do hereby proclaim March 2022 as Red Cross Month. I encourage all citizens to reach out and support its humanitarian mission.

IN WITNESS WHEREOF, I have hereunto set my hand this 3<sup>rd</sup> of March, in the year of our Lord two thousand twenty-two.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

  
David Blair Couch, President

  
Robert K. Tebay, Commissioner

  
James E. Colombo, Commissioner

Wood County  
County Finance Clerk  
Tribal Court - 8227903  
03/02/2022 @ 10:10:19 AM  
COUNTY COMMISSION - APPROVED  
Book 76 & Page 240  
Pages Received 7



MARCH 3, 2022

IN THE COUNTY COMMISSION OF WOOD COUNTY, WEST VIRGINIA

IN RE: THE COUNTY COMMISSION DID HEREBY AUTHORIZE A  
MORATORIUM FOR NEW PARK BENCHES IN FORT BOREMAN  
PARK.

ORDER

On this date, the County Commission of Wood County, upon a motion made by Robert K. Tebay, seconded by David Blair Couch, and made unanimous by James C. Colombo, did hereby AUTHORIZE a moratorium be placed on the donation of park benches into the Fort Boreman Historical Park. The Commission further urged anyone desiring to make a memorial contribution to the park in memory of a loved one, may do so, and their name will be added to a plaque in their honor and placed in a shelter in the park.

APPROVED:

THE COUNTY COMMISSION OF WOOD COUNTY

  
David Blair Couch, President

  
Robert K. Tebay, Commissioner

  
James E. Colombo, Commissioner

C/121

Wood County  
Park Benches, 1200  
Instrument 000000000000000000  
03/03/2022 4:05:25 PM  
COUNTY COMMISSIONER  
Book 76 of Park Benches  
Page Number 1

STATE OF WEST VIRGINIA  
COUNTY OF WOOD }

TO-WIT:

I, Morgan Britton, do solemnly swear that I will support the Constitution of the United States, the Constitution of the State of West Virginia, and that I will faithfully and impartially discharge the duties of Deputy County Clerk in and for Wood County, West Virginia, to the best of my skill and judgment, during my continuance in the same; SO HELP ME GOD.



Subscribed and sworn to, before County Commission of Wood County, West Virginia, this  
1<sup>st</sup> day of March, 2022.

  
County Commission of Wood County

STATE OF WEST VIRGINIA  
COUNTY OF WOOD

}

TO-WIT:

I, Dennis Romine, do solemnly swear that I will support the Constitution of the United States, the Constitution of the State of West Virginia, and that I will faithfully and impartially discharge the duties of Deputy County Clerk in and for Wood County, West Virginia, to the best of my skill and judgment, during my continuance in the same; SO HELP ME GOD.

Dennis Romine

1<sup>st</sup> day of March, 2022.

[Signature]  
County Commission of Wood County



STATE OF WEST VIRGINIA  
COUNTY OF WOOD

}

TO-WIT:

I, Shelby Nuckolls, do solemnly swear that I will support the Constitution of the United States, the Constitution of the State of West Virginia, and that I will faithfully and impartially discharge the duties of Deputy County Clerk in and for Wood County, West Virginia, to the best of my skill and judgment, during my continuance in the same; SO HELP ME GOD.

Shelby Nuckolls

Subscribed and sworn to, before County Commission of Wood County, West Virginia, this  
1<sup>st</sup> day of March, 2022.

[Signature]

County Commission of Wood County