

## Total Compensation Paid to Non-Profit Personnel Using State Funds

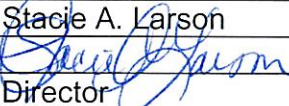
<b>Name:</b>	Steven Lee		
<b>Title:</b>	President		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


Name:	Marilyn Sandoz		
Title:	Vice-President		
Agency Agreement/Contract #	24-ST-47		
Total Contract Amount	\$11,215		
Contract Term:	10/01/2023 - 09/30/2024		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


Name:	Maria Hannon		
Title:	Secretary		
Agency Agreement/Contract #	24-ST-47		
Total Contract Amount	\$11,215		
Contract Term:	10/01/2023 - 09/30/2024		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Andrew Harrison		
<b>Title:</b>	Treasurer		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Robert Allen		
<b>Title:</b>	Chair, Board of Trustees		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Kristen Johnson		
<b>Title:</b>	Vice Chair, Board of Trustees		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Frank Allen		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	David Baker		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Erin Baker		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds

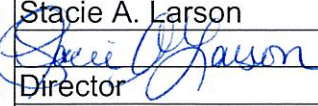
Name:	Patty Brennan		
Title:	Trustee		
Agency Agreement/Contract #	24-ST-47		
Total Contract Amount	\$11,215		
Contract Term:	10/01/2023 - 09/30/2024		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Liz Doyle		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Scot French		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds

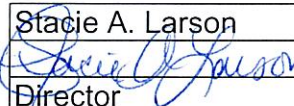
<b>Name:</b>	Laurie Fuller		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


Name:	Mary-Jeanine Ibarguen		
Title:	Trustee		
Agency Agreement/Contract #	24-ST-47		
Total Contract Amount	\$11,215		
Contract Term:	10/01/2023 - 09/30/2024		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds

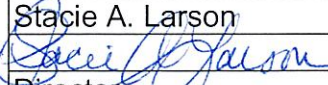
<b>Name:</b>	Cari Rotenberger		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Kay Yeuell		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	24-ST-47		
<b>Total Contract Amount</b>	\$11,215		
<b>Contract Term:</b>	10/01/2023 - 09/30/2024		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Steven Lee		
<b>Title:</b>	President		
<b>Agency Agreement/Contract #</b>	25-ST-47		
<b>Total Contract Amount</b>	TBD		
<b>Contract Term:</b>	10/01/2024 - 09/30/2025		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


Name:	Marilyn Sandoz		
Title:	Vice-President		
Agency Agreement/Contract #	25-ST-47		
Total Contract Amount	TBD		
Contract Term:	10/01/2024 - 09/30/2025		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


Name:	Maria Hannon		
Title:	Secretary		
Agency Agreement/Contract #	25-ST-47		
Total Contract Amount	TBD		
Contract Term:	10/01/2024 - 09/30/2025		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

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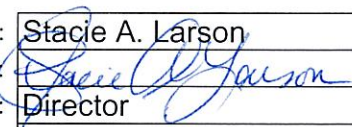
Name:	Andrew Harrison		
Title:	Treasurer		
Agency Agreement/Contract #	25-ST-47		
Total Contract Amount	TBD		
Contract Term:	10/01/2024 - 09/30/2025		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


Name:	Robert Allen		
Title:	Chair, Board of Trustees		
Agency Agreement/Contract #	25-ST-47		
Total Contract Amount	TBD		
Contract Term:	10/01/2024 - 09/30/2025		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Kristen Johnson		
<b>Title:</b>	Vice Chair, Board of Trustees		
<b>Agency Agreement/Contract #</b>	25-ST-47		
<b>Total Contract Amount</b>	TBD		
<b>Contract Term:</b>	10/01/2024 - 09/30/2025		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Frank Allen		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	25-ST-47		
<b>Total Contract Amount</b>	TBD		
<b>Contract Term:</b>	10/01/2024 - 09/30/2025		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


Name:	David Baker		
Title:	Trustee		
Agency Agreement/Contract #	25-ST-47		
Total Contract Amount	TBD		
Contract Term:	10/01/2024 - 09/30/2025		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds

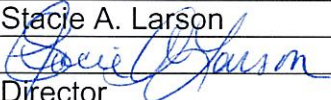
<b>Name:</b>	Erin Baker		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	25-ST-47		
<b>Total Contract Amount</b>	TBD		
<b>Contract Term:</b>	10/01/2024 - 09/30/2025		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.


Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Patty Brennan		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	25-ST-47		
<b>Total Contract Amount</b>	TBD		
<b>Contract Term:</b>	10/01/2024 - 09/30/2025		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Liz Doyle		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	25-ST-47		
<b>Total Contract Amount</b>	TBD		
<b>Contract Term:</b>	10/01/2024 - 09/30/2025		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

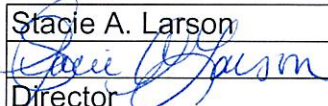
Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Scot French		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	25-ST-47		
<b>Total Contract Amount</b>	TBD		
<b>Contract Term:</b>	10/01/2024 - 09/30/2025		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.


Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Laurie Fuller		
Title:	Trustee		
Agency Agreement/Contract #	25-ST-47		
Total Contract Amount	TBD		
Contract Term:	10/01/2024 - 09/30/2025		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


Name:	Mary-Jeanine Ibarguen		
Title:	Trustee		
Agency Agreement/Contract #	25-ST-47		
Total Contract Amount	TBD		
Contract Term:	10/01/2024 - 09/30/2025		
Invoice Number			
Invoice Period			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds


<b>Name:</b>	Cari Rotenberger		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	25-ST-47		
<b>Total Contract Amount</b>	TBD		
<b>Contract Term:</b>	10/01/2024 - 09/30/2025		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.


Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024

## Total Compensation Paid to Non-Profit Personnel Using State Funds

<b>Name:</b>	Kay Yeuell		
<b>Title:</b>	Trustee		
<b>Agency Agreement/Contract #</b>	25-ST-47		
<b>Total Contract Amount</b>	TBD		
<b>Contract Term:</b>	10/01/2024 - 09/30/2025		
<b>Invoice Number</b>			
<b>Invoice Period</b>			

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries	0	0	0
Fringe Benefits	0	0	0
Bonuses	0	0	0
Accrued Paid Time Off	0	0	0
Severance Payments	0	0	0
Retirement Contributions	0	0	0
In-Kind Payments	0	0	0
Incentive Payments	0	0	0
<b>Reimbursements/Allowances</b>			
Moving Expenses	0	0	0
Transportation Costs	0	0	0
Telephone Services	0	0	0
Medical Services Costs	0	0	0
Housing Costs	0	0	0
Meals	0	0	0
<b>Amount Paid to Date</b>			

**CERTIFICATION:** I certify that the amounts listed above are true and accurate and in accordance with the approved budget.

Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	10/31/2024