


Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Steven Lee
Title:	President
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Marilyn Sandoz
Title:	Vice-President
Agency Agreement/Contract #	25.I.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Andrew Harrison
Title:	Treasurer
Agency Agreement/Contract #	25.I.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Maria Hannon
Title:	Secretary
Agency Agreement/Contract #	25.I.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Robert Allen
Title:	Chair
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Kristen Johnson
Title:	Vice-Chair
Agency Agreement/Contract #	25.I.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Frank Allen
Title:	Trustee
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	David Baker
Title:	Trustee
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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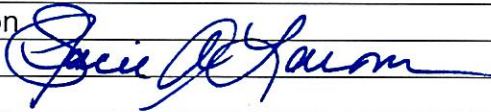
Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Erin Baker
Title:	Trustee
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Scot French
Title:	Trustee
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Patty Brennan
Title:	Trustee
Agency Agreement/Contract #	25.I.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Laurie Fuller
Title:	Trustee
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Liz Doyle
Title:	Trustee
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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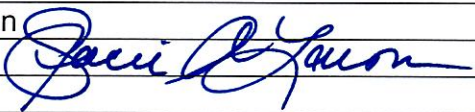
Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Mary-Jeanine Iburguen
Title:	Trustee
Agency Agreement/Contract #	25.I.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Kay Yeuell
Title:	Trustee
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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Name:	Stacie A. Larson
Signature:	
Title:	Director
Date:	November 24, 2025

Total Compensation Paid to Non-Profit Personnel Using State Funds

Name:	Cari Rotenberger
Title:	Trustee
Agency Agreement/Contract #	25.l.sa.000.051
Total Contract Amount	\$11,510
Contract Term:	10/01/2024 - 9/30/2025
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
Reimbursements/Allowances			
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
Amount Paid to Date	0	0	0

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:	November 24, 2025