DATE	Amount			Source	
Detailed Transactions Dur Deposits (Please list each d	_	es as need	ed.)		
Beginning Balance at July				500.00	J
Financial Information	. 1 2014.			500.00	7
	culturg Super visor				
Title:	Accounting Supervisor				
Name:	Cathy Nordeen				
Title	Fiscal Analyst II				
Name:	Emily Smith				
Reconciliation:					
Title:	Regional Forester				
Name:	Calvin Bailey				
Title	Administrative Assistant				
Name:	Charlotte Grant				
Check Writing/Withdraw	al:				
Authorized Personnel					
Exemption Approved in P	rior Year:	Yes		No	X
If exemption is requested,	reason:				
Exemption Requested:		Yes		No	X
Purpose of Account:			PETTY C		
Account Name:			WALTER		551017/1120
Agency Name/Number:			FORESTRY	COMMI	ISSION/P120

DATE	Amount	Source
6/19/2015	24.06	Operating Funds

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
1/15/2015	24.06	Tyler Greiner	Reimburse employee for cell phone charger

Ending Balance at June 30, 2015:	500.00

Agency Name/Number: Account Name: Purpose of Account:			FORESTRY SPARTAN PETTY (BURG	ISSION/P120	
Exemption Requested: If exemption is requested,	reason:	Yes		No	X	
Exemption Approved in Pr	rior Year:	Yes		No	Х	
Authorized Personnel Check Writing/Withdrawa Name: Title	al: Kay Counts Administrative Assistant					
Name: Title:	Nancy Wicker Administrative Assistant					
Reconciliation: Name: Title Name:	Emily Smith Fiscal Analyst II Cathy Nordeen					
Title:	Accounting Manager					
Financial Information Beginning Balance at July	1. 2014:			500.00	п	
Detailed Transactions Dur Deposits (Please list each de	ing FY 2014 -2015:	es as need	ed.)	300.00	_	
DATE	Amount			Source		
Withdrawals: (Plese list ea	ch withdrawal separately.	Add lines	s as needed)			
DATE	Amount	F	ayee	Descript	tion of Goods/Se	rvices Purchased
Ending Balance at June 30	, 2015:			500.00	<u> </u>	

Agency Name/Number: Account Name: Purpose of Account:			FORESTRY TAYLOR N PETTY	URSERY	ISSION/P120	
Exemption Requested: If exemption is requested,	reason:	Yes		No	X	
Exemption Approved in F	rior Year:	Yes		No	X	
Authorized Personnel Check Writing/Withdraw Name:	al: Michele Ray					
Title	Administrative Assistant					
Name: Title:	Hamp E Holmes III Nursery Supervisor					
Reconciliation:						
Name: Title	Emily Smith Fiscal Analyst II					
Name: Title:	Cathy Nordeen Accounting Manager					
Financial Information						
Beginning Balance at July	1, 2014:			500.00)	
Detailed Transactions Dur Deposits (Please list each d		es as need	led.)			
DATE	Amount			Source	:]
DATE	Amount			Source		
Withdrawals: (Plese list ea	ch withdrawal separately.					
			s as needed)		tion of Goods/Services	Purchased

Ending Balance at June 30, 2015: 500.00

Agency Name/Number: Account Name: Purpose of Account:			FORESTRY COMM TAYLOR NURSERY CONE ACCOUNT	
Exemption Requested: If exemption is requested,	reason:	Yes	No	X
Exemption Approved in P	rior Year:	Yes	No	X
Authorized Personnel Check Writing/Withdraw	al:			
Name:	Michele Ray			
Title	Administrative Assistant			
Name:	Hamp E Holmes III			
Title:	Nursery Supervisor			
Reconciliation:				
Name:	Emily Smith			
Title	Fiscal Analyst II			
Name:	Cathy Nordeen			
Title:	Accounting Manager			
Financial Information				
Beginning Balance at July	1, 2014:		-	
Detailed Transactions Dur Deposits (Please list each d		es as need	led.)	

DATE		Amount	Source	
	1/23/2015	301.72	Operating Funds	

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
2/11/2015	158.40	Betty S West	33 lbs Cherrybark Oak Acorns
2/11/2015	23.92	Jeremy Gantt	BW bushels
2/12/2015	119.40	J.C. Thomas	199 lbs ST Oak Acorns

	_	
Ending Balance at June 30, 2015:		-

DATE	Amount			Source	
Detailed Transactions Dur Deposits (Please list each d	_	es as need	ed.)		
Beginning Balance at July				500.00	J
Financial Information	. 1 2014.			500.00	7
	culturg Super visor				
Title:	Accounting Supervisor				
Name:	Cathy Nordeen				
Title	Fiscal Analyst II				
Name:	Emily Smith				
Reconciliation:					
Title:	Regional Forester				
Name:	Calvin Bailey				
Title	Administrative Assistant				
Name:	Charlotte Grant				
Check Writing/Withdraw	al:				
Authorized Personnel					
Exemption Approved in P	rior Year:	Yes		No	X
If exemption is requested,	reason:				
Exemption Requested:		Yes		No	X
Purpose of Account:			PETTY C		
Account Name:			WALTER		551017/1120
Agency Name/Number:			FORESTRY	COMMI	ISSION/P120

DATE	Amount	Source
6/19/2015	24.06	Operating Funds

Withdrawals: (Plese list each withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
1/15/2015	24.06	Tyler Greiner	Reimburse employee for cell phone charger

Ending Balance at June 30, 2015:	500.00