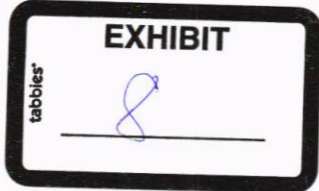


Date: 5-7-19
Dept: TAX Office



LINE ITEM TRANSFER REQUEST

	Account Number	Account Name	+ or (-) Amount
1	010-499-330	operating	+5,000
2	010-499-340	postage	-5,000
3			
4			
5			
6			
7			
8			
9			
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11			
12			
13			
14			
15			
16			
17			
18			

Reason for Transfer: Cover additional expenses (Vote program)

Official Signature Dublin John Mitchell

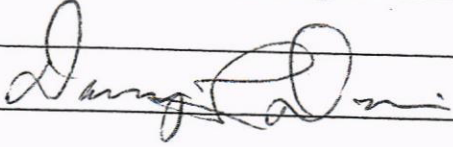
Date: 5-7-19

Dept: Treas.

LINE ITEM TRANSFER REQUEST

	Account Number	Account Name	+ or (-) Amount
1	010-497-202	Insurance	-697
	010-497-320	Operatng	+537
2	010-497-403	Schml, training	+160
3			
4			
5			
6			
7			
8			
9			
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11			
12			
13			
14			
15			
16			
17			
18			

Reason for Transfer: balance lines

Official Signature 

Date: 5-7-19 Pet 2
Dept: _____

LINE ITEM TRANSFER REQUEST

	Account Number	Account Name	+ or (-) Amount
1	025-612-510		
2	025-612-350		+ 72,000 - 72,000
3			
4			
5			
6			
7			
8			
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10			
11			
12			
13			
14			
15			
16			
17			
18			

Reason for Transfer: purchase equipment

Official Signature: 