

Rusk County Emergency Services Committee

Agenda

Date: Wednesday September 10, 2025

Time: 8:00 AM

Place: County Board Room – LEC

MEETING WILL BE ACCESSIBLE BY VIDEO CONFERENCE

Click the link to join video and/or audio: [Join the meeting now](#)

1. Meeting Called to Order
2. Approval of Minutes – August 13, 2025
3. Public Comment – limited to 5 minutes per person
4. Rusk County Emergency Management/Ambulance Director Presentation
 - a. Monthly Report (includes discussion on meetings, events, call types, A/R)
 - b. Training Requests
 - c. Payment of the Bills
 - d. Budget Review
5. Rusk County Medical Examiner Presentation
 - a. Monthly Report (includes discussion on meetings, events, monthly cases, A/R)
 - b. Training Requests
 - c. Payment of the Bills
 - d. Budget Review
 - e. Discussion and Possible Motion
 - i. Approve Purchase of Handheld Radio
 - ii. Approve Purchase of Loading System for Decedent Cot
 - iii. Approve Agreement with Marathon County
6. Rusk County Sheriff Presentation
 - a. Monthly Report (includes discussion on jail population, events, meetings, calls for service, A/R)
 - b. Training Requests
 - c. Payment of the Bills
 - d. Budget Review
 - e. Discussion and Possible Motion
 - i. Resolution – Rusk County Sheriff’s Office Reserve Deputy for the Patrol Division
 - ii. Squad Bids
7. CLOSED SESSION – announced by Chair

Discussion regarding performance of an appointed official over which the Committee has jurisdiction or exercises responsibility pursuant to Wis. Stats. 19.85(1)(c) for the purpose of considering employment and performance information in regard to the appointed official. The Committee may reconvene in open session to take action on matters discussed in closed session.

OPEN SESSION – possible motion on topic of closed session
8. Set Next Meeting Date and Time – October 8, 2025 at 8:00am

9. Adjournment

Agenda Posted: 09/08/2025

Virtual attendees requesting public comment may submit their public comment in writing to the committee chair prior to the meeting and it will be read aloud by the committee chair during the meeting

At any time, a quorum of another County Committee or of the County Board may be present at the meeting to observe the proceedings, but no action will be taken except by those Committee Members for the stated Committee meeting and only on noticed agenda items.

****Please Note:** Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals. For additional information, or to request this service, contact the Rusk County Clerk's Office; phone (715) 532-2100.

Agenda prepared by Miranda Kron under direction of Chair Wedwick

Rusk County Emergency Services Minutes

August 13, 2025

Present: Schneider, Wedwick, Gorsegner, Cudo

Absent: Vohs

Others Present: Sheriff Grassmann, Tom Hall, Annette Grotzinger, Miranda Kron, Mike Hraban, Ashley Heath

Call to Order – Meeting called to order by Chair Wedwick at 8:00am

Approval of the Minutes

Motion by Gorsegner, second by Schneider to approve the July 9, 2025 minutes as prepared. Motion carried.

Public Comment

None

Rusk County Emergency Management/Ambulance Director presentation

- Reviewed monthly report including ambulance needs/repairs and general department updates.
- Out-of-County Training Requests: None
- Payment of Bills: *Motion by Cudo, second by Gorsegner to approve the payment approval report. Motion carried.*
- Budget Review: *Motion by Cudo, second by Schneider to approve the budget reporting forms as presented and forward to Finance. Motion carried.*
- 2026 Budget: *Motion by Gorsegner, second by Schneider to approve the 2026 budget with changes to budget number 255 (communications – CodeRed subscription) and forward to Finance. Motion carried.*

Rusk County Medical Examiner presentation

- Reviewed monthly report including death statistics and general department updates.
- Out-of-County Training Requests: None
- Payment of Bills: *Motion by Cudo, second by Gorsegner to approve payment approval report. Motion carried.*
- Budget Review: *Motion by Gorsegner, second by Cudo to approve the budget reporting forms as presented and forward to Finance. Motion carried.*
- 2026 Budget: *Motion by Gorsegner, second by Schneider to approve the 2026 budget as presented and forward to Finance. Motion carried.*

Rusk County Sheriff presentation

- Reviewed monthly report including inmate housing updates, calls for service, overtime shifts, and general department updates.
- Out-of-County Training Requests: Grassmann [WCA Conference – 09/21-09/23 – Wisconsin Dells] Gronski [WNOA Conference – 08/13-08/15 – Green Bay] Price [Sniper Basic – 08/25-08/29 – Marathon County] Tuma [CIB Conference – 09/17-09/19 – Green Bay] Olsen [FTO Basic – 09/15-09/17 – Eau Claire] Herr [Validation Training – 08/13 – Marathon County]. *Motion by Schneider, second by Gorsegner for all out of county travel requests. Motion carried.*
- Payment of Bills: *Motion by Schneider, second by Gorsegner to approve payment approval report. Motion carried.*
- Budget Review: *Motion by Cudo, second by Schneider to approve the budget reporting forms as presented and forward to Finance. Motion carried.*

- Approve Advanced Correctional Healthcare Annual Contract: Discussion held. *Motion by Cudo, second by Schneider to approve Option 2 of the Advanced Correctional Healthcare contract for 2026 with the increase of nurse hours from 15 hours to 16 hours per week. Motion carried.*
- 2026 Budget: *Motion by Schneider, second by Gorsegner to approve the 2026 budget as presented and forward to Finance. Motion carried.*

Next Regular Meeting Date – September 10, 2025 at 8:00am

Adjourn – Motion to adjourn at 9:39am

DRAFT

Report Criteria:

Detail report.

Invoices with totals above \$0 included.

Paid and unpaid invoices included.

Invoice Detail.GL account =

"1002352301000"- "1002352301999", "1002552501000"- "1002552501999", "1002652507000"- "1002652507999", "1002852509000"- "1002852509999", "100294"- "10031", "10075"- "10076", "1002452303000"- "1002452303999"

[Report].Description = {<>} "1099 adjustment"

Invoice Detail.Created date = 08/06/2025-09/02/2025

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
BOUND TREE MEDICAL LLC	66489237	ICE PAK SUPPLIES	208.82	100-23-52301-349 AMBULANCE-EQUI
BRIGHTSPEED	480000247839	AUGUST 2025, ACCT 301217898	170.95	100-23-52301-225 AMBULANCE-TELE
CHARTER COMMUNICATIONS	06272025	EMS HOUSE INTERNET	95.71	100-23-52301-225 AMBULANCE-TELE
LADYSMITH ACE HARDWARE	A64523/1	COT MAINT	10.78	100-23-52301-349 AMBULANCE-EQUI
LINDE GAS & EQUIPMENT INC	51296447	O2 BR	211.14	100-23-52301-347 AMBULANCE- MEDI
LINDE GAS & EQUIPMENT INC	51296449	O2 BR	50.26	100-23-52301-347 AMBULANCE- MEDI
LINDE GAS & EQUIPMENT INC	51296450	O2 BR	224.06	100-23-52301-347 AMBULANCE- MEDI
LINDE GAS & EQUIPMENT INC	51296452	O2 SHELDON	628.23	100-23-52301-347 AMBULANCE- MEDI
LINDE GAS & EQUIPMENT INC	51296455	O2 LS	931.36	100-23-52301-347 AMBULANCE- MEDI
LINDE GAS & EQUIPMENT INC	51296459	HAW 02	192.12	100-23-52301-347 AMBULANCE- MEDI
NATIONAL REGISTRY OF EMT	1493268	NREMT TEST	100.00	100-24-52303-339 AMB GRANT-TRAINI
ONSOLVE LLC	15344488	CODE RED 2025	2,011.12	100-30-52501-225 EMERG MGMNT - C
STERICYCLE INC	8010801045	BIO HAZZARD WASTE DISPOSA	198.80	100-23-52301-216 AMBULANCE-CONT
STERICYCLE INC	8011106973	BIO HAZZARD WASTE DISPOSA	198.80	100-23-52301-216 AMBULANCE-CONT
STRYKER SALES LLC	9209771855	AED PADS CR2	703.05	100-23-52301-349 AMBULANCE-EQUI
TOYCEN FORD INC	81267	254 FRONTEND ALIGN	353.10	100-23-52301-356 AMBULANCE-GAS/
TRIZETTO PROVIDER SOLUTIONS	37TU082500	AMB SOFT	130.00	100-23-52301-216 AMBULANCE-CONT
VERIZON WIRELESS	6120262559	7/5/2025-8/4/2025, ACCT 983216	269.89	100-23-52301-225 AMBULANCE-TELE
WALMART	016001	TESTING SUPPLIES	201.24	100-23-52301-349 AMBULANCE-EQUI
WE ENERGIES	5546628770	6/4/25-7/7/25, ACCT 0718676238-	13.73	100-23-52301-220 AMBULANCE-UTILI
WILLIAMS, ROBERT A	159-09012025	SEPT 25 RENT EMS HOUSE	850.00	100-23-52301-530 AMBULANCE-HOUS
XCEL ENERGY	938500445	7/1/25-7/31/25, ACCT 52-0013980	207.24	100-23-52301-220 AMBULANCE-UTILI
Grand Totals:			7,960.40	

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
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We, the undersigned committee, have reviewed and approve the attached list of invoices and purchasing card statement(s).

Terry Wedwick - Chairperson

Date

Phil Schneider- Vice Chairperson

Suzanne Vohs

Kurt Gorsegner

Tom Cudo

August 2025 Death Statistics

	N	A	S	H	U	Tot	Autop	Crem	Hosp	OnCall	Donat
January	4	1	0	0	0	5	0	6	6	0	1
February	4	0	0	0	0	4	0	9	4	0	1
March	7	0	0	0	0	7	0	10	4	4	1
April	5	0	0	0	0	5	0	6	7	0	2
May	1	1	0	0	0	2	0	4	3	0	0
June	6	1	0	0	0	7	0	10	3	20	0
July	7	1	0	0	0	8	0	11	5	84	1
August	4	2	1	0	0	7	1	12	7	41	3
September						0					
October						0					
November						0					
December						0					
YTD	38	6	1	0	0	45	1	68	39	149	9
								hours left		2443	

1. Monthly death statistics
2. Request to attend training
3. Discussion of any departmental issues
 - a. Radio in van
 - b. Marathon Medical examiners' autopsy suite
 - c. Cot loading system
4. Review invoices
 - a. approval
5. Review budget

key N-Natural, A-Accident, S-Suicide, H-Homicide, U-Undetermined
 Autop-Autopsy, Crem-Cremations, Hosp-Hospice calls,
 OnCall-on call hours used, Donat-Donation calls taken

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: **Medical Examiner**

Month of Report: **August**

Budget Name: **Medical Examiner**

Budget Number: **105**

Name & Title of Person Preparing This Report: **Annette Grotzinger ME**

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: **51,428.89**

2024 Actual Expenditures: **60,508.68**

2023 Actual Revenues: **7,825.00**

2024 Actual Revenues: **7,055.00**

BUDGET INFORMATION:

Budgeted Expenditures: **78,945.00**

Budgeted Revenues: **6,000.00**

YTD Expenditures: **21,974.57**

YTD Revenues: **4,500.00**

Projected Expenditures: **78,945.00**

Projected Revenues: **6,000.00**

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

Department Head's Signature: Annette Grotzinger

Date: 9/10/2025

This budget report form is to be sent to the Clerk's Office/Agenda Preparer for inclusion in the packet provided to the Oversight Committee.

Oversight Committees shall approve budget report forms and forward to the Finance Committee. Departments shall email approved budget report forms and Oversight meeting minutes to the Finance Director, or in their absence the Administrative Coordinator, to compile final monthly report for the Finance Committee.

Fully approved final monthly report, which includes all departmentally submitted budget report forms, will be filed with the Finance Director, or in their absence the Administrative Coordinator.

Please refer to the Financial Procedures Manual, Chapter 6 for the full policy regarding monthly departmental budget reports.

Report Criteria:

Detail report.
Invoices with totals above \$0 included.
Paid and unpaid invoices included.
[Report].Description = {<>} "1099 adjustment"
Invoice Detail.GL account = "1000451261000"."1000451261999"
Invoice Detail.Created date = 08/06/2025-09/02/2025

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
Grand Totals:			<u>.00</u>	

We, the undersigned committee, have reviewed and approve the attached list of invoices and purchasing card statement(s).

Terry Wedwick - Chair

Date

Phil Schneider -Vice Chair

Suzanne Vohs

Kurt Gorsegner

Tom Cudo

Medical Examiner's Office

505 W. Campus Drive
Wausau, WI 54403



phone: 715.261.1199

fax: 715.261.1198

www.MarathonCounty.gov/MEO

To Our Valued Referral Partners,

I am honored to introduce myself as the Chief Medical Examiner for Marathon County. It is truly a privilege to join the phenomenal team at the Medical Examiner's Office and lead the department through the transition to a physician-led medical examiner's system. Throughout the transition, we remain a team dedicated to providing comprehensive and compassionate death investigation services to our community and referral agencies throughout the region.

As we begin to offer professional autopsy and consultation services from our new location at the Marathon County Forensic Science Center, my commitment is to uphold the highest standards of medical and ethical practice, timely communication, and collaborative relationships with all our partners in the medicolegal and healthcare fields. Whether you represent a coroner's office, medical examiner's office, hospital, legal team, or law enforcement agency, we are here to support your needs with accuracy, integrity, and respect for the families and communities we serve.

Enclosed in this welcome packet, you'll find key information about our office's services and contact information for our office and staff. Please refer to these materials when initiating a referral and do not hesitate to contact our team for assistance or any questions or concerns.

We understand that the need for medical examiner/forensic pathology services often comes at a critical and sensitive time, and we are committed to developing a referral and reporting process as seamless and efficient as possible. In the early stages of the transition, we will be continuously reviewing our workflows to identify opportunities for improvement and welcome your feedback as we enhance the services we provide.

We look forward to working closely with you, continuing our shared mission of increasing access to forensic medicine services and advancing the positive impact those services have on the families and communities we serve.

Thank you for your trust and partnership.

Warm regards,

Leah M. Schuppener, DO

Leah M. Schuppener, DO, D-ABMDI

Chief Medical Examiner

Medical Examiner's Office

Leah.Schuppener@marathoncounty.gov

Office: 715-261-11

INTERGOVERNMENTAL FORENSIC PATHOLOGY SERVICE AGREEMENT

This Intergovernmental Autopsy Agreement ("Agreement") is entered into by and between Marathon County, a political subdivision of the State of Wisconsin, on behalf of its Medical Examiner's Office ("Marathon County"), and _____ a political subdivision of the State of Wisconsin ("Referring County"), collectively referred to as the "Parties."

RECITALS

WHEREAS, the Marathon County Medical Examiner's Office provides professional forensic pathology services;

WHEREAS, the Referring County desires to access the services of the Marathon County Medical Examiner's Office for forensic pathology services;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. SCOPE OF SERVICES

1.1 Available Services.

The following services may be provided at the discretion of the case assigned Medical Examiner assigned by Marathon County:

- External examination
- Full post-mortem examination (Standard– e.g., natural deaths, overdoses, traffic fatalities)
- Full post-mortem examination (Complex – e.g., homicides, infant deaths, in-custody deaths)

Referring County will provide Marathon County with a completed Authorization for Postmortem Examination form for each decedent upon which Referring County will indicate which of the above service is being requested by the Referring County. Completion of the Authorization for Postmortem Examination shall be required prior to provision of services relative to individual decedents.

All examinations performed by Marathon County pursuant to this Agreement shall include the following services:

- Basic post-mortem radiology (on-site)
- Forensic photography
- Histology (Basic: up to 5 cassettes/H&E slides; Complex: up to 15 cassettes/H&E slides)
- Limited specialized testing, if applicable (e.g., dip stick urine drug screens, carbon monoxide)

Referring County agrees that Marathon County may determine the extent of the examination at the discretion of its assigned Medical Examiner and that the scope of services provided in a given case will be at the discretion of the Medical Examiner assigned by Marathon County.

1.2 Additional Services.

At the discretion of the case assigned Medical Examiner assigned by Marathon County, the following may be performed and will be separately billed to the Referring County:

- Toxicology (including vitreous chemistries)
- Additional histology and special stains
- Advanced post-mortem radiology
- Specialized testing (e.g., laboratory panels, genetic testing)
- Expert consultations (e.g., neuropathology, cardiovascular pathology, forensic anthropology)

1.3 Case Acceptance.

Acceptance of a case is solely at the discretion of the Chief Medical Examiner (or their designee). Particular cases referred may be declined based on current caseload or case specifics at the discretion of the Chief Medical Examiner (or their designee).

1.4 Reporting and Communication.

Referring County shall have the opportunity to discuss case circumstances and autopsy findings with the case assigned Medical Examiner assigned by Marathon County. Reports will be delivered in accordance with standard timelines. Separate charges will apply for deposition or courtroom testimony.

2. REFERRING COUNTY RESPONSIBILITIES

2.1 Required Documentation (Due at or prior to examination):

The Referring County shall provide the following documentation to the Marathon County Medical Examiner's Office at or prior to the time of examination pursuant to this Agreement:

- Complete scene photographs
- Coroner/Medical Examiner Investigative/Scene Report
- Written authorization for forensic toxicologists to discuss findings with the Medical Examiner(s)
- All available test results, including toxicology and genetic testing, and authorization to access data from Axis, NMS, and/or the State Laboratory of Hygiene

2.2 Supplemental Documentation (Due upon request):

The Referring County shall provide the following documentation to Marathon County upon request of Marathon County:

- Medical records
- EMS reports
- Prescription Drug Monitoring Program (PDMP) reports

- Law enforcement reports
- Fire Marshal reports
- Traffic accident reports
- Body camera and surveillance footage
- Scene reenactments
- Other reports as deemed applicable by the Marathon County Medical Examiner

2.3 Payment

Marathon County shall submit to Referring County invoices outlining services provided at the completion of particular cases performed for Referring County. Referring County agrees to pay invoices within 30 days of receipt.

3. OBSERVATION ACKNOWLEDGEMENT

Undergraduate and medical students, as well as resident physicians, may observe autopsies for educational purposes at the Marathon County Forensic Science Center. By utilizing services pursuant to this Agreement, Referring County consents to the observation of services provided for educational purposes.

4. BILLING AND PAYMENT

Referring County shall be billed based on the service level selected unless the Medical Examiner finds that additional examination is warranted, in which case the billing will be based upon the services performed as determined by the Medical Examiner(s). Deposition and courtroom testimony will be billed separately. Invoices shall be paid within thirty (30) days of receipt.

5. TERM AND TERMINATION

This Agreement shall be effective as of the date of execution by both Parties and shall continue until completion of services rendered herein or until terminated by either Party with thirty (30) days' written notice.

6. AUTOPSY AUTHORIZATION

By entering into this Agreement, Referring County authorizes Marathon County to perform forensic pathology services on the decedent(s) identified by Referring County. Referring County further represents that it has obtained or verified all necessary consents and authorizations for the performance of said services as required by law.

7. MISCELLANEOUS

7.1 Independent Contractor. The Parties acknowledge that Marathon County acts as an independent contractor in performing services hereunder.

7.2 Indemnification. Each Party shall be responsible for its own acts, errors, or omissions and the acts of its employees or agents.

Referring County hereby agrees to release, indemnify, defend, and hold harmless Marathon County, its officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or nature whatsoever, including actual and reasonable attorney's fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, which is determined to be caused by the negligent or intentional acts or omissions of Referring County's officers, officials, employees, agents or assigns.

Marathon County hereby agrees to release, indemnify, defend, and hold harmless Referring County, its officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or nature whatsoever, including actual and reasonable attorney's fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, which is determined to be caused by the negligent or intentional acts or omissions of Marathon County's officers, officials, employees, agents or assigns.

7.3 Governing Law. This Agreement shall be governed by the laws of the State of Wisconsin.

IN WITNESS WHEREOF, the Parties have executed this Agreement effective as of the latest date signed below.

Authorized Representative
[Referring County]
Date: _____

Chief Medical Examiner
Marathon County
Date: _____

2025
Rusk County Sheriff's Office
Monthly Report For:
AUGUST

Average Daily Inmate Population **21**

Average Daily EMP Inmate Population **1**

Average Daily Inmates Housed Out of County .. **0**

Training Received:

<u>Herr [08/13]</u>	<u>Validation Training; Marathon County</u>
<u>Price [08/25-08/29]</u>	<u>Sniper Basic; Marathon County</u>

Upcoming Training Requested/Scheduled:

<u>Price [08/25-08/29]</u>	<u>Sniper Basic; previously approved – total lower</u>
<u>Ewert [10/13-11/14]</u>	<u>Jail Academy; Appleton, WI</u>
<u>Olsen & Tjader [10/09-10/10]</u>	<u>MGIA Conference; Altoona, WI</u>
<u>Baier [09/22-09/23]</u>	<u>Supervising Patrol Critical Incidents; EC PD</u>
<u>Olynick [09/30-10/02]</u>	<u>Jail Conference; Green Bay, WI</u>
<u>Tuma [10/07-10/09]</u>	<u>SAA Training; Waupaca Co.</u>
<u>Fenstermacher</u>	<u>GLOCK Armorer's Course; Durand, WI</u>

Meetings Attended: Radio/Tower Meeting, Department Meeting, Personnel,
Emergency Services, County Board

Special Points of Interest:

Shop with a Cop/Christmas for Kids has been restructured with a new name – Jingle Bells and Badges! An official event date has not been set, but will be within first 2 weeks of Dec.

CALLS FOR SERVICE:	2025	2024	2023
Accidents (total)	298	446	505
Burglar Alarm	26	46	14
Disorderly Conduct	154	250	213
Domestic Violence	62	85	67
Drug Offense	8	12	29
Emergency Detention	85	104	85
Sexual Assault	27	43	49
Theft	126	198	137
Warrant	129	162	147
Weapon Offense	5	11	18
TOTALS	920	1,357	1,264

Accident totals include:

- Driver Reportable
- Fatality
- Property Damage
- Personal Injury

OVERTIME POSTING(S)

Date Posted:	7/11/2025	Time Posted:	10:00	Posted By:	OLYNICK
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AUGUST OT

REASON	DAY	DATE	HOURS	DUTY	LEFT VACANT BY	LAST DAY TO POST	DEPUTY WANTING SHIFT	ASSIGNED TO
VACANT SHIFT	FRIDAY	8/1/2025	1800-0600	JAIL-DISPATCHER		7/20/2025	137	137
JAIL SCHOOL	SATURDAY	8/2/2025	0600-1800	JAIL	132	7/20/2025		128
VACANT SHIFT	SATURDAY	8/2/2025	1800-0600	JAIL-DISPATCHER		7/20/2025	139	139
JAIL SCHOOL	THURSDAY	8/7/2025	0500-1700	FEMALE JAIL DISPACTHER	132	7/20/2025	124/	124/133
JAIL SCHOOL	FRIDAY	8/8/2025	0500-1701	FEMALE JAIL DISPACTHER	132	7/20/2025	124/	124/133
127 VACATION	FRIDAY	8/8/2025	1800-0000	MAYBE ANOTHER DISPATCHER	127		133	
137 VACATION	WEDNESDAY	8/13/2025	1700-2100					132
130 DISP TRN	FRIDAY	8/15/2025	1800-6A	JAIL	TRAINING	7/20/2025	182	182
130 DISP TRN	SATURDAY	8/16/2025	1800-6A	JAIL	TRAINING	7/20/2025	182	182
135 VACATION	SATURDAY	8/16/2025	0600-1800	JAIL DISPATCH	135			133
130 DISP TRN	SATURDAY	8/23/2025	1800-6A	JAIL	TRAINING	7/20/2025	129	129
130 DISP TRN	SUNDAY	8/24/2025	1800-6A	JAIL	TRAINING	7/20/2025	129	129
ACH TRAINING	MONDAY	8/18/2025	0600-1200	RESERVES	TRAINING	7/20/2025	182	182
ACH TRAINING	TUESDAY	8/19/2025	0600-1201	RESERVES	TRAINING	7/20/2025	182	182
136 VACATION	WEDNESDAY	8/20/2025	1500-1800	MALE	VACATION	ASAP		
139 COMP	FRIDAY	8/22/2025	1700-2300	JAIL/DISPATCH	139	7/20/2025	137	137
139 COMP	SATURDAY	8/23/2025		JAIL/DISPATCH	139	7/20/2025	133	133
136 VACATION	MONDAY	8/25/2025		NOON-1800	136	ASAP		
135 VACATION	SATURDAY	8/30/2025	0600-1800	JAIL/DISPATCH	135			133/132
130 dsp trn	SUNDAY	8/31/2025	1800-0600	JAIL	130	7/20/2025	182	182

Report Criteria:

Detail report.

Invoices with totals above \$0 included.

Paid and unpaid invoices included.

[Report].Description = {<>} "1099 adjustment"

Invoice Detail.GL account =

"1002152111000"- "1002152111999", "1002252112000"- "1002252112999", "100425"- "100426", "1004652112000"- "1004652112999", "211"- "212", "1007752111000"- "1007752111999"

Invoice Detail.Created date = 08/06/2025-09/02/2025

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
ADVANCED CORRECTIONAL	RINV-006704	ON-SITE MEDICAL SERVICES	8,173.67	100-22-52112-347 JAIL-PRISONER ME
AKRYPT	17487	127 UNIFORMS - (1) CHEST LIG	40.00	100-22-52112-345 JAIL-UNIFORMS
AMAZON.COM	112-1756468-4	JAIL - CLOROX WIPES	34.44	100-22-52112-349 JAIL-PRISONER MAI
AMAZON.COM	112-1756468-4	JAIL - DESK ORGANIZER	13.99	100-22-52112-340 JAIL-EQUIP < \$5,00
AMAZON.COM	112-1756468-4	JAIL - BINDER CLIPS	6.79	100-21-52111-319 SHERIFF- OFFICE S
AMAZON.COM	112-1756468-4	JAIL - STAPLES	8.76	100-21-52111-319 SHERIFF- OFFICE S
AMAZON.COM	112-31114539-	125 INITIAL ISSUE - PANTS - RE	113.98	100-22-52112-345 JAIL-UNIFORMS
AMAZON.COM	112-4182868-3	JAIL OFFICE - SHARPIES * PEN	34.32	100-21-52111-319 SHERIFF- OFFICE S
AMAZON.COM	112-5477604-7	103 ERT UNIFORMS - INITIAL IS	154.29	100-77-52111-340 TACTICAL TEAM-EQ
AMAZON.COM	112-6084419-4	SALLY PORT - METAL HOSE RE	264.99	100-21-52111-332 SHERIFF- VEHICLE
AMERICAN HEART ASSOC	003509918	129 CPR/BLS TRAINING	37.00	100-22-52112-339 JAIL-TRAINING
AMERICAN HEART ASSOC	003509918	128 CPR/BLS TRAINING	37.00	100-22-52112-339 JAIL-TRAINING
AMERICAN HEART ASSOC	003509918	125 CPR/BLS TRAINING	37.00	100-22-52112-339 JAIL-TRAINING
AMERICAN HEART ASSOC	003540348	125 CPR/BLS TRAINING	37.00	100-22-52112-339 JAIL-TRAINING
APCO INTERNATIONAL	1192471	121 MEMBERSHIP DUES	108.00	100-22-52112-339 JAIL-TRAINING
ASSURANCE TRANSPORT SERVICES L	20250043	25B-00081 MENTAL HEALTH TR	1,200.00	100-22-52112-338 JAIL-OUT OF COUN
ASSURANCE TRANSPORT SERVICES L	20250047	25C-03096 MENTAL HEALTH TR	1,200.00	100-22-52112-338 JAIL-OUT OF COUN
AXON ENTERPRISE INC	00238883	(1) TARGET FRAME - TASER TR	120.00	100-22-52112-339 JAIL-TRAINING
BASS PRO SHOPS/CABELA'S	Y119949926	(30BX) SNIPER AMMO	1,192.15	100-21-52111-340 SHERIFF- REPLACE
CENTURYLINK	500150169 060	E911 LINES - BARRON CO INCO	110.49	100-22-52112-225 JAIL-911 MONTHLY
CHIPPEWA VALLEY ELECTRIC COOP	9021892 07032	W13522 CHIPPEWA TRAIL - SW	54.35	100-21-52111-225 SHERIFF- COMMUN
CHIPPEWA VALLEY TECHNICAL COLL	60289	137 TRAINING REGISTRATION -	395.00	100-22-52112-339 JAIL-TRAINING
CNA SURETY	481393781	161 NOTARY BOND INSURANC	30.00	100-21-52111-399 SHERIFF-EMPLOYM
CULVER'S	AAA4YM34AE	133 TRAINING - MEALS	14.34	100-22-52112-339 JAIL-TRAINING
CULVER'S	AAA4YM36AC	133 TRAINING - MEALS	14.34	100-22-52112-339 JAIL-TRAINING
CULVER'S	AAA4YM3AAE	133 TRAINING - MEALS	17.08	100-22-52112-339 JAIL-TRAINING
CULVER'S	AAA4YM3CAG	133 TRAINING - MEALS	13.06	100-22-52112-339 JAIL-TRAINING
CULVER'S	AAA4YM3GAC	133 TRAINING - MEALS	17.39	100-22-52112-339 JAIL-TRAINING
CULVER'S	AAA4YM3NAC	133 TRAINING - MEALS	14.85	100-22-52112-339 JAIL-TRAINING
CULVER'S	AAA4YM3WAC	133 TRAINING - MEALS	14.34	100-22-52112-339 JAIL-TRAINING
FIRST TACTICAL	264788	103 INITIAL ISSUE ERT UNIFOR	369.97	100-77-52111-340 TACTICAL TEAM-EQ
GALLS, LLC	031800807	121 (1) BRASS NAME PLATE - G	12.55	100-22-52112-345 JAIL-UNIFORMS
GALLS, LLC	031800807	102 (1) BRASS NAME PLATE - G	12.55	100-21-52111-345 SHERIFF- UNIFORM
GALLS, LLC	031855808	106 INITIAL ISSUE - POLOS RES	223.69	100-21-52111-345 SHERIFF- UNIFORM
GALLS, LLC	031968712	125 INITIAL ISSUE - RETURNED	122.51-	100-22-52112-345 JAIL-UNIFORMS
GENERAL COMMUNICATIONS	347385	AUG 25 MAINT AGREEMENT	1,660.00	100-21-52111-225 SHERIFF- COMMUN
INTRADO LIFE & SAFETY INC	PRI 000027	ACCT 100000001 - MILESTONE -	426.94	100-21-52111-813 SHERIFF- CAPITAL
JUMP RIVER ELEC COOP INC	17827001 0705	N5861 NORWEGIAN RD TOWER	55.53	100-21-52111-225 SHERIFF- COMMUN
JUMP RIVER ELEC COOP INC	17827002 0705	N5591 HWY 73 TOWER	58.23	100-21-52111-225 SHERIFF- COMMUN
KWIK TRIP	012456	BOAT PATROL - FUEL 5.472GAL	20.95	211-34-52120-356 WATER PATROL-MI
KWIK TRIP	049674	25C-03088/25C-03090 SEARCH	39.96	100-21-52111-394 SHERIFF- SEARCH
KWIK TRIP	052085	BOAT PATROL FUEL - 11.480GA	44.30	211-34-52120-356 WATER PATROL-MI
LADYSMITH ACE HARDWARE	A52918/1	(2) WOODEN STAKES - NNO SI	8.98	100-21-52111-340 SHERIFF- REPLACE
LADYSMITH FAMILY RESTAURANT	648735	INMATE MEALS - JULY 2025	13,314.00	100-22-52112-343 JAIL-PRISONER ME
LADYSMITH POSTMASTER	015357	EVIDENCE MAILED	7.45	100-21-52111-311 SHERIFF- POSTAGE
LADYSMITH POSTMASTER	088440	EVIDENCE MAILED	7.45	100-21-52111-311 SHERIFF- POSTAGE
MARSHFIELD CLINIC HEALTH SYSTE	919053	J. STONE - PRE EMPLOY MED	226.50	100-21-52111-399 SHERIFF-EMPLOYM
MARSHFIELD CLINIC HEALTH SYSTE	919778	25B-00387 INMATE MEDICAL - D	207.37	100-22-52112-347 JAIL-PRISONER ME
MARSHFIELD CLINIC HEALTH SYSTE	920554	25B-00395 INMATE MEDICAL - D	240.68	100-22-52112-347 JAIL-PRISONER ME

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
MCKESSON MEDICAL-SURGICAL GO	24051465	(4 BOXES) SPONGE GAUZE	12.92	100-22-52112-347 JAIL-PRISONER ME
MCKESSON MEDICAL-SURGICAL GO	24053882	(1BX) AQUACEL WOUND DRES	236.78	100-22-52112-347 JAIL-PRISONER ME
PIZZA DEL RE	023577	133 TRAINING - MEALS	12.00	100-22-52112-339 JAIL-TRAINING
REPUBLIC SERVICES #930	0930-0014616	JULY 25 JAIL DUMPSTER	136.46	100-42-51610-229 JAIL MAINT- REFUS
SAFE LIFE DEFENSE	32476608	106 BPV - INITIAL ISSUE	629.10	100-21-52111-345 SHERIFF- UNIFORM
STANARD & ASSOCIATES INC	SA000062108	(3) PERS EVAL EXAMS & SHPG	935.00	100-21-52111-399 SHERIFF-EMPLOYM
STROBELS SUPPLY	34056	(1 BOX) NITRILE EXAM GLOVES	100.08	100-22-52112-349 JAIL-PRISONER MAI
SYSCO BARABOO, LLC	418917078	JAIL MEALS - MILK	36.10	100-22-52112-343 JAIL-PRISONER ME
SYSCO BARABOO, LLC	418925332	JAIL MEALS - MILK	53.85	100-22-52112-343 JAIL-PRISONER ME
SYSCO BARABOO, LLC	418933527	JAIL MEALS - MILK	53.85	100-22-52112-343 JAIL-PRISONER ME
SYSCO BARABOO, LLC	418942014	JAIL MEALS - MILK	71.80	100-22-52112-343 JAIL-PRISONER ME
TK ELEVATOR CORPORATION	6000800771	REPAIR#1379898 - SALLY PORT	5,250.02	100-42-51610-249 JAIL MAINT- REPAI
TK ELEVATOR CORPORATION	6000804036	REPAIR#1379898 - SALLY PORT	5,250.02	100-42-51610-249 JAIL MAINT- REPAI
TONY LUMBER & SUPPLY	I26297	(3) 4X8 1/2" SYP/FIR PLYWOOD	79.20	100-42-51610-249 JAIL MAINT- REPAI
TOWERNORTH DEVELOPMENT LLC	01012025-080	JAN 25-AUG 25 RUSTY NAIL TO	4,800.00	100-21-52111-225 SHERIFF- COMMUN
TOWERNORTH DEVELOPMENT LLC	09012025	SEPT 25 - RUSTY NAIL TOWER	600.00	100-21-52111-225 SHERIFF- COMMUN
TRANS UNION LLC	51361-202506-	JUNE 25 BACKGROUND CHECK	70.87	100-21-52111-348 SHERIFF- INVEST S
VERIZON WIRELESS	6116644789	MAY-JUNE RUSO CELL PHONE	689.14	100-21-52111-225 SHERIFF- COMMUN
VERIZON WIRELESS	6116644790	MAY-JUNE RUSO MDC	944.90	100-21-52111-226 SHERIFF-MDT AIR C
WALMART	02345	FREEZEE POPS - PARADE MAR	20.86	100-21-52111-392 SHERIFF- DONATIO
WALMART	059520	SALLY PORT - HOSE FOR SQUA	69.00	100-21-52111-332 SHERIFF- VEHICLE
WALMART	096045	SALLY PORT - HOSE & CONNE	10.94	100-21-52111-332 SHERIFF- VEHICLE
WALMART	2000134-4245	JAIL - (1PK) AA ALKALINE BATT	19.98	100-21-52111-319 SHERIFF- OFFICE S
WE ENERGIES	5578579017	06/04/2025-08/05/2025 ACCT 074	9.49	100-21-52111-225 SHERIFF- COMMUN
WESTWOOD PHARMACY CLINICAL S	46748	INMATE RX - JULY 2025	285.24	100-22-52112-347 JAIL-PRISONER ME
WI DEPT OF FINANCIAL INSTITUTION	WS2CFI01267	KRON - NOTARY RENEWAL	20.00	100-21-52111-399 SHERIFF-EMPLOYM
WI SHERIFFS & DEPUTY SHERIFFS	00193	121 JAIL ADMIN. CONFERENCE	200.00	100-22-52112-339 JAIL-TRAINING
Grand Totals:			<u>50,920.81</u>	

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
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We, the undersigned committee, have reviewed and approve the attached list of invoices and purchasing card statement(s).

Terry Wedwick - Chair

Date

Phil Schneider- Vice Chair

Suzanne Vohs

Kurt Gorseger

Tom Cudo

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: Sheriff

Budget Number: 210

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 2,424,287.25

2024 Actual Expenditures: 2,493,202.03

2023 Actual Revenues: 97,351.47

2024 Actual Revenues: 38,715.14

BUDGET INFORMATION:

Budgeted Expenditures: 2,706,008.00

Budgeted Revenues: 24,150.00

YTD Expenditures: 1,500,747.45

YTD Revenues: 31,219.63

Projected Expenditures: 2,698,803.68

Projected Revenues: 32,000.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: 100-21-52111-225
SHERIFF-COMMUNICATIONS

Reason for Concern: 5yr agreement for Spillman/FLEX Software Maintenance Agreement came due in 2025

Plan of Action: Certain costs impacting the communications budget planned for in 2025 have not started to hit the budget yet (ytd) as it is determined by the progress of the radio/tower upgrades reducing the budgeted amount needed for those fees. See attached spreadsheet for cost breakdowns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

With changes in RUSO personnel, patrol overtime could take a hit.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: Jail

Budget Number: 211

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 2,001,527.16

2024 Actual Expenditures: 2,458,174.96

2023 Actual Revenues: 116,394.16

2024 Actual Revenues: 119,409.86

BUDGET INFORMATION:

Budgeted Expenditures: 2,301,196.00

Budgeted Revenues: 83,450.00

YTD Expenditures: 1,154,206.10

YTD Revenues: 48,210.80

Projected Expenditures: 2,157,582.62

Projected Revenues: 84,686.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: 100-22-52112-115
JAIL-RESERVE DEPUTY (wages)

Reason for Concern: Our reserve deputies will be working several shifts to help off-set the amount of overtime this summer due to vacant shifts & open positions

Plan of Action: Having a reserve deputy work shifts ultimately costs less money than to pay a full-time employee to work those shifts at the overtime rate.

Account Number/Name: 100-22-52112-340
JAIL-EQUIP < \$5,000

Reason for Concern: Currently over budget by \$2,875.52 - still have several months in this fiscal year

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: Jail Maintenance

Budget Number: 240

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 19,136.44

2024 Actual Expenditures: 16,062.77

2023 Actual Revenues: 7,620.44

2024 Actual Revenues: 0.00

BUDGET INFORMATION:

Budgeted Expenditures: 16,252.00

Budgeted Revenues: 4,500.00

YTD Expenditures: 20,441.73

YTD Revenues: 0.00

Projected Expenditures: 25,000.00

Projected Revenues: 4,500.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: 100-42-51610-246
JAIL MAINT-CONTRACT MAINT

Reason for Concern: Unexpected cost for Sally Port elevator maintenance & repair after power outage

Plan of Action: RUSO administration is working on creating new/more revenue sources for the jail

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: ATV Patrol

Budget Number: 233

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 13,488.35

2024 Actual Expenditures: 17,734.40

2023 Actual Revenues: 12,787.63

2024 Actual Revenues: 11,118.21

BUDGET INFORMATION:

Budgeted Expenditures: 14,939.00

Budgeted Revenues: 12,146.00

YTD Expenditures: 4,333.67

YTD Revenues: 0.00

Projected Expenditures: 14,961.39

Projected Revenues: 12,1476.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

DNR grant reimbursed

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: Snow Patrol

Budget Number: 213

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 9,658.55

2024 Actual Expenditures: 96.91

2023 Actual Revenues: 5,177.07

2024 Actual Revenues: 0.00

BUDGET INFORMATION:

Budgeted Expenditures: 13,174.00

Budgeted Revenues: 7,693.00

YTD Expenditures: 4,293.53

YTD Revenues: 0.00

Projected Expenditures: 13,174.00

Projected Revenues: 7,693.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

DNR grant reimbursed

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: Water Patrol

Budget Number: 212

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 6,433.80

2024 Actual Expenditures: 8,226.90

2023 Actual Revenues: 3,761.59

2024 Actual Revenues: 4,644.86

BUDGET INFORMATION:

Budgeted Expenditures: 11,289.00

Budgeted Revenues: 5,500.00

YTD Expenditures: 4,841.70

YTD Revenues: 0.00

Projected Expenditures: 11,289.00

Projected Revenues: 5,500.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

DNR grant reimbursed

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: K9

Budget Number: 214

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 15,183.73

2024 Actual Expenditures: 4,045.69

2023 Actual Revenues: 7,917.33

2024 Actual Revenues: 5,881.62

BUDGET INFORMATION:

Budgeted Expenditures: 2,500.00

Budgeted Revenues: 1,500.00

YTD Expenditures: 9,795.10

YTD Revenues: 9,515.92

Projected Expenditures: 12,000.00

Projected Revenues: 10,000.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: 100-21-52111-341
SHERIFF-K9-EXPENSE

Reason for Concern: K9 Leo has had unexpected medical costs due to emergency visits and surgeries

Plan of Action: Requested financial assistance from the National Police Dog Foundation to help off-set/reimburse veterinary expenses

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

No levy impact

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: Tactical Team

Budget Number: 240

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 31,871.00

2024 Actual Expenditures: 20,082.00

2023 Actual Revenues: 159,500.94

2024 Actual Revenues: 1,518.19

BUDGET INFORMATION:

Budgeted Expenditures: 23,374.00

Budgeted Revenues: 0.00

YTD Expenditures: 19,440.40

YTD Revenues: 0.00

Projected Expenditures: 23,374.00

Projected Revenues: 0.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: Shop with a Cop

Budget Number: 236

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 23,934.06

2024 Actual Expenditures: 18,384.91

2023 Actual Revenues: 19,571.84

2024 Actual Revenues: 14,781.95

BUDGET INFORMATION:

Budgeted Expenditures: 14,200.00

Budgeted Revenues: 14,200.00

YTD Expenditures: 0.00

YTD Revenues: 417.00

Projected Expenditures: 14,200.00

Projected Revenues: 14,200.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

No levy impact

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: EDGE

Budget Number: 220

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 5,462.36

2024 Actual Expenditures: 5,267.28

2023 Actual Revenues: 3,227.00

2024 Actual Revenues: 5,267.28

BUDGET INFORMATION:

Budgeted Expenditures: 7,489.00

Budgeted Revenues: 7,489.00

YTD Expenditures: 5,522.12

YTD Revenues: 0.00

Projected Expenditures: 5,522.12

Projected Revenues: 7,489.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: BRDEU

Budget Number: 221

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 7,572.82

2024 Actual Expenditures: 310.00

2023 Actual Revenues: 3,755.00

2024 Actual Revenues: 1,087.92

BUDGET INFORMATION:

Budgeted Expenditures: 5,000.00

Budgeted Revenues: 0.00

YTD Expenditures: 0.00

YTD Revenues: 0.00

Projected Expenditures: 2,000.00

Projected Revenues: 0.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: Project Lifesaver

Budget Number: 237

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 0.00

2024 Actual Expenditures: 0.00

2023 Actual Revenues: 500.00

2024 Actual Revenues: 600.00

BUDGET INFORMATION:

Budgeted Expenditures: 500.00

Budgeted Revenues: 500.00

YTD Expenditures: 0.00

YTD Revenues: 0.00

Projected Expenditures: 150.00

Projected Revenues: 500.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: VSS (Victim Services)

Budget Number: 225

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 46,496.02

2024 Actual Expenditures: 42,156.03

2023 Actual Revenues: 41,807.02

2024 Actual Revenues: 42,128.98

BUDGET INFORMATION:

Budgeted Expenditures: 37,174.00

Budgeted Revenues: 31,742.00

YTD Expenditures: 5,464.47

YTD Revenues: 5,155.00

Projected Expenditures: 5,464.47

Projected Revenues: 5,155.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

VSS is now full time with the DA's office due to loss of grant funding to work out of RUSO.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: Sheriff

Month of Report: August 2025

Budget Name: Wireless 911

Budget Number: 229

Name & Title of Person Preparing This Report: Phil Grassmann

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 26,212.90

2024 Actual Expenditures: 15,990.93

2023 Actual Revenues: 282.90

2024 Actual Revenues: 0.00

BUDGET INFORMATION:

Budgeted Expenditures: 0.00

Budgeted Revenues: 0.00

YTD Expenditures: 0.00

YTD Revenues: 0.00

Projected Expenditures: 0.00

Projected Revenues: 0.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

Previously noted concern has been corrected through a journal entry.

BUDGET REPORT

Department Head's Signature: Phil Grassmann

Date: 08/28/2025

This budget report form is to be sent to the Clerk's Office/Agenda Preparer for inclusion in the packet provided to the Oversight Committee.

Oversight Committees shall approve budget report forms and forward to the Finance Committee. Departments shall email approved budget report forms and Oversight meeting minutes to the Finance Director, or in their absence the Administrative Coordinator, to compile final monthly report for the Finance Committee.

Fully approved final monthly report, which includes all departmentally submitted budget report forms, will be filed with the Finance Director, or in their absence the Administrative Coordinator.

Please refer to the Financial Procedures Manual, Chapter 6 for the full policy regarding monthly departmental budget reports.

