

Rusk County Emergency Services Committee

Agenda

Date: Wednesday December 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 – November 12, 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
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
7. Set Next Meeting Date and Time – January 14, 2026 at 8:00am
8. Adjournment

Agenda Posted: 12/08/2025

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

November 12, 2025

Present: Schneider, Wedwick, Cudo, Gorsegner, Vohs

Others Present: Theresa Ludvigsen, Annette Grotzinger Miranda Kron, Mike Hraban, Ashley Heath, Ashley Gudis

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

Approval of the Minutes

Motion by Schneider, second by Vohs to approve the October 8, 2025 minutes as prepared. Motion carried.

Public Comment

None

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 the payment approval report. Motion carried.*
- Budget Review: *Motion by Gorsegner, second by Vohs to approve the budget reporting forms as presented and forward to Finance. Motion carried.*

Rusk County Emergency Management/Ambulance presentation

- Review of monthly report including ambulance needs/repairs and general department updates.
- Training Requests: Ludvigsen is requesting training for herself and 5 squad leaders to become trained to become CPR instructors; training will be held at the courthouse. Discussion held. *Motion by Vohs, second by Schneider to approve up to \$2,000.00 for CPR instructor training. Motion carried.*
- Payment of Bills: *Motion by Gorsegner, second by Schneider 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.*
- Ambulance Housing: Discussion held. *Motion by Schneider, second by Cudo to refer to the Property committee to negotiate leases with the recommendation to reduce the Ladysmith Police Department lease of \$13,360.00, with an increase in 2025 of 10%, then for years 2026-2028 a 5% increase each year, with further recommendation to continue the lease of the fire hall for \$1.00 per year for the ambulance. Motion carried.*
- Approve Interim Emergency Management/Ambulance Director: Discussion held. *Motion by Schneider, second by Cudo to approve Theresa Ludvigsen as the interim Emergency Management/Ambulance Director at a step 1 stipend as per the County's personnel handbook and forward to Personnel. 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: Olynick [12/08-12/11 – FBI LEEDA – EC County] Grassmann [12/11-12/12 – BSSA Conference – Stevens point] *Motion by Schneider, second by Cudo to approve all out of county travel requests. Motion carried.*
- Payment of Bills: *Motion by Gorsegner, second by Cudo to approve the payment approval report. Motion carried.*
- Budget Review: *Motion by Cudo, second by Gorsegner to approve the budget reporting forms as presented and forward to Finance. Motion carried.*

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

Adjourn – Motion to adjourn at 8:54am

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 = 11/05/2025-12/02/2025

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
AMAZON.COM	111-0005409-9	BP CUFF & AUTOMATIC BP	101.52	100-23-52301-349 AMBULANCE-EQUI
AMAZON.COM	111-0494347-4	SUPPLIES FOR AMB	131.44	100-23-52301-349 AMBULANCE-EQUI
AMAZON.COM	111-2966858-3	BANDAGING SUPPLIES	32.14	100-23-52301-349 AMBULANCE-EQUI
AMAZON.COM	111-6134991-1	AMBULANCE PILLOWS	69.87	100-23-52301-349 AMBULANCE-EQUI
AMAZON.COM	111-9893928-4	OFFICE SUPPLIES	211.02	100-23-52301-319 AMBULANCE-OFFIC
BOUND TREE MEDICAL LLC	66602594	EQUIPMENT	884.69	100-23-52301-349 AMBULANCE-EQUI
BOUND TREE MEDICAL LLC	66655198	PELVIC SLING, BP CUFF, COLD	283.30	100-23-52301-349 AMBULANCE-EQUI
BOUND TREE MEDICAL LLC	66656981	HOT PACKS	46.82	100-23-52301-349 AMBULANCE-EQUI
BOUND TREE MEDICAL LLC	66660123	CANNULA, I-GEL, TOURNIQUET,	718.01	100-23-52301-349 AMBULANCE-EQUI
BOUND TREE MEDICAL LLC	66669835	PELVIC SLING, MEGA MOVER	850.78	100-23-52301-349 AMBULANCE-EQUI
BRUCE TELEPHONE COMPANY	206228 110120	BRUCE INTERNET	46.65	100-23-52301-225 AMBULANCE-TELE
CHARTER COMMUNICATIONS	09272025	EMS HOUSE INTERNET	97.71	100-23-52301-225 AMBULANCE-TELE
CHARTER COMMUNICATIONS	10272025	EMS HOUSE INTERNET	97.71	100-23-52301-225 AMBULANCE-TELE
CITY OF CHIPPEWA FALLS	250210-32533	05/12/19 ALS INTERCEPT	1,459.90	100-23-52301-216 AMBULANCE-CONT
EXPRESS MART	0532	250 FUEL	58.52	100-23-52301-356 AMBULANCE-GAS/
EXPRESS MART	6909	12.971G FUEL 250	42.30	100-23-52301-356 AMBULANCE-GAS/
KWIK TRIP	041816	250 FUEL	37.56	100-23-52301-356 AMBULANCE-GAS/
LADYSMITH ACE HARDWARE	B02862/1	GENERATOR BATTERY	64.99	100-26-52507-340 LEPC-EQUIP < \$5,0
LADYSMITH ACE HARDWARE	B05472/1	FASTENERS/KEYS EM TRAILER	8.14	100-26-52507-340 LEPC-EQUIP < \$5,0
LINDE GAS & EQUIPMENT INC	53052529	O2 BR	148.22	100-23-52301-347 AMBULANCE- MEDI
LINDE GAS & EQUIPMENT INC	53052530	O2 SHELDON	480.80	100-23-52301-347 AMBULANCE- MEDI
LINDE GAS & EQUIPMENT INC	53052531	LS O2	1,135.69	100-23-52301-347 AMBULANCE- MEDI
LINDE GAS & EQUIPMENT INC	53052532	HAW O2	175.70	100-23-52301-347 AMBULANCE- MEDI
MARSHFIELD CLINIC HEALTH SYSTE	IN-11225	MED DIR OCT	500.00	100-23-52301-513 AMB-MEDICAL DIRE
MARSHFIELD CLINIC HEALTH SYSTE	IN-11233	MED SUPPLIES	177.89	100-23-52301-349 AMBULANCE-EQUI
MARSHFIELD CLINIC HEALTH SYSTE	IN-11377	MED SUPPLIES	231.63	100-23-52301-349 AMBULANCE-EQUI
MARSHFIELD CLINIC HEALTH SYSTE	IN-11419	MED DIRECTOR NOV	500.00	100-23-52301-513 AMB-MEDICAL DIRE
NORTHWOOD TECHNICAL COLLEGE	NRTWD--SF---	A.SCHWEIGERT EMT CLASS	1,009.82	100-23-52301-339 AMBULANCE-TRAIN
PAVLIK, DOUGLAS E	177424	FIRE EXTINGUISHER - INSPEC	80.00	100-23-52301-349 AMBULANCE-EQUI
PAVLIK, DOUGLAS E	177425	GENERATOR REPAIR	25.00	100-26-52507-340 LEPC-EQUIP < \$5,0
RASSBACH COMMUNICATIONS	11060	CHARGER ICOM	80.00	100-23-52301-349 AMBULANCE-EQUI
RASSBACH COMMUNICATIONS	11061	BATTERIES & CHARGER	276.75	100-23-52301-349 AMBULANCE-EQUI
RASSBACH COMMUNICATIONS	11107	RADIO PROGRAMMING AND BA	641.03	100-23-52301-349 AMBULANCE-EQUI
RASSBACH COMMUNICATIONS	11176	BATTERIES, REPROGRAM, CLI	254.28	100-23-52301-349 AMBULANCE-EQUI
RASSBACH COMMUNICATIONS	11245	RADIO PROGRAMMING	547.25	100-24-52303-340 AMB GRANT-EQUIP
STERICYCLE INC	8011996979	BIO HAZZARD WASTE DISPOSA	198.80	100-23-52301-216 AMBULANCE-CONT
STERICYCLE INC	8012302117	BIO HAZZARD WASTE DISPOSA	198.80	100-23-52301-216 AMBULANCE-CONT
STRYKER SALES LLC	9210096353	PT SIMULATOR ECG 12 LEAD	1,188.10	100-23-52301-349 AMBULANCE-EQUI
STRYKER SALES LLC	9210828471	TRAINING REPLACEMENT PAD	237.80	100-23-52301-349 AMBULANCE-EQUI
STRYKER SALES LLC	9210834679	3)AED BATTERIES	851.13	100-23-52301-349 AMBULANCE-EQUI
WALMART	075802	GLUCOMETER, THERMOMETE	43.48	100-23-52301-349 AMBULANCE-EQUI
WALMART	089989	WIPER FLUID	41.79	100-23-52301-356 AMBULANCE-GAS/
WE ENERGIES	5659704921	9/5/25-10/1/25, ACCT 071867623	15.61	100-23-52301-220 AMBULANCE-UTILI
WILLIAMS, ROBERT A	159-12012025	DEC 25 EMS RENT HOUSE	850.00	100-23-52301-530 AMBULANCE-HOUS
Grand Totals:			15,132.64	

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

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: Ambulance

Month of Report: December

Budget Name: Ambulance

Budget Number: 250

Name & Title of Person Preparing This Report: Ashley Heath, Administrative Coordinator

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 1,820,067.86

2024 Actual Expenditures: 1,896,620.72

2023 Actual Revenues: 1,264,214.21

2024 Actual Revenues: 1,003,072.92

BUDGET INFORMATION:

Budgeted Expenditures: 1,993,727.00

Budgeted Revenues: 1,284,054.00

YTD Expenditures: 1,289,165.10

YTD Revenues: 9,920.68

Projected Expenditures: 1,750,000.00

Projected Revenues: 1,284,054.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: 100-23-52301-122/Ambulance-First Responders

Reason for Concern: Over on pay for first responders by \$16,749.37

Plan of Action:

Account Number/Name: 100-23-52301-141/Ambulance-Meeting Per Diems

Reason for Concern: Over by \$7,822.00

Plan of Action:

Account Number/Name: 100-23-52301-511/Ambulance-Donation Expenses

Reason for Concern: Over by \$2,851.45

Plan of Action: Revenues are also over by \$4,950.00

OTHER INFORMATION:

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

Over by \$3,589.39 on Insurance

BUDGET REPORT



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

Department: Ambulance

Month of Report: December

Budget Name: Ambulance Grant

Budget Number: 252

Name & Title of Person Preparing This Report: Ashley Heath, Administrative Coordinator

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 0.00

2024 Actual Expenditures: 7,819.35

2023 Actual Revenues: 0.00

2024 Actual Revenues: 7,819.35

BUDGET INFORMATION:

Budgeted Expenditures: 6,565.00

Budgeted Revenues: 6,565.00

YTD Expenditures: 25,122.05

YTD Revenues: 49,733.36

Projected Expenditures: 35,000.00

Projected Revenues: 49,733.36

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



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

Department: **Emergency Management** Month of Report: **December**

Budget Name: **LEPC Operations Grant** Budget Number: **253**

Name & Title of Person Preparing This Report: **Ashley Heath, Administrative Coordinator**

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: **6,753.62**

2024 Actual Expenditures: **6,916.97**

2023 Actual Revenues: **6,753.62**

2024 Actual Revenues: **6,916.97**

BUDGET INFORMATION:

Budgeted Expenditures: **6,917.00**

Budgeted Revenues: **6,917.00**

YTD Expenditures: **45.96**

YTD Revenues: **0.00**

Projected Expenditures: **6,917.00**

Projected Revenues: **6,917.00**

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: **Emergency Management** Month of Report: **December**

Budget Name: **LEPC Equipment Grant** Budget Number: **254**

Name & Title of Person Preparing This Report: **Ashley Heath, Administrative Coordinator**

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: **809.56**

2024 Actual Expenditures: **3,180.00**

2023 Actual Revenues: **1,147.67**

2024 Actual Revenues: **3,180.00**

BUDGET INFORMATION:

Budgeted Expenditures: **2,000.00**

Budgeted Revenues: **2,000.00**

YTD Expenditures: **25.00**

YTD Revenues: **500.00**

Projected Expenditures: **2,000.00**

Projected Revenues: **2,000.00**

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



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: **Emergency Management** Month of Report: **December**

Budget Name: **Emergency Management** Budget Number: **255**

Name & Title of Person Preparing This Report: **Ashley Heath, Administrative Coordinator**

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: **105,759.67**

2024 Actual Expenditures: **86,161.23**

2023 Actual Revenues: **57,835.97**

2024 Actual Revenues: **36,268.05**

BUDGET INFORMATION:

Budgeted Expenditures: **89,897.00**

Budgeted Revenues: **34,647.00**

YTD Expenditures: **72,861.77**

YTD Revenues: **0.00**

Projected Expenditures: **89,897.00**

Projected Revenues: **34,647.00**

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: Ashley Heath

Date: 12-3-25

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.

November 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	6	0	1	0	0	7	0	9	5	6	0
October	6	0	0	0	0	6	0	10	7	235	1
November	8	0	0	0	0	8	0	14	5	6.5	0
December						0					
YTD	58	6	2	0	0	66	1	101	56	396.5	10
								hours left		2196	

1. Monthly death statistics
2. Request to attend training
3. Discussion of any departmental issues
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

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 = 11/05/2025-12/02/2025

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
LADYSMITH POSTMASTER	057553	BLOOD TX	7.85	100-04-51261-311 ME-POSTAGE
RAMSEY COUNTY	MEDEX-03708	AUTOPSY	1,661.00	100-04-51261-216 ME-AUTOPSY/INVE
Grand Totals:			1,668.85	

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

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: **Nov**

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: **34,087.58**

YTD Revenues: **4125.00**

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: 12/10/2025

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.

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

Average Daily Inmate Population 19

Average Daily EMP Inmate Population 1

Average Daily Inmates Housed Out of County .. 2

The 2 noted as "housed out of county" are on EMP through a different county.

Training Received:

Dieckman [11/12]	Labor Trafficking; Wausau
Ewert [10/13-11/14]	Jail Academy; Appleton

Upcoming Training Requested/Scheduled:

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

Special Points of Interest: Jingle Bells and Badges was a success. We served
76 families and over 200 kids!

CALLS FOR SERVICE:	2025	2024	2023
Accidents (total)	427	446	505
Burglar Alarm	31	46	14
Disorderly Conduct	219	250	213
Domestic Violence	79	85	67
Drug Offense	11	12	29
Emergency Detention	111	104	85
Sexual Assault	33	43	49
Theft	168	198	137
Warrant	171	162	147
Weapon Offense	5	11	18
TOTALS	1,255	1,357	1,264

Accident totals include:

- Driver Reportable
- Fatality
- Property Damage
- Personal Injury

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 = 11/05/2025-12/02/2025

Vendor Name	Invoice Number	Description	Net Invoice Amount	GL Account and Title
ADVANCED CORRECTIONAL	ARCM-001531	CREDIT MEMO	2,817.36	100-22-52112-347 JAIL-PRISONER ME
ADVANCED CORRECTIONAL	INV-002757	JUNE 25 - RECONCILIATION	82.18	100-22-52112-347 JAIL-PRISONER ME
ADVANCED CORRECTIONAL	RINV-007777	DEC 25 ON-SITE MEDICAL	8,173.67	100-22-52112-347 JAIL-PRISONER ME
AMAZON.COM	112-2606389-2	(1) 2026 DESK CALENDAR	5.99	100-21-52111-319 SHERIFF- OFFICE S
AMAZON.COM	112-3867197-9	REPLACEMENT KEYBOARD/MO	26.85	100-21-52111-250 SHERIFF- COMPUT
AMAZON.COM	112-5837836-5	DISPATCH LIGHTS	89.55	100-22-52112-340 JAIL-EQUIP < \$5.00
AMAZON.COM	112-6641207-9	(2BX) NITRILE EXAM GLOVES	158.49	100-22-52112-349 JAIL-PRISONER MAI
AMAZON.COM	112-6641207-9	JAIL CLEANING SUPPLIES	160.20	100-22-52112-349 JAIL-PRISONER MAI
AMAZON.COM	112-7822206-3	JAIL - NITRILE EXAM GLOVES	67.00	100-22-52112-349 JAIL-PRISONER MAI
AMAZON.COM	113-3215890-4	(2BX) SILICONE WOUND DRES	67.96	100-22-52112-347 JAIL-PRISONER ME
APCO INTERNATIONAL	1207720	121 MEMBERSHIP DUES	54.00	100-22-52112-339 JAIL-TRAINING
BARRON COUNTY	11112025	ERT - CHEMICAL MUNITIONS -	3,635.50	100-77-52111-340 TACTICAL TEAM-EQ
BRIGHTSPEED	470000629859	ACCT 509060953 11/02/2025-12/	2,198.00	100-21-52111-225 SHERIFF- COMMUN
CENTURYLINK	407046868 100	WIRELESS 911	1,222.71	100-22-52112-225 JAIL-911 MONTHLY
CENTURYLINK	500150169 100	E911 LINES - BARRON CO INCO	110.91	100-22-52112-225 JAIL-911 MONTHLY
CHIPPEWA VALLEY ELECTRIC COOP	9021892 10032	W13522 CHIPPEWA TRAIL - SW	76.47	100-21-52111-225 SHERIFF- COMMUN
EDUCORR	2194	(1) PREA TRAINING	19.00	100-22-52112-339 JAIL-TRAINING
ELAINE'S EMBROIDERY	1919	DOUGHTY (1) SHIRT UNI EMBO	7.00	100-21-52111-345 SHERIFF- UNIFORM
ELAINE'S EMBROIDERY	1919	OLYNICK (2) SHIRTS UNI EMBR	14.00	100-22-52112-345 JAIL-UNIFORMS
FBI - LEEDA	200136661	121 SLI - LEADERSHIP TRAININ	795.00	100-22-52112-339 JAIL-TRAINING
GARCIA CLINICAL LABORATORY	74061	25B-00414 INMATE LABS	10.00	100-22-52112-347 JAIL-PRISONER ME
GARCIA CLINICAL LABORATORY	74061	25B-00163 INMATE LABS	5.00	100-22-52112-347 JAIL-PRISONER ME
IDEMIA IDENTITY & SECURITY USA LL	185118	11.22.2025-11.21.2026 LIVESCA	270.66	100-22-52112-349 JAIL-PRISONER MAI
KEIL ENTERPRISES	10272025	116 TRAINING - E. HAIDER - RO	149.00	100-21-52111-339 SHERIFF- DUES/TR
KEN-WAY SERVICES OF RICE LAKE	55944	JAIL - DORM 3&4 MAIN SEWER	525.00	100-42-51610-249 JAIL MAINT- REPAI
LADYSMITH FAMILY RESTAURANT	648738	OCTOBER 2025 JAIL MEALS	16,121.00	100-22-52112-343 JAIL-PRISONER ME
LADYSMITH POSTMASTER	010475	INMATE POSTAGE - CHARGED	2.70	100-21-52111-311 SHERIFF- POSTAGE
LADYSMITH POSTMASTER	012912	CID MAILINGS - JAIL	11.10	100-21-52111-311 SHERIFF- POSTAGE
OFFICESUPPLY.COM	6704529	(6CS) JAIL - TOILET PAPER	443.94	100-22-52112-349 JAIL-PRISONER MAI
OFFICESUPPLY.COM	6727496	(2 CASES) PAPERTOWEL -JAIL	191.98	100-22-52112-349 JAIL-PRISONER MAI
REFINING REPAIR & MAINTENANCE L	2438	25C-05232 TOW BILL	504.00	100-21-52111-348 SHERIFF- INVEST S
STANARD & ASSOCIATES INC	SA000063047	J. TRITZ - IN PERSON PSYCH E	275.00	100-21-52111-399 SHERIFF-EMPLOYM
TK ELEVATOR CORPORATION	5002904723	REPAIR#1379898 - SALLY PORT	3,252.00	100-42-51610-249 JAIL MAINT- REPAI
TOWERNORTH DEVELOPMENT LLC	12012025	DEC 25 RUSTY NAIL TOWER LE	600.00	100-21-52111-225 SHERIFF- COMMUN
TRANS UNION LLC	51361-202510-	OCT 25 BACKGROUND CHECK	100.00	100-21-52111-348 SHERIFF- INVEST S
TURTLE TRACKS	2905	106 BP VEST CARRIER - INITIAL	365.00	100-21-52111-345 SHERIFF- UNIFORM
TURTLE TRACKS	2905	105 VEST CARRIER	300.00	100-21-52111-345 SHERIFF- UNIFORM
WALMART	2000139-0196	(1BX) NITRILE EXAM GLOVES	79.25	100-22-52112-349 JAIL-PRISONER MAI
WESTWOOD PHARMACY CLINICAL S	47910	INMATE RX - OCT 25	260.48	100-22-52112-347 JAIL-PRISONER ME
WI DEPT OF JUSTICE	455TIME-0000	4TH QTR TIME BILLING - MUNIO	2,358.75	100-21-52111-225 SHERIFF- COMMUN
WYNDHAM HOTEL	3643983	133 LODGIN FOR JAIL SCHOOL	375.00	100-22-52112-339 JAIL-TRAINING
WYNDHAM HOTEL	3644324	133 LODGING FOR JAIL ACADE	346.52	100-22-52112-339 JAIL-TRAINING
Grand Totals:			40,693.50	

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: **November 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: **2,084,559.50**

YTD Revenues: **41,150.46**

Projected Expenditures: **2,700,000.00**

Projected Revenues: **43,000.00**

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.

24% remaining in overall budget to help off-set any overages between line items

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: November 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: 1,588,229.01

YTD Revenues: 56,618.21

Projected Expenditures: 2,301,196.00

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 \$3,078.82

Plan of Action: 31% remaining of overall budget to help off-set any overages between line items

Account Number/Name: 100-22-52112-343

Reason for Concern: Currently over budget by \$2,390.79

Plan of Action: 31% remaining of overall budget to help off-set any overages between line items

OTHER INFORMATION:

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

Currently \$86,516.88 over budget for jail/dispatch overtime

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: November 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: 21,640.29

YTD Revenues: 3,762.04

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: Received insurance claim for elevator.

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.

-52% remaining in overall budget due to unforeseen expenses associated with repairs in the jail

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: **November 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: **9,970.08**

YTD Revenues: **14,722.82**

Projected Expenditures: **10,200.00**

Projected Revenues: **15,000.00**

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: **November 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: **26,877.38**

YTD Revenues: **0.00**

Projected Expenditures: **28,000.00**

Projected Revenues: **0.00**

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: 100-77-52111-340

Reason for Concern: Billed for equipment we were supposed to receive in 2026

Plan of Action: Line item transfer between budgets

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: November 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: 3,966.30

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: **November 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: **5,977.73**

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: **November 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: **7,680.30**

YTD Revenues: **12,718.65**

Projected Expenditures: **14,939.00**

Projected Revenues: **12,718.65**

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: **November 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: **6,449.95**

YTD Revenues: **0.00**

Projected Expenditures: **7,000.00**

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: **November 2025**

Budget Name: Jingle Bells & Badges

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: **394.90**

YTD Revenues: **10,102.00**

Projected Expenditures: **14,500.00**

Projected Revenues: **13,500.00**

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.

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: **November 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: **November 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: **34,209.00**

Budgeted Revenues: **34,209.00**

YTD Expenditures: **0.00**

YTD Revenues: **0.00**

Projected Expenditures: **34,209.00**

Projected Revenues: **34,209.00**

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.

Revenue/budget changed caused by amendment in Resolution 38-25

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: **November 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: **November 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

Department Head's Signature: Phil Grassmann

Date: 12/08/2025

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.