

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Charles Mayberry			
	<b>Title:</b>	Executive Director		
		<b>Agency Agreement/Contract #</b> 23-LSTA-C-02		
	<b>Total Contract Amount</b>		\$223,959.00	
	<b>Contract Term:</b>		October 1, 2023 - September 30, 2024	
	<b>Invoice Number</b>		N/A	
	<b>Invoice Period</b>		October 1, 2023 - August 28, 2024	
<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>	
Salaries		\$25,872.77	\$25,872.77	
Fringe Benefits				
Bonuses				
Accrued Paid Time Off				
Severance Payments				
Retirement Contributions				
In-Kind Payments				
Incentive Payments				
<b>Reimbursements/Allowances</b>				
Moving Expenses				
Transportation Costs				
Telephone Services				
Medical Services Costs				
Housing Costs				
Meals				
<b>Amount Paid to Date</b>		\$25,872.77	\$25,872.77	
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>				
<b>Name:</b>	Charles Mayberry			
<b>Signature:</b>	<i>Charles Mayberry</i>			
<b>Title:</b>	Executive Director			
<b>Date:</b>	8/28/2024			

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Vicky Stever			
	<b>Title:</b>	Board Member		
		<b>Agency Agreement/Contract #</b> 23-LSTA-C-02		
	<b>Total Contract Amount</b>		\$223,959.00	
	<b>Contract Term:</b>		October 1, 2023 - September 30, 2024	
	<b>Invoice Number</b>		N/A	
	<b>Invoice Period</b>		October 1, 2023 - August 28, 2024	
<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>	
Salaries				
Fringe Benefits				
Bonuses				
Accrued Paid Time Off				
Severance Payments				
Retirement Contributions				
In-Kind Payments				
Incentive Payments				
<b>Reimbursements/Allowances</b>				
Moving Expenses				
Transportation Costs				
Telephone Services				
Medical Services Costs				
Housing Costs				
Meals				
<b>Amount Paid to Date</b>				
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>				
<b>Name:</b>	Charles Mayberry			
<b>Signature:</b>	<i>Charles Mayberry</i>			
<b>Title:</b>	Executive Director			
<b>Date:</b>	8/28/2024			

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Bradley Vinson
<b>Title:</b>	Board Member
<b>Agency Agreement/Contract #</b>	23-LSTA-C-02
<b>Total Contract Amount</b>	\$223,959.00
<b>Contract Term:</b>	October 1, 2023 - September 30, 2024
<b>Invoice Number</b>	N/A
<b>Invoice Period</b>	October 1, 2023 - August 28, 2024

Line Item Budget Category	Total Amount Allocated	Total Amount Paid	Amount Paid from State Funds
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs			
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>			

**CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.**

Name: Charles Mayberry  
 Signature: *Charles Mayberry*  
 Title: Executive Director  
 Date: 8/28/2024

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Caitlin Cerise			
	<b>Title:</b>	Board Member - Vice President		
		Agency Agreement/Contract # 23-LSTA-C-02		
	<b>Total Contract Amount</b>	\$223,959.00		
	<b>Contract Term:</b>	October 1, 2023 - September 30, 2024		
	<b>Invoice Number</b>	N/A		
	<b>Invoice Period</b>	October 1, 2023 - August 28, 2024		
<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>	
Salaries				
Fringe Benefits				
Bonuses				
Accrued Paid Time Off				
Severance Payments				
Retirement Contributions				
In-Kind Payments				
Incentive Payments				
<b>Reimbursements/Allowances</b>				
Moving Expenses				
Transportation Costs		\$385.00	\$385.00	
Telephone Services				
Medical Services Costs				
Housing Costs				
Meals				
<b>Amount Paid to Date</b>		\$385.00	\$385.00	
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>				
<b>Name:</b>	Charles Mayberry			
<b>Signature:</b>	<i>Charles Mayberry</i>			
<b>Title:</b>	Executive Director			
<b>Date:</b>	8/28/2024			

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Tabitha Washington			
	<b>Title:</b>	Board Member		
		Agency Agreement/Contract # 23-LSTA-C-02		
	<b>Total Contract Amount</b>	\$223,959.00		
	<b>Contract Term:</b>	October 1, 2023 - September 30, 2024		
	<b>Invoice Number</b>	N/A		
	<b>Invoice Period</b>	October 1, 2023 - August 28, 2024		
<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>	
Salaries				
Fringe Benefits				
Bonuses				
Accrued Paid Time Off				
Severance Payments				
Retirement Contributions				
In-Kind Payments				
Incentive Payments				
<b>Reimbursements/Allowances</b>				
Moving Expenses				
Transportation Costs				
Telephone Services				
Medical Services Costs				
Housing Costs				
Meals				
<b>Amount Paid to Date</b>				
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>				
<b>Name:</b>	Charles Mayberry			
<b>Signature:</b>	<i>Charles Mayberry</i>			
<b>Title:</b>	Executive Director			
<b>Date:</b>	8/28/2024			

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Stephanie Clark			
	<b>Title:</b>	Board Member- President		
		<b>Agency Agreement/Contract #</b> 23-LSTA-C-02		
	<b>Total Contract Amount</b>		\$223,959.00	
	<b>Contract Term:</b>		October 1, 2023 - September 30, 2024	
	<b>Invoice Number</b>		N/A	
	<b>Invoice Period</b>		October 1, 2023 - August 28, 2024	
<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>	
Salaries				
Fringe Benefits				
Bonuses				
Accrued Paid Time Off				
Severance Payments				
Retirement Contributions				
In-Kind Payments				
Incentive Payments				
<b>Reimbursements/Allowances</b>				
Moving Expenses				
Transportation Costs				
Telephone Services				
Medical Services Costs				
Housing Costs				
Meals				
<b>Amount Paid to Date</b>				
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>				
<b>Name:</b>	Charles Mayberry			
<b>Signature:</b>	<i>Charles Mayberry</i>			
<b>Title:</b>	Executive Director			
<b>Date:</b>	8/28/2024			

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Courtney Whitaker			
	<b>Title:</b>	Board Member		
		<b>Agency Agreement/Contract #</b> 23-LSTA-C-02		
	<b>Total Contract Amount</b>		\$223,959.00	
	<b>Contract Term:</b>		October 1, 2023 - September 30, 2024	
	<b>Invoice Number</b>		N/A	
<b>Invoice Period</b>		October 1, 2023 - August 28, 2024		
<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>	
Salaries				
Fringe Benefits				
Bonuses				
Accrued Paid Time Off				
Severance Payments				
Retirement Contributions				
In-Kind Payments				
Incentive Payments				
<b>Reimbursements/Allowances</b>				
Moving Expenses				
Transportation Costs				
Telephone Services				
Medical Services Costs				
Housing Costs				
Meals				
<b>Amount Paid to Date</b>				
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>				
<b>Name:</b>	Charles Mayberry			
<b>Signature:</b>	<i>Charles Mayberry</i>			
<b>Title:</b>	Executive Director			
<b>Date:</b>	8/28/2024			

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Jenni McKnight
<b>Title:</b>	Board Member
<b>Agency Agreement/Contract #</b>	23-LSTA-C-02
<b>Total Contract Amount</b>	\$223,959.00
<b>Contract Term:</b>	October 1, 2023 - September 30, 2024
<b>Invoice Number</b>	N/A
<b>Invoice Period</b>	October 1, 2023 - August 28, 2024

<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>
Salaries			
Fringe Benefits			
Bonuses			
Accrued Paid Time Off			
Severance Payments			
Retirement Contributions			
In-Kind Payments			
Incentive Payments			
<b>Reimbursements/Allowances</b>			
Moving Expenses			
Transportation Costs			
Telephone Services			
Medical Services Costs			
Housing Costs			
Meals			
<b>Amount Paid to Date</b>			

**CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.**

<b>Name:</b>	Charles Mayberry
<b>Signature:</b>	<i>Charles Mayberry</i>
<b>Title:</b>	Executive Director
<b>Date:</b>	8/28/2024

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Pamela Monroe			
	<b>Title:</b>	Board Member- Secretary/Treasurer		
		<b>Agency Agreement/Contract #</b> 23-LSTA-C-02		
	<b>Total Contract Amount</b>		\$223,959.00	
	<b>Contract Term:</b>		October 1, 2023 - September 30, 2024	
	<b>Invoice Number</b>		N/A	
<b>Invoice Period</b>		October 1, 2023 - August 28, 2024		
<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>	
Salaries				
Fringe Benefits				
Bonuses				
Accrued Paid Time Off				
Severance Payments				
Retirement Contributions				
In-Kind Payments				
Incentive Payments				
<b>Reimbursements/Allowances</b>				
Moving Expenses				
Transportation Costs		\$500.00	\$500.00	
Telephone Services				
Medical Services Costs				
Housing Costs				
Meals				
<b>Amount Paid to Date</b>		\$500.00	\$500.00	
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>				
<b>Name:</b>	Charles Mayberry			
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<b>Title:</b>	Executive Director			
<b>Date:</b>	8/28/2024			

**Total Compensation Paid to Non-Profit Personnel Using State Funds**

<b>Name:</b>	Renaë Rountree			
	<b>Title:</b>	Board Member		
		<b>Agency Agreement/Contract #</b> 23-LSTA-C-02		
	<b>Total Contract Amount</b>		\$223,959.00	
	<b>Contract Term:</b>		October 1, 2023 - September 30, 2024	
	<b>Invoice Number</b>		N/A	
	<b>Invoice Period</b>		October 1, 2023 - August 28, 2024	
<b>Line Item Budget Category</b>	<b>Total Amount Allocated</b>	<b>Total Amount Paid</b>	<b>Amount Paid from State Funds</b>	
Salaries				
Fringe Benefits				
Bonuses				
Accrued Paid Time Off				
Severance Payments				
Retirement Contributions				
In-Kind Payments				
Incentive Payments				
<b>Reimbursements/Allowances</b>				
Moving Expenses				
Transportation Costs				
Telephone Services				
Medical Services Costs				
Housing Costs				
Meals				
<b>Amount Paid to Date</b>				
<b>CERTIFICATION: I certify that the amounts listed above are true and accurate and in accordance with the approved budget.</b>				
<b>Name:</b>	Charles Mayberry			
<b>Signature:</b>	<i>Charles Mayberry</i>			
<b>Title:</b>	Executive Director			
<b>Date:</b>	8/28/2024			