

AGENDA FOR COMMITTEE OF THE WHOLE

A Committee of the Whole meeting will be held on **Monday**, **October 13**, **2025 at** <u>6:30 PM</u> in the **Council Chambers at City Hall**, **819 Superior Avenue**, **Tomah**, **WI**.

Join Zoom Meeting:

https://zoom.us/j/7689466740?pwd=dEdLR2hXK0ZYMk1qNU5vNFlwMzdSZz09

Meeting ID: 768 946 6740 Password: Tomah2020

Dial by your location +1 312 626 6799 US (Chicago)

CALL TO ORDER:

- 1. Pledge of Allegiance
- 2. Roll Call

APPROVAL OF THE MINUTES:

3. Approval of Minutes from September 15, 2025

ACCEPTANCE OF REPORTS:

- 4. City Clerk Monthly Report
- City Treasurer Monthly Report
- 6. Expenditures with Comparison to Budget
- 7. Cash and Investments Schedule
- 8. Parks and Recreation Monthly Report
- 9. Public Works & Utilities Monthly Report
- 10. Police Department Monthly Report
- 11. Greater Tomah Area Chamber of Commerce Monthly Report
- 12. Tomah Public Housing Authority Monthly Report

GENERAL:

- 13. Approval: Budget Amendment Recreation Park Repair and Maintenance from Insurance Recoverable
- <u>14.</u> Approval: Special Beer Permit Application by Bluff and Ridge Equine Assisted Therapies for 2nd Annual Cowboy Christmas Fundraiser on November 15, 2025
- <u>15.</u> Approval: Application of Class "A" Beer Fermented Malt Beverage License and "Class A" Liquor License for Hansen's IGA Inc.
- 16. Approval: Resolution for the Payment of Monthly Bills

ADJOURN

Committee of the Whole - October 13, 2025

NOTICE: It is possible that a quorum of members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information. No action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Nicole Jacobs, City Clerk, at 819 Superior Avenue, Tomah, WI 54660.

MINUTES FOR SEPTEMBER 15, 2025, COMMITTEE OF THE WHOLE MEETING

Call to Order:

The meeting was called to order by Council President John Glynn at 6:30 p.m. Following the Pledge of Allegiance, roll call of committee members was taken. Present: J. Glynn, Paul Dwyer, Nellie Pater, Shawn Zabinski, Patrick Devine, Richard Yarrington, Travis Scholze, and Mitchell Koel. Absent: Dean Peterson. Also present: Nicole Jacobs, Nick Morales, Joe Protz, Eric Pederson, Justin Derhammer, Brandy Leis, Tina Thompson (via Zoom), and Penny Precour. All motions are unanimously approved unless otherwise noted. The meeting was available via Zoom and recorded by Hagen Sports Network.

Approval of Minutes from August 18, 2025:

Motion by P. Dwyer, second by S. Zabinski, to approve the meeting minutes from August 18, 2025. Motion carried.

Acceptance of Monthly Reports:

Motion by T. Scholze, second by P. Dwyer, to accept the following reports:

City Clerk Monthly Report

Treasury Department Monthly Report

Parks and Recreation Program Monthly Report

Public Works & Utilities Monthly Report

Police Department Monthly Report

Greater Tomah Area Chamber of Commerce Monthly Report

Tomah Public Housing Authority Monthly Report

S. Zabinski questioned B. Leis regarding Public Works' plan to charge for mattress pickup. M. Koel asked Leis for a Well 14 update. Leis said he will be meeting with Town and Country on September 18 to draft a letter to send to the DNR. N. Pater asked J. Protz if the new ball fields are complete. Protz said they are waiting for the grass to mature therefore they are looking at opening in the spring. T. Scholze asked T. Thompson about the community survey that has been posted online for community member engagement. Thompson explained how the survey has been going and indicated she would like to see more results. Motion carried.

General:

Approval: Special Beer Permit Application by Tomah Firefighters Association for Hunters Night Out on November 1, 2025

Motion by M. Koel, second by T. Scholze, to recommend the Council approve the Special Beer Permit Application by Tomah Firefighters Association for Hunters Night Out on November 1, 2025. Motion carried.

Approval: Reassignment of Lot 3 Lease at Bloyer Field Airport

Motion by P. Dwyer, second by M. Koel, to recommend the Council approve the reassignment of Lot 3 Lease at Bloyer Field Airport. Motion carried.

Approval: Resolution Disallowing the Claim of Nathan Waege

Motion by P. Dwyer, second by N. Pater, to recommend the Council approve the resolution disallowing the claim of Nathan Waege. Motion carried.

Committee of the Whole - September 15, 2025

Approval: Resolution for Payment of Monthly Bills

Motion by S. Zabinski, second by P. Devine, to recommend the Council approve the Resolution for Payment of Monthly Bills in the amount of \$2,625,147.80. Motion carried.

Approval: Committee of the Whole Meeting Schedule

Motion by P. Dwyer, second by T. Scholze, to approve changing Committee of the Whole meeting time to the second Monday of the month. N. Morales explained to the committee that he, the city clerk, and the city attorney discussed the idea of altering the regular meeting dates for the committee of the whole and the common council. Oftentimes topics are put on both meetings' agendas, which can sometimes create problems for staff when committee members need additional information for the council meeting less than 24 hours after the committee meeting. N. Morales explained that there is not enough time for staff to gather information and can sometimes lead to tabling agenda items for an additional 30 days. Staff proposed changing the committee's meeting date to the second Monday of the month. Motion carried.

Motion by T. Scholze, second by R. Yarrington, to approve the proposed budget meetings schedule. N. Morales proposed the committee hold a budget workshop on Saturday, October 11, 2025 starting at 9 a.m. and a second date to discuss the budget on Monday, October 13, 2025 at the regular committee meeting. Motion carried.

Adjourn to Closed Session

Motion by P. Dwyer, second by M. Koel, to adjourn to closed session Pursuant to Wis Stat 19.85 (1) as listed on the agenda. Motion carried. Meeting adjourned to closed session at 7:21 p.m.

- (e) Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session.
- Discussion of initial proposal by the police union for FY26 collective bargaining agreements
- Discussion of initial proposal by the ambulance union for FY26 collective bargaining agreements
- Discussion of lease agreement with Tomah Public Housing Authority
- Discussion of lease agreement with JNC Latin Market
- (g) Conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved.
- Discussion of palpable errors in Tax Increment District 8 and updates from the Department of Revenue relevant to previous legal counsel provided after notification by a taxpayer of possible litigation.
- Discussion regarding a notice of possible litigation from a resident of the City of Tomah.

Adjourn Meeting

Motion by M. Koel, second by P. Dwyer, to adjourn the meeting at 8:34 p.m. Motion carried

Respectfully submitted,

Nicole Jacobs, City Clerk

CITY CLERK – MONTHLY REPORT OCTOBER 2025

ELECTIONS

- At the end of August, the Clerk's office sent out letters recruiting poll workers for the 2026-2027 term. So far, we have received 39 responses, 30 of which would like to return as election workers. We have asked them to reply by November 3. The two-year term for our current election officials will expire on December 31, 2025. Appointments need to be made for the next two-year term no later than the December City Council meeting.
- Clerk Jacobs and Deputy Clerk Griswold attended a Badger Book Training session on October 1 in Rothschild, WI. Voters can expect some cosmetic changes when checking in at elections. The registration process will now be more efficient. Protected and Confidential Voters will now have a separate check in process. Election Day Registration voters will now populate in poll books within the polling place on election day and may now check in on other machines as they will not be automatically issued a voter number anymore. The badger books will now be capable of printing redirect information for voters who are at the incorrect polling place. These changes and more will be mandatory updates for badger book users in 2026.

CLERK'S OFFICE UPDATES

- Clerk Jacobs and Administrator Morales attended a Levy Limit Workshop put on by Ehler's at the Waunakee Village Center in Waunakee, WI on September 30.
- This month, the clerk's office sent out license renewal information for Secondhand Article Dealer's, Taxicab Driver's licenses, and Taxicab/Limo Licenses
- The City of Tomah has two local businesses that currently hold liquor licenses that are expecting a transfer in ownership; one has already submitted the completed paperwork. Another liquor license holder has requested paperwork for a transfer of premises.
- The clerk's office received nine open records requests this month.
- As part of this year's budget cycle, Administrator Morales asked departments to look at raising permit fees to increase revenue. The clerk's office researched past records to determine when fees were last increased as well as past data to determine the number of licenses/permits sold for the past five years.
- Deputy Clerk Griswold has begun taking inventory of records filed in the clerk's office to establish a better filing system for ease of access to records for future requests.

Submitted by: Nicole Jacobs, City Clerk

October 8, 2025



Treasurer's Report October 2025

Budget

The Treasurer Office & City Administrator are going through everyone accounts for the FY26 budget, and we are still going through expenses. We will be planning the IT budget and working with vendors to get updated rates that have not been updated yet.

Economic Development

Nothing at this time.

Financial Planning

The Treasurer Office is working with Ehlers to help reinvesting the money that was accrued by the Water & Sewer Utilities. Treasurer's Office will be working with the City Administrator on any changes that will need to be reviewed in the Financial Policy Guidebook.

Justin Derhammer

October 13, 2025

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
	TAXES					
01-41110	GENERAL PROPERTY TAXES	.00	.00	3,740,752.00	2 740 752 00	0
01-41110	MOBILE HOME FEES	22,923.04		· · ·	3,740,752.00	.0 20.8
01-41140	SALES TAX DISCOUNT	.00	22,923.04 .00	110,000.00 100.00	87,076.96 100.00	.0
01-41225	VEHICLE REGISTRATION REVENUE	4.528.00	4,528.00	6,000.00	1,472.00	.0 75.5
01-41310	LIEU TAX-MUNICIPAL OWED UTIL	.00	.00	350,000.00	350,000.00	.0
01-41320	LIEU TAX-TAX EXEMPT ENTITIES	38,334.15	38,334.15	40,000.00	1,665.85	95.8
01-41810	INTEREST ON DELINQUENT RE TAX	11,925.05	11,925.05	25,000.00	13,074.95	47.7
	TOTAL TAXES	77,710.24	77,710.24	4,271,852.00	4,194,141.76	1.8
	EEDEDAL & STATE CDANTS					
	FEDERAL & STATE GRANTS					
01-43213	FEDERAL GRANTS-LAW ENF OTHER	17,246.77	17,246.77	1,800.00	(15,446.77)	958.2
01-43410	STATE SHARED REVENUE	679,365.91	679,365.91	2,452,706.24	1,773,340.33	27.7
01-43420	STATE FIRE INSURANCE REVENUE	.00	.00	46,500.00	46,500.00	.0
01-43521	STATE GRANTS-LAW ENF IMPROV	2,136.00	2,136.00	.00	(2,136.00)	.0
01-43523	GEN GRANT-OTHER LAW ENFORC	341.04	341.04	5,000.00	4,658.96	6.8
01-43531	STATE GRNT-LOCAL TRANSPORT AID	780,005.48	780,005.48	798,308.00	18,302.52	97.7
01-43610	STATE PMT MUNICIPAL SERVICES	.00	.00	15,000.00	15,000.00	.0
01-43620	LIEU TAX-STATE CONSERV LANDS	.00	.00	250.00	250.00	.0
	TOTAL FEDERAL & STATE GRANTS	1,479,095.20	1,479,095.20	3,319,564.24	1,840,469.04	44.6
	LICENSES & PERMITS					
01-44100	BUSINESS & OCCUP LICENSES	21,327.60	21,327.60	40,000.00	18,672.40	53.3
01-44200	NON-BUSINESS LICENSES	1,545.00	1,545.00	2,000.00	455.00	77.3
01-44300	BUILDING PERMITS & INSPECTION	70,514.56	70,514.56	100,000.00	29,485.44	70.5
01-44400	ZONING PERMITS & FEE	1,125.00	1,125.00	450.00	(675.00)	250.0
01-44500	FIRE PERMIT FEES	.00	.00	1,500.00	1,500.00	.0
01-44900	OTHER REG PERMITS & FEES	80.00	80.00	200.00	120.00	40.0
	TOTAL LICENSES & PERMITS	94,592.16	94,592.16	144,150.00	49,557.84	65.6
	FINES					
01-45100	LAW & ORDINANCE VIOLATIONS	82,075.41	82,075.41	160,000.00	77,924.59	51.3
01-45221	GEN JUDGEMENT-LAW ENF EQUIP&P	60.00	60.00	100.00	40.00	60.0
01-45223	JUDGEMENT-OTHER EQUIP & PROP	462.44	462.44	50.00	(412.44)	924.9
	TOTAL FINES	82,597.85	82,597.85	160,150.00	77,552.15	51.6

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
	PUBLIC CHARGES					
01-46100	GEN GOV'T PUBLIC CHARGE	2,718.66	2,718.66	5,000.00	2,281.34	54.4
01-46210	LAW ENFORCEMENT FEES	6,221.34	6,221.34	4,000.00	(2,221.34)	155.5
01-46220	FIRE DEPARTMENT FEES	5,700.00	5,700.00	5,000.00	(700.00)	114.0
01-46230	AMBULANCE FEES	50.00	50.00	.00	(50.00)	.0
01-46240	WEIGHTS & MEASURES FEES	50.00	50.00	3,500.00	3,450.00	1.4
01-46310	STREETS MAINTENANCE CHARGES	.00	.00	50,000.00	50,000.00	.0
01-46340	AIRPORT CHARGES	13,749.89	13,749.89	20,000.00	6,250.11	68.8
01-46430	REFUSE & GARB REVENUE	1,620.00	1,620.00	4,000.00	2,380.00	40.5
01-46435	RECYCLING REVENUE	70.00	70.00	700.00	630.00	10.0
01-46720	PARKS	23,513.57	23,513.57	25,000.00	1,486.43	94.1
01-46721	RECREATION PARK	53,872.47	53,872.47	87,500.00	33,627.53	61.6
	AQUATIC CENTER	39,534.60	39,534.60	55,000.00	15,465.40	71.9
01-46723	RECREATION PROGRAMS	33,518.50	33,518.50	40,000.00	6,481.50	83.8
01-46729	PARK SPACE FEES	.00	.00	5,000.00	5,000.00	.0
	TOTAL PUBLIC CHARGES	180,619.03	180,619.03	304,700.00	124,080.97	59.3
	OTHER GOVERNMENT CHARGES					
04 47000	DUDU IO OLEETI COLLEDGE MEG	570.40	a		(==== 10)	•
01-47320	PUBLIC SAFETY CHARGE-MEG	573.12	573.12	.00	(573.12)	.0
01-47321	PUBLIC SAFETY CHARGE-SCHL RES	25,888.29	25,888.29	77,000.00	51,111.71	33.6
	TOTAL OTHER GOVERNMENT CHARGES	26,461.41	26,461.41	77,000.00	50,538.59	34.4
	INTEREST & MISCELLANEOUS REVEN					
04 40440	INTEREST INCOME	00	00	475 000 00	475.000.00	0
01-48110	INTEREST INCOME	.00	.00	175,000.00	175,000.00	.0
01-48130	INT-SPEC ASSESS & SPEC CHARGES	.00	.00	1,000.00	1,000.00	.0
01-48200	GENERAL RENT	10,328.48	10,328.48	16,000.00	5,671.52	64.6
01-48301	SALE-LAW ENFORCE EQUIPMENT	12,000.66	12,000.66	10,000.00	(2,000.66)	120.0
01-48309 01-48430	GEN SALE-OTHER EQUIP/PROP	119,750.00	119,750.00	.00	(119,750.00)	.0
01-48440	GEN INS RECOVERIES-HWY EQUIP INS RECOVERIS-OTHER EQUIP&PROP	2,500.00	2,500.00	.00	(2,500.00)	.0 .0
		4,408.14	4,408.14	.00	(4,408.14)	
01-48502	DONATIONS-GRANTS ANDRES/EARLE	8,000.00	8,000.00	.00	(8,000.00)	.0
01-48900	OTHER MISCELLANEOUS ED REVENUE	27,869.55	27,869.55	20,000.00	(7,869.55) 24,126.82	139.4
01-48901		.00	.00	24,126.82	,	.0
01-48903	ED LOAN INT REPAYMENT	.00	.00	2,440.00	2,440.00	.0
	TOTAL INTEREST & MISCELLANEOUS REVEN	184,856.83	184,856.83	248,566.82	63,709.99	74.4
	TRANSFERS IN					
01-49200	TRANSFER FROM OTHER FUNDS	.00	.00	144,000.00	144,000.00	.0
01-49300	FUND BALANCE APPLIED	.00	.00	29,475.00	29,475.00	.0
	TOTAL TRANSFERS IN	.00	.00	173,475.00	173,475.00	.0
	TOTAL TIMINGI LIVE IIV			173,473.00	173,473.00	

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
TOTAL FUND REVENUE	2,125,932.72	2,125,932.72	8,699,458.06	6,573,525.34	24.4

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	LEGISLATIVE EXPENSES					
01-51100-1100	LEGISLATIVE SAL-MANAGERIAL	23,600.00	23,600.00	32,000.00	8,400.00	73.8
01-51100-1320	LEGISLATIVE SOCIAL SECURITY	1,805.76	1,805.76	2,448.00	642.24	73.8
01-51100-2230	LEGISLATIVE UTIL-TELEPHONE	115.29	115.29	225.00	109.71	51.2
01-51100-3100	LEGISLATIVE OFFICE SUPPLIES	112.98	112.98	150.00	37.02	75.3
01-51100-3200	LEGISLATIVE PUB & SUBSCRIPTION	4,939.20	4,939.20	6,300.00	1,360.80	78.4
01-51100-3250	LEGISLATIVE ASOC DUES	(15,669.00)	(15,669.00)	7,250.00	22,919.00	(216.1)
01-51100-3300	LEGISLATIVE TRAVEL	.00	.00	250.00	250.00	.0
01-51100-3350	LEGISLATIVE TRAINING	24.00	24.00	300.00	276.00	8.0
01-51100-3400	LEGISLATIVE OPERATING SUPPLIES	347.71	347.71	750.00	402.29	46.4
	TOTAL LEGISLATIVE EXPENSES	15,275.94	15,275.94	49,673.00	34,397.06	30.8
	JUDICIAL EXPENSES					
01-51200-1100	JUDICIAL SALE-MANAGERIAL	11,643.44	11,643.44	15,000.00	3,356.56	77.6
01-51200-1120	JUDICIAL SAL-SUPPORT	43,854.26	43,854.26	60,550.46	16,696.20	72.4
01-51200-1250	JUDICIAL LONGEVITY	675.00	675.00	900.00	225.00	75.0
01-51200-1310	JUDICIAL WIS RETIRE	3,122.04	3,122.04	4,270.81	1,148.77	73.1
01-51200-1320	JUDICIAL SOCIAL SECURITY	3,886.60	3,886.60	5,848.46	1,961.86	66.5
01-51200-1330	JUDICIAL LIFE INSURANCE	245.25	245.25	300.00	54.75	81.8
01-51200-1340	JUDICIAL HEALTH INSURANCE	19,397.54	19,397.54	25,814.76	6,417.22	75.1
01-51200-2100	JUDICIAL PROF SERVICE	450.05	450.05	500.00	49.95	90.0
01-51200-2110	JUDICIAL WITNESS FEE	.00	.00	100.00	100.00	.0
01-51200-2230	JUDICIAL UTIL-TELEPHONE	94.66	94.66	700.00	605.34	13.5
01-51200-2900	JUDICIAL SERVICE CONTRACT	1,000.00	1,000.00	5,350.00	4,350.00	18.7
01-51200-3100	JUDICIAL OFFICE SUPPLIES	81.28	81.28	2,000.00	1,918.72	4.1
01-51200-3250	JUDICIAL ASSN DUES	205.00	205.00	845.00	640.00	24.3
01-51200-3300	JUDICIAL TRAVEL	42.00	42.00	500.00	458.00	8.4
01-51200-3350	JUDICIAL TRAINING	40.00	40.00	250.00	210.00	16.0
	TOTAL JUDICIAL EXPENSES	84,737.12	84,737.12	122,929.49	38,192.37	68.9
	LEGAL EXPENSES					
01-51300-2100	LEGAL PROF SERVICES	32,577.14	32,577.14	65,000.00	32,422.86	50.1
	TOTAL LEGAL EXPENSES	32,577.14	32,577.14	65,000.00	32,422.86	50.1

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	MAYOR EXPENSES					
01-51410-1100	MAYOR SAL-MANAGERIAL	11,400.03	11,400.03	.00	,	.0
01-51410-1320	MAYOR SOCIAL SECURITY	872.10	872.10	1,147.50	275.40	76.0
01-51410-2230	MAYOR UTIL-TELEPHONE	204.54	204.54	300.00	95.46	68.2
01-51410-3100	MAYOR OFFICE SUPPLIES	.00	.00	150.00	150.00	.0
01-51410-3300	MAYOR TRAVEL	.00	.00	250.00	250.00	.0
01-51410-3350	MAYOR TRAINING	.00	.00	200.00	200.00	.0
01-51410-3400	MAYOR OPERATING SUPPLIES		.00	100.00	100.00	.0
	TOTAL MAYOR EXPENSES	12,476.67	12,476.67	2,147.50	(10,329.17)	581.0
	ADMINISTRATOR EXPENSES					
01-51415-2230	ADMINISTRATOR UTIL-TELEPHONE	671.98	671.98	.00	(671.98)	.0
01-51415-3400	ADMINISTRATOR OPERATION	578.53	578.53	.00	(578.53)	.0
	TOTAL ADMINISTRATOR EXPENSES	1,250.51	1,250.51	.00	(1,250.51)	.0
	CITY CLERK EXPENSES					
01-51420-1100	CITY CLERK SAL-MANAGERIAL	36,609.20	36,609.20	87,677.77	51,068.57	41.8
01-51420-1120	CITY CLERK SAL-SUPPORT	58,502.61	58,502.61	82,047.58	23,544.97	71.3
01-51420-1140	CITY CLERK OVERTIME	.00	.00	500.00	500.00	.0
01-51420-1250	CITY CLERK LONGEVITY	235.00	235.00	420.00	185.00	56.0
01-51420-1310	CITY CLERK WIS RETIRE	5,968.79	5,968.79	11,830.66	5,861.87	50.5
01-51420-1320	CITY CLERK SOCIAL SECURITY	6,881.50	6,881.50	13,022.24	6,140.74	52.8
01-51420-1330	CITY CLERK LIFE INSURANCE	99.56	99.56	175.00	75.44	56.9
01-51420-1340	CITY CLERK MED HEALTH	27,351.97	27,351.97	48,402.68	21,050.71	56.5
01-51420-2100	CITY CLERK PROF SERVICE	481.77	481.77	.00	(481.77)	.0
01-51420-2230	CITY CLERK UTIL-TELEPHONE	509.90	509.90	750.00	240.10	68.0
01-51420-2900	CITY CLERK SERVICE CONTRACT	6,917.84	6,917.84	3,500.00	(3,417.84)	197.7
01-51420-3100	CITY CLERK OFFICE SUPPLIES	1,704.73	1,704.73	5,000.00	3,295.27	34.1
01-51420-3200	CITY CLERK PUB & SUBSCRIPTION	895.98	895.98	3,000.00	2,104.02	29.9
01-51420-3250	CITY CLERK ASSN DUES	394.00	394.00	400.00	6.00	98.5
01-51420-3300	CITY CLERK TRAVEL	248.50	248.50	600.00	351.50	41.4
01-51420-3350	CITY CLERK TRAINING	898.00	898.00	950.00	52.00	94.5
01-51420-3400	CITY CLERK OPERATING	206.70	206.70	300.00	93.30	68.9
	TOTAL CITY CLERK EXPENSES	147,906.05	147,906.05	258,575.93	110,669.88	57.2

GENERAL FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	ELECTIONS EXPENSES					
01-51440-1130	ELECTIONS SAL-OPERATION	7,150.68	7,150.68	5,500.00	(1,650.68)	130.0
01-51440-1320	ELECTIONS SOCIAL SECURITY	.00	.00	420.75	420.75	.0
01-51440-2900	ELECTIONS SERVICE CONTRACT	483.78	483.78	1,300.00	816.22	37.2
01-51440-3100	ELECTIONS OFFICE SUPPLIES	2,218.93	2,218.93	4,500.00	2,281.07	49.3
01-51440-3200	ELECTIONS PUB & SUBS	1,307.57	1,307.57	1,750.00	442.43	74.7
01-51440-3350	ELECTIONS TRAINING	480.26	480.26	.00	(480.26)	.0
01-51440-3400	ELECTIONS OPERATING	459.33	459.33	1,500.00	1,040.67	30.6
	TOTAL ELECTIONS EXPENSES	12,100.55	12,100.55	14,970.75	2,870.20	80.8
	COMPUTER EXPENSES					
01-51450-2900	COMPUTER SERVICE CONTRACT	100,880.40	100,880.40	150,500.00	49,619.60	67.0
01-51450-3100	COMPUTER OFFICE SUPPLIES	410.00	410.00	1,500.00	1,090.00	27.3
01-51450-3500	COMPUTER REPAIR & MAINTENANCE		.00	1,200.00	1,200.00	.0
	TOTAL COMPUTER EXPENSES	101,290.40	101,290.40	153,200.00	51,909.60	66.1
	TREASURER EXPENSES					
01-51520-1100	TREASURER SAL-MANAGERIAL	61,081.20	61,081.20	70,386.20	9,305.00	86.8
01-51520-1120	TREASURER SAL-SUPPORT	89,294.22	89,294.22	125,082.55	35,788.33	71.4
01-51520-1140	TREASURER SAL-OVERTIME	518.94	518.94	500.00	(18.94)	103.8
01-51520-1250	TREASURER LONGEVITY	473.50	473.50	650.00	176.50	72.9
01-51520-1310	TREASURER WIS RETIREMENT	10,398.55	10,398.55	13,619.83	3,221.28	76.4
01-51520-1320	TREASURER SOCIAL SECURITY	10,941.41	10,941.41	14,991.61	4,050.20	73.0
01-51520-1330	TREASURER LIFE INSURANCE	526.41	526.41	575.00	48.59	91.6
01-51520-1340	TREASURER MED HEALTH	65,366.71	65,366.71	56,104.75	(9,261.96)	116.5
01-51520-2230	TREASURER UTIL-TELEPHONE	431.10	431.10	750.00	318.90	57.5
01-51520-2900	TREASURER'S SERVICE CONTRACTS	1,728.97	1,728.97	1,700.00	(28.97)	101.7
01-51520-3100	TREASURER OFFICE SUPPLIES	606.68	606.68	9,000.00	8,393.32	6.7
01-51520-3200	TREASURER PUB & SUBS	77.75	77.75	500.00	422.25	15.6
01-51520-3250	TREASURER ASSN DUES	.00	.00	265.00	265.00	.0
01-51520-3300	TREASURER TRAVEL	108.50	108.50	1,000.00	891.50	10.9
01-51520-3350	TREASURER TRAINING	586.00	586.00	1,000.00	414.00	58.6
01-51520-3400	TREASURER OPERATING SUPPLIES	2,102.71	2,102.71	1,000.00	(1,102.71)	210.3
	TOTAL TREASURER EXPENSES	244,242.65	244,242.65	297,124.94	52,882.29	82.2
	ASSESSOR EXPENSES					
01-51530-2100	ASSESSOR PROF SERVICE	31,349.56	31,349.56	55,000.00	23,650.44	57.0
01-51530-2230	ASSESSOR UTIL-TELEPHONE	26.44	26.44	.00		.0
	ASSESSOR SERVICE CONTRACTS	.00	.00	4,000.00	4,000.00	.0
	TOTAL ASSESSOR EXPENSES	31,376.00	31,376.00	59,000.00	27,624.00	53.2

FOR ADMINISTRATION USE ONLY

75 % OF THE FISCAL YEAR HAS ELAPSED

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		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	ACCOUNTING EXPENSES					
01-51540-2100	SPEC ACCOUNTING PROF SERVICE	15,280.55	15,280.55	30,000.00	14,719.45	50.9
	TOTAL ACCOUNTING EXPENSES	15,280.55	15,280.55	30,000.00	14,719.45	50.9
	BUILDINGS EXPENSES					
01-51600-1130	GENERAL BLDGS SAL-OPERATIONS	42,753.14	42,753.14	59,890.38	17,137.24	71.4
01-51600-1140	GENERAL BLDGS OVERTIME	237.52	237.52	500.00	262.48	47.5
01-51600-1250	GENERAL BLDGS LONGEVITY	675.00	675.00	900.00	225.00	75.0
01-51600-1290	GENERAL BLDGS NON-ELECT	2,250.00	2,250.00	3,000.00	750.00	75.0
01-51600-1310	GENERAL BLDGS WIS RETIREMENT	3,034.78	3,034.78	4,433.43	1,398.65	68.5
01-51600-1320	GENERAL BLDGS SOCIAL SECURITY	3,512.62	3,512.62	4,879.96	1,367.34	72.0
01-51600-1330	GENERAL BLDGS LIFE INSURANCE	296.62	296.62	375.00	78.38	79.1
01-51600-2200 01-51600-2210	GENERAL BLDGS UTIL-GAS GENERAL BLDGS UTIL-ELECT	7,569.34	7,569.34	13,000.00	5,430.66	58.2
		16,040.99	16,040.99	15,000.00	(1,040.99)	106.9
01-51600-2220 01-51600-2230	GENERAL BLDGS UTIL-W&S GENERAL BLDGS UTIL-TELEPHONE	2,102.33 709.37	2,102.33 709.37	3,000.00 500.00	897.67 (209.37)	70.1 141.9
01-51600-2230	GENERAL BLDGS OTIL-TELEPHONE GENERAL BLDGS SERVICE CONTRACT	9,248.57	9,248.57	7,500.00	,	123.3
01-51600-2900	GENERAL BLDGS OPERATION	9,248.57 420.91	9,248.57	3,500.00	(1,748.57) 3,079.09	123.3
01-51600-3400	GENERAL BLDGS OPERATION GENERAL BLDGS REPAIR	4,880.91	4,880.91	12,500.00	7,619.09	39.1
01-31000-3300	GENERAL BEDGS REPAIR	4,000.91	4,000.91	12,300.00	7,019.09	
	TOTAL BUILDINGS EXPENSES	93,732.10	93,732.10	128,978.77	35,246.67	72.7
	ILLEGAL TAXES EXPENSES					
						
01-51910-3400	ILLEGAL TAXES OPERATION	.00	.00	5,000.00	5,000.00	.0
	TOTAL ILLEGAL TAXES EXPENSES	.00	.00	5,000.00	5,000.00	
	LAW ENFORCMENT EXPENSES					
01-51931-5100	LAW ENFORCE INS LIABILITY	17,424.00	17,424.00	11,269.71	(6,154.29)	154.6
01-51931-5110	LAW ENFORCE INS PROPERTY	7,771.69	7,771.69	6,291.75	(1,479.94)	123.5
01-51931-5120	LAW ENFORCE INS WORK	20,796.40	20,796.40	19,588.96	(1,207.44)	106.2
01-51931-5140	LAW ENFORCE INS AUTO	7,686.19	7,686.19	7,081.41	(604.78)	108.5
01-51931-5150	LAW ENFORCE INS BOND	.00	.00	13.25	13.25	.0
	TOTAL LAW ENFORCMENT EXPENSES	53,678.28	53,678.28	44,245.08	(9,433.20)	121.3

CITY OF TOMAH EXPENDITURES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	HIGHWAY INSURANCE EXPENSES					
01-51932-5100	HIGHWAY INS LIABILITY	4,507.00	4,507.00	5,563.67	1,056.67	81.0
01-51932-5110	HIGHWAY INS PROPERTY	10,181.75	10,181.75	5,366.65	(4,815.10)	189.7
01-51932-5120	HIGHWAY INS WORKER COMP	13,036.44	13,036.44	12,281.28	(755.16)	106.2
01-51932-5140	HIGHWAY INS AUTO INSURANCE	19,581.44	19,581.44	19,827.71	246.27	98.8
	TOTAL HIGHWAY INSURANCE EXPENSES	47,306.63	47,306.63	43,039.31	(4,267.32)	109.9
	OTHER INSURANCE EXPENSES					
01-51938-5100	OTHER INSURANCE LIABILITY	18,477.50	18,477.50	24,068.78	5,591.28	76.8
01-51938-5110	OTHER INSURANCE PROPERTY	38,428.28	38,428.28	35,286.13	(3,142.15)	108.9
01-51938-5120	OTHER INSURANCE WORK	10,042.34	10,042.34	9,459.31	(583.03)	106.2
01-51938-5140	OTHER INSURANCE AUTO	20,465.74	20,465.74	20,066.48	(399.26)	102.0
01-51938-5150	OTHER INSURANCE BOND	.00	.00	1,053.38	1,053.38	.0
01-51938-5160	OTHER INSURANCE UNEM	.00	.00	600.00	600.00	.0
	TOTAL OTHER INSURANCE EXPENSES	87,413.86	87,413.86	90,534.08	3,120.22	96.6
	OTHER GOVERNMENTAL EXPENSES					
01-51980-2280	OTHER GEN. GOV. RES-	.00	.00	30,000.00	30,000.00	.0
	TOTAL OTHER GOVERNMENTAL EXPENSES	.00	.00	30,000.00	30,000.00	.0

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	LAW ENFORCMENT EXPENSES					
01-52100-1100	LAW ENFORCE SAL-MANAGERIAL	319,185.61	319,185.61	410,995.03	91,809.42	77.7
01-52100-1110	LAW ENFORCE SAL- SUPER	290,425.12	290,425.12	429,422.45	138,997.33	67.6
01-52100-1120	LAW ENFORCE SAL- SUPPORT	130,625.95	130,625.95	181,138.92	50,512.97	72.1
01-52100-1130	LAW ENFORCE SAL- SUPPORT	665,737.70	665,737.70	875,764.76	210,027.06	76.0
01-52100-1140	LAW ENFORCE OT	154,939.92	154,939.92	170,000.00	15,060.08	91.1
01-52100-1250	LAW ENFORCE LONGEVITY	8,825.00	8,825.00	10,920.00	2,095.00	80.8
01-52100-1270	LAW ENFORCE NIGHT DIF	3,815.33	3,815.33	6,500.00	2,684.67	58.7
01-52100-1280	LAW ENFORCE HOLIDAY PAY	61,102.07	61,102.07	60,781.88	(320.19)	100.5
01-52100-1290	LAW ENFORCE NON-ELECT	5,100.00	5,100.00	4,200.00	(900.00)	121.4
01-52100-1310	LAW ENFORCE WRS	252,710.46	252,710.46	300,854.71	48,144.25	84.0
01-52100-1320	LAW ENFORCE SOCIAL SECURITY	116,646.87	116,646.87	164,453.81	47,806.94	70.9
01-52100-1330	LAW ENFORCE LIFE INSURANCE	1,796.08	1,796.08	2,500.00	703.92	71.8
01-52100-1340	LAW ENFORCE MED INSURANCE	351,658.23	351,658.23	480,868.68	129,210.45	73.1
01-52100-1390	LAW ENFORCE OTHER	22,141.12	22,141.12	20,000.00	(2,141.12)	110.7
01-52100-2100	LAW ENFORCE PROF SERVICE	2,786.18	2,786.18	9,000.00	6,213.82	31.0
01-52100-2200	LAW ENFORCE UTIL-GAS	7,088.73	7,088.73	9,000.00	1,911.27	78.8
01-52100-2210	LAW ENFORCE UTIL-ELECT	20,607.77	20,607.77	20,000.00	(607.77)	103.0
01-52100-2220	LAW ENFORCE UTIL-W&S	1,830.36	1,830.36	3,000.00	1,169.64	61.0
01-52100-2230	LAW ENFORCE UTIL-TELEPHONE	15,128.78	15,128.78	23,500.00	8,371.22	64.4
01-52100-2900	LAW ENFORCE SERVICE CONTRACT	52,826.18	52,826.18	72,880.00	20,053.82	72.5
01-52100-3100	LAW ENFORCE OFFICE SUPPLIES	2,894.88	2,894.88	7,000.00	4,105.12	41.4
01-52100-3200	LAW ENFORCE PUBLICATIONS	.00	.00	250.00	250.00	.0
01-52100-3250	LAW ENFORCE ASSN DUES	1,735.00	1,735.00	925.00	(810.00)	187.6
01-52100-3350	LAW ENFORCE TRAINING	8,544.22	8,544.22	15,000.00	6,455.78	57.0
01-52100-3360	LAW ENFORCE EDUCATION	611.88	611.88	3,000.00	2,388.12	20.4
01-52100-3400	LAW ENFORCE OPER SUPPLIES	39,886.90	39,886.90	60,000.00	20,113.10	66.5
01-52100-3500	LAW ENFORCE REPAIR & MAINT	7,780.07	7,780.07	18,000.00	10,219.93	43.2
01-52100-3550	LAW ENFORCE BUILDING MAINT	7,247.72	7,247.72	14,000.00	6,752.28	51.8
	TOTAL LAW ENFORCMENT EXPENSES	2,553,678.13	2,553,678.13	3,373,955.24	820,277.11	75.7

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	FIRE PROTECTION EXPENSES					
01-52200-1100	FIRE PROTECTION SAL-MANAGERIAL	109,584.00	109,584.00	143,463.12	33,879.12	76.4
01-52200-1110	FIRE PROTECTION SAL-SUPER	18,178.08	18,178.08	33,000.00	14,821.92	55.1
01-52200-1120	FIRE PROTECTION SAL-SUPPORT	15,006.28	15,006.28	20,000.00	4,993.72	75.0
01-52200-1130	FIRE PROTECTION SAL-SUPPORT	24,107.00	24,107.00	30,000.00	5,893.00	80.4
01-52200-1250	FIRE PROTECTION LONGEVITY	250.00	250.00	390.00	140.00	64.1
01-52200-1310	FIRE PROTECTION WIS RETIREMENT	19,062.01	19,062.01	25,000.00	5,937.99	76.3
01-52200-1320	FIRE PROTECTION SS	9,439.52	9,439.52	17,354.26	7,914.74	54.4
01-52200-1330	FIRE PROTECTION LIFE	478.55	478.55	575.00	96.45	83.2
01-52200-1340	FIRE PROTECTION HEALTH INS	24,376.68	24,376.68	31,066.98	6,690.30	78.5
01-52200-2100	FIRE PROTECTION PROF SERVICE	10,171.98	10,171.98	12,000.00	1,828.02	84.8
01-52200-2200	FIRE PROTECTION UTIL - GAS	2,553.33	2,553.33	6,500.00	3,946.67	39.3
01-52200-2210	FIRE PROTECTION UTIL - ELEC	7,898.07	7,898.07	9,500.00	1,601.93	83.1
01-52200-2220	FIRE PROTECTION UTIL - W&S	546.16	546.16	500.00	(46.16)	109.2
01-52200-2230	FIRE PROTECTION UTIL - TELE	2,349.94	2,349.94	3,100.00	750.06	75.8
01-52200-2900	FIRE PROTECTION SERV CONTRACT	.00	.00	1,500.00	1,500.00	.0
01-52200-3100	FIRE PROTECTION OFFICE SUPPLY	369.68	369.68	750.00	380.32	49.3
01-52200-3200	FIRE PROTECTION PUB & SUB	14.00	14.00	300.00	286.00	4.7
01-52200-3250	FIRE PROTECTION ASSN DUES	1,403.68	1,403.68	1,500.00	96.32	93.6
01-52200-3350	FIRE PROTECTION TRAINING	2,689.24	2,689.24	5,000.00	2,310.76	53.8
01-52200-3400	FIRE PROTECTION OPER SUPPLIES	8,000.79	8,000.79	12,000.00	3,999.21	66.7
01-52200-3500	FIRE PROTECTION REPAIR	7,011.63	7,011.63	12,000.00	4,988.37	58.4
	TOTAL FIRE PROTECTION EXPENSES	263,490.62	263,490.62	365,499.36	102,008.74	72.1
	AMBULANCE EXPENSES					
01-52300-2900	AMBULANCE SERVICE CONTRACT	.00	.00	191,400.00	191,400.00	.0
	TOTAL AMBULANCE EXPENSES	.00	.00	191,400.00	191,400.00	.0

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	INSPECTIONS EXPENSES					
01-52400-1100	INSPECTION SAL-MANAGERIAL	36,971.66	36,971.66	43,991.38	7,019.72	84.0
01-52400-1120	INSPECTION SAL-SUPPORT	26,539.83	26,539.83	53,824.99	27,285.16	49.3
01-52400-1250	INSPECTION LONGEVITY	30.00	30.00	180.00	150.00	16.7
01-52400-1290	INSPECTION NON-ELECT	1,000.00	1,000.00	.00	(1,000.00)	.0
01-52400-1310	INSPECTION WIS RETIREMENT	4,222.04	4,222.04	6,810.75	2,588.71	62.0
01-52400-1320	INSPECTION SOCIAL SECURITY	4,617.34	4,617.34	7,496.72	2,879.38	61.6
01-52400-1330	INSPECTION LIFE INSURANCE	47.64	47.64	175.00	127.36	27.2
01-52400-1340	INSPECTION MED HEALTH	4,332.44	4,332.44	38,722.14	34,389.70	11.2
01-52400-2100	INSPECTION PROF SERVICE	67,079.02	67,079.02	87,000.00	19,920.98	77.1
01-52400-2230	INSPECTION UTIL-TELEPHONE	2,086.81	2,086.81	2,000.00	(86.81)	104.3
01-52400-2900	INSPECTION SERVICE CONTRACTS	7,778.00	7,778.00	8,400.00	622.00	92.6
01-52400-3100	INSPECTION OFFICE SUPPLIES	.00	.00	250.00	250.00	.0
01-52400-3200	INSPECTION PUB & SUBSCRIPTION	69.93	69.93	250.00	180.07	28.0
01-52400-3250	INSPECTION ASSN DUES	250.00	250.00	250.00	.00	100.0
01-52400-3300	INSPECTION TRAVEL	.00	.00	300.00	300.00	.0
01-52400-3350	INSPECTION TRAINING	353.00	353.00	750.00	397.00	47.1
01-52400-3400	INSPECTION OPERATING	30.00	30.00	2,000.00	1,970.00	1.5
	TOTAL INSPECTIONS EXPENSES	155,407.71	155,407.71	252,400.98	96,993.27	61.6
01-52900-2210	OTHER PUBLIC EXPENSES OTHER PUBLIC SA UTILITY	196.97	196.97	650.00	453.03	30.3
01-52900-2900	OTHER PUBLIC SA SERVICE	4,063.75	4,063.75	4,200.00	136.25	96.8
01-32900-2900	OTTLIN FUBLIC SA SLINVICE	4,003.73	4,003.73	4,200.00		
	TOTAL OTHER PUBLIC EXPENSES	4,260.72	4,260.72	4,850.00	589.28	87.9
	HWY/STREET ADMIN EXPENSES					
01-53100-1100	ADMN-HWY/STREET SAL-MANAGERIAL	7,990.00	7,990.00	35,248.26	27,258.26	22.7
01-53100-1120	ADMN-HWY/STREET SAL-SUPPORT	.00	.00	9,722.23	9,722.23	.0
01-53100-1140	ADMN-HWY/STREET OVERTIME	.00	.00	200.00	200.00	.0
01-53100-1250	ADMN-HWY/STREET LONGEVITY	.00	.00	290.00	290.00	.0
01-53100-1310	ADMN-HWY/STREET WIS RETIREMENT	.00	.00	3,159.50	3,159.50	.0
01-53100-1320	ADMN-HWY/STREET SS	.00	.00	3,477.73	3,477.73	.0
01-53100-1330	ADMN-HWY/STREET LIFE INSURANCE	.00	.00	150.00	150.00	.0
01-53100-1340	ADMN-HWY/STREET MED HEALTH	246.56	246.56	7,023.55	6,776.99	3.5
01-53100-2230	ADMN-HWY/STREET UTIL	673.68	673.68	1,500.00	826.32	44.9
01-53100-3100	ADMN-HWY/STREET OFFICE SUPPLY	.00	.00	500.00	500.00	.0
01-53100-3400	ADMN-HWY/STREET OPER SUPPLIES	.00	.00	250.00	250.00	.0
	TOTAL HWY/STREET ADMIN EXPENSES	8,910.24	8,910.24	61,521.27	52,611.03	14.5

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	HWY/STREET EXPENSES					
04 52244 4440	HWY/ST MAINT SAL-SUP	E4 070 40	E4 070 40	SE 006 42	44 400 03	02.0
01-53311-1110 01-53311-1130	HWY/ST MAINT SAL-SUP HWY/ST MAINT SAL-OPERATION	54,878.40 443,142.98	54,878.40 443,142.98	65,986.43 516,781.73	11,108.03 73,638.75	83.2 85.8
01-53311-1140	HWY/ST MAINT OVERTIME	14,124.00	14,124.00	17,500.00	3,376.00	80.7
01-53311-1140	HWY/ST MAINT LONGEVITY	3,739.73	3,739.73	4,000.00	260.27	93.5
01-53311-1290	HWY/ST MAINT NON-ELECT COMP	4,750.00	4,750.00	4,200.00	(550.00)	113.1
01-53311-1310	HWY/ST MAINT WIS RETIREMENT	34,025.35	34,025.35	42,288.54	8,263.19	80.5
01-53311-1320	HWY/ST MAINT SOCIAL SECURITY	33,203.72	33,203.72	46,547.81	13,344.09	71.3
01-53311-1330	HWY/ST MAINT LIFE INSURANCE	1,215.04	1,215.04	2,150.00	934.96	56.5
01-53311-1340	HWY/ST MAINT MED HEALTH	139,788.36	139,788.36	205,727.24	65,938.88	68.0
01-53311-2200	HWY/ST MAINT UTIL-GAS	9,660.09	9,660.09	18,000.00	8,339.91	53.7
01-53311-2210	HWY/ST MAINT UTIL-ELECT	6,428.54	6,428.54	7,500.00	1,071.46	85.7
01-53311-2220	HWY/ST MAINT UTIL-W&S	2,218.74	2,218.74	3,500.00	1,281.26	63.4
01-53311-2230	HWY/ST MAINT UTIL-TELEPHONE	3,394.52	3,394.52	4,500.00	1,105.48	75.4
01-53311-2900	HWY/ST MAINT SERVICE CONTRACT	12,808.18	12,808.18	16,000.00	3,191.82	80.1
01-53311-3100	HWY/ST MAINT OFFICE SUPPLIES	.00	.00	600.00	600.00	.0
01-53311-3350	HWY/ST MAINT TRAINING	1,400.00	1,400.00	1,000.00	(400.00)	140.0
01-53311-3401	HWY/ST MAINT OP SUP-FUEL	35,356.38	35,356.38	82,000.00	46,643.62	43.1
01-53311-3402	HWY/ST MAINT OP SUP-EQUIP	17,660.98	17,660.98	38,000.00	20,339.02	46.5
01-53311-3403	HWY/ST MAINT OP SUP-SALT	36,048.36	36,048.36	42,500.00	6,451.64	84.8
01-53311-3405	HWY/ST MAINT OP SUP-ST.MAIN	75,053.87	75,053.87	70,000.00	(5,053.87)	107.2
01-53311-3406	HWY/ST MAINT OP SUP-C&G MNT	19,580.50	19,580.50	20,000.00	419.50	97.9
01-53311-3407	HWY/ST MAINT OP SUP-ROCK/RI	1,900.25	1,900.25	10,000.00	8,099.75	19.0
01-53311-3408	HWY/ST MAINT OP SUP-BLDGS	5,345.68	5,345.68	12,000.00	6,654.32	44.6
01-53311-3409	HWY/ST MAINT OP SUP-SAFETY	3,234.06	3,234.06	10,000.00	6,765.94	32.3
01-53311-3500	GENERAL HWY/ST REPAIR & MAINT	58.08	58.08	500.00	441.92	11.6
01-53311-3501	HWY/ST MAINT R&M - TIRES	21,323.23	21,323.23	12,000.00	(9,323.23)	177.7
01-53311-3502	HWY/ST MAINT R&M - EQUIP	4,639.86	4,639.86	35,000.00	30,360.14	13.3
01-53311-3508	HWY/ST MAINT R&M - BLDGS	38,763.68	38,763.68	35,000.00	(3,763.68)	110.8
01-53311-3512	HWY/ST MAINT R&M - TRUCKS	21,659.07	21,659.07	25,000.00	3,340.93	86.6
	TOTAL HWY/STREET EXPENSES	1,045,401.65	1,045,401.65	1,348,281.75	302,880.10	77.5
	STREET LIGHTING EXPENSES					
01-53420-2900	STREET LIGHTING SERV CONTRACT	106,901.97	106,901.97	135,000.00	28,098.03	79.2
	TOTAL STREET LIGHTING EXPENSES	106,901.97	106,901.97	135,000.00	28,098.03	79.2
	SIDEWALK EXPENSES					
01-53432-2900	SIDEWALK MAINT SERV CONTRACT	200.00	200.00	.00	(200.00)	.0
	TOTAL SIDEWALK EXPENSES	200.00	200.00	.00	(200.00)	.0
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		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	AIRPORT EXPENSES					
01-53510-1130	AIRPORT SAL-OPERATION	6,172.60	6,172.60	7,331.83	1,159.23	84.2
01-53510-1310	AIRPORT WIS RETIREMENT	407.29	407.29	509.56	102.27	79.9
01-53510-1320	AIRPORT SOCIAL SECURITY	412.38	412.38	560.88	148.50	73.5
01-53510-1330	AIRPORT LIFE INS	31.81	31.81	.00	(31.81)	.0
01-53510-1340	AIRPORT HEALTH INS	1,867.27	1,867.27	2,581.48	714.21	72.3
01-53510-2200	AIRPORT UTIL-GAS	262.88	262.88	550.00	287.12	47.8
01-53510-2210	AIRPORT UTIL-ELECTRIC	2,429.16	2,429.16	3,100.00	670.84	78.4
01-53510-2220	AIRPORT UTIL-W&S	269.97	269.97	315.00	45.03	85.7
01-53510-2230	AIRPORT UTIL-TELEPHONE	272.08	272.08	400.00	127.92	68.0
01-53510-2240	AIRPORT UTIL-CBL/INT	904.59	904.59	1,250.00	345.41	72.4
01-53510-2900	AIRPORT SERVICE CONTRACT	3,780.03	3,780.03	2,100.00	(1,680.03)	180.0
01-53510-3400	AIRPORT OPERATING SUPPLIES	.00	.00	500.00	500.00	.0
01-53510-3430	AIRPORT FUEL	13,344.97	13,344.97	30,000.00	16,655.03	44.5
01-53510-3500	AIRPORT REPAIR & MAINTENANCE	17,005.10	17,005.10	5,000.00	(12,005.10)	340.1
	TOTAL AIRPORT EXPENSES	47,160.13	47,160.13	54,198.75	7,038.62	87.0
	REFUSE EXPENSES					
01-53620-1130	REFUSE & GARB SAL-OPERATION	49,109.80	49,109.80	85,690.72	36,580.92	57.3
01-53620-1140	REFUSE & GARB OVERTIME	543.53	543.53	.00	(543.53)	.0
01-53620-1250	REFUSE & GARB LONGEVITY	4.10	4.10	480.00	475.90	.9
01-53620-1310	REFUSE & GARB WIS RETIREMENT	6,177.42	6,177.42	5,988.86	(188.56)	103.2
01-53620-1320	REFUSE & GARB SOCIAL SECURITY	3,348.86	3,348.86	6,592.06	3,243.20	50.8
01-53620-1330	REFUSE & GARB LIFE INSURANCE	136.72	136.72	100.00	(36.72)	136.7
01-53620-1340	REFUSE & GARB MED HEALTH	23,210.00	23,210.00	36,167.77	12,957.77	64.2
01-53620-3200	REFUSE & GARB PUB & SUB	1,331.14	1,331.14	2,000.00	668.86	66.6
01-53620-3400	REFUSE & GARB OPER SUPPLIES	1,838.24	1,838.24	3,000.00	1,161.76	61.3
01-53620-3500	REFUSE & GARB REPAIR	14,828.29	14,828.29	15,000.00	171.71	98.9
01-53620-3502	GEN REFUSE & GARB REP/MAINT	1,188.82	1,188.82	1,000.00	(188.82)	118.9
	TOTAL REFUSE EXPENSES	101,716.92	101,716.92	156,019.41	54,302.49	65.2
	SOLID WASTE EXPENSES					
01-53630-2100	SOLID WSTE DISP PROF SERVICE	66,066.05	66,066.05	50,000.00	(16,066.05)	132.1
01-53630-5300	SOLID WSTE DISP RENT	122,946.51	122,946.51	190,000.00	67,053.49	64.7
	TOTAL SOLID WASTE EXPENSES	189,012.56	189,012.56	240,000.00	50,987.44	78.8

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	RECYCLING EXPENSES					
01-53635-1130	RECYCLING SAL-OPERATION	24,131.79	24,131.79	27,097.25	2,965.46	89.1
01-53635-1250	RECYCLING SAL-LONGEVITY	1.25	1.25	.00	(1.25)	.0
01-53635-1310	RECYCLING WIS RETIREMENT	1,596.91	1,596.91	1,883.26	286.35	84.8
01-53635-1320	RECYCLING SOCIAL SECURITY	1,624.09	1,624.09	2,072.94	448.85	78.4
01-53635-1330	RECYCLING LIFE INSURANCE	74.07	74.07	50.00	(24.07)	148.1
01-53635-1340	RECYCLING MED HEALTH	11,655.89	11,655.89	17,046.35	5,390.46	68.4
01-53635-2900	RECYCLING SERVICE CONTRACT	49,435.26	49,435.26	73,000.00	23,564.74	67.7
01-53635-3400	RECYCLING OPERATING	281.98	281.98	10,000.00	9,718.02	2.8
01-53635-3500	RECYCLING REPAIR & MAINTENANCE	11,071.95	11,071.95	5,000.00	(6,071.95)	221.4
	TOTAL RECYCLING EXPENSES	99,873.19	99,873.19	136,149.80	36,276.61	73.4
	NUISANCE CONTROL EXPENSES					
01-53640-2900	NUISANCE SERVICE CONTRACT	.00	.00	2,500.00	2,500.00	.0
	TOTAL NUISANCE CONTROL EXPENSES	.00	.00	2,500.00	2,500.00	.0
01-53645-2900	CHIPPER EXPENSES CHIPPER SERVICE CONTRACT	9,860.00	9,860.00	15,000.00	5,140.00	65.7
01-53645-3400	CHIPPER OPERATING SUPPLIES	2,615.50	2,615.50	3,500.00	884.50	74.7
	TOTAL CHIPPER EXPENSES	12,475.50	12,475.50	18,500.00	6,024.50	67.4
	OTHER PARKS EXPENSES					
01-55200-1100	OTHER PARKS SAL-MANAGERIAL	22,089.60	22,089.60	28,709.78	6,620.18	76.9
01-55200-1110	OTHER PARKS SAL-SUPERVISORY	50,768.00	50,768.00	66,012.52	15,244.52	76.9
01-55200-1130	OTHER PARKS SAL-OPERATION	112,758.73	112,758.73	115,452.21	2,693.48	97.7
01-55200-1250	OTHER PARKS LONGEVITY	1,560.00	1,560.00	1,800.00	240.00	86.7
01-55200-1310	OTHER PARKS WIS RETIREMENT	7,949.16	7,949.16	14,732.23	6,783.07	54.0
01-55200-1320	OTHER PARKS SOCIAL SECURITY	12,797.19	12,797.19	16,216.05	3,418.86	78.9
01-55200-1330	OTHER PARKS LIFE INSURANCE	310.10	310.10	395.00	84.90	78.5
01-55200-1340	OTHER PARKS MED HEALTH	33,107.46	33,107.46	44,063.63	10,956.17	75.1
01-55200-2200	OTHER PARKS UTIL-GAS	8,656.99	8,656.99	12,000.00	3,343.01	72.1
01-55200-2210	OTHER PARKS UTIL-ELECTRIC	33,287.49	33,287.49	23,000.00	(10,287.49)	144.7
01-55200-2220	OTHER PARKS UTIL-W&S	14,497.75	14,497.75	12,000.00	(2,497.75)	120.8
01-55200-2230	OTHER PARKS UTIL-TELEPHONE	2,618.09	2,618.09	4,000.00	1,381.91	65.5
01-55200-3100	OTHER PARKS OFFICE SUPPLIES	235.83	235.83	50.00	(185.83)	471.7
01-55200-3350	OTHER PARKS TRAINING	.00	.00	200.00	200.00	.0
01-55200-3400	OTHER PARKS OPER SUPPLIES	25,613.85	25,613.85	30,000.00	4,386.15	85.4
01-55200-3500						
01 00200 0000	OTHER PARKS REPAIR & MAINT	13,830.48	13,830.48	23,000.00	9,169.52	60.1

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	RECREATION PROGRAM EXPENSES					
	RECREATION PROGRAM EXPENSES					
01-55300-1100	REC PROGRAMS SAL-MANAGERIAL	33,134.40	33,134.40	43,064.67	9,930.27	76.9
01-55300-1130	REC PROGRAMS SAL-OPERATION	45,372.49	45,372.49	61,524.16	16,151.67	73.8
01-55300-1250	REC PROGRAMS LONGEVITY	337.50	337.50	420.00	82.50	80.4
01-55300-1310	REC PROGRAMS WIS RETIREMENT	2,252.61	2,252.61	4,275.93	2,023.32	52.7
01-55300-1320	REC PROGRAMS SOCIAL SECURITY	5,485.76	5,485.76	8,033.18	2,547.42	68.3
01-55300-1330	REC PROGRAMS LIFE INSURANCE	57.00	57.00	75.00	18.00	76.0
01-55300-1340	REC PROGRAMS MED HEALTH	8,712.36	8,712.36	11,616.64	2,904.28	75.0
01-55300-2100	REC PROGRAMS PROF SERVICE	12,300.00	12,300.00	12,500.00	200.00	98.4
01-55300-2200	REC PROGRAMS UTIL - GAS	(34.34)	(34.34)	.00	34.34	.0
01-55300-2210	REC PROGRAMS UTIL-ELECTRIC	119.22	119.22	2,000.00	1,880.78	6.0
01-55300-2220	REC PROGRAMS UTIL-W&S	195.48	195.48	2,000.00	1,804.52	9.8
01-55300-2230	REC PROGRAMS UTIL-TELEPHONE	304.76	304.76	1,200.00	895.24	25.4
01-55300-3100	REC PROGRAMS OFFICE SUPPLIES	173.45	173.45	120.00	(53.45)	144.5
01-55300-3400	REC PROGRAMS OPER SUPPLIES	5,687.10	5,687.10	7,500.00	1,812.90	75.8
	TOTAL RECREATION PROGRAM EXPENSES	114,097.79	114,097.79	154,329.58	40,231.79	73.9
	RECERATION PARK EXPENSES					
01-55401-1100	RECREATION PARK SAL-MANAGERIAL	11,044.80	11,044.80	14,354.89	3,310.09	76.9
01-55401-1130	RECREATION PARK SAL- OPERATION	46,064.00	46,064.00	59,890.38	13,826.38	76.9
01-55401-1140	RECREATION PARK SAL-OT	2,072.88	2,072.88	.00	(2,072.88)	.0
01-55401-1250	RECREATION PARK LONGEVITY	762.50	762.50	840.00	77.50	90.8
01-55401-1310	RECREATION PARK WIS RETIREMENT	3,932.31	3,932.31	5,218.43	1,286.12	75.4
01-55401-1320	RECREATION PARK SS	4,094.03	4,094.03	5,744.02	1,649.99	71.3
01-55401-1330	RECREATION PARK LIFE INSURANCE	87.78	87.78	200.00	112.22	43.9
01-55401-1340	RECREATION PARK MED HEALTH	22,265.10	22,265.10	29,686.97	7,421.87	75.0
01-55401-2200	RECREATION PARK UTIL - GAS	18,472.34	18,472.34	24,000.00	5,527.66	77.0
01-55401-2210	RECREATION PARK UTIL - ELEC	14,298.78	14,298.78	30,000.00	15,701.22	47.7
01-55401-2220	RECREATION PARK UTIL - W&S	11,598.47	11,598.47	16,500.00	4,901.53	70.3
01-55401-2230	GEN RECREATION PARK UTIL-TELE	1,086.21	1,086.21	.00	(1,086.21)	.0
01-55401-3400	RECREATION PARK OPER SUPPLIES	11,408.45	11,408.45	10,000.00	(1,408.45)	114.1
01-55401-3500	RECREATION PARK REPAIR/MAINT	7,431.49	7,431.49	9,000.00	1,568.51	82.6
	TOTAL RECERATION PARK EXPENSES	154,619.14	154,619.14	205,434.69	50,815.55	75.3

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	AQUATIC CENTER EXPENSES					
01-55402-1100	AQUATIC CENTER SAL-MANAGERIAL	7,363.20	7,363.20	9,569.93	2,206.73	76.9
01-55402-1130	AQUATIC CENTER SAL-OPERATION	62,176.12	62,176.12	65,000.00	2,823.88	95.7
01-55402-1250	AQUATIC CENTER LONGEVITY	75.00	75.00	95.00	20.00	79.0
01-55402-1310	AQUATIC CENTER WIS RETIREMENT	490.89	490.89	671.71	180.82	73.1
01-55402-1320	AQUATIC CENTER SOCIAL SECURITY	4,203.14	4,203.14	5,711.87	1,508.73	73.6
01-55402-1330	AQUATIC CENTER LIFE INSURANCE	9.54	9.54	10.00	.46	95.4
01-55402-1340	AQUATIC CENTER MED HEALTH	1,936.26	1,936.26	2,581.48	645.22	75.0
01-55402-2200	AQUATIC CENTER UTIL- GAS	2,921.64	2,921.64	5,000.00	2,078.36	58.4
01-55402-2210	AQUATIC CENTER UTIL- ELEC	10,193.36	10,193.36	13,000.00	2,806.64	78.4
01-55402-2220	AQUATIC CENTER UTIL - W & S	14,877.62	14,877.62	20,000.00	5,122.38	74.4
01-55402-2230	AQUATIC CENTER UTIL- TELEPHONE	1,456.64	1,456.64	1,300.00	(156.64)	112.1
01-55402-3400	AQUATIC CENTER OPER SUPPLIES	23,142.67	23,142.67	23,000.00	(142.67)	100.6
01-55402-3500	AQUATIC CENTER REPAIR/MAINT	12,291.87	12,291.87	10,000.00	(2,291.87)	122.9
	TOTAL AQUATIC CENTER EXPENSES	141,137.95	141,137.95	155,939.99	14,802.04	90.5
	CONSERVATION & DEVELOPMENT EXP					
01-56900-2100	OTH CONSV & DEV PROF SERVICE	.00	.00	10,000.00	10,000.00	.0
01-56900-3100	OTH CONSV & DEV OFFICE SUPPLY	.00	.00	100.00	100.00	.0
01-56900-3200	OTH CONSV & DEV PUB & SUB	(17.03)	(17.03)	400.00	417.03	(4.3)
	TOTAL CONSERVATION & DEVELOPMENT EXP	(17.03)	(17.03)	10,500.00	10,517.03	(.2)
	LAW ENFORCEMENT OUTLAY EXPENSE					
01-57210-8300	LAW ENFORCEMENT EQUIPMENT	12,168.86	12,168.86	11,800.00	(368.86)	103.1
	TOTAL LAW ENFORCEMENT OUTLAY EXPENSE	12,168.86	12,168.86	11,800.00	(368.86)	103.1
	FIRE EQUIPMENT EXPENSES					
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01-57220-8300	FIRE OUTLAY EQUIPMENT	8,405.78	8,405.78	20,000.00	11,594.22	42.0
	TOTAL FIRE EQUIPMENT EXPENSES	8,405.78	8,405.78	20,000.00	11,594.22	42.0
	TOTAL FUND EXPENDITURES	6,339,627.00	6,339,627.00	8,684,331.09	2,344,704.09	73.0
	NET REVENUE OVER EXPENDITURES	(4,213,694.28)	(4,213,694.28)	15,126.97	4,228,821.25	(27855

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

LAKE DISTRICT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	TAXES					
02-41110	GENERAL PROPERTY TAX	.00	.00	150,000.00	150,000.00	.0
02-41320	LIEU TAX-OTHER TAX EXEMPT	.00	.00	10.00	10.00	.0
	TOTAL TAXES	.00	.00	150,010.00	150,010.00	.0
	FEDERAL & STATE GRANTS					
02-43410	STATE SHARED REVENUE	1,848.10	1,848.10	1,848.00	(.10)	100.0
	TOTAL FEDERAL & STATE GRANTS	1,848.10	1,848.10	1,848.00	(.10)	100.0
	INTEREST & MISCELLANEOUS REVEN					
02-48110	INTEREST INCOME	.00	.00	1,000.00	1,000.00	.0
02-48900	LAKE DISTRICT OTHER MISCELLANE	500.00	500.00	.00	(500.00)	.0
	TOTAL INTEREST & MISCELLANEOUS REVEN	500.00	500.00	1,000.00	500.00	50.0
	TRANSFERS IN					
02-49300	FUND BALANCE APPLIED	.00	.00	300,000.00	300,000.00	.0
	TOTAL TRANSFERS IN	.00	.00	300,000.00	300,000.00	.0
	TOTAL FUND REVENUE	2,348.10	2,348.10	452,858.00	450,509.90	.5

LAKE DISTRICT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	LAKE DISTRICT EXPENSES					
02-56910-1130	LAKE SAL-OPERATIONS	1,119.07	1,119.07	20,934.89	19,815.82	5.4
02-56910-1140	LAKE OVERTIME	266.31	266.31	.00	(266.31)	.0
02-56910-1250	LAKE LONGEVITY	4.92	4.92	.00	(4.92)	.0
02-56910-1310	LAKE WIS RETIREMENT	.00	.00	1,454.97	1,454.97	.0
02-56910-1320	LAKE SOCIAL SECURITY	.00	.00	1,601.52	1,601.52	.0
02-56910-1340	LAKE WIS HEALTH INSURANCE	.00	.00	4,083.68	4,083.68	.0
02-56910-2100	LAKE PROF SERVICES	29,355.30	29,355.30	20,000.00	(9,355.30)	146.8
02-56910-2210	LAKE UTIL-ELECTRIC	2,651.81	2,651.81	3,500.00	848.19	75.8
02-56910-2230	LAKE UTIL-TELEPHONE	551.26	551.26	800.00	248.74	68.9
02-56910-3250	LAKE ASSN DUES	750.00	750.00	750.00	.00	100.0
02-56910-3300	LAKE TRAVEL	.00	.00	500.00	500.00	.0
02-56910-3350	LAKE TRAINING	.00	.00	500.00	500.00	.0
02-56910-3400	LAKE OPERATING SUP	.00	.00	500.00	500.00	.0
02-56910-3500	LAKE REPAIR & MAINTENANCE	6,219.54	6,219.54	365,000.00	358,780.46	1.7
02-56910-5100	LAKE LIABILITY INSURANCE	550.00	550.00	800.00	250.00	68.8
02-56910-5110	LAKE PROPERTY INSURANCE	832.99	832.99	948.34	115.35	87.8
02-56910-5120	LAKE WORKER COMP INSURANCE	301.66	301.66	283.68	(17.98)	106.3
	TOTAL LAKE DISTRICT EXPENSES	42,602.86	42,602.86	421,657.08	379,054.22	10.1
	TOTAL FUND EXPENDITURES	42,602.86	42,602.86	421,657.08	379,054.22	10.1
	NET REVENUE OVER EXPENDITURES	(40,254.76)	(40,254.76)	31,200.92	71,455.68	(129.0)

AMBULANCE FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	1U	NEXPENDED	PCNT
	FEDERAL & STATE GRANTS						
03-43550	STATE GRANT AMBULANCE	70,649.70	70,649.70	.00	(70,649.70)	.0
	TOTAL FEDERAL & STATE GRANTS	70,649.70	70,649.70	.00	(70,649.70)	.0
	PUBLIC CHARGES						
03-46100 03-46230	GEN GOVERNMENT PUBLIC CHARGES AMBULANCE FEES	26.28 4,273,115.85	26.28 4,273,115.85	.00 5,300,000.00	(26.28) 1,026,884.15	.0
	TOTAL PUBLIC CHARGES	4,273,142.13	4,273,142.13	5,300,000.00		1,026,857.87	80.6
	OTHER GOVERNMENT CHARGES						
03-47324	AMBULANCE SERVICES	.00	.00	377,220.00		377,220.00	.0
	TOTAL OTHER GOVERNMENT CHARGES	.00	.00	377,220.00		377,220.00	.0
	INTEREST & MISCELLANEOUS REVEN						
03-48110	INTEREST INCOME	135.47	135.47	5,000.00		4,864.53	2.7
03-48440	INS RECOV-OTHER EQ	2,855.51	2,855.51	.00	(2,855.51)	.0
03-48500	DONATIONS	500.00	500.00	.00	(500.00)	.0
03-48502	DONATIONS ANDRES/EARLE	3,200.00	3,200.00	4,500.00		1,300.00	71.1
03-48900	OTHER MISCELLANEOUS	.00	.00	1,000.00		1,000.00	.0
	TOTAL INTEREST & MISCELLANEOUS REVEN	6,690.98	6,690.98	10,500.00		3,809.02	63.7
	TOTAL FUND REVENUE	4,350,482.81	4,350,482.81	5,687,720.00		1,337,237.19	76.5

AMBULANCE FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	AMBULANCE EXPENSES					
03-52300-1100	AMBULANCE SAL-MANAGERIAL	47,056.00	47,056.00	61,168.65	14,112.65	76.9
03-52300-1100	AMBULANCE SAL-SUPER	63,312.00	63,312.00	82,294.48	18,982.48	76.9
03-52300-1110	AMBULANCE SAL-SUPPOR	101,527.27	101,527.27	148,234.36	46,707.09	68.5
03-52300-1130	AMBULANCE SAL-OPERATION	640,132.40	640,132.40	891,042.30	250,909.90	71.8
03-52300-1140	AMBULANCE OVERTIME	368,530.46	368,530.46	472,455.36	103,924.90	78.0
03-52300-1250	AMBULANCE LONGEVITY	3,646.50	3,646.50	4,680.00	1,033.50	77.9
03-52300-1280	AMBULANCE HOLIDAY	54,351.95	54,351.95	40,000.00	(14,351.95)	135.9
03-52300-1290	AMBULANCE NON-ELECT COMP	2,300.00	2,300.00	4,200.00	1,900.00	54.8
03-52300-1230	AMBULANCE WIS RETIREMENT	163,538.19	163,538.19	210,960.32	47,422.13	77.5
03-52300-1310	AMBULANCE SOCIAL SECURITY	86,412.26	86,412.26	130,040.45	43,628.19	66.5
03-52300-1320	AMBULANCE LIFE INSURANCE	1,917.89	1,917.89	1,100.00	(817.89)	174.4
03-52300-1330	AMBULANCE MED HEALTH	287,609.49	287,609.49	400,272.75	112,663.26	71.9
03-52300-1340	AMBULANCE OTHER EMP BENEFITS	10,200.00	10,200.00	10,800.00	600.00	94.4
03-52300-1390	AMBULANCE PROF SERVICE	1,248.04	1,248.04	8,000.00	6,751.96	15.6
03-52300-2100	AMBULANCE UTIL-GAS	7,620.81	7,620.81	15,000.00	7,379.19	50.8
03-52300-2210	AMBULANCE UTIL-ELECT	18,428.84	18,428.84	20,000.00	1,571.16	92.1
03-52300-2210	AMBULANCE UTIL-ELECT			2,500.00	315.46	92.1 87.4
03-52300-2220	AMBULANCE UTIL-TELEPHONE	2,184.54 10,357.08	2,184.54 10,357.08	12,500.00	2,142.92	82.9
03-52300-2230	AMBULANCE SERVICE CONTRACT	24,490.61	24,490.61	43,000.00	18,509.39	57.0
03-52300-2900	AMBULANCE OFFICE SUPPLIES				*	15.8
03-52300-3100		2,047.67	2,047.67	13,000.00	10,952.33	
	AMBULANCE ASSAURUES	.00	.00	750.00	750.00	.0
03-52300-3250	AMBULANCE TRAVEL	640.00 224.45	640.00	640.00	.00	100.0
03-52300-3300	AMBULANCE TRAINING		224.45	1,500.00	1,275.55	15.0
03-52300-3350	AMBULANCE TRAINING	4,784.92	4,784.92	10,000.00	5,215.08	47.9
03-52300-3400	AMBULANCE OPERATING	12,441.81	12,441.81	15,000.00	2,558.19	83.0
03-52300-3401	AMBULANCE OPER - FUEL	38,132.88	38,132.88	60,000.00	21,867.12	63.6
03-52300-3402	AMBULANCE OPER - MED SUPPLIES	57,109.39	57,109.39	75,000.00	17,890.61	76.2
03-52300-3500	AMBULANCE REPAIR & MAINTENANCE	23,193.88	23,193.88	20,000.00	(3,193.88)	116.0
03-52300-3930	AMBULANCE BAD DEBT	.00	.00	250,000.00	250,000.00	.0
03-52300-3950	AMBULANCE DISALLOWED	1,697,559.54	1,697,559.54	1,900,000.00	202,440.46	89.4
03-52300-5100	AMBULANCE LIABILITY INSURANCE	13,806.00	13,806.00	13,484.31	(321.69)	102.4
03-52300-5110	AMBULANCE PROPERTY INSURANCE	14,451.55	14,451.55	10,971.03	(3,480.52)	131.7
03-52300-5120	AMBULANCE WORKER COMP	29,968.31	29,968.31	28,227.65	(1,740.66)	106.2
03-52300-5140	AMBULANCE AUTO INSURANCE	9,413.34	9,413.34	8,824.91	(588.43)	106.7
	TOTAL AMBULANCE EXPENSES	3,798,638.07	3,798,638.07	4,965,646.57	1,167,008.50	76.5
	AMBULANCE OUT BUILDINGS EXPENS					
					_	
03-57230-8300	AMBULANCE OUTLAY EQUIPMENT	16,500.00	16,500.00	20,000.00	3,500.00	82.5
03-57230-8400	AMB AMBULANCE OUT VEHICLES	115,250.00	115,250.00	290,000.00	174,750.00	39.7
	TOTAL AMBULANCE OUT BUILDINGS EXPENS	131,750.00	131,750.00	310,000.00	178,250.00	42.5
03-59200-7380	AMB TRANSFERS TO OTHER FUNDS	.00	.00	569,275.00	569,275.00	.0
	TOTAL DEPARTMENT 200		.00	569,275.00	569,275.00	.0

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75 % OF THE FISCAL YEAR HAS ELAPSED

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CITY OF TOMAH EXPENDITURES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

AMBULANCE FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
TOTAL FUND EXPENDITURES	3,930,388.07	3,930,388.07	5,844,921.57	1,914,533.50	67.2
NET REVENUE OVER EXPENDITURES	420,094.74	420,094.74	(157,201.57)	(577,296.31)	267.2

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

CDBG FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	INTEREST & MISCELLANEOUS REVEN					
04-48110	INTEREST INCOME	.00	.00	200.00	200.00	.0
04-48201	MISC ADMIN FEES	.00	.00	2,500.00	2,500.00	.0
04-48902	REVOLVING REHAB	.00	.00	13,500.00	13,500.00	.0
04-48903	LOAN INTEREST REPAYMENT	.00	.00	3,800.00	3,800.00	.0
	TOTAL INTEREST & MISCELLANEOUS REVEN	.00	.00	20,000.00	20,000.00	.0
	TOTAL FUND REVENUE	.00	.00	20,000.00	20,000.00	.0

CITY OF TOMAH EXPENDITURES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

CDBG FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	ADMINISTRATION EXPENSES					
04-56600-1100	CDBG-ADMIN SAL-MANAGERIAL	3,214.80	3,214.80	4,399.14	1,184.34	73.1
04-56600-1310	CDBG-ADMIN WIS RETIREMENT	223.44	223.44	305.74	82.30	73.1
04-56600-1320	CDBG-ADMIN SOCIAL SECURITY	235.51	235.51	336.53	101.02	70.0
04-56600-1330	CDBG-ADMIN LIFE INSURANCE	2.88	2.88	.00	(2.88)	.0
04-56600-1340	CDBG-ADMIN MED HEALTH	968.04	968.04	1,097.13	129.09	88.2
04-56600-2100	CDBG-ADMIN PROF SERVICE	.00	.00	1,000.00	1,000.00	.0
04-56600-3100	CDBG-ADMIN OFFICE SUPPLIES	.00	.00	400.00	400.00	.0
04-56600-3200	CDBG-ADMIN PUB & SUBSCRIPTION	.00	.00	500.00	500.00	.0
	TOTAL ADMINISTRATION EXPENSES	4,644.67	4,644.67	8,038.54	3,393.87	57.8
	TOTAL FUND EXPENDITURES	4,644.67	4,644.67	8,038.54	3,393.87	57.8
	NET REVENUE OVER EXPENDITURES	(4,644.67)	(4,644.67)	11,961.46	16,606.13	(38.8)

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

GRANTS & DONATIONS FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UN	EXPENDED	PCNT
	INTEREST & MISCELLANEOUS REVEN						
05-48500	DONATIONS	58,835.01	58,835.01	25,000.00	(33,835.01)	235.3
05-48501	DONATIONS-REVOLVING FUND PD	2,610.00	2,610.00	.00	(2,610.00)	.0
05-48502	GRANTS-ANDRES/EARLE	6,800.00	6,800.00	.00	(6,800.00)	.0
05-48503	DONATIONS-K9	29,372.72	29,372.72	25,000.00	(4,372.72)	117.5
05-48506	DONATIONS-BIKE RODEO	3,235.00	3,235.00	4,000.00		765.00	80.9
	TOTAL INTEREST & MISCELLANEOUS REVEN	100,852.73	100,852.73	54,000.00	(46,852.73)	186.8
	TOTAL FUND REVENUE	100,852.73	100,852.73	54,000.00	(46,852.73)	186.8

GRANTS & DONATIONS FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	LAW ENFORCMENT EXPENSES					
05-52100-3400	GRANTS & DONATI LAW ENFORCEMEN	267.33	267.33	.00	(267.33)	.0
	TOTAL LAW ENFORCMENT EXPENSES	267.33	267.33	.00	(267.33)	.0
	COMM SERVICE EXPENSES					
05-52110-3400	COMM SERVICE OPER SUPPLIES	7,236.54	7,236.54	3,000.00	(4,236.54)	241.2
	TOTAL COMM SERVICE EXPENSES	7,236.54	7,236.54	3,000.00	(4,236.54)	241.2
	DEPARTMENT 120					
05-52120-3400	BIKE RODEO OPERATING SUPPLIES	1,358.51	1,358.51	.00	(1,358.51)	.0
	TOTAL DEPARTMENT 120	1,358.51	1,358.51	.00	(1,358.51)	.0
	CANINE EXPENSES					
05-52140-3400 05-52140-8300	GRANT & DON K9 OPER SUPPLIES GRANTS & DONATI CANINE PROGRAM	31,768.78 .00	31,768.78 .00	15,000.00 5,000.00	(16,768.78) 5,000.00	211.8 .0
	TOTAL CANINE EXPENSES	31,768.78	31,768.78	20,000.00	(11,768.78)	158.8
	OTHER PARKS EXPENSES					
05-55200-3400	OTHER PARKS OPERATING SUPPLIES	5,387.79	5,387.79	.00	(5,387.79)	.0
	TOTAL OTHER PARKS EXPENSES	5,387.79	5,387.79	.00	(5,387.79)	.0
	REC PROGRAM EXPENSES					
05-55300-3400	REC PROGRAMS OPER SUPPLIES	4,419.61	4,419.61	.00	(4,419.61)	.0
	TOTAL REC PROGRAM EXPENSES	4,419.61	4,419.61	.00	(4,419.61)	.0
	RECREATION PARKS EXPENSES					
05-55401-3400	GRANT & DON REC PARK OPER SUPP	(303.34)	(303.34)	.00	303.34	.0
	TOTAL RECREATION PARKS EXPENSES	(303.34)	(303.34)	.00	303.34	.0

CITY OF TOMAH EXPENDITURES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

GRANTS & DONATIONS FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
05 57210 9200	LAW ENFORCEMENT OUTLAY EXPENSE	2 900 24	2 900 24	40,000,00	6 100 76	20.0
05-57210-8300	LAW ENFORCE OUT EQUIPMENT	3,800.24	3,800.24	10,000.00	6,199.76	38.0
	TOTAL LAW ENFORCEMENT OUTLAY EXPENSE	3,800.24	3,800.24	10,000.00	6,199.76	38.0
	TOTAL FUND EXPENDITURES	53,935.46	53,935.46	33,000.00	(20,935.46)	163.4
	NET REVENUE OVER EXPENDITURES	46,917.27	46,917.27	21,000.00	(25,917.27)	223.4

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

ECONOMIC DEVELOPMENT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	TRANSFERS IN					
06-49300	FUND BALANCE APPLIED	.00	.00	54,248.00	54,248.00	.0
	TOTAL TRANSFERS IN	.00	.00	54,248.00	54,248.00	.0
	TOTAL FUND REVENUE	.00	.00	54,248.00	54,248.00	.0

ECONOMIC DEVELOPMENT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	ECONOMIC DEVELOPMENT EXPENSES					
06-56700-1100	ED SAL - MANAGERIAL	22,182.98	22,182.98	26,394.83	4,211.85	84.0
06-56700-1290	ED NON ELECT/COMP	600.00	600.00	.00	(600.00)	.0
06-56700-1310	ED WIS RETIREMENT	1,541.75	1,541.75	1,834.44	292.69	84.0
06-56700-1320	ED SOCIAL SECURITY	1,742.97	1,742.97	2,019.20	276.23	86.3
06-56700-1330	ED LIFE INSURANCE	20.08	20.08	.00	(20.08)	.0
06-56700-2100	ECONOMIC DEVEL PROF SERVICE	15,663.96	15,663.96	67,500.00	51,836.04	23.2
06-56700-3100	ECON DEV OFFICE SUPPLIES	.00	.00	1,500.00	1,500.00	.0
06-56700-3300	ECON DEV TRAVEL	.00	.00	500.00	500.00	.0
06-56700-3350	ECON DEV TRAINING	.00	.00	2,500.00	2,500.00	.0
06-56700-3400	ED OPERATING SUPPLIES	400.00	400.00	12,000.00	11,600.00	3.3
	TOTAL ECONOMIC DEVELOPMENT EXPENSES	42,151.74	42,151.74	114,248.47	72,096.73	36.9
	TOTAL FUND EXPENDITURES	42,151.74	42,151.74	114,248.47	72,096.73	36.9
	NET REVENUE OVER EXPENDITURES	(42,151.74)	(42,151.74)	(60,000.47)	(17,848.73)	(70.3)

DEBT SERVICE FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	TAXES					
07-41110	GENERAL PROPERTY TAX	.00	.00	2,062,140.33	2,062,140.33	.0
	TOTAL TAXES	.00	.00	2,062,140.33	2,062,140.33	.0
	INTEREST & MISCELLANEOUS REVEN					
07-48110	INTEREST INCOME	.00	.00	5,000.00	5,000.00	.0
07-48600	WATER ADV INT & FISC CH	.00	.00	48,927.50	48,927.50	.0
07-48601	TID ADVANCE INTEREST	.00	.00	97,407.00	97,407.00	.0
	TOTAL INTEREST & MISCELLANEOUS REVEN	.00	.00	151,334.50	151,334.50	.0
	TRANSFERS IN					
07-49200	TRANSFER FROM OTHER FUNDS	.00	.00	1,220,008.00	1,220,008.00	.0
07-49210	TRANSFER FROM WATER	.00	.00	350,000.00	350,000.00	.0
	TOTAL TRANSFERS IN	.00	.00	1,570,008.00	1,570,008.00	.0
	TOTAL FUND REVENUE	.00	.00	3,783,482.83	3,783,482.83	.0

DEBT SERVICE FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	PRINCIPAL EXPENSES					
07-58100-6470	PRIN PYMT 2017A	.00	.00	350,000.00	350,000.00	.0
07-58100-6560	DEBT SERVICE PRINCIPAL 2020A	.00	.00	(170,000.00)		.0
07-58100-6561	DEBT SERVICE PRINCIPAL 2020B	.00	.00	105,000.00	105,000.00	.0
07-58100-6562	DEBT SERVICE PRINCIPAL 2021A	.00	.00	480,000.00	480,000.00	.0
07-58100-6563	DEBT SERVICE 2021B	.00	.00	145,000.00	145,000.00	.0
07-58100-6564	DEBT SERVICE PRINCIPAL 2021C	.00	.00	95,000.00	95,000.00	.0
07-58100-6570	DEBT SERVICE PRINCIPAL 2022A	.00	.00	1,020,000.00	1,020,000.00	.0
07-58100-6580	DEBT SERVICE PRINCIPAL 2023A	.00	.00	110,000.00	110,000.00	.0
07-58100-6590	DEBT SERVICE PRINCIPAL 2024A	.00	.00	170,000.00	170,000.00	.0
	TOTAL PRINCIPAL EXPENSES					
	TOTAL PRINCIPAL EXPENSES	.00	.00	2,305,000.00	2,305,000.00	.0
	INTEREST EXPENSES					
07-58200-6470	INT PYMT 2017A	(10,972.50)	(10,972.50)	122,955.00	133,927.50	(8.9)
07-58200-6560	DEBT SERVICE INTEREST 2020A	.00	.00	15,150.00	15,150.00	.0
07-58200-6561	DEBT SERVICE INTEREST 2020B	.00	.00	18,603.75	18,603.75	.0
07-58200-6562	DEBT SERVICE INTEREST 2021A	.00	.00	30,317.50	30,317.50	.0
07-58200-6563	DEBT SERVICE INTEREST 2021B	.00	.00	14,937.50	14,937.50	.0
07-58200-6564	DEBT SERVICE INTEREST 2021C	.00	.00	9,600.00	9,600.00	.0
07-58200-6570	DEBT SERVICE INTEREST 2022A	.00	.00	653,925.00	653,925.00	.0
07-58200-6580	DEBT SERVICE INTEREST 2023A	.00	.00	136,007.00	136,007.00	.0
07-58200-6590	DEBT SERVICE INTEREST 2024A	.00	.00	131,191.66	131,191.66	.0
	TOTAL INTEREST EXPENSES	(10,972.50)	(10,972.50)	1,132,687.41	1,143,659.91	(1.0)
	FISCAL CHARGES EXPENSES					
07-58290-6470	FIS CHG 2017A	.00	.00	400.00	400.00	.0
07-58290-6560	FIS CHG 2020A	400.00	400.00	400.00	.00	100.0
07-58290-6561	FIS CHG 2020B	400.00	400.00	400.00	.00	100.0
07-58290-6562	FIS CHG 2021A	.00	.00	400.00	400.00	.0
07-58290-6563	FIS CHG 2021B	.00	.00	400.00	400.00	.0
07-58290-6564	FIS CHG 2021C	.00	.00	400.00	400.00	.0
07-58290-6570	FIS CHG 2022A	400.00	400.00	400.00	.00	100.0
07-58290-6580	FIS CHG 2023A	400.00	400.00	.00	(400.00)	.0
07-58290-6590	FIS CHG 2024A	400.00	400.00	.00	(400.00)	.0
	TOTAL FISCAL CHARGES EXPENSES	2,000.00	2,000.00	2,800.00	800.00	71.4
	ISSUANCE COSTS EXPENSES					
						_
07-59800-6000	BOND ISS COSTS DS	.00	.00	3,800.00	3,800.00	
	TOTAL ISSUANCE COSTS EXPENSES	.00	.00	3,800.00	3,800.00	.0

CITY OF TOMAH EXPENDITURES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

DEBT SERVICE FUND

	PERIOD	ACTUAL	Y	TD ACTUAL	BUDGET	UNEXPENDED	PCN	T
TOTAL FUND EXPENDITURES	(8,972.50)		8,972.50)	3,444,287.41	3,453,259.91	(.	.3)
NET REVENUE OVER EXPENDITURES		8,972.50		8,972.50	339,195.42	330,222.92	2	.7

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

CAPITAL PROJECTS FUND

		PERIOD ACTUAL YTD ACTUAL		BUDGET	UNEXPENDED	PCNT
08-48110	INTEREST & MISCELLANEOUS REVEN INTEREST INCOME TOTAL INTEREST & MISCELLANEOUS REVEN	.00	.00	50,000.00	50,000.00 50,000.00	.0
	TRANSFERS IN					
08-49100 08-49200	PROCEEDS FROM LT DEBT TRANSFER FR OTHER FUNDS	.00	.00	2,418,000.00 100,000.00	2,418,000.00 100,000.00	.0
	TOTAL TRANSFERS IN	.00	.00	2,518,000.00	2,518,000.00	.0
	TOTAL FUND REVENUE	.00	.00	2,568,000.00	2,568,000.00	.0

CAPITAL PROJECTS FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	GENERAL OUTLAY EXPENSES					
08-57190-8300	GEN GOVT OUTLAY EQUIPMENT	.00	.00	25,000.00	25,000.00	.0
	TOTAL GENERAL OUTLAY EXPENSES	.00	.00	25,000.00	25,000.00	.0
	LAW ENFORCEMENT OUTLAY EXPENSE					
08-57210-8400	LAW ENF OUT VEHICLE	116,026.48	116,026.48	123,000.00	6,973.52	94.3
	TOTAL LAW ENFORCEMENT OUTLAY EXPENSE	116,026.48	116,026.48	123,000.00	6,973.52	94.3
	FIRE PROTECTION OUTLAY EXPENSE					
08-57220-8200	FIRE PROTECTION BUILDINGS	1,789.53	1,789.53	.00	(1,789.53)	.0
08-57220-8300 08-57220-8400	FIRE OUTLAY EQUIPMENT CAP PROJ FIRE OUTLAY VEHICLE	302,103.26 .00	302,103.26 .00	1,030,000.00 75,000.00	727,896.74 75,000.00	29.3 .0
00 01 220 0 100	TOTAL FIRE PROTECTION OUTLAY EXPENSE	303,892.79	303,892.79	1,105,000.00	801,107.21	27.5
	HWY EQUIPMENT OUTLAY EXPENSES					
08-57324-8300	CAPITAL PROJECT HWY EQUIP OUT	231,940.50	231,940.50	350,000.00	118,059.50	66.3
	TOTAL HWY EQUIPMENT OUTLAY EXPENSES	231,940.50	231,940.50	350,000.00	118,059.50	66.3
	HWY/STREET OUTLAY EXPENSES					
08-57331-8500	CAPITAL PROJECT HWY/STREET OUT	206,245.76	206,245.76	250,000.00	43,754.24	82.5
	TOTAL HWY/STREET OUTLAY EXPENSES	206,245.76	206,245.76	250,000.00	43,754.24	82.5
	PARKS OUTLAY EXPENSES					
08-57620-8100	CAP PROJ PARKS OUTLAY LAND	242,500.40	242,500.40	325,000.00	82,499.60	74.6
08-57620-8200	CAP PROJ PARKS OUTLAY BUILDING	160,905.78	160,905.78	40,000.00	(120,905.78)	402.3
08-57620-8300	PARKS OUTLAY EQUIPMENT	801.00	801.00	.00	(801.00)	.0
	TOTAL PARKS OUTLAY EXPENSES	404,207.18	404,207.18	365,000.00	(39,207.18)	110.7
	REC PARK OUTLAY EXPENSES					
08-57621-8100	REC PARK OUTLAY LAND	67,505.05	67,505.05	200,000.00	132,494.95	33.8
08-57621-8300	REC PARK OUTLAY EQUIPMENT	46,903.94	46,903.94	100,000.00	53,096.06	46.9
	TOTAL REC PARK OUTLAY EXPENSES	114,408.99	114,408.99	300,000.00	185,591.01	38.1

FOR ADMINISTRATION USE ONLY

75 % OF THE FISCAL YEAR HAS ELAPSED

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CITY OF TOMAH EXPENDITURES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

CAPITAL PROJECTS FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
TOTAL FUND EXPENDITURES	1,376,721.70	1,376,721.70	2,518,000.00	1,141,278.30	54.7
NET REVENUE OVER EXPENDITURES	(1,376,721.70)	(1,376,721.70)	50,000.00	1,426,721.70	(2753.

LIBRARY TRUST

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	TAXES					
10-41110	GENERAL PROPERTY TAX	.00	.00	297,427.00	297,427.00	.0
	TOTAL TAXES	.00	.00	297,427.00	297,427.00	.0
	FEDERAL & STATE GRANTS					
10-43790	COUNTY AID FOR LIBRARY	17,340.00	17,340.00	199,352.00	182,012.00	8.7
	TOTAL FEDERAL & STATE GRANTS	17,340.00	17,340.00	199,352.00	182,012.00	8.7
	FINES					
10-45223	JUDGEMENT-OTHER EQUIPMENT	.00	.00	50.00	50.00	.0
	TOTAL FINES	.00	.00	50.00	50.00	.0
	PUBLIC CHARGES					
10-46710	LIBRARY REVENUE	4,577.23	4,577.23	5,000.00	422.77	91.5
	TOTAL PUBLIC CHARGES	4,577.23	4,577.23	5,000.00	422.77	91.5
	INTEREST & MISCELLANEOUS REVEN					
10-48110	INTEREST INCOME	.00	.00	50,000.00	50,000.00	.0
10-48500	DONATIONS	2,798.95	2,798.95	5,000.00	2,201.05	56.0
10-48504	DONATIONS-FOUNTAIN	.00	.00	100.00	100.00	.0
10-48507	DONATIONS-KRUKAR INT	9,296.17	9,296.17	30,000.00	20,703.83	31.0
10-48900	MISC REVENUE	.00	.00	1,500.00	1,500.00	.0
	TOTAL INTEREST & MISCELLANEOUS REVEN	12,095.12	12,095.12	86,600.00	74,504.88	14.0
	TOTAL FUND REVENUE	34,012.35	34,012.35	588,429.00	554,416.65	5.8

LIBRARY TRUST

10-55110-120 LIBRARY SAL-SUPPORT			PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
10-55110-120 LIBRARY SAL-SUPPORT 448,28		LIBRARY EXPENSES					
0.65110-130 LIBRARY SAL-OPERATION 16,133.06 126,133.06 253,119.34 89,986.28 61 10.65110-130 LIBRARY VERTIME 151.15 151.15 00 151.15 10.55110-1250 LIBRARY LONGEVITY 1,945.00 1,945.00 2,280.00 335.00 85 10.65110-1250 LIBRARY LONGEVITY 1,945.00 2,250.00 2,250.00 00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 2,250.00 10.65110-10.00 LIBRARY SOCIAL SECURITY 17,492.17 17,492.17 25,619.52 8,127.35 86 10.65110-130 LIBRARY SOCIAL SECURITY 17,492.17 17,492.17 25,619.52 8,127.35 86 10.65110-130 LIBRARY WED HEALTH INSURANCE 42,459.42 42,459.42 56,464.32 14,004.00 833.83 73 10.65110-1250 LIBRARY VITIL-LECTRIC 8,466.03 8,466.03 10.000.00 1,533.97 84 10.65110-2250 LIBRARY VITIL-LECTRIC 8,466.03 8,466.03 10.000.00 7,680.00 10.65110-2250 LIBRARY VITIL-LECTRIC 8,455.33 845.53 2,000.00 1,533.97 84 10.65110-2250 LIBRARY VITIL-LECPHONE 845.53 845.53 2,000.00 1,154.47 44 10.65110-2350 LIBRARY VITIL-LECPHONE 845.53 845.53 2,000.00 1,154.47 44 10.65110-2350 LIBRARY VITIL-LECPHONE 845.53 845.53 2,000.00 1,05110-3250 LIBRARY VITIL-LECPHONE 845.53 845.53 2,000.00 1,05110-3350 LIBRARY VITIL-LECPHONE 50.0000 50.000 50.0000 50.000 50.0000 50.0000 50.0000 50.0000 50.0000 50.0000	10-55110-1100	LIBRARY SAL-MANAGERIAL	65,800.80	65,800.80	90,040.70	24,239.90	73.1
10-55110-140 LIBRARY OVERTINE	10-55110-1120	LIBRARY SAL-SUPPORT	446.26	446.26	.00	(446.26)	.0
10-55110-1250 LIBRARY LONGEVITY	10-55110-1130	LIBRARY SAL-OPERATION	166,133.06	166,133.06	253,119.34	86,986.28	65.6
10-95110-1290 LIBRARY - NON-ELECTICOMP 2.250.00 2.250.00 0 (2.250.00) 10-55110-1310 LIBRARY WIS RETIREMENT 15.511.18 15.511.18 12.5151.18 2.2950.48 7.439.30 67 10-55110-1330 LIBRARY SOCIAL SECURITY 17.492.17 17.492.17 17.492.17 25.619.52 8.173.55 8.173.5	10-55110-1140	LIBRARY OVERTIME	151.15	151.15	.00	(151.15)	.0
10-55110-1310 LIBRARY WIS RETIREMENT 15.511.18 15.511.18 22.580.48 7.439.30 61.05110-1302 LIBRARY SOCAL SECURITY 17.492.17 17.492.17 17.492.17 5.619.52 8.127.35 68.10.55110-1303 LIBRARY LIPE INSURANCE 778.37 778.37 850.00 71.63 91.055110-1303 LIBRARY LIPE INSURANCE 42.459.42 42.459.42 55.448.32 14.00.49 77.055110-201 LIBRARY WILLIAGS 3.161.62 3.161.62 3.161.62 40.000.00 83.33 78.000 10.55110-220 LIBRARY UTIL-ELECTRIC 8.466.03 8.466.03 10.000.00 1.533.97 86.000 1.055110-220 LIBRARY UTIL-ELECTRIC 8.465.53 8.455.33 2.000.00 1.553.97 86.000 1.055110-220 LIBRARY UTIL-ELECTRIC 8.455.3 8.455.33 2.000.00 1.554.47 44.055110-220 LIBRARY UTIL-TELEPHONE 8.455.3 8.455.33 2.000.00 1.554.47 44.055110-220 LIBRARY VIRCY CE CONTRACTS 10.553.88 10.155.38 15.500.00 5.344.62 69.000.00 1.055110-3200 LIBRARY SOCO DUES 00 0.00 10.000 10.000 10.05110-3200 LIBRARY FANDLE 0.00 0.00 0.000.00 5.000.00 10.55110-3250 LIBRARY TRAVEL 0.00 0.00 500.000 5.000.00 10.55110-3300 LIBRARY TRAVEL 0.00 0.00 500.000 5.000.00 10.55110-3400 LIBRARY TRAVEL 0.00 0.00 5.000.00 5.000.00 10.55110-3400 LIBRARY TRAVEL 0.00 0.00 5.000.00 5.000.00 5.000.00 10.55110-3400 LIBRARY TRAVEL 0.00 0.00 5.000.00	10-55110-1250	LIBRARY LONGEVITY	1,945.00	1,945.00	2,280.00	335.00	85.3
10-5510-1320 LIBRARY SOCIAL SECURITY 17.492.17 17.492.17 17.492.17 25.619.52 8.127.35 61.05510-1301 LIBRARY LIFE INSURANCE 778.37 778.	10-55110-1290	LIBRARY - NON-ELECT/COMP	2,250.00	2,250.00	.00	(2,250.00)	.0
10-55110-1330 LIBRARY LIFE INSURANCE	10-55110-1310	LIBRARY WIS RETIREMENT	15,511.18	15,511.18	22,950.48	7,439.30	67.6
10-55110-2300 LIBRARY MED HEALTH INSURANCE 42,459,42 42,459,42 56,464,32 14,004,90 77, 10-55110-2200 LIBRARY UTIL-GAS 3,161,62 3,161,62 4,000,00 533,38 78, 10-55110-2210 LIBRARY UTIL-GAS 1,201,10 1,201,10 2,000,00 1,533,97 78, 10-55110-2220 LIBRARY UTIL-GAS 1,201,10 1,201,10 2,000,00 798,90 60, 10-55110-2200 LIBRARY UTIL-ELEPHONE 845,53 845,53 845,53 2,000,00 1,154,47 44, 10-55110-2200 LIBRARY SERVICE CONTRACTS 10,155,38 10,155,38 15,500,00 5,344,62 60, 10-55110-3200 LIBRARY SERVICE CONTRACTS 10,155,38 10,155,38 15,500,00 5,344,62 60, 10-55110-3200 LIBRARY SERVICE CONTRACTS 0,00 0,00 100,00 100,00 100,00 100,00 10-55110-3200 LIBRARY ASOC DUES 0,00 0,00 0,00 5,000,00 10-55110-3200 LIBRARY TRANING 524,50 524,50 1,000,00 475,50 52,50 10-55110-3200 LIBRARY ASOC DUES 0,00	10-55110-1320	LIBRARY SOCIAL SECURITY	17,492.17	17,492.17	25,619.52	8,127.35	68.3
10-55110-2200 LIBRARY UTIL-GAS 3,161.62 4,000.00 838.38 75	10-55110-1330	LIBRARY LIFE INSURANCE	778.37	778.37	850.00	71.63	91.6
10-55110-2210 LIBRARY UTIL-ELECTRIC 8,466.03 8,466.03 10,000.00 1,533.97 84 10-55110-2220 LIBRARY UTIL-WAS 1,201.10 1,201.10 2,000.00 798.90 86 10-55110-2200 LIBRARY UTIL-ELEPHONE 845.53 845.53 2,000.00 1,154.47 44 10-55110-2200 LIBRARY SERVICE CONTRACTS 10,155.38 10,155.38 15,500.00 5,344.62 65 10-55110-3200 LIBRARY SERVICE CONTRACTS 10,155.38 10,155.38 15,500.00 5,344.62 65 10-55110-3250 LIBRARY ASOC DUES 0.00 0.00 100.00 100.00 100.00 100.00 10-55110-3300 LIBRARY TRAVEL 0.00 0.00 500.00 475.50 55 10-55110-3300 LIBRARY TRAVEL 0.00 0.00 500.00 475.50 55 10-55110-3300 LIBRARY TRAVEL 0.00 0.00 500.00 475.50 55 10-55110-3400 LIBRARY ADULT DEPT BOOKS 10,967.49 10,967.49 26,000.00 15,032.51 42 10-55110-3400 LIBRARY ADULT DEPT BOOKS 0.00 0.00 0.00 5,000.	10-55110-1340	LIBRARY MED HEALTH INSURANCE	42,459.42	42,459.42	56,464.32	14,004.90	75.2
10-55110-2230 LIBRARY UTIL-WES 1.201.10 1.201.10 2.000.00 798.90 60 10-55110-2230 LIBRARY UTIL-TELEPHONE 845.53 845.53 2.000.00 1.154.47 42 10-55110-2300 LIBRARY SERVICE CONTRACTS 10.155.38 10.155.38 15.500.00 5.34.4 62 65 10-55110-3100 LIBRARY SERVICE CONTRACTS 10.155.38 10.155.38 15.500.00 5.344.62 65 10-55110-3400 LIBRARY SERVICE CONTRACTS 10.155.38 10.155.38 15.500.00 8.222.68 44 10-55110-3300 LIBRARY SERVICE S 0.00 0.00 0.00 100.00 100.00 10-55110-3300 LIBRARY SAVEL 0.00 0.00 0.00 500.00 500.00 10-55110-3300 LIBRARY TRAVEL 0.00 0.00 500.00 47.55.0 52 10.000.00 10-55110-3400 LIBRARY TRAVEL 0.00 0.00 500.00 47.55.0 52 10-55110-3400 LIBRARY SERVICE S 0.00 0.00 5.000.00 5.000.00 10-55110-3500 LIBRARY SERVICE S 0.00 0.300.00	10-55110-2200	LIBRARY UTIL-GAS	3,161.62	3,161.62	4,000.00	838.38	79.0
10-55110-2230 LIBRARY UTIL-TELEPHONE	10-55110-2210	LIBRARY UTIL-ELECTRIC	8,466.03	8,466.03	10,000.00	1,533.97	84.7
10-55110-2900 LIBRARY SERVICE CONTRACTS 10,155.38 10,155.38 15,500.00 5,344.62 66 10-55110-3100 LIBRARY OFFICE SUPPLIES 6,777.32 6,777.32 15,000.00 8,222.68 45 10-55110-3300 LIBRARY ASOC DUES 0.0 0.0 0.00 500.00 500.00 10-050 10-05110-3300 LIBRARY TRAVEL 0.0 0.0 0.0 500.00 475.50 55 10.55110-3350 LIBRARY TRAVEL 0.00 0.0 0.0 500.00 475.50 55 10.55110-3400 LIBRARY ADULT DEPT BOOKS 10,967.49 10,967.49 26,000.00 15,032.51 42 10-55110-3440 LIBRARY EBOOKS 0.0 0.0 0.0 0.0 5,000.00 5,000.00 10-55110-3440 LIBRARY CHILDRENS BOOKS 7,285.41 7,285.41 12,000.00 4,714.59 60 10-55110-3400 LIBRARY EPAIR & MAINTENANCE 10,465.82 10,465.82 6,000.00 4,446.58 17.405.500 1,465.500.0	10-55110-2220	LIBRARY UTIL-W&S	1,201.10	1,201.10	2,000.00	798.90	60.1
10-55110-3100 LIBRARY OFFICE SUPPLIES 6,777.32 6,777.32 15,000.00 8,222.68 46	10-55110-2230	LIBRARY UTIL-TELEPHONE	845.53	845.53	2,000.00	1,154.47	42.3
10-55110-3250 LIBRARY TRAVEL	10-55110-2900	LIBRARY SERVICE CONTRACTS	10,155.38	10,155.38	15,500.00	5,344.62	65.5
10-55110-3300 LIBRARY TRAVEL	10-55110-3100	LIBRARY OFFICE SUPPLIES	6,777.32	6,777.32	15,000.00	8,222.68	45.2
10-55110-3350 LIBRARY TRAINING	10-55110-3250	LIBRARY ASOC DUES	.00	.00	100.00	100.00	.0
10-55110-3420	10-55110-3300	LIBRARY TRAVEL	.00	.00	500.00	500.00	.0
10-55110-3440 LIBRARY E-BOOKS .00	10-55110-3350	LIBRARY TRAINING	524.50	524.50	1,000.00	475.50	52.5
10-55110-3460 LIBRARY CHILDRENS BOOKS 7,285.41 7,285.41 12,000.00 4,714.59 60	10-55110-3420	LIBRARY ADULT DEPT BOOKS	10,967.49	10,967.49	26,000.00	15,032.51	42.2
10-55110-3500 LIBRARY REPAIR & MAINTENANCE 10,465.82 10,465.82 6,000.00 (10-55110-3440	LIBRARY E-BOOKS	.00	.00	5,000.00	5,000.00	.0
10-55110-5100 LIBRARY LIABILITY INSURANCE 585.00 585.00 1,261.40 676.40 46 10-55110-5110 LIBRARY PROPERTY INSURANCE 4,382.05 4,382.05 4,382.05 4,123.27 (258.78) 106 10-55110-5120 LIBRARY WORKER COMP 501.53 501.53 472.79 (28.74) 106 10-55110-5120 LIBRARY EXPENSES 378,286.19 378,286.19 556,281.82 177,995.63 68 177,995.63 68 177,995.63 177,9	10-55110-3460	LIBRARY CHILDRENS BOOKS	7,285.41	7,285.41	12,000.00	4,714.59	60.7
10-55110-5110 LIBRARY PROPERTY INSURANCE 4,382.05 4,382.05 4,123.27 (258.78) 106 10-55110-5120 LIBRARY WORKER COMP 501.53 501.53 472.79 (28.74) 106 TOTAL LIBRARY EXPENSES 378,286.19 378,286.19 556,281.82 177,995.63 68 LIBRARY TRUST EXPENSES 10-55111-2900 LIB TRUST SERVICE CONTRACTS 10,271.25 10,271.25 0.00 (10,271.25) 10-55111-3100 LIB TRUST OFFICE SUPPLIES 4,507.28 4,507.28 0.00 (4,507.28) 10-55111-8350 LIBRARY TRUST LIBRARY TRUST EQ 7,620.65 7,620.65 0.00 (7,620.65) 10-57610-8350 LIBRARY TRUST EXPENSES 22,399.18 22,399.18 0.00 (22,399.18) 10-57610-8350 LIB OUTLAY COMPUTER 8,850.19 8,850.19 3,500.00 (5,350.19) 252 10-57610-8350 LIB OUTLAY COMP REPAIR 0.00 0.00 3,000.00 3,000.00 10-57610-8370 LIB OUTLAY COMP SERV CONT 1,627.26 1,627.26 22,000.00 20,372.74 77 TOTAL LIBRARY TRUST OUTLAY EXPENSES 10,477.45 10,477.45 28,500.00 18,022.55 36	10-55110-3500	LIBRARY REPAIR & MAINTENANCE	10,465.82	10,465.82	6,000.00	(4,465.82)	174.4
10-55110-5120 LIBRARY WORKER COMP 501.53 501.53 472.79 (28.74) 1000	10-55110-5100	LIBRARY LIABILITY INSURANCE	585.00	585.00	1,261.40	676.40	46.4
TOTAL LIBRARY EXPENSES 378,286.19 378,286.19 556,281.82 177,995.63 68 LIBRARY TRUST EXPENSES 10-55111-2900 LIB TRUST SERVICE CONTRACTS 10,271.25 10,271.25	10-55110-5110	LIBRARY PROPERTY INSURANCE	4,382.05	4,382.05	4,123.27	(258.78)	106.3
LIBRARY TRUST EXPENSES 10-55111-2900 LIB TRUST SERVICE CONTRACTS 10,271.25 10,271.25 .00 (10,271.25) 10-55111-3100 LIB TRUST OFFICE SUPPLIES 4,507.28 .00 (4,507.28) 10-55111-8350 LIBRARY TRUST LIBRARY TRUST EQ 7,620.65 7,620.65 .00 (7,620.65) TOTAL LIBRARY TRUST EXPENSES 22,399.18 22,399.18 .00 (22,399.18) LIBRARY TRUST OUTLAY EXPENSES 10-57610-8350 LIB OUTLAY COMPUTER 8,850.19 8,850.19 3,500.00 (5,350.19) 252 10-57610-8360 LIB OUTLAY COMP REPAIR .00 .00 .00 3,000.00 3,000.00 10-57610-8370 LIB OUTLAY COMP SERV CONT 1,627.26 1,627.26 22,000.00 20,372.74 7 TOTAL LIBRARY TRUST OUTLAY EXPENSES 10,477.45 10,477.45 28,500.00 18,022.55 36	10-55110-5120	LIBRARY WORKER COMP	501.53	501.53	472.79	(28.74)	106.1
10-55111-2900 LIB TRUST SERVICE CONTRACTS 10,271.25 10-55111-3100 LIB TRUST OFFICE SUPPLIES 4,507.28 4,507.28 4,507.28 4,507.28 0.00 (4,507.28) 10-55111-8350 LIBRARY TRUST LIBRARY TRUST EQ 7,620.65 7,620.65 7,620.65 0.00 (7,620.65) TOTAL LIBRARY TRUST EXPENSES 22,399.18 22,399.18 22,399.18 0.00 (22,399.18) LIBRARY TRUST OUTLAY EXPENSES 10-57610-8350 LIB OUTLAY COMPUTER 8,850.19 10-57610-8360 LIB OUTLAY COMPUTER 10-57610-8370 LIB OUTLAY COMP REPAIR 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		TOTAL LIBRARY EXPENSES	378,286.19	378,286.19	556,281.82	177,995.63	68.0
10-55111-3100 LIB TRUST OFFICE SUPPLIES 4,507.28 4,507.28 0.0 (4,507.28) 10-55111-8350 LIBRARY TRUST LIBRARY TRUST EXPENSES 22,399.18 22,399.18 .00 (22,399.18) LIBRARY TRUST OUTLAY EXPENSES 10-57610-8350 LIB OUTLAY COMPUTER 8,850.19 8,850.19 3,500.00 (5,350.19) 252 10-57610-8360 LIB OUTLAY COMP REPAIR .00 .00 3,000.00 3,000.00 10-57610-8370 LIB OUTLAY COMP SERV CONT 1,627.26 1,627.26 22,000.00 20,372.74 7 TOTAL LIBRARY TRUST OUTLAY EXPENSES 10,477.45 10,477.45 28,500.00 18,022.55 36		LIBRARY TRUST EXPENSES					
10-55111-8350 LIBRARY TRUST LIBRARY TRUST EQ 7,620.65 7,620.6500 (7,620.65) TOTAL LIBRARY TRUST EXPENSES 22,399.18 22,399.1800 (22,399.18) LIBRARY TRUST OUTLAY EXPENSES 10-57610-8350 LIB OUTLAY COMPUTER 8,850.19 8,850.19 3,500.00 (5,350.19) 252 10-57610-8360 LIB OUTLAY COMP REPAIR0000 3,000.00 3,000.00 10-57610-8370 LIB OUTLAY COMP SERV CONT 1,627.26 1,627.26 22,000.00 20,372.74 7 TOTAL LIBRARY TRUST OUTLAY EXPENSES 10,477.45 10,477.45 28,500.00 18,022.55 36	10-55111-2900	LIB TRUST SERVICE CONTRACTS	10,271.25	10,271.25	.00	(10,271.25)	.0
TOTAL LIBRARY TRUST EXPENSES LIBRARY TRUST OUTLAY EXPENSES 10-57610-8350 LIB OUTLAY COMPUTER 10-57610-8360 LIB OUTLAY COMP REPAIR 10-57610-8370 LIB OUTLAY COMP SERV CONT 10-57610-8370 LIB OUTLAY COMP SERV	10-55111-3100	LIB TRUST OFFICE SUPPLIES	4,507.28	4,507.28	.00	(4,507.28)	.0
LIBRARY TRUST OUTLAY EXPENSES 10-57610-8350 LIB OUTLAY COMPUTER 8,850.19 8,850.19 3,500.00 (5,350.19) 252 10-57610-8360 LIB OUTLAY COMP REPAIR	10-55111-8350	LIBRARY TRUST LIBRARY TRUST EQ	7,620.65	7,620.65	.00	(7,620.65)	.0
10-57610-8350 LIB OUTLAY COMPUTER 8,850.19 8,850.19 3,500.00 (5,350.19) 252 10-57610-8360 LIB OUTLAY COMP REPAIR0000 3,000.00 3,000.00 10-57610-8370 LIB OUTLAY COMP SERV CONT 1,627.26 1,627.26 22,000.00 20,372.74 7 TOTAL LIBRARY TRUST OUTLAY EXPENSES 10,477.45 10,477.45 28,500.00 18,022.55 36		TOTAL LIBRARY TRUST EXPENSES	22,399.18	22,399.18	.00	(22,399.18)	.0
10-57610-8360 LIB OUTLAY COMP REPAIR .00 .00 3,000.00 3,000.00 3,000.00 10-57610-8370 LIB OUTLAY COMP SERV CONT 1,627.26 1,627.26 22,000.00 20,372.74 7 <td< td=""><td></td><td>LIBRARY TRUST OUTLAY EXPENSES</td><td></td><td></td><td></td><td></td><td></td></td<>		LIBRARY TRUST OUTLAY EXPENSES					
10-57610-8360 LIB OUTLAY COMP REPAIR .00 .00 3,000.00 3,000.00 3,000.00 10-57610-8370 LIB OUTLAY COMP SERV CONT 1,627.26 1,627.26 22,000.00 20,372.74 7 <td< td=""><td>10-57610-8350</td><td>LIB OLITI AY COMPLITER</td><td>8 850 19</td><td>8 850 19</td><td>3 500 00</td><td>(5 350 19)</td><td>252.9</td></td<>	10-57610-8350	LIB OLITI AY COMPLITER	8 850 19	8 850 19	3 500 00	(5 350 19)	252.9
10-57610-8370 LIB OUTLAY COMP SERV CONT 1,627.26 1,627.26 22,000.00 20,372.74 7 TOTAL LIBRARY TRUST OUTLAY EXPENSES 10,477.45 10,477.45 28,500.00 18,022.55 36				•		, ,	.0
					•		7.4
TOTAL FUND EXPENDITURES 411,162.82 411,162.82 584,781.82 173,619.00 70		TOTAL LIBRARY TRUST OUTLAY EXPENSES	10,477.45	10,477.45	28,500.00	18,022.55	36.8
		TOTAL FUND EXPENDITURES	411,162.82	411,162.82	584,781.82	173,619.00	70.3

CITY OF TOMAH EXPENDITURES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

LIBRARY TRUST

PERIOD ACTUAL YTD ACTUAL BUDGET UNEXPENDED PCNT NET REVENUE OVER EXPENDITURES 377,150.47) (377,150.47) 3,647.18 380,797.65 (10340

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

MASS TRANSIT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
11-41110	TAXES GENERAL PROPERTY TAXES	.00	.00	45,000.00	45,000.00	.0
	TOTAL TAXES	.00	.00	45,000.00	45,000.00	.0
	FEDERAL & STATE GRANTS					
11-43537	OTHER TRANSPORTATION	246,701.21	246,701.21	645,000.00	398,298.79	38.3
	TOTAL FEDERAL & STATE GRANTS	246,701.21	246,701.21	645,000.00	398,298.79	38.3
	PUBLIC CHARGES					
11-46350	MASS TRANSIT FARES	183,894.25	183,894.25	220,000.00	36,105.75	83.6
	TOTAL PUBLIC CHARGES	183,894.25	183,894.25	220,000.00	36,105.75	83.6
	TOTAL FUND REVENUE	430,595.46	430,595.46	910,000.00	479,404.54	47.3

MASS TRANSIT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	SHARED RIDE EXPENSES					
11-53520-1100	MASS TRANSIT SAL-MANAGERIAL	.00	.00	4,399.14	4,399.14	.0
11-53520-1310	MASS TRANSIT WIS RETIREMENT	.00	.00.	305.74	305.74	.0
11-53520-1320	MASS TRANSIT SOCIAL SECURITY	.00	.00	336.53	336.53	.0
11-53520-2100	SHARED RIDE PROF SERVICES	7,500.00	7,500.00	7,500.00	.00	100.0
11-53520-3400	SHARED RIDE OPERATING SUPPLIES	837,651.81	837,651.81	1,148,940.00	311,288.19	72.9
	TOTAL SHARED RIDE EXPENSES	845,151.81	845,151.81	1,161,481.41	316,329.60	72.8
	OTHER TRANSPORT EXPENSES					
11-57350-8400	OTHER TRANSPORT VEHICLES	(2.05)	(2.05)	.00	2.05	.0
	TOTAL OTHER TRANSPORT EXPENSES	(2.05)	(2.05)	.00	2.05	.0
	DEPRECIATION EXPENSES					
11-59100-5400	DEPRECIATION DEPR & AMORTIZE	.00	.00	35,000.00	35,000.00	.0
	TOTAL DEPRECIATION EXPENSES	.00	.00	35,000.00	35,000.00	.0
	TOTAL FUND EXPENDITURES	845,149.76	845,149.76	1,196,481.41	351,331.65	70.6
	NET REVENUE OVER EXPENDITURES	(414,554.30)	(414,554.30)	(286,481.41)	128,072.89	(144.7)

SENIOR & DISABLED SERVICES FUN

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	PUBLIC CHARGES					
12-46750	PROGRAM FEES	985.22	985.22	1,500.00	514.78	65.7
	TOTAL PUBLIC CHARGES	985.22	985.22	1,500.00	514.78	65.7
	INTEREST & MISCELLANEOUS REVEN					
12-48110	INTEREST INCOME	.00	.00	500.00	500.00	.0
12-48200	RENT	46,749.00	46,749.00	56,000.00	9,251.00	83.5
12-48500	DONATIONS	216,054.58	216,054.58	4,500.00	(211,554.58)	4801.2
12-48502	GRANTS ANDRES/EARLE	2,500.00	2,500.00	2,500.00	.00	100.0
12-48503	DONATIONS MUSIC PROGRAM	.00	.00	500.00	500.00	.0
	TOTAL INTEREST & MISCELLANEOUS REVEN	265,303.58	265,303.58	64,000.00	(201,303.58)	414.5
	TRANSFERS IN					
12-49300	FUND BALANCE APPLIED	.00	.00	74,000.00	74,000.00	.0
	TOTAL TRANSFERS IN	.00	.00	74,000.00	74,000.00	.0
	TOTAL FUND REVENUE	266,288.80	266,288.80	139,500.00	(126,788.80)	190.9

SENIOR & DISABLED SERVICES FUN

		PER	IOD ACTUAL	Y	TD ACTUAL		BUDGET	UN	IEXPENDED	PCNT
	SR & DISABILITY EXPENSES									
12-55500-1100	SR & DISAB SAL-MANAGERIAL		48,053.25		48,053.25		65,625.07		17,571.82	73.2
12-55500-1120	SR & DISAB SAL-SUP SERV		23,089.42		23,089.42		29,569.27		6,479.85	78.1
12-55500-1140	SR & DISAB OVERTIME		43.19		43.19		.00	(43.19)	.0
12-55500-1250	SR & DISAB LONGEVITY		225.00		225.00		300.00		75.00	75.0
12-55500-1310	SR & DISAB WIS RETIREMENT		3,387.65		3,387.65		4,560.94		1,173.29	74.3
12-55500-1320	SR & DISAB SOCIAL SECURITY		5,232.18		5,232.18		7,305.32		2,073.14	71.6
12-55500-1330	SR & DISAB LIFE INSURANCE		360.00		360.00		475.00		115.00	75.8
12-55500-1340	SR & DISAB MED HEALTH		7,929.77		7,929.77		10,504.44		2,574.67	75.5
12-55500-2200	SR & DISAB UTIL-GAS		2,778.77		2,778.77		6,000.00		3,221.23	46.3
12-55500-2210	SR & DISAB UTIL-ELECTRIC		9,371.91		9,371.91		12,500.00		3,128.09	75.0
12-55500-2220	SR & DISAB UTIL-W&S		644.90		644.90		2,100.00		1,455.10	30.7
12-55500-2230	SR & DISAB UTIL-TELEPHONE		951.84		951.84		1,300.00		348.16	73.2
12-55500-2240	SR & DISAB UTIL-CABLE		1,274.42		1,274.42		2,400.00		1,125.58	53.1
12-55500-2900	SR & DISAB SERVICE CONTRACT		5,385.93		5,385.93		2,000.00	(3,385.93)	269.3
12-55500-3100	SR & DISAB OFFICE SUPPLIES		451.08		451.08		2,500.00		2,048.92	18.0
12-55500-3200	SR & DISAB PUB & SUBSCRIPTION		1,494.33		1,494.33		1,500.00		5.67	99.6
12-55500-3250	SENIOR & DISABLED ASSOC DUES		65.00		65.00		75.00		10.00	86.7
12-55500-3300	SENIOR & DISABLED TRAVEL	(196.00)	(196.00)		1,000.00		1,196.00	(19.6)
12-55500-3350	SENIOR & DISABLED TRAINING	(129.82)	(129.82)		1,000.00		1,129.82	(13.0)
12-55500-3400	SR & DISAB OPERATING SUPPLIES		7,307.67		7,307.67		7,000.00	(307.67)	104.4
12-55500-3410	SR & DISAB OP SUP- MUSIC		3,800.00		3,800.00		5,000.00		1,200.00	76.0
12-55500-3430	SR & DIS OP SUP - HALLOWEEN		926.28		926.28		.00	(926.28)	.0
12-55500-3500	SR & DISAB REPAIR & MAINT		5,460.69		5,460.69		7,500.00		2,039.31	72.8
12-55500-5100	SR & DISAB LIABILITY INSURANCE		536.00		536.00		636.00		100.00	84.3
12-55500-5110	SR & DISAB PROPERTY INSURANCE		2,756.44		2,756.44		3,915.09		1,158.65	70.4
12-55500-5120	SR & DISAB WORKERS COMP		301.66		301.66		283.68		17.98)	106.3
	TOTAL SR & DISABILITY EXPENSES		131,501.56		131,501.56		175,049.81		43,548.25	75.1
	TOTAL FUND EXPENDITURES		131,501.56		131,501.56		175,049.81		43,548.25	75.1
	NET REVENUE OVER EXPENDITURES		134,787.24		134,787.24	(35,549.81)	(170,337.05)	379.2

TIF #8 PROJECT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	TAXES					
14-41120	PROPERTY TAXES INCREMENT	.00	.00	1,291,956.00	1,291,956.00	.0
	TOTAL TAXES	.00	.00	1,291,956.00	1,291,956.00	.0
	FEDERAL & STATE GRANTS					
14-43410	STATE SHARED REVENUE TID	10,540.73	10,540.73	46,867.94	36,327.21	22.5
	TOTAL FEDERAL & STATE GRANTS	10,540.73	10,540.73	46,867.94	36,327.21	22.5
	INTEREST & MISCELLANEOUS REVEN					
14-48901	TID 8 LOAN REVENUE	.00	.00	15,000.00	15,000.00	.0
14-48903	TID 8 LOAN INTEREST REVENUE	4,965.21	4,965.21	7,500.00	2,534.79	66.2
	TOTAL INTEREST & MISCELLANEOUS REVEN	4,965.21	4,965.21	22,500.00	17,534.79	22.1
	TRANSFERS IN					
14-49200	TRANSFER FROM OTHER FUNDS	.00	.00	332,134.00	332,134.00	.0
	TOTAL TRANSFERS IN	.00	.00	332,134.00	332,134.00	.0
	TOTAL FUND REVENUE	15,505.94	15,505.94	1,693,457.94	1,677,952.00	.9

TIF #8 PROJECT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	ECONOMIC DEVELOPMENT EXPENSES					
14-56700-1100	ED ADMIN WAGES	3,697.16	3,697.16	4,643.12	945.96	79.6
14-56700-1100	TID 8 ADMIN NON ELECT/COMP	100.00	100.00	.00	(100.00)	.0
14-56700-1310	ED ADMIN RETIREMENT	256.91	256.91	322.70	65.79	79.6
14-56700-1320	ED ADMIN SOCIAL SECURITY	290.46	290.46	355.20	64.74	81.8
14-56700-1330	TID 8 ADMIN LIFE INS	3.36	3.36	.00	(3.36)	.0
14-56700-2100	TID 8 EC DEV PROF SERVICES	.00	.00	10,000.00	10,000.00	.0
	TOTAL ECONOMIC DEVELOPMENT EXPENSES	4,347.89	4,347.89	15,321.02	10,973.13	28.4
	DEPARTMENT 331					
14-57331-8553	TID 8 HWY/STREET OUTLAY	71,081.40	71,081.40	.00	(71,081.40)	.0
	TOTAL DEPARTMENT 331	71,081.40	71,081.40	.00	(71,081.40)	.0
	DEPARTMENT 725					
14-57725-2100	TIF INDUSTRIAL DEVELOPMENT	41,998.93	41,998.93	.00	(41,998.93)	.0
	TOTAL DEPARTMENT 725	41,998.93	41,998.93	.00	(41,998.93)	.0
	ISSUANCE COSTS EXPENSES					
14-59800-7330	TRANSFER TO DEBT SERVICE	.00	.00	402,553.00	402,553.00	.0
14-59800-7380	TRANSFER TO W/S FOR ADVANCE	.00	.00	32,151.00	32,151.00	.0
	TOTAL ISSUANCE COSTS EXPENSES	.00	.00	434,704.00	434,704.00	.0
	TOTAL FUND EXPENDITURES	117,428.22	117,428.22	450,025.02	332,596.80	26.1
	NET REVENUE OVER EXPENDITURES	(101,922.28)	(101,922.28)	1,243,432.92	1,345,355.20	(8.2)

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

TOURISM FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	TAXES					
16-41210	PUBLIC ACCOMMODATION	500,017.39	500,017.39	725,000.00	224,982.61	69.0
	TOTAL TAXES	500,017.39	500,017.39	725,000.00	224,982.61	69.0
	INTEREST & MISCELLANEOUS REVEN					
16-48110	INTEREST INCOME	.00	.00	2,400.00	2,400.00	.0
	TOTAL INTEREST & MISCELLANEOUS REVEN	.00	.00	2,400.00	2,400.00	.0
	TOTAL FUND REVENUE	500,017.39	500,017.39	727,400.00	227,382.61	68.7

TOURISM FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	TOURISM EXPENSES					
16-56720-1100	TOURISM-CVB SAL-MANAGERIAL	.00	.00	50,000.00	50,000.00	.0
16-56720-1120	TOURISM-CVB SAL-SUPP	.00	.00	84,500.00	84,500.00	.0
16-56720-1310	TOURISM-CVB WIS RETIREMENT	.00	.00	5,000.00	5,000.00	.0
16-56720-1320	TOURISM-CVB SOCIAL SECURITY	.00	.00	10,289.25	10,289.25	.0
16-56720-1340	TOURISM MED HEALTH	.00	.00	5,000.00	5,000.00	.0
16-56720-2100	TOURISM-CVB PROF SERVICE	.00	.00	42,000.00	42,000.00	.0
16-56720-2210	TOURISM-CVB ELECTRIC	.00	.00	2,000.00	2,000.00	.0
16-56720-2220	TOURISM UTIL-W&S	.00	.00	650.00	650.00	.0
16-56720-2230	TOURISM-CVB UTIL-TELEPHONE	.00	.00	4,000.00	4,000.00	.0
16-56720-2900	TOURISM-CVB SERV CONTRACTS	.00	.00	5,400.00	5,400.00	.0
16-56720-3100	TOURISM-CVB OFFICE SUPPLIES	.00	.00	1,855.00	1,855.00	.0
16-56720-3200	TOURISM-CVB PUB & SUBSCRIPTION	.00	.00	300.00	300.00	.0
16-56720-3210	TOURISM-CVB ADVERTISEMENT	.00	.00	50,000.00	50,000.00	.0
16-56720-3220	TOURISM-CVB MARKETING	.00	.00	73,000.00	73,000.00	.0
16-56720-3250	TOURISM-CVB ASSN DUE	.00	.00	3,000.00	3,000.00	.0
16-56720-3310	TOURISM-CVB MILEAGE	.00	.00	1,500.00	1,500.00	.0
16-56720-3350	TOURISM-CVB TRAINING	.00	.00	6,000.00	6,000.00	.0
16-56720-3400	TOURISM-CVB OPERATING	.00	.00	2,500.00	2,500.00	.0
16-56720-3410	TOURISM-CVB POSTAGE	.00	.00	2,000.00	2,000.00	.0
16-56720-3450	TOURISM-CVB OFFICE E	.00	.00	3,900.00	3,900.00	.0
16-56720-3500	TOURISM-CVB REPAIR & MAINT	.00	.00	4,200.00	4,200.00	.0
16-56720-5100	TOURISM-CVB LIAB INSURANCE	3,500.00	3,500.00	3,500.00	.00	100.0
16-56720-5110	TOUR OTHER PROP INSURANCE	1,791.33	1,791.33	5,000.00	3,208.67	35.8
16-56720-5120	TOURISM-CVB WORKER COMP INS	.00	.00	200.00	200.00	.0
16-56720-5160	TOURISM-CVB UNEMPLOYMENT	.00	.00	7,900.00	7,900.00	.0
16-56720-5300	TOURISM-CVB RENT	.00	.00	1.05	1.05	.0
	TOTAL TOURISM EXPENSES	5,291.33	5,291.33	373,695.30	368,403.97	1.4
	TRANSFER OUT EXPENSES					
16-59200-7320	TRANSFER-FUNDS CAP PROJ	.00	.00	90,625.00	90,625.00	.0
16-59200-7330	TRANSFER-FUNDS DEBT SERVICE	.00	.00	271,875.00	271,875.00	.0
	TOTAL TRANSFER OUT EXPENSES	.00	.00	362,500.00	362,500.00	.0
	TOTAL FUND EXPENDITURES	5,291.33	5,291.33	736,195.30	730,903.97	.7
	NET REVENUE OVER EXPENDITURES	494,726.06	494,726.06	(8,795.30)	(503,521.36)	5624.9

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

TIF #9 PROJECT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	SOURCE 41					
17-41120	PROPERTY TAXES INCREMENT	.00	.00	489,735.00	489,735.00	.0
	TOTAL SOURCE 41	.00	.00	489,735.00	489,735.00	.0
	SOURCE 43					
17-43410	TID 9 SHARED REVENUE	65,887.05	65,887.05	179,969.00	114,081.95	36.6
	TOTAL SOURCE 43	65,887.05	65,887.05	179,969.00	114,081.95	36.6
	SOURCE 49					
17-49100	PROCEEDS FROM LONG TERM DEBT	.00	.00	405,000.00	405,000.00	.0
	TOTAL SOURCE 49	.00	.00	405,000.00	405,000.00	.0
	TOTAL FUND REVENUE	65,887.05	65,887.05	1,074,704.00	1,008,816.95	6.1

TIF #9 PROJECT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
17-56700-1100	TID 9 ADMIN WAGES	3,697.16	3,697.16	4,643.12	945.96	79.6
17-56700-1290	TID 9 ADMIN NON ELECT/COMP	100.00	100.00	.00	(100.00)	.0
17-56700-1310	TID 9 ADMIN RETIREMENT	256.91	256.91	322.70	65.79	79.6
17-56700-1320	TID 9 ADMIN SOCIAL SECURITY	290.46	290.46	355.20	64.74	81.8
17-56700-1330	TID 9 ADMIN LIFE INS	3.36	3.36	.00	(3.36)	.0
17-56700-2100	TID 9 EC DEV PROF SERVICES	.00	.00	9,000.00	9,000.00	.0
	TOTAL DEPARTMENT 700	4,347.89	4,347.89	14,321.02	9,973.13	30.4
17-57331-1130	TID 9 STREET SALARY	.00	.00	14,500.00	14,500.00	.0
17-57331-8553	TID 9 HWY/STREET OUTLAY	51,700.00	51,700.00	41,250.00	(10,450.00)	125.3
	TOTAL DEPARTMENT 331	51,700.00	51,700.00	55,750.00	4,050.00	92.7
	DEPARTMENT 725					
17-57725-2100	TID 9 INDUSTRIAL DEVELOPMENT	.00	.00	75,000.00	75,000.00	.0
	TOTAL DEPARTMENT 725	.00	.00	75,000.00	75,000.00	.0
17-59800-7330	TRANSFER TO DEBT SERVICE	.00	.00	41,103.75	41,103.75	.0
17-59800-7360	TRANSFER TO TIF 8	.00	.00	332,134.00	332,134.00	.0
	TOTAL DEPARTMENT 800	.00	.00	373,237.75	373,237.75	.0
	TOTAL FUND EXPENDITURES	56,047.89	56,047.89	518,308.77	462,260.88	10.8
	NET REVENUE OVER EXPENDITURES	9,839.16	9,839.16	556,395.23	546,556.07	1.8

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

TIF #10 PROJECT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
18-41120	SOURCE 41 PROPERTY TAXES INCREMENT	.00	.00	504,423.48	504,423.48	.0
	TOTAL SOURCE 41	.00	.00	504,423.48	504,423.48	.0
	SOURCE 43					
18-43410	STATE SHARED REVENUE TID	62,235.61	62,235.61	21,248.71	(40,986.90)	292.9
	TOTAL SOURCE 43	62,235.61	62,235.61	21,248.71	(40,986.90)	292.9
	TOTAL FUND REVENUE	62,235.61	62,235.61	525,672.19	463,436.58	11.8

TIF #10 PROJECT FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
18-56700-1100	TID 10 ADMIN WAGES	3,697.16	3,697.16	4,643.12	945.96	79.6
18-56700-1290	TID 10 ADMIN NON ELECT/COMP	100.00	100.00	.00	(100.00)	.0
18-56700-1310	TID 10 ADMIN RETIREMENT	256.91	256.91	322.70	65.79	79.6
18-56700-1320	TID 10 ADMIN SOCIAL SECURITY	290.46	290.46	355.20	64.74	81.8
18-56700-1330	TID 10 ADMIN LIFE INS	3.36	3.36	.00	(3.36)	.0
18-56700-2100	TID 10 EC DEV PROF SERVICES	.00	.00	10,000.00	10,000.00	.0
	TOTAL DEPARTMENT 700	4,347.89	4,347.89	15,321.02	10,973.13	28.4
18-59800-7330	TRANSFER TO DEBT SERVICE	.00	.00	73,750.00	73,750.00	.0
	TOTAL DEPARTMENT 800	.00	.00	73,750.00	73,750.00	.0
	TOTAL FUND EXPENDITURES	4,347.89	4,347.89	89,071.02	84,723.13	4.9
	NET REVENUE OVER EXPENDITURES	57,887.72	57,887.72	436,601.17	378,713.45	13.3

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
19-43300	ARPA-FEDERAL GRANTS-OTHERS	.00	.00	488,775.00	488,775.00	.0
	TOTAL SOURCE 43	.00	.00	488,775.00	488,775.00	.0
	TOTAL FUND REVENUE	.00	.00	488,775.00	488,775.00	.0

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
19-57140-8200	ARPA FUNDS BLDGS OUTLAY	.00	.00.	1,820.00	1,820.00	.0
	TOTAL DEPARTMENT 140	.00	.00	1,820.00	1,820.00	.0
	ARPA -GENERAL OUTLAY EXPENSES					
19-57190-1140	ARPA GEN GOVT OUTLAY	.00	.00	63,305.00	63,305.00	.0
	TOTAL ARPA -GENERAL OUTLAY EXPENSES	.00	.00	63,305.00	63,305.00	.0
	REC PARK OUTLAY EXPENSES					
19-57621-8200	REC PARK OUTLAY BUILDING	.00	.00	227,650.00	227,650.00	.0
	TOTAL REC PARK OUTLAY EXPENSES	.00	.00	227,650.00	227,650.00	.0
19-59800-7300	TRANSFER TO GENERAL FUND	.00	.00	196,000.00	196,000.00	.0
	TOTAL DEPARTMENT 800	.00	.00	196,000.00	196,000.00	.0
	TOTAL FUND EXPENDITURES	.00	.00	488,775.00	488,775.00	.0
	NET REVENUE OVER EXPENDITURES	.00	.00	.00	.00	.0

CITY OF TOMAH REVENUES WITH COMPARISON TO BUDGET FOR THE 9 MONTHS ENDING SEPTEMBER 30, 2025

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	SOURCE 41					
20-41120	PROPERTY TAXES INCREMENT	.00	.00	254,976.71	254,976.71	.0
	TOTAL SOURCE 41	.00	.00	254,976.71	254,976.71	.0
	SOURCE 43					
20-43410	TID 11 SHARED REVENUE	22,948.85	22,948.85	.00	(22,948.85)	.0
	TOTAL SOURCE 43	22,948.85	22,948.85	.00	(22,948.85)	.0
	TOTAL FUND REVENUE	22,948.85	22,948.85	254,976.71	232,027.86	9.0

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
20-56700-1100	TID 11 ADMIN WAGES	3,697.16	3,697.16	4,643.12	945.96	79.6
20-56700-1290	TID 11 ADMIN NON ELECT COMP	100.00	100.00	.00	(100.00)	.0
20-56700-1310	TID 11 ADMIN RETIREMENT	256.95	256.95	322.70	65.75	79.6
20-56700-1320	TID 11 ADMIN SOCIAL SECURITY	290.38	290.38	355.20	64.82	81.8
20-56700-1330	TID 11 ADMIN LIFE INS	3.28	3.28	.00	(3.28)	.0
20-56700-2100	TID 11 PROF SERVICES	.00	.00	10,000.00	10,000.00	.0
	TOTAL DEPARTMENT 700	4,347.77	4,347.77	15,321.02	10,973.25	28.4
	TOTAL FUND EXPENDITURES	4,347.77	4,347.77	15,321.02	10,973.25	28.4
	NET REVENUE OVER EXPENDITURES	18,601.08	18,601.08	239,655.69	221,054.61	7.8

Item 8.

Tomah Parks and Recreation PROGRAM REPORT for October 2025

Other Parks

- Cleaning Parks and Shelters
- Mowing Parks and Public Green Space
- Painting fields for youth football and soccer
- Painted Bathrooms at Butts and Winnebago Park
- Planting trees in October

RECREATION PROGRAMS

- Fall Programing has begun with 158 participants in K-6 youth football
- Co Rec Volleyball continues with 12 teams
- Open gyms to begin on Oct. 19th
- K-6th youth volleyball began on Oct 4th with 59 participants
- Over 100 Participants at Recreation Station for Fall Open House held on September 25th.
- · Working on winter programming youth and adult basketball.

AQUATIC CENTER

Fall Winterization and Cleaning

RECREATION PARK

- September 6 Rotary Block Party, Sept 13 Wedding, Sept 20 Wedding,
- October 4 LARP, Oct 11 Wedding, Oct 18 Wedding, Oct 24-26 Gun Show, Oct 31 Community Halloween Exhibit Building, Nov. 1 Fire Dept Banquet.
- November 7 and 8 Glen Miller Auction, November 15 Cowboy Christmas (Bluff and Ridge Equine Assisted Therapies Inc.) event, November 22 Senior Center Craft Fair, November 29 Special Rec Holiday Party.
- General upkeep and maintenance on buildings
- Tomah Ice Center is up and running with Tomah Youth Hockey, Figure Skating and Woodsmen.

1. P 1-		

Joe Protz

Director Tomah Parks and Recreation

Director of Public Works and Utilities Report

October 2025

1) Street Department

Continuing concrete foam lifting around town. Kilbourn Ave water project is still on going. The Lake dredging sediment project has begun and should be finishing up soon. Completing interviews this week for the open Truck Driver position.

2) Sewer Department

Finishing up on the annual sewer main cleaning. Lift stations fall cleaning has begun and annual sewer flushing has been completed. Continuing to work on our fall maintenance and getting things ready for the winter months. Sewer project on King Ave is getting close to being completed and should be done next week.

3) Water Department

October average daily pumpage is 837,000 gallons per day. Greg from Town & Country has sent in a plan of correction letter to the DNR for Well #14. Fall hydrant flush is scheduled for October 13th-18th 2025. Water tower was power washed by Lane Tank and is looking great. Completing interview this week for Water Operator position. No main breaks or leaks.

4) Lake Committee

Next meeting is November 18th 2025, at 5 PM

Respectfully Submitted

Brandy Leis
Director of Public Works and Utilities

TOMAH POLICE DEPARTMENT



SEPTEMBER 2025 REPORT

EMPLOYEE LISTING BY DATE OF HIRE

September 30, 2025

Admin. Asst. Rhonda Culpitt	12/12/1994
Officer Melanie Marshall	05/28/2000
Lieutenant Paul Sloan	05/13/2001
Detective Brittnay Westpfahl	01/16/2005
Chief Eric Pedersen	07/09/2005
Officer Steven Keller	08/14/2005
Assistant Chief Jarrod Furlano	01/13/2008
Lieutenant Adam Perkins	09/04/2011
Sergeant Brandon Kuhn	10/12/2015
Sergeant Wilbert Steinborn	08/19/2018
Sergeant Cody Paulson	09/24/2018
Police Clerk Ashley Bankhead	03/11/2019
Police Clerk DeAnn Batten	06/17/2019
Sergeant Alexander Brueggeman	12/08/2019
Detective Lindsey Stoughtenger	01/24/2021
Officer Jayden Olson	07/11/2021
Evidence Tech Mark Nicholson	08/08/2021
Officer Justice Blackhawk	10/10/2021
Sergeant Audra Gomez	06/01/2022
Officer John Reigel	06/12/2022
Officer Ethan Pedersen	01/01/2023
Officer Brandon Bellacero	01/01/2024
Officer Bradley Hoffman	06/03/2024
Officer Kaden Kaufman	01/06/2025
Officer Nick Nething	06/08/2025

SEPTEMBER CASE HIGHLIGHTS

Possession Cocaine / Possession Paraphernalia / Obstructing / Warrant X3 / Bail Jumping

Tomah officers were dispatched to a hotel for a report of suspicious subjects entering/exiting the building. Contact was made with two individuals in the parking lot who stated they were trying to find the money for a room. The male party was found to have three nationwide warrants for his arrest and was taken into custody. The female party was providing a false name but was later positively identified. A K9 sniff of their vehicle was conducted and the search of the vehicle yielded cocaine and paraphernalia. The female was cited and released, and the male was transported to jail.

Burglary / Theft

Tomah officers were dispatched to a residence for a burglary that occurred the night prior. The victim stated they were at home and entered the shower. When they came back out to the living area they noticed their phone, credit cards, keys, and other personal items were missing. The arriving officer found the suspect had removed the screen and pushed open the window. Investigating officers collected evidence and the investigation continues.

Battery X2 / Criminal Damage to Property / DC

Tomah officers were dispatched to an adult group home for a resident who had battered residents and staff and also damaged property. Contact was made with staff, and they had all other residents outside. The staff member stated they were punched by the male suspect. The investigation revealed the male became violent when he was denied a cigarette, which was the house rule. The male threw things, battered people, and punched numerous holes in the drywall. The male was arrested and transported to jail.

OWI 4th / Operating After Revocation / Hit and Run

Tomah officers were dispatched to a crash involving a moped and a car. The driver of the moped then left on foot. A responding officer observed the driver of the moped nearby and made contact with him. The driver displayed signs of impairment and was stumbling while he made contact with the officer. The driver admitted to driving the moped and then being struck by the other vehicle. The driver refused the Standardized Field Sobriety Tests and was ultimately arrested for OWI. The driver refused the legal blood draw and a search warrant was applied for and granted by a Monroe County Circuit Court Judge. The driver was transported to the Tomah Police Department, where a legal blood draw was facilitated. The subject was transported to jail.

Possession Methamphetamine / Possession Marijuana / Possession Masking Agent / Obstructing / Warrant / Misappropriate ID

Tomah officers were dispatched to a call about a suspicious person lingering outside of an apartment for an extended period of time. A responding officer made contact with the male. The male displayed nervous behavior while talking with the officer and later admitted to possessing marijuana on his person. The male initially identified himself as his brother. The male was searched and in his pocket the Officer found Marijuana and Methamphetamine. The male was arrested and secured in the back of the squad. While in the back of the squad the male properly identified himself. A search of the males backpack yielded numerous paraphernalia items, marijuana, and fake urine. The male was later transported to jail.

OWI 3rd W/ Passenger under 16 / Operating After Revocation / Obstructing / Probation Hold

Tomah officers were notified of a hit and run crash complaint that occurred in the County. Officers were searching for the vehicle when they were advised of a traffic complaint in the city involving the same suspect vehicle. Responding officers located the suspect vehicle and made contact with the driver. The driver admitted to driving the vehicle and being involved in the crash. The driver displayed signs of impairment and admitted to consuming prescription medications. The driver performed Standardized Field Sobriety Tests and was ultimately arrested for OWI. The investigation revealed there was a 10-year-old child in the suspect vehicle at the time of the crash. The driver refused the legal blood draw and a search warrant was obtained by a Monroe County Circuit Court Judge. The driver was transported to the Tomah Police Department where a legal blow draw was facilitated. The driver was then transported to jail.

Tomah Police Department

Septemb 10. 2025



CALLS FOR SERVICE: 1,272



TRAFFIC STOPS: 242



OWI ARRESTS: 3



ARRESTS/CITATIONS:202



ACCIDENTS: 24



Tomah Police Department www.tomahwi.gov/police 608-374-7400 Chief Eric Pedersen



Greater Tomah Area Chamber of Commerce and Convention and Visitors Bureau

October 2025 Report

- I. Budgets: We have been working on completing the first drafts of both our Tourism and Chamber budgets. Our 2026 budget will reflect the addition of a part time staff member. Current staffing is at capacity. We have added services and programs; however, have not added additional staff to support those functions. We have three full-time staff. The additional staff will help to help with office coverage, allow current staff to focus on mission critical work with fewer interruptions, and use their accrued time off without interruptions to daily office functions.
- II. **Community Survey**: We were able to help the City communicate the Community Survey regarding downtown visioning. There were over 1,000 respondents to the survey.
- III. Cranfest: We ran our September campaign around Cranfest. Visitors reportedly hit record numbers. Our office fielded dozens of calls and visits regarding lodging, dining, and general Cranfest information.
- IV. **Community Engagement Sessions**: We continue to work closely with the City Administrator to spread the word about the community surveys that are published. As of the time of this writing, we have the survey on our website, tomahwisconsin.com, as well in our newsletter.
- V. **Chamber and Visitor Center Projects**: As a point of awareness, I want to point out some of the ongoing products and services that we facilitate.
 - a. **Online Presence**: We have three websites that we manage. Analytics of our new tourism website, visittomah.com is included in this report.
 - i. www.tomahwisconsin.com
 - ii. www.visittomah.com
 - iii. www.downtownthursdaynights.com
 - iv. We also have two Facebook accounts: Tomah Chamber and Visitor Center (https://www.facebook.com/TomahChamberandCVB) as well as Visit Tomah (https://www.facebook.com/VisitTomahWI).
 - v. We have one Instagram account (https://www.instagram.com/visit.tomah/), and

VI.	Upcoming Events: This is a reminder that anyone can add their event to our community
	calendar at no charge: https://members.tomahwisconsin.com/events/calendar/

a. Business After 5 at TEC Homes, October 15th

Respectfully submitted,

Tina M. Thompson





Tomah Chamber & Visitor Center

Visit Tomah Campaign Analytics - September 2, 2025

Google Analytics

www.visittomah.com

Traffic Overview - Last 90 days (analytics began April 21st).



Top Viewed Pages

1	Home - Visit Tomah Wisconsin	13,119 (60.35%)
2	Calendar of Events - Visit Tomah Wisconsin	1,428 (6.57%)
3	Tomah's Annual 4th of July Celebration - Visit Tomah Wisconsin	1,367 (6.29%)
4	52nd Annual Warrens Cranberry Festival - Visit Tomah Wisconsin	1,251 (5.75%)
5	5th Annual Squirrelfest - Visit Tomah Wisconsin	505 (2.32%)
6	Downtown Thursday Nights: Tomah's Annual Summer Community Concert Series - Visit Tomah Wisconsin	230 (1.06%)
7	Eat & Drink - Visit Tomah Wisconsin	210 (0.97%)
8	Shopping - Visit Tomah Wisconsin	196 (0.9%)
9	Take on the Tomah Event of the Summer: The Monroe County Fair - Visit Tomah Wisconsin	186 (0.86%)
10	Explore Downtown Tomah, Wisconsin: Go Downtown! - Visit Tomah Wisconsin	176 (0.81%)

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Traffic Acquisition by session

1	Paid Social	8,218 (46.54%)
2	Organic Search	4,049 (22.93%)
3	Paid Search	3,764 (21.32%)
4	Direct	1,078 (6.1%)
5	Organic Social	263 (1.49%)
6	Paid Other	242 (1.37%)
7	Referral	163 (0.92%)
8	Cross-network*	43 (0.24%)
9	Unassigned	35 (0.2%)

Where Website Viewers are Coming From

1	(not set)	2,463 (16.75%)
1.	(not set)	2,403 (10.73%)
2	Chicago	2,210 (15.03%)
3	Minneapolis	846 (5.75%)
4	Tomah	640 (4.35%)
5	Milwaukee	300 (2.04%)
6	La Crosse	266 (1.81%)
7	Sparta	175 (1.19%)
8	Madison	145 (0.99%)
9	Onalaska	125 (0.85%)
10	Green Bay	114 (0.78%)

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2

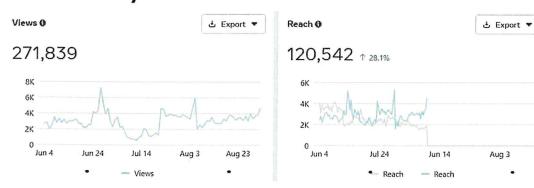




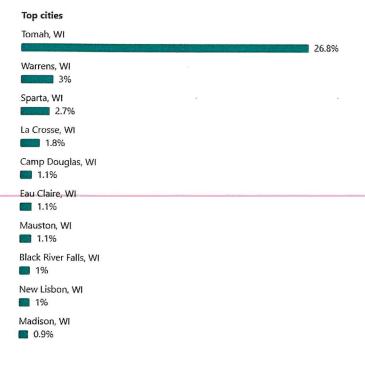
Social Media Analytics

Last 90 days, as compared to the year prior.

Facebook Analytics



Facebook Audience



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3





Social Media Ads

The Facebook ad campaign for tourism performed exceptionally well, generating **17,293 link clicks** from **517,082 impressions**, reaching **210,276 unique users**. The cost per link click (CPC) of \$0.15 is highly efficient compared to typical tourism industry benchmarks, where CPC often ranges from \$0.50–\$1.50.

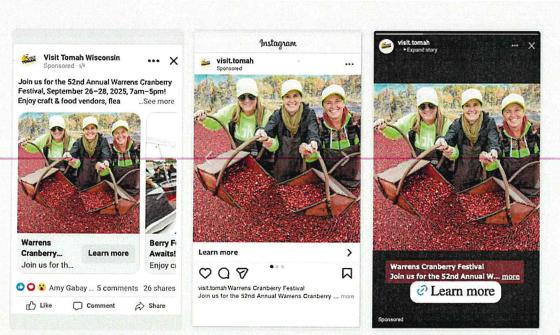
Key Highlights:

Link Clicks: 17,293Reach: 210,276

Impressions: 517,082

• CPC: \$0.15

Overall, the campaign demonstrates strong audience engagement, excellent cost efficiency, and effective targeting well above standard performance expectations for tourism campaigns.



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4





Press Releases

The tourism email campaign performed very well, with **6,065 emails delivered** across newsletters and **4,196 total opens**, averaging a **43% open rate**, well above the industry average of 20–25% for tourism. The campaign generated **356 total clicks (159 unique)**, averaging a 6% click rate, showing strong engagement. Hard bounces, unsubscribes, and spam reports were minimal, demonstrating both list quality and content relevance.

April 17, 2025 - <u>Visit Tomah, Wisconsin in 2025: New Website, Vacation</u>
 <u>Sweepstakes & Spring through Early Summer</u>

June 5, 2025 – <u>Summer 2025 in Tomah, Wisconsin: Enter to Win & Discover</u> Seasonal Events

August 8, 2025 - <u>Experience Late Summer & Early Fall 2025 in Tomah, Wisconsin:</u> Enter to Win & Join the Fun





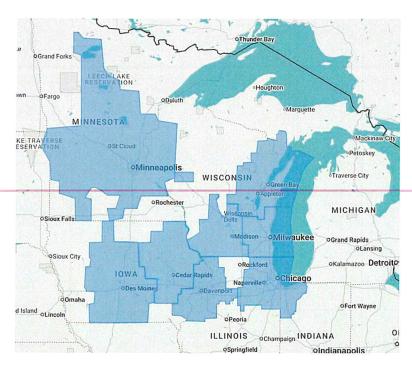
Digital Advertising

The tourism-focused Performance Max campaign generated 953,357 impressions and 6,187 clicks, resulting in an overall CTR of 0.65% with an average CPC of \$0.31.

Top Three Markets:

- Chicago, IL: 402,894 impressions, 2,783 clicks, CTR 0.69%, CPC \$0.23
- Minneapolis-St. Paul, MN: 196,623 impressions, 1,142 clicks, CTR 0.58%, CPC \$0.31
- Milwaukee, WI: 93,464 impressions, 667 clicks

Compared to typical tourism campaign benchmarks, where CTR often ranges from 0.5–1.0% and average CPC ranges \$0.50–\$1.50, this campaign performed well in both click-through rate and cost efficiency, indicating strong engagement and effective targeting.



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6





Newsletters

The Tomah tourism newsletters from May–September 2025 performed above industry standards, with open rates of 16–27% (benchmark ~20–25%) and click rates of 11–29% (benchmark 2–5%). While a few editions had lower opens, overall engagement was strong, showing that the content effectively captured reader interest and drove action.

- May 1, 2025 * Girls Weekend, * LIVE Concert Series, * Summer's Hottest Events

 Are Here!
- Total Opens 942 | Open rate 16.2% | Total Clicks 1,356 | Click rate 28.94%
- June 2, 2025 <u>Image of the State of the </u>
- <u>Total Opens -1,516 | Open rate 27.21% | Total Clicks 528 | Click rate 17.52%</u>
- June 26, 2025 Wisconsin / Creative Tomah: Discover Arts & Culture in the Heart of Wisconsin / /
- Total Opens -1,105 | Open rate 18.28% | Total Clicks 1,244 | Click rate 19.46%
- Total Opens -1,318 | Open rate 23.53% | Total Clicks 786 | Click rate 11.04%
- September 2, 2025 3 The Warrens Cranberry Festival celebrates its 52nd year September 26–28, 2025!
- Total Opens -1,032 | Open rate 20.36% | Total Clicks 229 | Click rate 11.76%

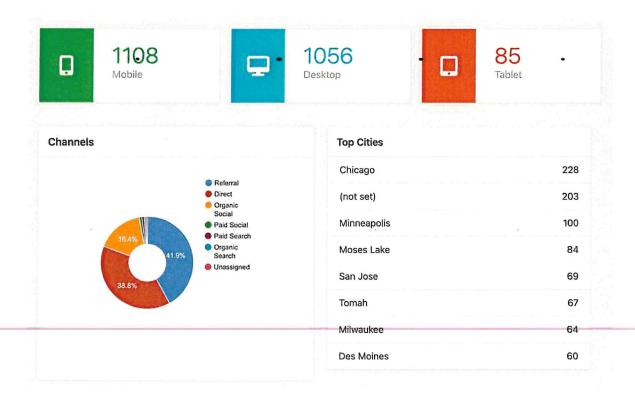
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Sweepstakes

The sweepstakes campaign attracted **2,513 users** and generated **1,423 entries**, achieving a **56.63% conversion rate**—well above the typical tourism industry range of 20–40%. This outstanding performance demonstrates strong audience interest and highly effective campaign targeting.



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Travel Wisconsin Coop 2025

Inclusion in Travel Wisconsin's <u>Wisconsin Vacation Deals</u> email, "reaching 63 thousand opt-in subscribers."

Check out these featured deals:





The Best of Tomah, WI Sweepstakes
Win the Best of Tomah Sweepstakes! Score hotel
stays, gift cards and tickets to top attractions.
Plan your getaway and experience small-town
Wisconsin charm.

Enter Now >



Win the Ultimate Lake Escape
Enter to win a 2-night, 3-day private lakeside
cabin stay by attending the Wilderness Expo on
May 3 or immerse yourself in the endless beauty
of the Rib Lake area all summer long. Don't miss
your chance for adventure.

Enter Now >

Deployment April 17



Mulberry Lane Farm Admission Offer When you buy two general admissions to Mulberry Lane Farm, receive one free. This offer is valid May 1, 2025 - October 31, so don't miss your chance!

Buy Deal >



Win a Trip to Tomah, Wisconsin
Win the Best of Tomah Sweepstakes! Score
hotel stays, gift cards and tickets to top
attractions. Plan your getaway and experience
small-town Wisconsin charm.

Enter Now >

Deployment June 11



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9





Audio Ad Streaming

Music Streaming and Radio Networks

The streaming audio campaign delivered **47,593 impressions**, reaching **44,488 unique listeners**. Pandora was the top-performing publisher, with additional reach through SoundCloud, demonstrating strong engagement across leading audio platforms.



Audio Podcasts

The podcast audio campaign delivered **67,435 impressions**, reaching **40,136 unique listeners**. Ads ran on top-performing podcasts such as The Megyn Kelly Show, Pardon My Take, IHIP New, Pod Save America, and the CHGO Chicago Bears Podcast, ensuring broad exposure across diverse and popular audiences.



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Item 12.

Tomah Public Housing Authority Office- 107 E Milwaukee St, Tomah WI 54660

Mailing Address: PO BOX 204, Tomah, WI 54660

(608) 374-7455, Fax (608) 374-7458, e-mail tomahpha@tomahpha.onmicrosoft.com

TPHA-Monthly Report

September Committee of the Whole 2025

Properties:

Lakeside currently has 2 vacancies. One unit is still being treated for mold and will need new flooring. The other unit is being re-painted and cleaned. Lakeside has a waitlist of 37.

Tomah Manor currently has 2 vacancies. One unit has water damage that we are working on fixing the water leak and damage. One unit was recently vacated, and we are working on fixing the repairs from many damages along with putting in new flooring.

Tomah Manor has a waitlist of 55.

Section 8 waitlist is 3, however, the Federal Government has put a hold on Section 8 Vouchers.

Currently serving-16 regular Vouchers and 51 VASH (Veterans) Vouchers.

Submitted by: Sandra Vierck, Executive Director

BUDGET AMENDMENT

BUDGET DESCRIPTION: Recreation Park Repair and Maintenance

Revenue Budget Line(s) Amended:

		Original	Budget	Final
Account Name	Account #	Budget	Adjustment	Budget
Miscellaneous Insurance Recovery		0	\$3,852.33	\$3,852.33

Expenditure Budget Line(s) Amended:

		Original	Budget	Final
Account Name	Account #	Budget	Adjustment	Budget
Recreation Park Repair/Maintenance	01-55401-3500	\$9,000.00	\$3,852.33	\$12,852.33

FISCAL NOTE:

Insurance recoverable to pay for repair to damages to equipment at Recreation Park.

SUBMITTED BY: Joe Protz Joe Angel

DATE: 10-9-2025

PROCESSED BY:

DATE:



January 29, 2025

DI-55401-350C

City of Tomah 819 Superior Ave Tomah WI 54660

Re:

Our Claim Number:

BCLM CP 000000399371

Program:

Municipal Property Insurance Company

Insured:

City of Tomah

Policy Number:

48-10593-25-001

Claimant Name(s):

City of Tomah

Occurence/Date of Loss: October 28, 2024

Loss Location:

1625 Butts Ave Tomah WI 54660

This letter is notice that the following claim has been resolved and is now closed.

Final Paid Amounts:

Loss:

\$3,852.33

Expense:

Total:

\$3,852.33

If you have any questions, please contact me.

Sincerely,

John Seibel

Claim Specialist

Berkley Risk Administrators Co on behalf of

Municipal Property Insurance Company

Phone: (262) 993-5393 | Fax: (612) 766-3298

Email: jseibel@berkleyrisk.com

STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Temporary Class "B" Beer License Application by Bluff and Ridge Equine Assisted Therapies for 2nd Annual Cowboy Christmas Fundraiser on November 11, 2025.

Summary and Background Information:

(Appropriate Documentation Attached)

Bluff and Ridge Equine Assisted Therapies has applied for a Temporary Class "B" Beer License to sell fermented malt beverages at the 2nd Annual Cowboy Christmas Fundraiser being held at Tomah Recreation Park located at 1625 Butts Ave in Tomah.

Fiscal Note:

The revenue generated to the City of Tomah by issuance of this license is \$10.

Recommendation:

It is requested that the Committee of the Whole review the application and make a recommendation for the Common Council to approve the Temporary Class "B" Beer License for the Bluff and Ridge Equine Assisted Therapies for their event on November 11, 2025 at Recreation Park.

Respectfully submitted by:

Kara Griswold

Committee: Committee of the Whole & Common Council

Meeting Date: October 13 & 20, 2025

Form

AB-220

License(s) Requested

☐ Temporary "Class B" Wine

Temporary Alcohol Beverage License

Temporary Class "B" Beer

	200
Municipality	

0

Fees

\$

License Fees

Background Check \$

			Total Fees	\$
Part A: Organization Inform	ation		appropries	
1. Organization Name				
Bluff and Ric	lge Equine-as	sisted Therapie	s, Inc	
2. Organization Permanent Address	9	3.55		
3. City	ty Rd CM		4. State	5. Zip Code
Tomah			WI	54660
6. Mailing Address (if different from p	ermanent address)			
7. FEIN	8. Date of Organiza	ation/Incorporation	9. State of Organ	nization/Incorporation
93-3761577	9128120		WI	
10. Phone	11. Email			
10.0				At a man by a set had
12. Organization type (check one) Some of the content of the co	☐ Church ☐ Fair As	ssociation/Agricultural Soci	oty 🗆 Vet	eran's Organization
Lodge/Society	Chamber of Commerce or			
		ommar orric or made org	anization andor	on 101, 1110. Otato.
13. Is this organization required to	hold a Wisconsin Seller's pe	ermit?		Yes Z No
14. Wisconsin Seller's Permit Number	(if applicable)			
	The second secon			
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Part B: Individual Information	on			
List the name, title, and phone no (Form AB-100) for each person li			ization. Include a	an Individual Questionnaire
Corporations must also include A				
Last Name	First Name	Title		Phone
_				
Deist	Rebecca	Execution	e Director	608-343-7240
N. W. Kinder	M dh	Programs D Secretary Treasurer 4	evelopment,	608-462-7574
Airth-Kindree	Martha	Jecretary i	- Daluteer	
Stron	Renne	Coord	inator	608-387-9248
, , , , , , , , , , , , , , , , , , , ,				
	1			

Continued \rightarrow

Alcohol Beverage Individual Questionnaire



All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete	te until all require	d Individual Questionna	ires are s	submitted.
Part A: Business Information			······································	
1. Legal Business Name (individual name if sole proprietor) Bluff and Ridge Equine	ASSISTED	Therapies	INC	
2. Business Trade Name or DBA				
3. Entity Type (check one)		un de schouwe a vida uuruu uu uuruu ayyaan ka mit dee mit ka ka yaayaa maaan ka k		
☐ Sole Proprietor ☐ Partnership ☐ Limited	Liability Company	y Corporation	DIN	Ionprofit Organization
Part Data Mathed Information			/	
Part B: Individual Information 1. Last Name	2. First Name			3. M.I.
DEIST	-	cen		J
4. Relationship to Business (Title) 5. Email			6.	. Phone
EXECUTIVE DINEETU-	1000		5	
7. Home Address	ď			9.00
8. City	9. State	10. Zip Code	11	1. Date of Birth
Kendall	Wi	54638	,	
12. Drivers License/State ID Number		13. Drivers License/State	ID State	or issuance
			121	5 CONS/N
Part C: Address History				
Do you currently live in Wisconsin?				TVYes No
If yes, provide the month and year when you permanently				(MM/YYYY)
				10/1970
2. List in chronological order all of your addresses within the	e last 5 years. Atta	ach additional sheets if r	ecessary	
Previous Address 1	City	1.	State	Zip Code
	Kendo	n i	41	54038
Previous Address 2	City		State	Zip Code
Previous Address 3	City		State	Zip Code
Previous Address 4	City		State	Zip Code
Previous Address 5	City		State	Zip Code
List all states and counties you have lived in as an adult.	Attach additional	sheets if necessarv.	L	
State County State County State County State County				
W/ Monnoe WI Wantesh		Kusk		
State County State County	State	County	State	County

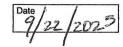
Continued →

Part D: Criminal History	¥ ×		
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	e's laws or of any count	y or municipal ordinances?	s) Yes No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.	/
Law/Ordinance Violated	Location	jarjosti Paksi	Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?			Yes No
			30
· ·		876	gradus and the second
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understan under penalty of state law. I further understand that I ma with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issued the prosecuted for su	due to any involvement in anot ued contrary to Wis. Stat. Chap bmitting false statements and a false information on this applica	oter 125 shall be void
Signature Dest		Date 9/22	125

Form

AB-100

Alcohol Beverage Individual Questionnaire



All individuals involved in the alcohol beverage business must complete this form, including:

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete	ete until	all require	ed Individual Questionn	aires are	submitted.
Part A: Business Information					
1. Legal Business Name (individual name if sole proprietor) But for the Ridge Equine Assisted herapies. Inc. 2. Business Trade Name or DBA					
3. Entity Type (check one)					
Sole Proprietor Partnership Limited	l Liabilit	y Compar	y Corporation		Nonprofit Organization
Part B: Individual Information	~~~				
1. Last Name Afrikindree	2. Fi	rst Name Way-H			3. M.I.
4. Relationship to Business (Title) 5. Email	1.3	00			. Phone
Secretary-Director		*	p-g	*	7
7. Home Address		- 1	•		
8. City		,	10. Zip Code	11	1. Date of Birth
Tomob	9	W	546h0	1	. Date of Dirtiy
12. Drivers License/State ID Number		441	13. Drivers License/Stat	e ID State	of Issuance
T.	V	JI	*T		· WI
Part C: Address History					
Do you currently live in Wisconsin?					Yes No
If yes, provide the month and year when you permanent	ly move	d to Wisc	onsin		(MM/YYYY)
2. List in chronological order all of your addresses within th	e last 5	years. Att	ach additional sheets if	necessar	y.
Previous Address 1	City			State	Zip Code
		om	ah	WI	54660
Previous Address 2	City	11	A 41	State	Zip Code
		Kene	tall	M	54638
Previous Address 3	City			State	Zip Code
Province Address 4	City			01-1-	7.0.1
Previous Address 4	City			State	Zip Code
Previous Address 5 City State Zip Code					Zip Code
Suit Zip out					
List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State County VIONORE State County		State	County	State	County
State County State County		State	County	State	County

Continued →

Part D: Criminal History				
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)	e's laws or of any count	ty or municipal ordinances	Yes	No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.		
Law/Ordinance Violated	Location	,	Conviction E	ate
Penalty Imposed		Was sentence completed?	. 🗌 Yes	☐ No
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed	***	Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction I)ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
If yes to question 2, describe nature and status of pe sheets as needed.	nding charges using th	ne space below. Attach additiona	ı	
		and a second of the second of		
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understar under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this business and that any license issues the prosecuted for su	ued contrary to Wis. Stat. Chapt benitting false statements and aff	er 125 shall idavits in con	be void
to forfeit not more than \$1,000 ii convicted:	ny provided materially	Date		

Alcohol Beverage Individual Questionnaire

Date 9-22-25

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alco	hol beverage application	on or rene	wal is not complete	e until	all require	ed Individual Question	naires are	submitted.
Part A:	Business Informat	ion	the state of the s				Whether and	
1. Legal Business Name (individual name if sole proprietor) Bluff and Ridge Equine Assisted Therapies, Inc. 2. Business Trade Name or DBA								
Blu	- A /	2idge						
20000000	Type <i>(check one)</i> lle Proprietor) Partnership	D ☐ Limited L	iabilit	y Compar	v	1 X	lonprofit Organization
			Acceptance of the second secon			A bound	<i>y</i> ~	
Part B:	Individual Informat	tion		reactive-re-re-re-re-				
1. Last N	ame				st Name		***************************************	3. M.I.
St	roh			K	ienee			L
-	onship to Business (Title)		5. Email		-		6	. Phone
7. Home					-	J ~		
						_		
8. City		************			9. State	10. Zip Code	1	1. Date of Birth
•	Tomah				WI	54660	'	* ^
12. Drive	rs License/State ID Number	r				13. Drivers License/St	ate ID State	of Issuance
			. —	W	1	6		
_								
Part C:	Address History					give a second se		
1. Do yo	ou currently live in Wisco	onsin?						Yes 🗌 No
If yes	, provide the month and	year whe	n you permanently	move	d to Wisc	onsin		(MM/YYYY) 08/1990
2. List in	chronological order all	of your ad	dresses within the	last 5	years. Att	ach additional sheets i	f necessary	<i>.</i> . /
Previous	Address 1	r		City			State	Zip Code
		-			oma	uh	WI	54660
revious .	Address 2	-		City			State	Zip Code
Previous	Address 3			City			State	Zip Code
D	A.J 4			011				
Previous	Address 4			City			State	Zip Code
Previous	Address 5			City	VIII 10-15-1-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		State	Zip Code
List all states and counties you have lived in as an adult. Attach additional sheets if necessary.								
State	County	State MN	County	-	State	County	State	County
State	County	State	County		State	County	State	County

Continued \rightarrow

Part D: Criminal History					and the second second
Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?					
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets a	as needed.		
Law/Ordinance Violated	Location			Conviction	Date
Penalty Imposed		Was sente	nce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senter	nce completed?	. Yes	☐ No
Law/Ordinance Violated	Location		· · · · · · · · · · · · · · · · · · ·	Conviction I	Date
Penalty Imposed		Was senter	nce completed?	. Yes	☐ No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?					
Part E. Attactation		***************************************		The second secon	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted. Signature Date Date					

STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Application of Class "A" Beer Fermented Malt Beverage License and "Class A" Liquor License for Hansen's IGA Inc.

Summary and Background Information:

(Appropriate Documentation Attached)

Hansen's IGA Inc. DBA Hansen's IGA Markets, which will be located at 701 E Clifton St in Tomah, has applied for a Class "A" Beer and a "Class A" Liquor License for the period November 1, 2025 to June 30, 2026. The license was previously held by Molter's Fresh Market.

Fiscal Note:

Total revenue generated to the City of Tomah by the issuance of this license, which includes a Cigarette/Tobacco License, business permit, and publication fee, will be \$460.33.

Recommendation:

The license application and background checks have been reviewed and completed. It is requested that the Committee of the Whole recommend the Common Council approve the issuance of the alcohol license for the license period of November 1, 2025 through June 30, 2026.

Respectfully submitted by:

Nicole Jacobs

Committee: Committee of the Whole & Common Council

Meeting Date: October 13 & 20, 2025

Form	
Α	B-200

Alcohol Beverage License Application

For Municipal Use Only					
Municipality Conf.	14	Tomah			
License Period	0	6/30/2026			
/	7_	. ,			
Fees					
License Fees	\$	leou			
Background Check Fee	\$				
Publication Fee	\$	12			
Total Fees	\$	612			

					7	
License(s) Requested: (up to two boxes may	be checked)			Fees		
☑ Class "A" Beer \$ _ Ŵ [Class "B" Beer	\$	License Fe	es	\$ 600	
🗹 "Class A" Liquor	☐ "Class B" Liquor	\$	Backgrour	d Check Fee	\$	
	Reserve "Class B" L	iquor \$	Publication	ı Fee	\$ 12	_
"Class C" Liquor (wine only) \$			Total Fees	3	\$ 612	
		L				
Part A: Premises/Business Information					<u>.:::::::::::</u>	
1. Legal Business Name (individual name if sole pro	prietorship)					
HANSEN'S IGA INC				,		
2. Business Trade Name or DBA HANSEN'S IGA MARKETS						
3. FEIN	4	4. Wisconsin Seller's Per	mit Number			
39-1098106		456-00003408	70-03	200		
5. Entity Type (check one)		50		ST Law		
☐ Sole Proprietor ☐ Partnership	Limited Liability		rporation	Nonpro		
6. State of Organization	7. Date of Organization	า		n DFI Registrati	on Number	
WI	01/08/1968	1000	1н068	21		
9. Premises Address						
701 E CLIFTON ST			11. State	12. Zip Code		
10. City		871	WI	54660		
TOMAH	Tata Commission Municipa	ality: 🗹 City 🔲 Town			ic District	
13. County	of: TOMAH	anty. D City Iown	village			
Monroe 16. Premises Phone	17. Premises Email		18. We	bsite	m voice in the contract of the	
(608) 372-5355						
Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this application. Within the main grocery services are all the services are services.	, including living quarters. on. Attach a map or diagr	am and additional sheets	s if necessar	у.	, and relate of records n	d records nay occur
20. Mailing Address (if different from premises addr	ress)					
PO BOX 160						
21. City			22. State	23. Zip Code		
BANGOR		and the fact of the fact of	WI	54614		
Part B: Questions					deta vikin bisa Vendua yapta i	
Has the business (sole proprietorship, partiviolating federal or state laws or local ordin lf yes, list the details of violation below. Attains	nances? Exclude traffic	onenses uniess relati	ition) been ed to alcoh	convicted of ol beverages.	Yes.	₩ No
Law/Ordinance Violated	Location			rial Date		
Penalty Imposed		Was sen		pleted?	Yes	☐ No
Law/Ordinance Violated	Location			Trial Date	DI 1 7 314	
Penalty Imposed		Was ser	tence com	pleted?	Yes	☐ No
	1			Wise	consin Departm	ent of Revenu

AB-200 (R. 1-25)

Are charges for any offenses pen- beverages.	ding against the busines	ss? Exclude traffic off	enses unless related to al	cohol Yes	No
If yes, describe the nature and sta	atus of pending charges	using the space belo	ow. Attach additional sheet	s as needed.	
tion and					
Is the applicant business or any of individuals or entities a restricted lf yes, provide the name of the re	investor with any interest	est in an alcohol bevi	erage producer or distribu	r related utor? Yes	No
Is the applicant business owned business, provide the name(s) and Fl	by another business enti EIN(s) of the business e	ity? entity owners below. A	attach additional sheets as	needed.	No
4a. Name of Business Entity		4b. Business E	ntity FEIN		
Have the partners, agent, or sole this license period? Submit proof	proprietor satisfied the r	esponsible beverage	server training requireme	nt for	
6. Is the applicant business indebted					No No
7. Does the applicant business owe					No
Part C: Individual Information		The contract of the state of th			- 10
List the name, title, and phone number fo	r oogh norsen er antib. bel	die a Ale a fall a de la diffe			
managers, and agent of a limited liability	rectors, and agent of a con company. Attach additional	poration or nonprofit org I sheets if necessary.	ganization, all partners of a pa	artnership, and all membe	art ⊡ ¥rs,
Include Form AB-100 for each person liste Last Name					
	First Name	Tit		Phone	
HANSEN	GREGORY	OV.	NER		* 1
HANSEN	NICHOLAS	OV	NNER	<u>, </u>	
HANSEN	KARI	OV	NNER		X
			3		
Part D: Attestation					
One of the following must sign and at sole proprietor • one ge	ttest to this application: eneral partner of a partn	ership • one co	orporate officer • on	e member of an LLC	
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the application rights and responsibilities conferred by the according to the law, including but not line to any portion of a licensed premises dur revocation of this license. I understand the understand that I may be prosecuted for singly provides materially false information	ant business and not on boole license(s), if granted, winited to, purchasing alcoholing inspection will be deer hat any license issued corsubmitting false statements	ehalf of any other indivi ill not be assigned to ar ol beverages from state med a refusal to allow ir ntrary to Wis. Stat. Cha s and affidavits in conne	dual or entity seeking the lice nother individual or entity. I a e authorized wholesalers. I u nspection. Such refusal is a r pter 125 shall be void under ection with this application, a	ense. Further, I agree that igree to operate this busi inderstand that lack of act insdemeanor and ground in penalty of state law. I further and that any person who ke	at the iness cess ds for
Last Name		First Name	1	. M.I.	
HANSEN		NICHOLAS		L	
Title	Email	505		Phone	
OWNER Signature Author — Ha	10 10 0-		l Daië		
Part E: For Clerk Use Only	. 40N		10/0	01/25	
	icense Number	omaliation.B	Date License Granted	Date License Issued	
Signature of Clerk/Deputy Clerk			Date Provisional I	License Issued (if applicat	ble)
B-200 (R. 1-25)		- 2 -			

Form		
A	B-1	01

Alcohol Beverage Appointment of Agent

F	
Date	
Date	1
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	AB-101	Арро	ointment of Agent	
Criginal (no fee)				
Part A: Business Information	Agent Type (che			
Legal Business Name (individual name if sole proprietor) HANSEN'S IGA INC Business Trade Name or DBA HANSEN'S IGA MARKET - TOMAH Entity Type (check one)	☐ Original (no fe	e) Successor (\$10 fee	e for municipal licensees only)	!
Legal Business Name (individual name if sole proprietor) HANSEN'S IGA INC Business Trade Name or DBA HANSEN'S IGA MARKET - TOMAH Entity Type (check one)				,
Legal Business Name (individual name if sole proprietor) HANSEN'S IGA INC Business Trade Name or DBA HANSEN'S IGA MARKET - TOMAH Entity Type (check one)		·		
HANSEN'S IGA INC Business Trade Name or DBA HANSEN'S IGA MARKET - TOMAH Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization (check one) Municipal Retail License State Permit State Permit or Municipal Retail License Number Municipal Retail License State Permit State Permit State Permit or Municipal Retail License Number Municipal Retail License State Permit State Permit State Permit or Municipal Retail License Number Municipal Retail License State Permit State Permit or Municipal Retail License Number Municipal Retail License Number State Permit or Municipal Retail License Number Part B: Agent Information Last Name Municipal Retail License Number S. If successor agent, provide State Permit or Municipal Retail License Number Jame	Part A: Busines	is Information	emanaratan (da A. L. Maria Water Santa A. Maria	Section Committee of Marine Hands and Committee of Commit
Business Trade Name or DBA HANSEN'S IGA MARKET - TOMAH Limited Liability Company Corporation Nonprofit Organization			*	
HANSEN'S IGA MARKET - TOMAH Entity Type (check one)				
Alcohol Beverage Business Authorization Check one) State Permit State Per				
Part B: Agent Information 1. Last Name 2. First Name 3. M.I. 3. M.I. 4. Email 3. Home Address 4. State B. St	3. Entity Type (checi	(one) Limited Liability Co		i i
Part B: Agent Information 1. Last Name 2. First Name 3. M.I. 4. Email 5. Phone 6. City 11. Drivers License/State ID Number Part C: Agent Questions 11. Lave you satisfied the responsible beverage server training requirement? 12. Drivers License/State ID State of Issuance 13. M.I. 14. Drivers License/State ID State of Issuance 14. Have you satisfied the responsible beverage server training requirement? 15. Phone Part C: Agent Questions 16. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? 16. State 9. Zip Code 17. Date of Birth 18. State 9. Zip Code 19. Date of Birth 19. State of Issuance 19. State of Iss				e Permit or Municipal Retail License Number
Part B: Agent Information 1. Last Name 2. First Name 3. M.I. 4. Email 3. Home Address 7. City 8. State 9. Zip Code 10. Date of Birth 5. Phone 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance Wisconsin Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? No. See instructions for exceptions.	Describe the reas	on for appointing a successor agent, if su	uccessor is checked above.	VIII. 10 10 10 10 10 10 10 10 10 10 10 10 10
1. Last Name 2. First Name 3. M.I.	•			
1. Last Name 2. First Name 3. M.I.				
1. Last Name 2. First Name 3. M.I.				
1. Last Name 2. First Name 3. M.I.				
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Last Name 2. First Name 3. M.I.	V4.114.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7.111.7			
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Last Name 2. First Name 3. M.I.				
### Address #### Address #### Address ### Address #### Address #### Address #### Address ####### Address ###################################		mormation	2. First Name	. 3. M.I.
4. Email 5. Phone 5.	Kallan	a d	Amala	J
8. State 9. Zip Code 10. Date of Birth Lorices License/State ID Number 12. Drivers License/State ID State of Issuance Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? No. See instructions for exceptions.	4. Email	<u>a</u>	1,0,0.0.0	5. Phone
8. State 9. Zip Code 10. Date of Birth Tom 6.h Wi 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance Wisconsin Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? Yes \[\] No See instructions for exceptions.				
Tomah, Wi 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance Wisconsin Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? No. See instructions for exceptions.	6. Home Address	, ,		
Tomah, Wi 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance Wisconsin Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? No. See instructions for exceptions.			O Charles I D Zin Code	10 Date of Birth
11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance				To. Date of Batti
Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	16mab	State ID Number	12 Drivers Lice	ense/State ID State of Issuance
Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	11. Drivers License/	State in Number	1	•
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	-	-	1 0,30	UISIII
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.				
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	Part C: Agent	Questions		
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	1. Have you satis	fied the responsible beverage serve		
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? 3. Have you been a Wisconsin resident for at least 90 continuous days?				N or
See instructions for exceptions.	2. Have you com Form AB-300,	pleted Form AB-100, Alcohol Bevera Alcohol Beverage Personal Questio	age individual Questionnaire (licensee onnaire (permittee)?	Yes No
Continued -	3. Have you beer See instruction	n a Wisconsin resident for at least 90 as for exceptions.	0 continuous days?	Yes No
Continued –			i	Cantinuid
				Continued -

AB-101 (R. 1-25)

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Wisconsin Department of Revenue

Part D: Business Attestation		Activities and the control of the property of the control of the c	14 directors de la financia.
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified the entity. If I am appointing a surfunderstand that I may be prosecuted for surfuny person who knowingly provides materially if convicted.	y that I am authorized by the aboucessor agent, I rescind all previous bmitting false statements and afflion false information on this application.	we-named entity to authorize this in bus agent appointments for this pre- dayits in connection with this applie	ndividual to act mises. Further, cation, and that ore than \$1,000
Last Name	First Name		M.J.
HANSEN	NICHOLAS		L
Title	Email	Phone	
OWNER	,	~	
Signature Mileoles & Harrisen		Date 10/02/	25
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability components on the premises for the above-named busing and affidavits in connection with this application may be required to forfeit not more	pany and assume full responsibili ess. I further understand that I m ion, and that any person who kno	ty for the conduct of all alcohol beverally be prosecuted for submitting fa	erage activities
Last Name	First Name		M.I.
Kalland	Tamela		J
Signature famel Kallul		Date 10/2/25	
	Record Approv	check done by: <u>DB //</u> ed: Date	1-7-25

Signature:

Title:

Alcohol Beverage Individual Questionnaire

Date		
	i	- 1
	į.	
	- 8	

All individuals involved in the alcohol beverage business must complete this form, including:

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Question	naires are s	submitted.	
Part A: Business Information			
Legal Business Name (individual name if sole proprietor) HANSEN'S IGA INC			
2. Business Trade Name or DBA HANSEN'S IGA MARKET TOMAH			
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ✔ Corporation		lonprofit Organizati	on
			176363
Part B: Individual Information 1. Last Name ACLI Concl. 2. First Name Amelia.		3. M.I.	J. S. COLOR PORCE
4. Relationship to Business (Title) 5. Email 6. Home Address 7. Home Address	6	. Phone	!
8. City 9. State 10. Zip Code	1	1. Date of Birth	
Jomah 12. Drivers License/State ID Number 13. Drivers License/State ID Number W13. Drivers License/State ID Number		of Issuance	***************************************
Part C: Address History		384 (1866) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. Do you currently live in Wisconsin?] No
If yes, provide the month and year when you permanently moved to Wisconsin	******	(MM/YYYY)	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets		y.	
Previous Address 1 City	State	Zip Code	
Previous Address 2 City	State	Zip Code	
Previous Address 3 City	State	Zip Code	
Previous Address 4 City	State	Zip Code	
Previous Address 5 City	State	Zip Code	
	- 1		
3 List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. State County State County State County	State	County	
County County	State	County	

Continued →

Part D: Criminal History		and the second of the second o	
Have you ever been convicted of any offenses (exfor violation of any federal, Wisconsin, or another	state's laws of of any c	ourity of maniopar cramomers) 🛛 Yes 🗌 No
If yes to question 1, please list details of each con	viction below. Attach ad	dditional sheets as needed.	
aw/Ordinance Violated	Location		Conviction Date
	marshall	L ii	19937
DWI	11104 51 1001		
Penalty Imposed		Was sentence completed?	Yes No
Lost Licence	Location		Conviction Date
	T. Crasano	Cty /waterloo wi	1993?
NSF Checks	Jeffer 3011		
Penalty Imposed	rul	Was sentence completed?	Yes No
Misdemeanor pd restitution	Location		Conviction Date
Law/Ordinance Violated	Location		
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pending as beverages) for violation of any federal, Wisconsin ordinances? If yes to question 2, describe nature and status of the status of	n, or another state's law	s or any county or municipal	🗌 Yes 🎾 No
sheets as needed.	y portaining changes sen		
			of the second second
¥			9
	ī.		
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under truthfully. I certify that I am not prohibited from par beverage industry as a restricted investor. I under	rticipating in this busine	ess due to any involvement in anoth	er tier of the alcohol
neverage industry as a restricted trivestor, i under	rstand that any license	issued contrary to Wis. Stat. Chap	ter 125 shall be void
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and af	ter 125 shall be void fidavits in connection
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and af ally false information on this applica Date	ter 125 shall be void iidavits in connection tion may be required
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and af ally false information on this applica	ter 125 shall be void fidavits in connection tion may be required
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and af ally false information on this applica Date	ter 125 shall be void fidavits in connection tion may be required
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and af ally false information on this applica Date	ter 125 shall be void fidavits in connection tion may be required
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and afally false information on this applica Date 10/2/25	ter 125 shall be void fidavits in connection tion may be required
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and afally false information on this application of the second check done by:	ter 125 shall be void fidavits in connection tion may be required
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and afally false information on this application of the submitted part of the su	ter 125 shall be void fidavits in connection tion may be required
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and afally false information on this application. Date 10 / 2 / 2 Record check done by: Approved: Denied: Signature: Fix Fo	ter 125 shall be void fidavits in connection tion may be required
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and afally false information on this application of the submitted part of the su	ter 125 shall be void fidavits in connection tion may be required
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and afally false information on this application. Date 10 / 2 / 2 Record check done by: Approved: Denied: Signature: Fix Fo	ter 125 shall be void fidavits in connection tion may be required 3 10-7-25
under penalty of state law. I further understand that with this application, and that any person who kno to forfeit not more than \$1,000 if convicted.	I may be prosecuted for	r submitting false statements and afally false information on this application. Date 10 / 2 / 2 Record check done by: Approved: Denied: Signature: Fix Fo	ter 125 shall be void fidavits in connection tion may be required 3 10-7-25

Alcohol Beverage Individual Questionnaire

Date	
Jaco	

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company

		al is not comple				
Part A: Business Informa		iolon\				And the Manager of Manager of the Control of the Co
I. Legal Business Name (individu HANSEN'S IGA INC	al name if sole	proprietor)				
2. Business Trade Name or DBA						
HANSEN'S IGA MARK	ETS					
3. Entity Type (check one)						
Sole Proprietor	Partnership	☐ Limited	Liability Compan	y 🔽 Corporati	on 🔲 N	lonprofit Organization
Part B: Individual Inform	ation		I a FL IN-		the state of the s	3. M.I.
1. Last Name			2. First Name			J
HANSEN			GREGORY		16	, Phone
4. Relationship to Business (Title))	5. Email			ľ	, i none
OWNER						
7. Home Address						
			9. State	10. Zip Code	1	1. Date of Birth
3. City SPARTA			WI	54656		
12. Drivers License/State ID Num	her			13. Drivers License	State ID State	of Issuance
12. Drivers Elcensorotate is real				WI		
And Control of the Co			-		A Common of the	
Part C: Address History	i0		of the last talk t			🗸 Yes 🗌 No
1. Do you currently live in Wi	sconsin?					(MANAXXXX)
Do you currently live in Will	sconsin?					(MANAXXXX)
Part C: Address History 1. Do you currently live in Wi If yes, provide the month a	sconsin?	ı you permanent	ly moved to Wisc	onsin		(MM/YYYY)
Do you currently live in Will If yes, provide the month a List in chronological order	sconsin?	ı you permanent	ly moved to Wiscone last 5 years. At	onsin	ts if necessar	(MM/YYYY) y.
Do you currently live in Will If yes, provide the month a List in chronological order	sconsin?	ı you permanent	ne last 5 years. At	onsin	ts if necessar	y. Zip Code
Do you currently live in Wi If yes, provide the month a List in chronological order	sconsin?	ı you permanent	ly moved to Wiscone last 5 years. At City BANGOR	onsin	ts if necessar	y. Zip Code 54614
1. Do you currently live in Wi	sconsin? and year when	ı you permanent	ne last 5 years. At	onsin	ts if necessar	y. Zip Code
Do you currently live in Williams, provide the month a List in chronological order Previous Address 1 Previous Address 2	sconsin? and year when	ı you permanent	ly moved to Wiscone last 5 years. At City BANGOR City	onsin	ts if necessar State WI State	y. Zip Code 54614 Zip Code
Do you currently live in Will If yes, provide the month a List in chronological order Previous Address 1	sconsin? and year when	ı you permanent	ly moved to Wiscone last 5 years. At City BANGOR	onsin	ts if necessar	y. Zip Code 54614
1. Do you currently live in Williams If yes, provide the month at 2. List in chronological order Previous Address 1 Previous Address 2 Previous Address 3	sconsin? and year when	ı you permanent	ly moved to Wiscone last 5 years. At City BANGOR City City	onsin	ts if necessar State WI State State	y. Zip Code 54614 Zip Code
Do you currently live in Williams, provide the month a List in chronological order Previous Address 1 Previous Address 2	sconsin? and year when	ı you permanent	ly moved to Wiscone last 5 years. At City BANGOR City	onsin	ts if necessar State WI State	y. Zip Code 54614 Zip Code
1. Do you currently live in Williams If yes, provide the month at 2. List in chronological order Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4	sconsin? and year when	ı you permanent	ly moved to Wiscone last 5 years. At City BANGOR City City City City	onsin	ts if necessar State WI State State	y. Zip Code 54614 Zip Code
1. Do you currently live in Williams If yes, provide the month at 2. List in chronological order Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4	sconsin? and year when	ı you permanent	ly moved to Wiscone last 5 years. At City BANGOR City City	onsin	ts if necessar State WI State State State	y. Zip Code 54614 Zip Code Zip Code
1. Do you currently live in Williams, provide the month at 2. List in chronological order Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5	sconsin? and year when	n you permanent	ly moved to Wiscone last 5 years. At City BANGOR City City City City City	onsintach additional shee	ts if necessar State WI State State State State	y. Zip Code 54614 Zip Code Zip Code
1. Do you currently live in Williams If yes, provide the month at 2. List in chronological order Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4	sconsin? and year when all of your add	n you permanent dresses within th	ly moved to Wiscone last 5 years. At City BANGOR City City City City City L. Attach additional	onsintach additional shee	ts if necessar State WI State State State State	y. Zip Code 54614 Zip Code Zip Code Zip Code
1. Do you currently live in Williams, provide the month at 2. List in chronological order Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5	sconsin? and year when	n you permanent	ly moved to Wiscone last 5 years. At City BANGOR City City City City City	onsintach additional shee	ts if necessar State WI State State State State	y. Zip Code 54614 Zip Code Zip Code
1. Do you currently live in Williams, provide the month at 2. List in chronological order Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5 3. List all states and counties	sconsin? and year when all of your add	n you permanent dresses within th	ly moved to Wiscone last 5 years. At City BANGOR City City City City City L. Attach additional	onsintach additional shee	ts if necessar State WI State State State State	y. Zip Code 54614 Zip Code Zip Code Zip Code

Continued \rightarrow

art D: Criminal History			
Have you ever been convicted of any offense for violation of any federal, Wisconsin, or and			
If yes to question 1, please list details of each	n conviction below. Attach a	additional sheets as needed.	** - * ** ** ** * * * * * * * * * * * *
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed		Was sentence completed?	Yes No
w/Ordinance Violated	Location		Conviction Date
nalty Imposed		Was sentence completed?	Yes No
w/Ordinance Violated	Location		Conviction Date
enalty Imposed		Was sentence completed?	Yes No
If yes to question 2, describe nature and sta sheets as needed.	and or personal ground ground		- 1889
sheets as needed.			
	ider penalty of law, I have in participating in this busin inderstand that any license I that I may be prosecuted f	answered each of the above ques less due to any involvement in anot e issued contrary to Wis. Stat. Chap for submitting false statements and a	her tier of the alcohol oter 125 shall be void ffidavits in connection
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Unruthfully. I certify that I am not prohibited from peverage industry as a restricted investor. I under penalty of state law. I further understand with this application, and that any person who	der penalty of law, I have n participating in this busir inderstand that any licens I that I may be prosecuted f knowingly provides mater	answered each of the above questiess due to any involvement in anote issued contrary to Wis. Stat. Chap or submitting false statements and a ially false information on this applicate	her tier of the alcohol oter 125 shall be void ffidavits in connection

Alcohol Beverage Individual Questionnaire

Date	
Date	

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: E	Business Info	mation					property of the second			
	usiness Name (indi		e proprietor)							
	s Trade Name or D EN'S IGA MA									
	rpe <i>(check one)</i> e Proprietor	☐ Partnership	Limited	Liability	Compan	y Corporation	on 🔲 l	Nonprofit Organization		
Dart R. I	Individual Info	rmation		y a war said						
1. Last Nar			X 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2	2. Firs	t Name			3. M.l.		
HANSE				NI	CHOLA	S		L		
4. Relation	ship to Business (1	litle)	5. Email				6	3. Phone		
7. Home A				*	**					
		-				I do Zin Codo	T.	11. Date of Birth		
8. City				18). State	10. Zip Code		11. Date of birds		
LA CI	ROSSE				WI	54601	(C) I (D) O) I (D)			
12. Drivers	s License/State ID I	Number				13. Drivers License/State ID State of Issuance WI				
If yes,	provide the mon	th and year whe	en you permanent	ly move	d to Wisc	onsin				
2. List in	chronological or	der all of your a	ddresses within th		years. At	tach additional sheet	s ir necessa	Tin Codo		
Previous A	Address 1		a markara	Oity			State	Zip Code 54601		
					CROSSI	u	State	Zip Code		
Previous A	Address 2			City			WI	54601		
					CROSS	ഥ	State	Zip Code		
Previous A	Address 3			City		2000-, p. 100 m	State	Zip Gode		
Previous A	Address 4		A CONTRACTOR OF THE CONTRACTOR	City			State	Zip Code		
Previous Address 5			City			State	Zip Code			
3 list al	I states and cour	nties vou have li	ved in as an adult	Attach	additiona	ll sheets if necessary	<u> </u>			
State	County	State	County		State	County	State	County		
IL	COOK	State	County		State	County	State	County		
State	County	State	County			,				

Continued \rightarrow

art D: Criminal History			
. Have you ever been convicted of any offense for violation of any federal, Wisconsin, or and			
If yes to question 1, please list details of each	h conviction below. Attach	additional sheets as needed.	
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed		Was sentence completed?	Yes No
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed	***************************************	Was sentence completed?	Yes No
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pendibeverages) for violation of any federal, Wiscondinances?	onsin, or another state's la	traffic offenses unless related to al ws or any county or municipal	cohol ,
			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
art E: Attestation			CHANGE STORY OF THE LAND
READ CAREFULLY BEFORE SIGNING: Un ruthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I used under penalty of state law. I further understand with this application, and that any person who o forfeit not more than \$1,000 if convicted.	n participating in this busi inderstand that any licens I that I may be prosecuted	ness due to any involvement in a se issued contrary to Wis. Stat. C for submitting false statements an	nother tier of the alcohol hapter 125 shall be void d affidavits in connection
ignature Mulylos & Hum	+U	Date 1	0/01/2025
· · · · · · · · · · · · · · · · · · ·			
		Record check done by:	DB 10-7-28
		Record check done by: Denied: Denied: Denied: Title: Denied:	DB 10-7-28 Date: 10-8-28
		Approved:Denied:	DB 10-7-26 Date: 10-8-25

AB-100 (R. 1-25)

Alcohol Beverage Individual Questionnaire

Date	
Date	

All individuals involved in the alcohol beverage business must complete this form, including:

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company

	ers of a partnership nol beverage application		al is not complet				onnaires are	e submitted	
	Business Information		a, io not comple		1				
Part A:	usiness Imormatic	ame if sole	proprietor)		and the section	1		1,000,000,000	and the same of the same
HANS	EN'S IGA INC	anne ii solo							
	ss Trade Name or DBA EN'S IGA MARKET	'S							
	ype (check one)								
		ırtnership	Limited	Liability	Compan	y Corporat	tion 🔲	Nonprofit C	Organization
	Individual Informati	on		2 Fire	st Name		<u> </u>		3. M.I.
1. Last Na HANS					ARI				
	nship to Business (Title)		5. Email					6. Phone	
OWNE	R								
7. Home A	Address								
8. City		-		T	9. State	10. Zip Code		11. Date of E	3irth
SPAR	TA.			İ	WI	54656		0.00	
	rs License/State ID Number			13. Drivers License/State ID State of Issuance				Э	
						WI			
-									
Part C:	Address History								
	ou currently live in Wisco	nsin?						V	Yes No
If yes	, provide the month and	year whe	n you permanent	ly move	d to Wisc	consin		(M	M/YYYY)
2 List in	n chronological order all	of your ad	dresses within th	e last 5	years. At	tach additional shee	ets if necess	агу.	
	Address 1			City			State	Zip Code	
				BAN	BANGOR			5461	
rrevious	Address 2			City			State	Zip Code	Э
D	Address 2			City			State	Zip Code	9
Previous	Address 3								
Previous	Address 4			City			State	Zip Cod	e
							State	Zip Cod	
Previous	Address 5			City			State	210 000	C
0 11-4	all states and counties yo	u have liv	red in as an adult	Attach	additiona	al sheets if necessar	y.		
	County	State	County		State	County	State	County	
State CA	STANISLAUS	Cialo	Journey						
State	County	State	County		State	County	State	County	

Continued →

Part D: Criminal History			L-19. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Have you ever been convicted of any offense for violation of any federal, Wisconsin, or ano			
If yes to question 1, please list details of each	conviction below. Attach a	dditional sheets as needed.	
Law/Ordinance Violated	Location	Conviction Date	
Penalty Imposed	ne antien mee gevee een die die de meer daar van die de veren de veren de veren de veren de veren de veren de	Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
sheets as needed.	tus of pending charges us	ing the space below. Attach additiona	ı
	tus of pending charges us	ing the space below. Attach additiona	
	tus of pending charges us	ing the space below. Attach additiona	
sheets as needed.	der penalty of law, I have n participating in this busin nderstand that any license that I may be prosecuted f	answered each of the above questi less due to any involvement in anoth- e issued contrary to Wis. Stat. Chapt for submitting false statements and aff	ons completely and er tier of the alcohol er 125 shall be void idavits in connection
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Untruthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I under penalty of state law. I further understand with this application, and that any person who	der penalty of law, I have n participating in this busin nderstand that any license that I may be prosecuted f	answered each of the above questiness due to any involvement in another issued contrary to Wis. Stat. Chaptor submitting false statements and afficially false information on this application.	ons completely and er tier of the alcohol er 125 shall be void idavits in connection

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Part A: Premises/Busine 1. Legal Business Name (individu	ess Information of the part of	on roprietor)	Server is a	e Art Alle te con .		
HANSEN'S IGA INC		communication of the second				
2. Business Trade Name or DBA	C					
HANSEN'S IGA MARKET	5		4. Wisconsin Se			
39-1098106 5. Entity Type (check one)						
Sole Proprietor	□ P	artnership	Lim	ited Liability		Corporation
6. State of Organization WI		7. Date of Organia 08/01/1968	zation		8. Wisconsin DFIF 1H06831	Registration Number
9. Premises Address (do not use	PO Box)					
701 E CLIFTON ST 10. City TOMAH				11. State WI	12. Zip Code 54660	
13. County MONROE	14. Governing of: TOMA	g Municipality: 🔽 C	ity 🗌 Town	Village	15. Aldermanic Dis	strict
16. Mailing Address (if different f						
PO BOX 160 17. City	7			18. State	19. Zip Code 54614	
20. Premises Phone (608) 372-5355	* (21. Premises Em	ail		22. Website	
Describe all rooms including records. Cigarettes, tobacc Attach a floor plan if possibl Within the main o	o products, and e e.	electronic vaping de	vices may be sold	and stored C	ONLY on the premise	d electronic vaping devices and es described in this application
Part B: Questions					L. ANS	
What products will be sold Cigarettes		✓ lobac	co Products		·	tronic Vaping Devices
How will cigarettes, tobac Over the counter		Vendir	ng machine			
Is the applicant business If yes, provide the name(owned by anot s) and FEIN(s)	her business enti of the business e	ty?	ttach additio	nal sheets if nece	Yes 🗹 No ssary
1001						
3a. Name of Business Er	ntity:					

		lual		

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, Individual Questionnaire, for each person listed below.

Last Name	First Name	Title	Phone
HANSEN	GREGORY	OWNER	
HANSEN	NICHOLAS	OWNER	
HANSEN	KARI	OWNER	

-		PRING		4.4.			
	art	1.1.	V.	ተተለ	01	3 * 1	nn

One of the following must sign and attest to this application:

- · sole proprietor
- · one general partner of a partnership
- one corporate officer
- · one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- · I will not sell single cigarettes.
- · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory
 of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature	Probabes L	-Hansen		Date 10/01/2025	
Name (Last, F	irst, M.I.)				
HANSEN,	NICHOLAS,	L			
Title			Email		Phone
OWNER	,				

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
		-	
License fees	Signature of Clerk/Deputy Clerk		

Form CTV-102	Cigarette, Tobacco, Appoi	and Electronic Vapir ntment of Agent	ng Devic	Date .
Agent Type (check or	ne): 🗹 Original 🔲 Char	nge		
Part A: Agent Info	rmation			
1. Last Name		2. First Name		3. M.l.
Kallar	nd .	TAMEU		
4. Email			5. Phone	
		>		Name of the last o
6. Home Address		ř.		
	a.		8. State	9. Zip Code
7. City		*	wi	54660
10 Date of Pleth	11. Drivers License/State ID Numi	per 12		e/State ID State of Issuance
10. Date of Birth	11. Dilvers Electroprotate is realist	,	Wiscon	75/m
L , ' _				
Part B: Questions				
Have you complet Questionnaire? Si	ed Form CTV-101, Cigarette, Tobac ubmit a completed Form CTV-101 w	co, and Electronic Vaping Device th this form	- Individual	∕⊠Yes □ No
	of agent, please describe the reaso			
2. 11 (113 13 ta officingo	or agong prodes assume			
<i>3</i> 4				
	,			
Dari C. Rusiness	Information			
	e (individual name if sole proprietor)	(A)		
HANSEN'S IGA				
2. Business Trade Nam				
HANSEN'S IGA N		.s.		
3. Entity Type (check or	ne)			*
	Limited Liability Company		on	
4. Premises Address				
701 E CLIFTON	ST		10.01-1-	7. Zip Code
5. City			6. State	7. 21p Code 54660
TOMAH			AA T	34000
Part D: Attestation	nc			and the second s
	BEFORE SIGNING: I, the Licensee of	Develted authorize the shave no	med individual	to act for the above-named
or electronic vaping of if I am appointing a s	BEFORE SIGNING: 1, the Licensee of ilability company with full authority and co devices conducted therein. I certify that I uccessor agent, I rescind all previous ag statements and affidavits in connection via oplication may be required to forfeit not may	ntrol of the prefitises and of all busines, am authorized by the entity to authoriz ent appointments for this premises. Fi with this application, and that any per	re this individual arther. Lunderst	to act on behalf of the entity. and that I may be prosecuted
1 2	or Permittee (officer, member, or authorize		Date	
	ac Hansen	**************************************	10702/2	2025
Name of Person Signir	19		Title	
NICHOLAS L HAN	NSEN		OWNER	, h
devices conducted or and affidavits in conn	BEFORE SIGNING: I, the Agent, herby a e full responsibility for the conduct of all n the premises for the above-named busi lection with this form, and that any perso an \$1,000 if convicted.	business relative to sales of digarettes	pe prosecuted for alse information	or submitting false statements
Signature of Agent	el Killed		Date	2/25

CTV-102 (R. 3-25)

Wisconsin Department of Revenue

Item	15

Date

Form	
CTV-1	01

CTV-101		Cig Vapin	garette, To g Device -	baco	o, and vidual	d Electron Question	ic naire		
Part A. Busine	ss Informat	ion		· · · · · · · · · · · · · · · · · · ·			0.2		
1. Legal Business N HANSEN 'S		name if sol	e proprietor)						
2. Business Trade N HANSEN 'S		ETS TON	1AH	a					
3. Entity Type (chec			Partnership			imited Liability C	Company	☑ Corp	oration
	42 × 43 × 73 × 75				2				
Part B: Individ	ual Informa	tion		2. N	ame (First)			3.	Name (M.I
Kaila	ad				Pame	la			d
4. Relationship to B	usiness (Title)			5. E				3. Phone	
BISKHEEDEL	Front En	d Mon	ager				^ / 1		
7. Home Address			J			. ,	÷		
8. City					9. State			11. Date of Birth	1
Tomas	2 (12)			.4;	101	346	cense/State ID State		
12. Drive s License.	State ID Numb	er		1.		13. Drivers Lic	ense/State ID State	of Issuance	
						Wi	sconsin		***
•									
Part C: Individ	10 A 1-5								
List in chronologic				last 5 v	ears. Atta	ch additional she	eets if necessary.		The state of the s
Previous Address 1		your addi		City			State .	Zip Code	
r revious Address i					Toma	h	wi	5444	0
Frevious Address 2	- vg			City			State	Zip Code	
P							OL-1-	7:- 0 - 1-	
Previous Address 3				City			State	Zip Code	*
Previous Address 4				City			State	Zip Code	
Previous Address 5				City			State	Zip Code	
7,00000700000									5
Previous Address 6				City			State	Zip Code	i.
If applicable, list a	all etates and	counties w	u have lived in a	as an ad	ult Attack	additional shee	ets if necessary.		
	all states and	State	County		State	County	State	County	
State County Win Mor	1600	W,	Columb	10)	Wi	Towa			
	100	State	County	,	State	County	State	County	
wi Jef	fersor	W;	Dane						
	1-1-00								
				161		ŧ			
								Con	tinued -

Part D: Individual's Criminal History	A Bit office			
Have you ever been convicted of any offenses Wisconsin, or another state's laws, or of any of	s (other than traffic offenses) f county or municipal ordinance	or violation of any s?	federal, Yes	□ No
If yes to question 1, please list details of each of				
Law/Ordinance Violated	Location	-1 - 1 -	Trial Date	
NSF Checks	Jefferson Cty Water	(100 W,	1993:	F-1
Penalty Imposed	*	Was sentence co	empleted? Yes	∐ No
mis demeasor pol restitution Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	ompleted? Yes	☐ No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	ompleted? Yes	☐ No
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a	any county or municipal ordina	nces:		2 No
If yes to question 2, describe nature and statu	us of pending charges using th	ne space below. At	ttach additional sheets as	needed.
		*		
			44	
			2200	
Part E: Attestation by Individual	A si			
READ CAREFULLY BEFORE SIGNING: I und connection with this application, and that any perette, electronic vaping devices, and tobacco perette, electronic vaping devices.	erson who knowingly provides products retail license may be examined this information and	materially false info required to forfeit	ormation on an application not more than \$1,000 if c	onvicted.
Signature Land Kalled	-	Date	10/2/25	
1 omers				
Part F: Licensing Authority Approval		*		A Secretary
I hereby certify that I have checked municipal an this individual does not have a criminal record the electronic vaping device retailer license according	hat would disqualify them from	i having an interes	edge, with the available info t in a cigarette, tobacco pr	ormation, oduct, or
Name of Local Official Example 12	Engel	Pouce	CHOP	!
Signature of Local Official Figure 3	£	Date	10-8-25	
1/				i i

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114

Date	
Date	

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Info	rmation					
. Legal Business Name (ind	ividual name if sole	proprietor)				
HANSEN'S IGA I						
. Business Trade Name or I						
HANSEN'S IGA M	ARKETS					
3. Entity Type (check one)	_		□ lin	nited Liability Comp	anv	✓ Corporation
Sole Proprietor	<u>L</u>	Partnership		mica Liability Comp		
Part B: Individual Inf	ormation					3. Name (M.
1. Name (Last)			2. Name (First)			J. Name (M.
HANSEN			GREGORY			
4. Relationship to Business OWNER	(Title)		5. Email	81 m la	0	. Phone
7. Home Address						
- 8. City			9. State	10. Zip Code	1	1. Date of Birth
SPARTA			IW	54656		
SPARIA					10. 1. 10.01.1	- 61
12. Drivers License/State ID	Number			13. Drivers License	e/State ID State	of Issuance
	Number		172		e/State ID State	of Issuance
12. Drivers License/State ID	Address Histor	r y esses within the la		13. Drivers License		of Issuance
12. Drivers License/State ID Part C: Individual's A List in chronological order	Address Histor	r y esses within the la	st 5 years. Attac	13. Drivers License		Zip Code
12. Drivers License/State ID	Address Histor	r y esses within the la		13. Drivers License	if necessary.	
Part C: Individual's Albert in chronological order	Address Histor	r y esses within the la	st 5 years. Attac	13. Drivers License	if necessary. State WI State	Zip Code 54656 Zip Code
12. Drivers License/State ID Part C: Individual's A List in chronological order	Address Histor	r y esses within the la	st 5 years. Attac City SPARTA	13. Drivers License	if necessary. State WI	Zip Code 54656 Zip Code 54614
Part C: Individual's Albert in chronological order	Address Histor	r y esses within the la	st 5 years. Attac City SPARTA City	13. Drivers License	if necessary. State WI State	Zip Code 54656 Zip Code
Part C: Individual's A List in chronological orde Previous Address 1 Previous Address 2	Address Histor	ry esses within the la	st 5 years. Attac City SPARTA City BANGOR	13. Drivers License	if necessary. State WI State WI	Zip Code 54656 Zip Code 54614
Part C: Individual's A List in chronological orde Previous Address 1 Previous Address 2 Previous Address 3	Address Histor	r y esses within the la	st 5 years. Attac City SPARTA City BANGOR City	13. Drivers License	if necessary. State WI State WI State	Zip Code 54656 Zip Code 54614 Zip Code
Part C: Individual's / List in chronological order Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4	Address Histor	ry esses within the la	st 5 years. Attac City SPARTA City BANGOR City	13. Drivers License	if necessary. State WI State WI State State	Zip Code 54656 Zip Code 54614 Zip Code
Part C: Individual's A List in chronological orde Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5 Previous Address 6	Address Histor	esses within the la	st 5 years. Attac City SPARTA City BANGOR City City	13. Drivers License WI h additional sheets	if necessary. State WI State WI State State State State State	Zip Code 54656 Zip Code 54614 Zip Code Zip Code Zip Code
Part C: Individual's A List in chronological orde Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5	Address Histor	esses within the la	st 5 years. Attac City SPARTA City BANGOR City City	13. Drivers License WI h additional sheets	if necessary. State WI State WI State State State State State	Zip Code 54656 Zip Code 54614 Zip Code Zip Code

Continued \rightarrow

Have you ever been convicted of a				
	any offenses (other than traffic o	offenses) for violation of any	/ federal,	
Wisconsin, or another state's laws		ordinances?	Yes	✓ No
If yes to question 1, please list deta	ills of each conviction below:			
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed				***************************************
		Was sentence c	ompleted? Yes	☐ No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed				
		Was sentence c	ompleted? Yes	L N
_aw/Ordinance Violated	Location	4	Trial Date	1.00
Penalty Imposed		Was sentence c	ompleted? Yes	No
2. Are charges for any offenses currer	ntly pending against you (other t	han traffic offenses) for viole	ation of any	
federal, Wisconsin, or another state	e's laws or any county or municip	pal ordinances?	Yes	₩ No
If yes to question 2, describe natur	re and status of pending charge	s using the space helow A	ttach additional shoots as	poodod
,				
Part E: Attestation by Individua				
READ CAREFULLY BEFORE SIGN connection with this application, and trette, electronic vaping devices, and I declare under penalties of the law the second seco	IING: I understand that I may be that any person who knowingly p tobacco products retail license hat I have examined this inform	provides materially false info may be required to forfeit	ormation on an application not more than \$1,000 if c	for ciga-
Part E: Attestation by Individual READ CAREFULLY BEFORE SIGN connection with this application, and trette, electronic vaping devices, and I declare under penalties of the law the complete to the best of my knowledge Signature	IING: I understand that I may be that any person who knowingly p tobacco products retail license hat I have examined this inform	provides materially false info may be required to forfeit	ormation on an application not more than \$1,000 if c y knowledge, it is true, cor	for ciga-
READ CAREFULLY BEFORE SIGN connection with this application, and trette, electronic vaping devices, and I declare under penalties of the law the complete to the best of my knowledge	IING: I understand that I may be that any person who knowingly p tobacco products retail license hat I have examined this inform	provides materially false informay be required to forfeit ation and, to the best of m	ormation on an application not more than \$1,000 if c y knowledge, it is true, cor	for ciga-
READ CAREFULLY BEFORE SIGN connection with this application, and trette, electronic vaping devices, and I declare under penalties of the law the complete to the best of my knowledge	IING: I understand that I may be that any person who knowingly p tobacco products retail license hat I have examined this inform	provides materially false informay be required to forfeit ation and, to the best of m	ormation on an application not more than \$1,000 if contract or the strue, cores	for ciga-
READ CAREFULLY BEFORE SIGN connection with this application, and trette, electronic vaping devices, and I declare under penalties of the law the complete to the best of my knowledge signature.	IING: I understand that I may be that any person who knowingly person to bacco products retail license that I have examined this information and belief.	provides materially false informay be required to forfeit ation and, to the best of m	ormation on an application not more than \$1,000 if contract or the strue, cores	for ciga-
READ CAREFULLY BEFORE SIGN connection with this application, and trette, electronic vaping devices, and I declare under penalties of the law the complete to the best of my knowledge signature. Part F: Licensing Authority Application in the condition of the con	IING: I understand that I may be that any person who knowingly person who knowingly person to bacco products retail license that I have examined this information and belief. I would be the criminal record all record that would disqualify the	provides materially false information and, to the best of material part of the best of materials. To the best of my knowless of m	ormation on an application not more than \$1,000 if cay knowledge, it is true, core 10/01/2025	for ciga- onvicted rect, and
READ CAREFULLY BEFORE SIGN connection with this application, and trette, electronic vaping devices, and I declare under penalties of the law the complete to the best of my knowledge signature. Part F: Licensing Authority Application in the control of the contr	IING: I understand that I may be that any person who knowingly person to be accoproducts retail license that I have examined this information and belief. Toval unicipal and state criminal record all record that would disqualify these according to sec. 134.65(1m)	Date of the best of my knowled my be required to forfeit ation and, to the best of my bate of the best of my knowled my from having an interest, Wis. Stats.	ormation on an application not more than \$1,000 if cay knowledge, it is true, core 10/01/2025	for ciga- onvicted rect, and
READ CAREFULLY BEFORE SIGN connection with this application, and trette, electronic vaping devices, and I declare under penalties of the law the complete to the best of my knowledge signature. Part F: Licensing Authority Application in the control of the contr	IING: I understand that I may be that any person who knowingly person who knowingly person to bacco products retail license that I have examined this information and belief. I would be the criminal record all record that would disqualify the	Date of the best of my knowled my be required to forfeit ation and, to the best of my bate of the best of my knowled my from having an interest, Wis. Stats.	ormation on an application not more than \$1,000 if cay knowledge, it is true, core 10/01/2025	for ciga onvicted rect, and

CTV-101 (R. 3-25)

Date	
Date	

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

	Name (individual name		had the first constitution				1		
2. Business Trade HANSEN'S		e if sole	oroprietor)						
	Name or DBA IGA MARKETS								
3. Entity Type <i>(che</i>			artnership		Lim	ited Liability Compa	any	₽ C	orporation
Part B: Indivi	dual Information				<u>. 7 b</u>				3. Name (M.I.
1. Name (Last) HANSEN			A		ne (First) HOLAS			l a Bloom	L
4. Relationship to OWNER	Business (Title)			5. Ema	ail			6. Phone	*
7. Home Address									
8. City T.A. CROSS	T.	<u></u>			9. State WI	10. Zip Code 54601		11. Date of	Birth
	se/State ID Number				<u> </u>	13. Drivers License/	State ID State	te of Issuance	
Part C: Indiv	idual's Address I gical order all of you	Histor r addre	/ sses within the		ars. Attach	additional sheets i	f necessary	. Zin Cod	
Previous Address	3 1			City LA	CROSSE		State WI		1
Previous Address	3 2			City LA	CROSSE		State WI		1
	s 3		5	City			State	Zip Cod	e
Previous Address							01-1-		
Previous Address	s 4			City			State	Zip Cod	
				City			State	Zip Cod	e
Previous Address	s 5							Zip Cod	e e
Previous Address Previous Address	s 5	nties vo	u have lived in	City	ılt. Attach	additional sheets if	State	Zip Cod	e e
Previous Address Previous Address	s 5 s 6 st all states and cour	nties yo	u have lived in County	City	ilt. Attach State	additional sheets if County	State	Zip Cod	e e

Continued \rightarrow

1.5-2-04

Have you ever been convicted of any Wisconsin, or another state's laws, or	The state of the s		
Wisconsin, or another state's laws, or	offenses (other than traffic	offenses) for violation of	any federal,
		ordinances?	Yes 🔽 N
If yes to question 1, please list details	of each conviction below:		
.aw/Ordinance Violated	Location		Trial Date
Penalty Imposed		T ·	
		Was sentence	e completed? Yes N
.aw/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence	e completed? Yes N
out/Ordinana \ \ falstad	The state of the s	VVGO GOTROTIO	
aw/Ordinance Violated	Location		Trial Date
Penalty Imposed			
		Was sentence	e completed? Yes N
 Are charges for any offenses currently federal, Wisconsin, or another state's is 	pending against you (other	than traffic offenses) for v	iolation of any · · · · · · · · · · · · · · · · · · ·
If yes to question 2, describe nature a			
Part E: Attestation by Individual			
Part E: Attestation by Individual READ CAREFULLY BEFORE SIGNING connection with this application, and that rette, electronic vaping devices, and tob declare under penalties of the law that complete to the best of my knowledge an ignature	t any person who knowingly pacco products retail license I have examined this inforn	provides materially false e may be required to forfenation and, to the best of	information on an application for ciga eit not more than \$1,000 if convicted my knowledge, it is true, correct, an Date
READ CAREFULLY BEFORE SIGNING connection with this application, and that ette, electronic vaping devices, and tob declare under penalties of the law that complete to the best of my knowledge an	t any person who knowingly pacco products retail license I have examined this inforn	provides materially false e may be required to forfenation and, to the best of	information on an application for ciga eit not more than \$1,000 if convicted my knowledge, it is true, correct, an
READ CAREFULLY BEFORE SIGNING connection with this application, and that rette, electronic vaping devices, and tob declare under penalties of the law that complete to the best of my knowledge an signature	t any person who knowingly pacco products retail license. I have examined this inform and belief.	provides materially false e may be required to forfenation and, to the best of	information on an application for ciga eit not more than \$1,000 if convicted my knowledge, it is true, correct, an Date
READ CAREFULLY BEFORE SIGNING connection with this application, and that rette, electronic vaping devices, and tob declare under penalties of the law that complete to the best of my knowledge an	t any person who knowingly pacco products retail license. I have examined this inform and belief.	provides materially false e may be required to forfenation and, to the best of	information on an application for ciga eit not more than \$1,000 if convicted my knowledge, it is true, correct, an Date
READ CAREFULLY BEFORE SIGNING connection with this application, and that rette, electronic vaping devices, and tob declare under penalties of the law that complete to the best of my knowledge an signature	t any person who knowingly bacco products retail license. I have examined this informed belief. WHY val. cipal and state criminal record that would disqualify to	provides materially false may be required to forfer ation and, to the best of	information on an application for cigaleit not more than \$1,000 if convicted my knowledge, it is true, correct, an late 10/01/2025
READ CAREFULLY BEFORE SIGNING connection with this application, and that rette, electronic vaping devices, and tob declare under penalties of the law that complete to the best of my knowledge an ignature Part F: Licensing Authority Approvements the property of the law that I have checked municiples individual does not have a criminal reflectronic vaping device retailer license as ame of Local Official	t any person who knowingly pacco products retail license. I have examined this informed belief. Well val cipal and state criminal record ecord that would disqualify taccording to sec. 134.65(1mm)	provides materially false may be required to forenation and, to the best of material materials and the best of my known from having an inter large. Title	information on an application for cigaleit not more than \$1,000 if convicted my knowledge, it is true, correct, an example to the second secon
READ CAREFULLY BEFORE SIGNING connection with this application, and that rette, electronic vaping devices, and tob declare under penalties of the law that complete to the best of my knowledge an ignature Part F: Licensing Authority Approvements the property of the law that I have checked municiples individual does not have a criminal reflectronic vaping device retailer license as ame of Local Official	t any person who knowingly bacco products retail license. I have examined this informed belief. WHY val. cipal and state criminal record that would disqualify to	provides materially false may be required to forfer ation and, to the best of mation and, to the best of mation and, to the best of my known hem from having an interply, Wis. Stats.	information on an application for cigaleit not more than \$1,000 if convicted my knowledge, it is true, correct, an example to the second secon

-2-

Date	

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Jart A.			· · · · · · · · · · · · · · · · · · ·						and delivery	
all M.	Business Informat	ion						Adams 1	n 1,31,51	
	Business Name (individual BEN'S IGA INC	I name if sole	e proprietor)						-	
	ss Trade Name or DBA SEN'S IGA MARK	ETS							LIGHTLY 8 .	
3. Entity T	Type (check one)				□ Lima	nited Liability Compa	nnv.	₽ C	corporation	
S	ole Proprietor		Partnership			med Liability Compe		7.42.77.00	T	
Part B	Individual Informa	ition								
1. Name		681/2000 - 104-11-1		1	ne (First)				3. Name (M.I.)	
HANS			v 200m2	KAR	I			o 51	<u></u>	
4. Relatio	onship to Business (Title) ER			5. Em	ail		3)	6. Phone	^	
7. Home	Address	4-1								
8. City					9. State 10. Zip Code			11. Date of Birth		
SPAR	RTA				WI 54656					
12. Drive	ers License/State ID Numb			13. Drivers License/State ID State of Issuance WI						
Part C	: Individual's Addre	ess Histo	ry	e last 5 vea	ars Attach	n additional sheets if	necessary.			
		your addi		City			State	Zip Cod	e	
Previous	Address 1			,	RTA		WI	5465	6	
B	Address 2			City			State	Zip Cod		
Previous	Address 2			BAN	GOR		WI	5461	4	
Previous	Address 3	a seed to		City				Zip Cod	е	
Previous Address 4				City				Zip Cod	e	
Previous Address 5				City			State	Zip Cod	le	
Previous Address 6			City			State	Zip Cod	le		
			ou have lived ir	n as an adu	ılt. Attach	additional sheets if	necessary.			
	cable, list all states and	l counties y								
	cable, list all states and County STANISLAUS	State	County		State	County	State	County		

Continued \rightarrow

Have you ever been convicted of any Wisconsin, or another state's laws, or If yes to question 1, please list details of Law/Ordinance Violated Penalty Imposed Law/Ordinance Violated Penalty Imposed Law/Ordinance Violated	of any county or municipal	offenses) for violation of any ordinances?	Trial Date	′es ☑ No
Law/Ordinance Violated Penalty Imposed Law/Ordinance Violated Penalty Imposed	Location	Was sentence co	ompleted? Y	as No
Penalty Imposed Law/Ordinance Violated Penalty Imposed		Was sentence of	ompleted? Y	as No
Law/Ordinance Violated Penalty Imposed	Location	Was sentence co		es 🗆 No
Penalty Imposed	Location		Terre	INO
			Trial Date	
.aw/Ordinance Violated		Was sentence co	ompleted? Y	es \square No
	Location		Trial Date	
Penalty Imposed		Was sentence co	ompleted? Y	es \square No
2. Are charges for any offenses currently prederal, Wisconsin, or another state's la	pending against you (other the same of any county or municip	han traffic offenses) for viola	ation of any	es 🗸 No
If yes to question 2, describe nature ar				
				se de la companya de
Part E: Attactation by Indiates	The state of the s			
Part E: Attestation by Individual READ CAREFULLY BEFORE SIGNING connection with this application, and that a ette, electronic vaping devices, and toba declare under penalties of the law that I complete to the best of my knowledge and	arry person who knowingly p acco products retail license have examined this informa	provides materially false info	ormation on an applicati	on for ciga-
ignature Fau Hours	- 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Date	10/01/2025	
V \	e lister the last in tube .			
art F: Licensing Authority Approva hereby certify that I have checked municing his individual does not have a criminal recollectronic vaping device retailer license ac	pal and state criminal record	em from having an interact	dae with the available is	nformation, product, or
ame of Local Official Free P	EDERJEN	Title POLICE	Chef	
gnature of Local Official FALS	ı	Date	10-8-25	

CTV-101 (R. 3-25)

RESOLUTION NO	:

RESOLUTION AUTHORIZING PAYMENT OF MONTHLY BILLS

Be it resolved by the Common Council of the City of Tomah that the Committee of the Whole has reviewed the monthly bills and recommends the City Council approve said bills as follows:

1. Pre-Paid Checks:	2025	\$14,481.21	Check #'s:	147765	147775
2. Payroll:		\$326,499.61	Dir Dep #'s:	9307360	9307610
3. Wire/ACH Transfers:		\$452,614.82			
4. Invoices:		\$86,627.68			
Total:	_	\$880,223.32			
			Mayor		
			Clerk		

Requested by:

Finance Department

Submitted by:

Committee of the Whole

October 13, 2025

Page:

Payment Approval Report - For Council Approval Report dates: 5/13/2020-10/9/2025

CITY OF TOMAH

Oct 09, 2025 04:07PM

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	GL Account and Title	Net Invoice Amount	Date Paid
BRT NETW	VORKS						
2131 3F	RT NETWORKS	CW38066	CITY HALL MONTHLY BILLING OCTOB	09/30/2025	01-51450-2900 COMPUTER SERVICE	1,001.01	
2131 3F	RT NETWORKS	CW38107	CITY HALL MONTHLY BILLING OCTOB	10/05/2025	01-51450-2900 COMPUTER SERVICE	4,719.75	
2131 3F	RT NETWORKS	CW38109	CITY HALL MONTHLY BILLING OCTOB	10/05/2025	01-51450-2900 COMPUTER SERVICE	3,390.00	
Total	3RT NETWORKS:					9,110.76	
ABBY VAN	IS INC.						
2602 A	BBY VANS INC.	23130	OCTOBER 2025 MONTHLY BILLING	10/06/2025	11-53520-3400 SHARED RIDE OPERA	93,509.97	
2602 A	BBY VANS INC.	23130	OCTOBER 2025 MONTHLY BILLING	10/06/2025	11-46350 MASS TRANSIT FARES	18,954.50-	
Total	ABBY VANS INC.:					74,555.47	
GHD SER\	VICES INC						
275 G	HD SERVICES INC	340-0163029	340-0163029	10/02/2025	01-53630-2100 SOLID WSTE DISP PR	2,761.45	
Total	GHD SERVICES INC:					2,761.45	
LEXISNEX	IS RISK DATA MANAGEMENT IN	С					
1557 LE	EXISNEXIS RISK DATAMANAG	1100209962	SEPTEMBER BILLING 2025	09/30/2025	01-51520-2900 TREASURER'S SERVIC	200.00	
Total	LEXISNEXIS RISK DATA MANAG	EMENT INC:				200.00	
Gran	nd Totals:					86,627.68	

Item 16.

CITY OF TOMAH				Payment Approval Report - For Council Approval Report dates: 5/13/2020-10/9/2025					
Vendor	Vendor Name	Invoice Number	Description	Invoice Date	GL Account and Title	Net Invoice Amount	Date Paid		
Dated: _									
Mayor: _			Dwyer, Paul						
City Council:			Glynn, John						
_			Pater, Nellie						
_			Peterson, Dean						
_			Devine, Patrick						
_			Scholze, Travis						
-			Koel. Mitch						
_			Yarrington, Richard	I					
_			Zabinski, Shawn						

CITY OF TOMAH

Check Register - Print Check Register - For Council Approval Check Issue Dates: 12/4/2020 - 10/9/2025

Page: -T Oct 09, 2025 04:17PM

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice Sequence	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
147765									-	
09/25	09/17/2025	147765	11	ACE HARDWARE (PUBLIC WOR	633011	1	01-53311-3405	.00	17.98	17.98
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633012	1	01-53311-3408	.00	60.57	60.57
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633066	1	01-53311-3502	.00	54.99	54.99
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633084	1	01-53311-3502	.00	9.99	9.99
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633089	1	01-53311-3508	.00	67.10	67.10
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633125	1	01-53311-3508	.00	16.99	16.99
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633146	1	01-53311-3408	.00	14.99	14.99
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633150	1	01-53311-3502	.00	17.99	17.99
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633199	1	01-53311-3408	.00	55.90	55.90
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633252	1	01-53311-3405	.00	12.99	12.99
09/25	09/17/2025	147765		ACE HARDWARE (PUBLIC WOR	633398	1	01-51600-3500	.00	10.99	10.99
09/25	09/17/2025	147765	11	ACE HARDWARE (PUBLIC WOR	633399	1	01-53311-3405	.00	379.96	379.96
To	otal 147765:							.00	_	720.44
147766										
09/25	09/17/2025	147766	2808	ASCENTEK INC	3896450	1	01-53311-3402	.00	2,222.00	2,222.00
To	otal 147766:							.00	_	2,222.00
147767										
09/25	09/17/2025	147767	2302	CINTAS CORPORATION	5287679307	1	01-51600-2900	.00	44.94	44.94
09/25	09/17/2025	147767	2302	CINTAS CORPORATION	5287679308	1	01-53311-2900	.00	207.25	207.25
To	otal 147767:							.00		252.19
147768									-	
	09/17/2025	147768	197	DG COMPUTER SERVICE	1858	1	01-53645-3400	.00	1,710.50	1,710.50
To	otal 147768:							.00		1,710.50
4 47700										
147769 09/25	09/17/2025	147769	255	FIRST SUPPLY LLC-LA CROSSE	3971352-00	1	01-53311-3405	.00	38.38	38.38
To	otal 147769:							.00	-	38.38
10	AGI 171100.								-	
147770										
09/25	09/17/2025	147770	2807	GOVERNMENT FORMS AND SU	0356240	1	01-51520-3400	.00	446.83	446.83

CITY OF TOMAH

Check Register - Print Check Register - For Council Approval Check Issue Dates: 12/4/2020 - 10/9/2025

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GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice Sequence	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
То	tal 147770:							.00	-	446.83
147771 09/25	09/17/2025	147771	375	KWIK TRIP CREDIT DEPT	00410435 08	1	01-53311-3401	.00	5,099.06	5,099.06
To	tal 147771:						-	.00	_	5,099.06
147772 09/25	09/17/2025	147772	555	RICK'S CERTIFIED AUTO OF TO	84203	1	01-53311-3502	.00	248.95	248.95
To	tal 147772:						-	.00	-	248.95
147773 09/25	09/17/2025	147773	577	SECURIAN FINANCIAL GROUP I	002832L 10.2	1	01-21530	.00	3,220.35	3,220.35
То	tal 147773:							.00	_	3,220.35
147774										
09/25	09/17/2025	147774	658	TOMAH WATER & SEWER UTILI	2050.00 09.2	1	01-53311-2220	.00	107.79	107.79
09/25	09/17/2025	147774	658	TOMAH WATER & SEWER UTILI	2067.00 09.2	1	01-51600-2220	.00	229.37	229.37
09/25	09/17/2025	147774	658	TOMAH WATER & SEWER UTILI	2263.01 09.2	1	01-53311-2220	.00	54.49	54.49
09/25	09/17/2025	147774	658	TOMAH WATER & SEWER UTILI	2541.00 09.2	1	01-53311-2220	.00	22.60	22.60
09/25	09/17/2025	147774	658	TOMAH WATER & SEWER UTILI	2901.02 09.2	1	01-53510-2220	.00	25.28	25.28
09/25	09/17/2025	147774	658	TOMAH WATER & SEWER UTILI	854.01 09.25	1	01-53311-2220	.00	22.60	22.60
09/25	09/17/2025	147774	658	TOMAH WATER & SEWER UTILI	967.01 09.25	1	01-53311-2220	.00	25.28	25.28
То	tal 147774:						-	.00	_	487.41
147775										
09/25	09/17/2025	147775	672	TRI-STATE BUSINESS MACHINE	635575	1	03-52300-2900	.00	35.10	35.10
To	tal 147775:						_	.00	_	35.10
Gı	and Totals:							.00		14,481.21

Item 16.

CITY OF TOMAH Check Register - Print

Check Register - Print Check Register - For Council Approval Check Issue Dates: 12/4/2020 - 10/9/2025

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Dated:	
Mayor:	 Dwyer, Paul
City Council:	 Glynn, John
	 Pater, Nellie
	 Peterson, Dean
	 Devine, Patrick
	 Scholze, Travis
	 Koel, Mitch
	 Yarrington, Richard
	Zahineki Shawn