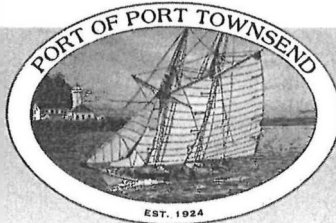


2701 Jefferson Street
P.O. Box 1180
Port Townsend, WA 98368



360-385-0656
fax:360-385-3988
info@portofpt.com

www.portofpt.com

WARRANT APPROVAL

We, the undersigned, as Commissioners and Auditing Officer of the Port of Port Townsend, in Jefferson County, Washington, do hereby certify under penalty of perjury that the material has been furnished, the labor performed and the services provided, as described herein, and that these claims are a just and unpaid obligation of the Port of Port Townsend, and that these claims, in Warrant No. **068859** in the amount of **\$92.99** is declared **void** on this on this **14th** day of **August, 2024**.

For: **Accounts Payable**

Commissioner Pete W. Hanke

Commissioner Carol Hasse

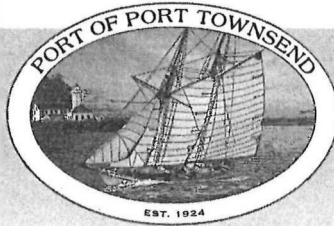
Commissioner Pam Petranek

Connie Anderson, Director of
Finance And Administration

Bank: W WARRANTS PAYABLE

Check Number/ Invoice Number	Check Date Invoice Date	Vendor Number	Invoice Amount	Discount	Distribution Amount	Check Amount
0000068859 CK000006885901	REV 7/26/2024	PEN030	Peninsula Paint Co.			92.99-
	7/26/2024		92.99-	0.00		
G/L Account:	761-3100-19		CONTRACT SERVICES: P. H. MARINA & RV		92.99-	
	Bank W Total:		92.99-	0.00	92.99-	92.99-
	Report Total:		92.99-	0.00	92.99-	92.99-

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ELECTRONIC DEBIT – Kitsap Bank

We, the undersigned, as Commissioners and Auditing Officer of the Port of Port Townsend, in Jefferson County, Washington, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein and that the claim is a just, due and unpaid obligation of the Port of Port Townsend, that we are authorized to authenticate and certify said claim, and that the Electronic Debit from the Port Checking Account held at Kitsap Bank is approved for payment in the amount of **\$5,301.90 is ratified.**

Signed and Authenticated on this 14th day of August, 2024.

For: Washington State, Employment Security Department for
WA Cares – for Qtr 2, 2024 in the amount of **\$5,301.90**

Commissioner Pete W. Hanke

Commissioner Carol Hasse

Commissioner Pam Petranek

Connie Anderson, Director of
Finance And Administration

Donna Frary

From: Employment Security Department <donotreply@billerpayments.com>
Sent: Thursday, July 11, 2024 1:34 PM
To: Donna Frary
Subject: Employment Security Department WA Cares Payment Scheduled

Dear DONNA FRARY,

This email is about your Leave and Care Division account:: XXXX0044.

Thank you for scheduling your WA Cares premium payment using Online Payment Processing. Your payment details are below:

Payment Amount: \$5,301.90

Scheduled Payment Date: 07/11/2024

Account Number Ending: XXXX5811.

Payment Type: Checking.

Confirmation Number: I2DPR76MYL.

About This Message

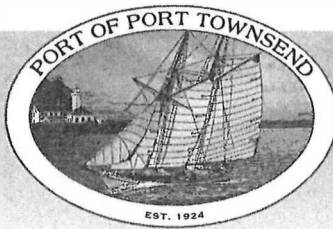
This email was sent to DONNA@PORTOFPT.COM. This email was sent to confirm the activity described above regarding your WA Cares premium payment.

Do not reply to this message.

If you have any questions, call us Monday through Friday between 8:30 a.m. and 4:30 p.m. at 833-717-2273.

Employment Security Department Leave and Care Division PO Box 19020 Olympia, WA 98507

2701 Jefferson Street
P.O. Box 1180
Port Townsend, WA 98368



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fax:360-385-3988
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ELECTRONIC DEBIT – Kitsap Bank

We, the undersigned, as Commissioners and Auditing Officer of the Port of Port Townsend, in Jefferson County, Washington, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein and that the claim is a just, due and unpaid obligation of the Port of Port Townsend, that we are authorized to authenticate and certify said claim, and that the Electronic Debit from the Port Checking Account held at Kitsap Bank is approved for payment in the amount of **\$5,130.55 is ratified.**

Signed and Authenticated on this 14th day of August, 2024.

For: Washington State, Employment Security Department for
WA State Paid Family Medical Leave – for Qtr 2, 2024 in the amount of
\$5,130.55

Commissioner Pete W. Hanke

Commissioner Carol Hasse

Commissioner Pam Petranek

Connie Anderson, Director of
Finance And Administration

Donna Frary

From: do_not_reply@esd.wa.gov
Sent: Thursday, July 11, 2024 1:31 PM
To: Donna Frary
Subject: Payment Confirmation

Thank you for your recent payment to Paid Family & Medical Leave.

Payment Application: Paid Family & Medical Leave Payment Status: Payment completed successfully.
Confirmation Number: 24071160393167
Payment Date: 07/11/2024

Billing Address: Port of Port Townsend
PO Box 1180
Port Townsend, WA 98368
3603795217

Account Number: x5811
Routing Number: 125102906
Account Type: Checking

Payment Amount: 5130.55 USD
Total Amount: 5130.55 USD

DO NOT REPLY DIRECTLY TO THIS EMAIL.