Vendor: AMERIPRIS-Ameriprise Financial Services
70213 Ameriprise Financial Center MINNEAPOLIS MN 55474

Pymt # 0010029776
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		39343.00	10-1110-291-000-30-800-000-000-0000	403 (b) retirement contributio
	Payment Amount:		**39343.00**		*** Accrued A/P**

Vendor: AMERIPRIS-Ameriprise Financial Services
70213 Ameriprise Financial Center MINNEAPOLIS MN 55474

Pymt # 0010029776
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		39343.00	10-1110-291-000-30-800-000-000-0000	403 (b) retirement contributio
	Payment Amount:		**39343.00**		*** Accrued A/P**

0010029776

08/03/2026

*****************39,343.00**

PAY Thirty-Nine Thousand Three Hundred Forty-Three and 00/100 Dollars

To the Order of:

Ameriprise Financial Services
70213 Ameriprise Financial Center
MINNEAPOLIS MN 55474

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/2026

AMOUNT: $39,343.00

REQUEST A CHECK FROM 10 **FUND PAYABLE TO:**

Ameriprise Financial

PAID

70213 Ameriprise Financial Center

AUG 03 2026

Minneapolis MN 55474

REASON: 403 (b) Retirement Contribution-[redacted]

SIGNATURE OF REQUESTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: 7/28/26

ACCOUNT CODE(S):

DEBIT: 10-110 291-000-30-800-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company
AMERIPRISE

School District/College Name LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name [redacted]	Social Security Number/Employee I.D. [redacted]
Work Location HIGH SCHOOL	Position TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account $39,343.00
Total Amount

Type of Employer Contribution:

PAID
AUG 03 2026

☑ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: $_____

☐ Other: _____

Effective Date of this Agreement 07/01, 20 26.

This form is for Employer contributions only.
Do not use this form for any type of Employee elective deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582
Email: sraprocessing@tsacg.com
Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):
Name: [redacted]
Title: Payroll
Phone Number: (610) 377-4490
Date: 07/01/2026

EMPLOYER CONTRIBUTION FORM

Vendor: AXA EQUIT-Axa Equitable
PO Box 13463 NEWARK NJ 07188-0463

Pymt # 0010029777
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		15361.00	10-1110-291-000-10-200-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**15361.00**		*** Accrued A/P**

Vendor: AXA EQUIT-Axa Equitable
PO Box 13463 NEWARK NJ 07188-0463

Pymt # 0010029777
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		15361.00	10-1110-291-000-10-200-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**15361.00**		*** Accrued A/P**

0010029777

08/03/2026

*****************15,361.00**

PAY Fifteen Thousand Three Hundred Sixty-One and 00/100 Dollars

To the Order of:

Axa Equitable
PO Box 13463
NEWARK NJ 07188-0463

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/26

AMOUNT: $15,361.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:
Axa Equitable

PO Box 13463

Newark, NJ 07188

REASON: 403 (b) Retirement Contribution [redacted]

PAID
AUG 03 2026

SIGNATURE OF REQUESTOR:

SIGNATURE OF PRINCIPAL/DIRECTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: 7/28/26

ACCOUNT CODE(S):

DEBIT: 10-1110-291-000-10-200-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company
AXA EQUITABLE

School District/College Name LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name [redacted]	Social Security Number/Employee I.D. [redacted]
Work Location ELEMENTARY SCHOOL	Position TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account $15,361.00
Total Amount

PAID
AUG 03 2026

Type of Employer Contribution:

☑ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: $_____

☐ Other: _____

Effective Date of this Agreement: 07/01, 20 26.

PAID
AUG 03 2026

This form is for Employer contributions only.
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Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582
Email: sraprocessing@tsacg.com
Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):
Name: [redacted]
Title: Payroll
Phone Number: (610) 377-4490
Date: 07/01/2026

EMPLOYER CONTRIBUTION FORM

Vendor: KADES MAR-Kades Margolis
940 West Valley Road Suite 1200 WAYNE PA 19087

Pymt # 0010029778
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		31173.00	10-1110-291-000-20-500-000-000-0000	403 (b) retirement contributio
	Payment Amount:		**31173.00**		*** Accrued A/P**

Vendor: KADES MAR-Kades Margolis
940 West Valley Road Suite 1200 WAYNE PA 19087

Pymt # 0010029778
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		31173.00	10-1110-291-000-20-500-000-000-0000	403 (b) retirement contributio
	Payment Amount:		**31173.00**		*** Accrued A/P**

0010029778

08/03/2026

*****************31,173.00**

PAY Thirty-One Thousand One Hundred Seventy-Three and 00/100 Dollars

To the Order of:

Kades Margolis
940 West Valley Road
Suite 1200
WAYNE PA 19087

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/2026

AMOUNT: $31,173.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Kades Margolis

940 West Valley Rd

Wayne, PA 19087

PAID
AUG 03 2026

REASON: 403 (b) Retirement Contributio[redacted]

SIGNATURE OF REQUESTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: 7/28/26

ACCOUNT CODE(S):

DEBIT: 10-1110 291-000-20-500-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company
KADES MARGOLIS

School District/College Name LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name [redacted]	Social Security Number/Employee I.D. [redacted]
Work Location MIDDLE SCHOOL	Position TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account $31,173.00
Total Amount

PAID
AUG 03 2026

Type of Employer Contribution:

☑ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: $_____

☐ Other: _____

Effective Date of this Agreement 07/01, 20 26.

This form is for Employer contributions only.
Do not use this form for any type of Employee elective deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582
Email: sraprocessing@tsacg.com
Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):
Name: [redacted]
Title: Payroll
Phone Number: (610) 377-4490
Date: 07/01/2026

EMPLOYER CONTRIBUTION FORM

Vendor: KADES MAR-Kades Margolis
940 West Valley Road Suite 1200 WAYNE PA 19087

Pymt # 0010029779
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		16334.00	10-1110-291-000-20-500-000-000-0000	403 (b) retirement contributio
	Payment Amount:		**16334.00**		*** Accrued A/P**

Vendor: KADES MAR-Kades Margolis
940 West Valley Road Suite 1200 WAYNE PA 19087

Pymt # 0010029779
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		16334.00	10-1110-291-000-20-500-000-000-0000	403 (b) retirement contributio
	Payment Amount:		**16334.00**		*** Accrued A/P**

0010029779

08/03/2026

*****************16,334.00**

PAY Sixteen Thousand Three Hundred Thirty-Four and 00/100 Dollars

To the Order of:

Kades Margolis
940 West Valley Road
Suite 1200
WAYNE PA 19087

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/2026

AMOUNT: $16,334.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Kades Margolis

90 West Valley Rd

Wayne, PA 19087

PAID
AUG 03 2026

REASON: 403 (b) Retirement Contribution [redacted]

SIGNATURE OF REQUESTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: 7/28/26

ACCOUNT CODE(S):

DEBIT: 10-1110-291-000-200-000-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company
KADES MARGOLIS

School District/College Name LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name [redacted]	Social Security Number/Employee I.D. [redacted]
Work Location MIDDLE SCHOOL	Position TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account $16,334.00
Total Amount

Type of Employer Contribution:

PAID
AUG 03 2026

☑ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: $_____

☐ Other: _____

Effective Date of this Agreement 07/01, 20 26.

This form is for Employer contributions only.
Do not use this form for any type of Employee elective deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582
Email: sraprocessing@tsacg.com
Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):
Name: [redacted]
Title: Payroll
Phone Number: (610) 377-4490
Date: 07/01/2026

EMPLOYER CONTRIBUTION FORM

Vendor: LINCOLN01-Lincoln Investment Planning
Attn Retirement Services PO Box 7654 FORT WASHINGTON PA 1903

Pymt # 0010029780
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		21576.00	10-1110-291-000-10-200-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**21576.00**		*** Accrued A/P**

Vendor: LINCOLN01-Lincoln Investment Planning
Attn Retirement Services PO Box 7654 FORT WASHINGTON PA 1903

Pymt # 0010029780
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		21576.00	10-1110-291-000-10-200-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**21576.00**		*** Accrued A/P**

0010029780

08/03/2026

*****************21,576.00**

PAY Twenty-One Thousand Five Hundred Seventy-Six and 00/100 Dollars

To the Order of:

Lincoln Investment Planning
Attn Retirement Services
PO Box 7654
FORT WASHINGTON PA 19034-7654

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/26

AMOUNT: $21,576.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Lincoln Investment Planning

PO Box 7654

Fort Washington, PA 19034

PAID
AUG 03 2026

REASON: 403 (b) Retirement Contribution [redacted]

SIGNATURE OF REQUESTOR:

SIGNATURE OF PRINCIPAL/DIRECTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR:

ACCOUNT CODE(S):

DEBIT: 10-JHD -291-000-10-200-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company
LINCOLN

School District/College Name LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name [redacted]	Social Security Number/Employee I.D. [redacted]
Work Location ELEMENTARY SCHOOL	Position TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account $21,576.00
Total Amount

Type of Employer Contribution:

☑ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: $_____

☐ Other: _____

PAID
AUG 03 2026

Effective Date of this Agreement 07/01, 20 26.

This form is for Employer contributions only.
Do not use this form for any type of Employee elective deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582
Email: sraprocessing@tsacg.com
Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):
Name: [redacted]
Title: Payroll
Phone Number: (610) 377-4490
Date: 07/01/2026

EMPLOYER CONTRIBUTION FORM

Vendor: LINCOLN01-Lincoln Investment Planning
Attn Retirement Services PO Box 7654 FORT WASHINGTON PA 1903

Pymt # 0010029781
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		52643.00	10-1110-291-000-10-200-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**52643.00**		*** Accrued A/P**

Vendor: LINCOLN01-Lincoln Investment Planning
Attn Retirement Services PO Box 7654 FORT WASHINGTON PA 1903

Pymt # 0010029781
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		52643.00	10-1110-291-000-10-200-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**52643.00**		*** Accrued A/P**

0010029781

08/03/2026

*****************52,643.00**

PAY Fifty-Two Thousand Six Hundred Forty-Three and 00/100 Dollars

To the Order of:

Lincoln Investment Planning
Attn Retirement Services
PO Box 7654
FORT WASHINGTON PA 19034-7654

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/26

AMOUNT: $52,643.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Lincoln Investment Planning

PO Box 7654

Fort Washington, PA 19034

PAID
AUG 03 2026

REASON: 403 (b) Retirement Contributio[redacted]

SIGNATURE OF REQUESTOR:

SIGNATURE OF PRINCIPAL/DIRECTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: 7/28/26

ACCOUNT CODE(S):

DEBIT: 10-~~2300~~-291-000-10-200-000-000-0000
1110

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company
LINCOLN

School District/College Name
LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name [redacted]	Social Security Number/Employee I.D. [redacted]
Work Location ELEMENTARY SCHOOL	Position TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account $52,643.00
Total Amount

Type of Employer Contribution:

☑ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: $_____

☐ Other: _____

PAID
AUG 03 2026

Effective Date of this Agreement 07/01, 20 26.

This form is for Employer contributions only.
Do not use this form for any type of Employee elective deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582
Email: sraprocessing@tsacg.com
Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):
Name: [redacted]
Title: Payroll
Phone Number: (610) 377-4490
Date: 07/01/2026

EMPLOYER CONTRIBUTION FORM

Vendor: OPPENHEIM-Oppenheimer Funds Inc.
PO Box 219078 KANSAS CITY MO 64121

Pymt # 0010029782
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		63104.00	10-1110-291-000-20-500-000-000-0000	403 (b) retirement contributio
		Payment Amount:	63104.00		* Accrued A/P

Vendor: OPPENHEIM-Oppenheimer Funds Inc.
PO Box 219078 KANSAS CITY MO 64121

Pymt # 0010029782
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		63104.00	10-1110-291-000-20-500-000-000-0000	403 (b) retirement contributio
		Payment Amount:	63104.00		* Accrued A/P

0010029782

08/03/2026

*****************63,104.00**

PAY Sixty-Three Thousand One Hundred Four and 00/100 Dollars

To the Order of:

Oppenheimer Funds Inc.
PO Box 219078
KANSAS CITY MO 64121

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/26

AMOUNT: $63,104.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Oppenheimer Funds

PO Box 219078

Kansas City, MO 64121

PAID
AUG 03 2026

REASON: 403 (b) Retirement Contribution-[redacted]

SIGNATURE OF REQUESTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: C Fuentes 7/28/26

ACCOUNT CODE(S):

DEBIT: 10-1110-291-000-20-500-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company
OPPENHEIMER

School District/College Name LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name [redacted]	Social Security Number/Employee I.D. [redacted]
Work Location MIDDLE SCHOOL	Position TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account $63,104.00
Total Amount

Type of Employer Contribution:

☑ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

PAID
AUG 03 2026

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: $_____

☐ Other: _____

Effective Date of this Agreement: 07/01, 20 26.

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Do not use this form for any type of Employee elective deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to TSA Consulting Group In one of the following ways:

Fax: 1-866-908-7582
Email: sraprocessing@tsacg.com
Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):
Name [redacted]
Title: Payroll
Phone Number: (610) 377-4490
Date: 07/01/2026

EMPLOYER CONTRIBUTION FORM

Vendor: PRIMERICA-Primerica
PO Box 9662 PROVIDENCE RI 02940-9662

Pymt # 0010029783
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		21361.00	10-1110-291-000-30-800-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**21361.00**		* Accrued A/P

Vendor: PRIMERICA-Primerica
PO Box 9662 PROVIDENCE RI 02940-9662

Pymt # 0010029783
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		21361.00	10-1110-291-000-30-800-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**21361.00**		* Accrued A/P

0010029783

08/03/2026

*****************21,361.00**

PAY Twenty-One Thousand Three Hundred Sixty-One and 00/100 Dollars

To the Order of:

Primerica
PO Box 9662
PROVIDENCE RI 02940-9662

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/26

PAID
AUG 03 2026

AMOUNT: $21,361.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Primerica

PO Box 9662

Providence, RI 02940

REASON: 403 (b) Retirement Contribution-[redacted]

SIGNATURE OF REQUESTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: 7/28/25

ACCOUNT CODE(S):

DEBIT: 10-1110-291-000-30-800-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company
PRIMERICA

School District/College Name LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name [redacted]	Social Security Number/Employee I.D. [redacted]
Work Location HIGH SCHOOL	Position TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account $21,361.00
Total Amount

Type of Employer Contribution:

PAID
AUG 03 2026

☑ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: $_____

☐ Other: _____

Effective Date of this Agreement 07/01, 20 26.

This form is for Employer contributions only.
Do not use this form for any type of Employee elective deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582
Email: sraprocessing@tsacg.com
Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):
Name: [redacted]
Title: Payroll
Phone Number: (610) 377-4490
Date: 07/01/2026

EMPLOYER CONTRIBUTION FORM

Vendor: PRIMERICA-Primerica
PO Box 9662 PROVIDENCE RI 02940-9662

Pymt # 0010029784
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		42630.00	10-1110-291-000-30-800-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**42630.00**		*** Accrued A/P**

Vendor: PRIMERICA-Primerica
PO Box 9662 PROVIDENCE RI 02940-9662

Pymt # 0010029784
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
403 (b) RETIRE	07/01/2026		42630.00	10-1110-291-000-30-800-000-000-0000	403 (b) retirement contributio
		Payment Amount:	**42630.00**		*** Accrued A/P**

0010029784

08/03/2026

*****************42,630.00**

PAY Forty-Two Thousand Six Hundred Thirty and 00/100 Dollars

To the Order of:

Primerica
PO Box 9662
PROVIDENCE RI 02940-9662

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/26

AMOUNT: $42,630.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Primerica

PO Box 9662

Providence, RI 02940

PAID
AUG 03 2026

REASON: 403 (b) Retirement Contribution [redacted]

SIGNATURE OF REQUESTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: 7/20/26

ACCOUNT CODE(S):

DEBIT: 10-///0-291-000-30-800-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company
PRIMERICA

School District/College Name LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name [redacted]	Social Security Number/Employee I.D [redacted]
Work Location HIGH SCHOOL	Position TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account $42,630.00
Total Amount

Type of Employer Contribution:

☑ One-time Contribution
☐ Board Policy/Contract Contribution
☐ Employee Bonus Contribution
☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: $_____
☐ Other: _____

PAID
AUG 03 2026

Effective Date of this Agreement 07/01, 20 26.

This form is for Employer contributions only.
Do not use this form for any type of Employee elective deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582
Email: sraprocessing@tsacg.com
Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):
Name: [redacted]
Title: Payroll
Phone Number: (610) 377-4490
Date: 07/01/2026

EMPLOYER CONTRIBUTION FORM

Vendor: TRAILSEV-Trailside Events
201 N Main Street LEHIGHTON PA 18235

Pymt # 0010029785
08/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
ADMIN RETREAT	08/03/2026		400.00	10-2360-810-000-00-000-000-070-0000	ADMIN RETREAT 7/31/26 & 8/1/26
		Payment Amount:	**400.00**		

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0010029785

08/03/2026

**********400.00

PAY Four Hundred and 00/100 Dollars

To the Order of:

Trailside Events
201 N Main Street
LEHIGHTON PA 18235

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 8/3/2026

AMOUNT: $400.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Trailside Events

PAID
AUG 03 2026

REASON: Admin Retreat - July 31 & August 3, 2026

SIGNATURE OF REQUESTOR:

SIGNATURE OF SUPERINTENDENT:

ACCOUNT CODE(S):

DEBIT: 10-2360-810-000-00-000-000-070-0000

This proposal, if signed and accepted by you, will be a contract for use of the facilities located at 201 N. Main Lane, Lehighton, Pennsylvania 18235 consisting of approximately 2000 sq ft of space for an event pursuant to the terms set forth below. Any substantial change to the event description written below must be in writing and agreed upon by both parties.

I. EVENT DESCRIPTION

1. Names and address of Customer:

PAID
AUG 03 2026

LEHIGHTON AREA SCHOOL DISTRICT

MR. JASON MOSER 1000 Union St. Lehighton, PA 18235

Type of Event: Admin Retreat

Date of Event: July 31 & August 3, 2026

Hours of Event: 7:00AM-11:00PM

Total Number of Guests
(not to exceed 120)

2. TRAILSIDE EVENTS PA, LLC (hereinafter referred to as "TRAILSIDE EVENTS") will provide JASON MOSER hereinafter referred to as "Customer") access to the facilities located at 201 N. Main Lane, Lehighton, Pennsylvania 18235, consisting of approximately 2000 sq ft pursuant to the terms and conditions of this contract.

3. Access to the facilities will commence at 7:00AM on JULY 31 & AUGUST 3, 2026 and will conclude at 11:00 PM on JULY 31 & AUGUST 3, 2026. ALL EVENTS MUST CONCLUDE BY 11:00PM).