

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of Common Pleas
Dale E. Van Slambrook, Circuit Judge

Appellate Case No. 2025-001683

Kanisha Nash, Respondent,

v.

Montgomery Construction, LLC, Patrick Montgomery, and Sabrina
Montgomery, individually, and as owner/registered agent for
Montgomery Construction, LLC, Defendants,

of which Patrick Montgomery and Sabrina Montgomery are, Appellants.

AMENDED RECORD ON APPEAL – VOLUME V

McANGUS, GOUDELOCK & COURIE, LLC
Jeffrey Kuykendal
Post Office Box 30307
6302 Fairview Road, Suite 700
Charlotte, North Carolina 28226
(704) 643-6303
jeffrey.kuykendal@mgclaw.com

Attorneys for Appellant Patrick Montgomery

INDEX

VOLUME V

Patrick Montgomery’s Records from North Charleston Sewer District (Nash documents 2193-2359 and 3304-3310) served August 21, 2024.....992

Nash document 2985 served August 21, 2024.....1166

Sabrina Montgomery’s Answer to Interrogatory 10 served September 9, 20241167

Sabrina Montgomery’s Answer to Interrogatory 29-32 served September 9, 20241168

Sabrina Montgomery’s Answer to Interrogatories 32-37 served September 9, 2024.....1169

Sabrina Montgomery’s Tax Returns and Statements from REV Federal Credit Union served September 9, 20241170

Letter and Defendant Patrick Montgomery’s Second Supplemental Answers to Plaintiff’s First Set of Interrogatories and Second Supplemental Responses to Plaintiff’s First Requests for Production served January 13, 20251181

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/25/2016 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|----------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 40.00 | 19.7827 | 791.31 | 4,935.79 | FTW | 162.65 | 4,208.60 |
| Holiday Pay | 10.00 | 19.7827 | 197.83 | 1,582.63 | SITW | 76.46 | 1,962.57 |
| Weather Emergenc | 0.00 | 19.7827 | 0.00 | 296.74 | SOCSEC_EE | 98.12 | 2,529.22 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.60 | MEDICARE_EE | 22.95 | 591.51 |
| Emergency Worked | 0.00 | 19.7827 | 0.00 | 59.35 | Retirement/Employe | 137.05 | 3,571.59 |
| Employee Health - A | 0.00 | 496.0000 | 0.00 | 4,464.00 | Uniforms | 4.05 | 105.30 |
| Dependent Health - | 0.00 | 786.5000 | 0.00 | 7,078.50 | Colonial Pre-tax | 0.00 | 331.20 |
| Employee - Vision A | 0.00 | 7.3200 | 0.00 | 65.88 | DEP DENTAL PRE-TAX | 0.00 | 659.76 |
| Employee Dental AE | 0.00 | 28.4800 | 0.00 | 256.32 | HEALTH PRE-TAX | 0.00 | 720.00 |
| REGULAR HOURS | 30.00 | 19.7827 | 593.48 | 34,298.29 | 253278362 | 1,081.34 | 6,316.34 |
| OVERTIME | 0.00 | 29,6741 | 0.00 | 1,127.61 | | | |
| UNPLANNED PTO | 0.00 | 19.7827 | 0.00 | 197.83 | | | |
| TOTALS: | 80.00 | | 1,582.62 | 54,369.54 | TOTALS: | 1,582.62 | 20,996.09 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,582.62 | 501.28 | 1,081.34 | 42,498.24 | 14,679.75 | 27,818.49 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 280.86 | 10.38 | 40.00 | 0.00 | 0.00 | 251.24 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 661.86 | 10.38 | 40.00 | 0.00 | 0.00 | 632.24 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD35732

| DATE | NET AMOUNT |
|------------|------------|
| 12/29/2016 | \$1,081.34 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/08/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|---------|------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 30.00 | 19.7827 | 593.48 | 593.48 | FITW | 151.56 | 151.56 |
| Holiday Pay | 20.00 | 19.7827 | 395.65 | 395.65 | SITW | 69.52 | 69.52 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 0.55 | SOCSEC_EE | 93.69 | 93.69 |
| REGULAR HOURS | 30.00 | 19.7827 | 593.48 | 593.48 | MEDICARE_EE | 21.91 | 21.91 |
| | | | | | Retirement/Employe | 137.05 | 137.05 |
| | | | | | Uniforms | 4.05 | 4.05 |
| | | | | | Colonial Pre-tax | 13.80 | 13.80 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 28.16 |
| | | | | | HEALTH PRE-TAX | 30.00 | 30.00 |
| | | | | | 253278362 | 1,032.87 | 1,032.87 |
| TOTALS: | | | | | | 1,582.61 | 1,582.61 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,582.61 | 549.74 | 1,032.87 | 1,582.61 | 549.74 | 1,032.87 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 252.72 | 10.38 | 30.00 | 0.00 | 0.00 | 233.10 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 633.72 | 10.38 | 30.00 | 0.00 | 0.00 | 614.10 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD35840
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 01/12/2017 | \$1,032.87 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/22/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 20.00 | 20.1715 | 403.43 | 996.91 | FITW | 155.74 | 307.30 |
| Holiday Pay | 10.00 | 20.1715 | 201.72 | 597.37 | SITW | 71.47 | 140.99 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 0.55 | SOCSEC_EE | 95.59 | 189.28 |
| REGULAR HOURS | 50.00 | 20.1715 | 1,008.58 | 1,602.06 | MEDICARE_EE | 22.36 | 44.27 |
| | | | | | Retirement/Employe | 139.75 | 276.80 |
| | | | | | Uniforms | 4.05 | 8.10 |
| | | | | | Colonial Pre-tax | 13.80 | 27.60 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 56.32 |
| | | | | | HEALTH PRE-TAX | 30.00 | 60.00 |
| | | | | | 253278362 | 1,052.81 | 2,085.68 |
| TOTALS: | 80.00 | | 1,613.73 | 3,196.89 | TOTALS: | 1,613.73 | 3,196.34 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.73 | 560.92 | 1,052.81 | 3,196.34 | 1,110.66 | 2,085.68 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 233.10 | 10.38 | 20.00 | 0.00 | 0.00 | 223.48 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 614.10 | 10.38 | 20.00 | 0.00 | 0.00 | 604.48 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD35957

| DATE | NET AMOUNT |
|------------|------------|
| 01/26/2017 | \$1,052.81 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/05/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 996.91 | FITW | 155.82 | 463.12 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 597.37 | SITW | 71.51 | 212.50 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.10 | SOCSEC_EE | 95.63 | 284.91 |
| REGULAR HOURS | 80.00 | 20.1715 | 1,613.72 | 3,215.78 | MEDICARE_EE | 22.36 | 66.63 |
| | | | | | Retirement/Employe | 139.75 | 416.55 |
| | | | | | Uniforms | 4.05 | 12.15 |
| | | | | | Colonial Pre-tax | 13.80 | 41.40 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 84.48 |
| | | | | | HEALTH PRE-TAX | 30.00 | 90.00 |
| | | | | | 253278362 | 1,052.64 | 3,138.32 |
| TOTALS: | | | | | TOTALS: | 1,613.72 | 4,810.06 |
| TOTALS: | 80.00 | | 1,614.27 | 4,811.16 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.72 | 561.08 | 1,052.64 | 4,810.06 | 1,671.74 | 3,138.32 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 223.48 | 10.38 | 0.00 | 0.00 | 0.00 | 233.86 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 604.48 | 10.38 | 0.00 | 0.00 | 0.00 | 614.86 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD36064

| DATE | NET AMOUNT |
|------------|------------|
| 02/09/2017 | \$1,052.64 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|--|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K. MONTGOMERY EMPLOYEE NAME | 02/19/2017 PERIOD END |
|----------------------|--------------------|--|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 30.00 | 20.1715 | 605.15 | 1,602.06 | FITW | 155.74 | 618.86 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 597.37 | SITW | 71.47 | 283.97 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.10 | SOCSEC_EE | 95.59 | 380.50 |
| REGULAR HOURS | 50.00 | 20.1715 | 1,008.58 | 4,224.36 | MEDICARE_EE | 22.36 | 88.99 |
| | | | | | Retirement/Employe | 139.75 | 556.30 |
| | | | | | Uniforms | 4.05 | 16.20 |
| | | | | | Colonial Pre-tax | 13.80 | 55.20 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 112.64 |
| | | | | | HEALTH PRE-TAX | 30.00 | 120.00 |
| | | | | | 253278362 | 1,052.81 | 4,191.13 |
| TOTALS: | 80.00 | | 1,613.73 | 6,424.89 | TOTALS: | 1,613.73 | 6,423.79 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.73 | 560.92 | 1,052.81 | 6,423.79 | 2,232.66 | 4,191.13 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 233.86 | 10.38 | 30.00 | 0.00 | 0.00 | 214.24 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 614.86 | 10.38 | 30.00 | 0.00 | 0.00 | 595.24 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD36180

| DATE | NET AMOUNT |
|------------|------------|
| 02/23/2017 | \$1,052.81 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/05/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 1,602.06 | FITW | 155.82 | 774.68 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 597.37 | SITW | 71.51 | 355.48 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.65 | SOCSEC_EE | 95.62 | 476.12 |
| REGULAR HOURS | 70.00 | 20.1715 | 1,412.01 | 5,636.37 | MEDICARE_EE | 22.36 | 111.35 |
| UNPLANNED PTO | 10.00 | 20.1715 | 201.72 | 201.72 | Retirement/Employe | 139.75 | 696.05 |
| | | | | | Uniforms | 4.05 | 20.25 |
| | | | | | Colonial Pre-tax | 13.80 | 69.00 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 140.80 |
| | | | | | HEALTH PRE-TAX | 30.00 | 150.00 |
| | | | | | 253278362 | 1,052.66 | 5,243.79 |
| TOTALS: | 80.00 | | 1,614.28 | 8,039.17 | TOTALS: | 1,613.73 | 8,037.52 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.73 | 561.07 | 1,052.66 | 8,037.52 | 2,793.73 | 5,243.79 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 214.24 | 10.38 | 10.00 | 0.00 | 0.00 | 214.62 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 595.24 | 10.38 | 10.00 | 0.00 | 0.00 | 595.62 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD36286

| DATE | NET AMOUNT |
|------------|------------|
| 03/09/2017 | \$1,052.66 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/19/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 1,402.06 | FITW | 155.74 | 930.42 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 597.37 | SITW | 71.47 | 426.95 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.63 | SOCSEC_EE | 95.59 | 571.71 |
| REGULAR HOURS | 70.00 | 20.1715 | 1,412.01 | 7,048.38 | MEDICARE_EE | 22.36 | 133.71 |
| UNPLANNED PTO | 10.00 | 20.1715 | 201.72 | 403.44 | Retirement/Employe | 139.75 | 835.80 |
| | | | | | Uniforms | 4.05 | 24.30 |
| | | | | | Colonial Pre-tax | 13.80 | 82.80 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 168.96 |
| | | | | | HEALTH PRE-TAX | 30.00 | 180.00 |
| | | | | | 253278362 | 1,052.81 | 6,296.60 |
| TOTALS: | | | | | | 1,613.73 | 9,651.25 |
| TOTALS: | | 80.00 | | 1,613.73 | | | 9,652.90 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.73 | 560.92 | 1,052.81 | 9,651.25 | 3,354.65 | 6,296.60 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|-------|------|------|---------|
| PTO | 214.62 | 10.38 | 10.00 | 0.00 | 0.00 | 215.00 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 595.62 | 10.38 | 10.00 | 0.00 | 0.00 | 596.00 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD36400
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 03/23/2017 | \$1,052.81 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K. MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/02/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 1,602.06 | FITW | 155.82 | 1,086.24 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 597.37 | SITW | 71.51 | 498.46 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.20 | SOCSEC_EE | 95.62 | 667.33 |
| REGULAR HOURS | 80.00 | 20.1715 | 1,613.72 | 8,662.10 | MEDICARE_EE | 22.36 | 156.07 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 403.44 | Retirement/Employe | 139.75 | 975.55 |
| | | | | | Uniforms | 4.05 | 28.35 |
| | | | | | Colonial Pre-tax | 13.80 | 96.60 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 197.12 |
| | | | | | HEALTH PRE-TAX | 30.00 | 210.00 |
| | | | | | 253278362 | 1,052.65 | 7,349.25 |
| TOTALS: | 80.00 | | 1,614.27 | 11,267.17 | TOTALS: | 1,613.72 | 11,264.97 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.72 | 561.07 | 1,052.65 | 11,264.97 | 3,915.72 | 7,349.25 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 215.00 | 10.38 | 0.00 | 0.00 | 0.00 | 225.38 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 596.00 | 10.38 | 0.00 | 0.00 | 0.00 | 606.38 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD36505

| DATE | NET AMOUNT |
|------------|------------|
| 04/06/2017 | \$1,052.65 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/16/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|---------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 40.00 | 20.1715 | 806.86 | 2,408.92 | FITW | 155.74 | 1,241.98 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 597.37 | SITW | 71.47 | 569.93 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.20 | SOCSEC_EE | 95.59 | 762.92 |
| REGULAR HOURS | 30.00 | 20.1715 | 605.15 | 9,267.25 | MEDICARE_EE | 22.36 | 178.43 |
| UNPLANNED PTO | 10.00 | 20.1715 | 201.72 | 605.16 | Retirement/Employe | 139.75 | 1,115.30 |
| | | | | | Uniforms | 4.05 | 32.40 |
| | | | | | Colonial Pre-tax | 13.80 | 110.40 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 225.28 |
| | | | | | HEALTH PRE-TAX | 30.00 | 240.00 |
| | | | | | 253278362 | 1,052.81 | 8,402.06 |
| TOTALS: | | | | | | 1,613.73 | 12,878.70 |
| TOTALS: | | 80.00 | | 1,613.73 | | | 12,880.90 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.73 | 560.92 | 1,052.81 | 12,878.70 | 4,476.64 | 8,402.06 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|-------|------|------|---------|
| PTO | 225.38 | 10.38 | 50.00 | 0.00 | 0.00 | 185.76 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 606.38 | 10.38 | 50.00 | 0.00 | 0.00 | 566.76 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD36619

| DATE | NET AMOUNT |
|------------|------------|
| 04/20/2017 | \$1,052.81 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/30/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount | |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|-----------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 2,408.92 | FITW | 155.82 | 1,397.80 | |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 597.37 | SITW | 71.51 | 641.44 | |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.75 | \$OCSEC_EE | 95.63 | 858.55 | |
| REGULAR HOURS | 80.00 | 20.1715 | 1,613.72 | 10,880.97 | MEDICARE_EE | 22.36 | 200.79 | |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 605.16 | Retirement/Employe | 139.75 | 1,255.05 | |
| | | | | | Uniforms | 4.05 | 36.45 | |
| | | | | | Colonial Pre-tax | 13.80 | 124.20 | |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 253.44 | |
| | | | | | HEALTH PRE-TAX | 30.00 | 270.00 | |
| | | | | | 253278362 | 1,052.64 | 9,454.70 | |
| TOTALS: | | | | | | 1,613.72 | 14,492.42 | |
| TOTALS: | | | | | | 80.00 | 1,614.27 | 14,495.17 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.72 | 561.08 | 1,052.64 | 14,492.42 | 5,037.72 | 9,454.70 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 185.76 | 10.38 | 0.00 | 0.00 | 0.00 | 196.14 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 566.76 | 10.38 | 0.00 | 0.00 | 0.00 | 577.14 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD36724

| DATE | NET AMOUNT |
|------------|------------|
| 05/04/2017 | \$1,052.64 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/14/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|---------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 2,408.92 | FITW | 263.74 | 1,661.54 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 597.37 | SITW | 110.16 | 751.60 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.75 | SOCSEC_EE | 133.11 | 991.66 |
| REGULAR HOURS | 80.00 | 20.1715 | 1,613.72 | 12,494.69 | MEDICARE_EE | 31.13 | 231.92 |
| OVERTIME | 20.00 | 30.2573 | 605.15 | 605.15 | Retirement/Employe | 192.13 | 1,447.20 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 605.16 | Uniforms | 4.05 | 40.50 |
| | | | | | Colonial Pre-tax | 13.80 | 138.00 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 281.60 |
| | | | | | HEALTH PRE-TAX | 30.00 | 300.00 |
| | | | | | 253278362 | 1,412.57 | 10,867.27 |
| TOTALS: | 100.00 | | 2,218.87 | 16,714.04 | TOTALS: | 2,218.87 | 16,711.29 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,218.87 | 806.30 | 1,412.57 | 16,711.29 | 5,844.02 | 10,867.27 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 196.14 | 10.38 | 0.00 | 0.00 | 0.00 | 206.52 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 577.14 | 10.38 | 0.00 | 0.00 | 0.00 | 587.52 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD36840

| DATE | NET AMOUNT |
|------------|------------|
| 05/18/2017 | \$1,412.57 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/28/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 20.1715 | 201.72 | 2,610.64 | FITW | 155.82 | 1,817.36 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 597.37 | SITW | 71.51 | 823.11 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.30 | SOCSEC_EE | 95.62 | 1,087.28 |
| REGULAR HOURS | 70.00 | 20.1715 | 1,412.01 | 13,906.70 | MEDICARE_EE | 22.36 | 254.28 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 605.15 | Retirement/Employe | 139.75 | 1,586.95 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 605.16 | Uniforms | 4.05 | 44.55 |
| | | | | | Colonial Pre-tax | 13.80 | 151.80 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 309.76 |
| | | | | | HEALTH PRE-TAX | 30.00 | 330.00 |
| | | | | | 253278362 | 1,052.66 | 11,919.93 |
| TOTALS: | 80.00 | | 1,614.28 | 18,328.32 | TOTALS: | 1,613.73 | 18,325.02 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.73 | 561.07 | 1,052.66 | 18,325.02 | 6,405.09 | 11,919.93 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 206.52 | 10.38 | 10.00 | 0.00 | 0.00 | 206.90 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 587.52 | 10.38 | 10.00 | 0.00 | 0.00 | 587.90 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD36947

| DATE | NET AMOUNT |
|------------|------------|
| 06/01/2017 | \$1,052.66 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/11/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|---------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 2,610.64 | FITW | 155.74 | 1,973.10 |
| Holiday Pay | 10.00 | 20.1715 | 201.72 | 799.09 | SITW | 71.47 | 894.58 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.30 | SOCSEC_EE | 95.59 | 1,182.87 |
| REGULAR HOURS | 70.00 | 20.1715 | 1,412.01 | 15,318.71 | MEDICARE_EE | 22.36 | 276.64 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 605.15 | Retirement/Employee | 139.73 | 1,726.70 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 605.16 | Uniforms | 4.05 | 48.60 |
| | | | | | Colonial Pre-tax | 13.80 | 165.60 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 337.92 |
| | | | | | HEALTH PRE-TAX | 30.00 | 360.00 |
| | | | | | 253278362 | 1,052.81 | 12,972.74 |
| TOTALS: | | | | | | 1,613.73 | 19,938.75 |
| TOTALS: | | 80.00 | | 1,613.73 | | | 19,942.05 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.73 | 560.92 | 1,052.81 | 19,938.75 | 6,966.01 | 12,972.74 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 206.90 | 10.38 | 0.00 | 0.00 | 0.00 | 217.28 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 587.90 | 10.38 | 0.00 | 0.00 | 0.00 | 598.28 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD37062

| DATE | NET AMOUNT |
|------------|------------|
| 06/15/2017 | \$1,052.81 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/25/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|----------|-----------------|------------------|---------------------|-----------------|------------------|
| Paid time Off (PTO) | 30.00 | 20,171.5 | 605.15 | 3,215.79 | FITW | 166.53 | 2,139.63 |
| Holiday Pay | 0.00 | 20,171.5 | 0.00 | 799.09 | SITW | 76.50 | 971.08 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.30 | SOCSEC_EE | 100.05 | 1,282.92 |
| REGULAR HOURS | 40.00 | 20,171.5 | 806.86 | 16,125.57 | MEDICARE_EE | 23.40 | 300.04 |
| OVERTIME | 0.00 | 30,257.3 | 0.00 | 605.15 | Retirement/Employee | 139.75 | 1,866.45 |
| UNPLANNED PTO | 10.00 | 20,171.5 | 201.72 | 806.88 | Uniforms | 4.05 | 52.65 |
| | | | | | Colonial Pre-tax | 0.00 | 165.60 |
| | | | | | DEP DENTAL PRE-TAX | 0.00 | 337.92 |
| | | | | | HEALTH PRE-TAX | 0.00 | 360.00 |
| | | | | | 253278362 | 1,103.45 | 14,076.19 |
| TOTALS: | 80.00 | | 1,613.73 | 21,555.78 | TOTALS: | 1,613.73 | 21,552.48 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.73 | 510.28 | 1,103.45 | 21,552.48 | 7,476.29 | 14,076.19 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 217.28 | 10.38 | 40.00 | 0.00 | 0.00 | 187.66 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 598.28 | 10.38 | 40.00 | 0.00 | 0.00 | 568.66 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD37170

| DATE | NET AMOUNT |
|------------|------------|
| 06/29/2017 | \$1,103.45 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/09/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|----------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 30.00 | 20,171.5 | 605.15 | 3,820.94 | FIW | 154.99 | 2,294.62 |
| Holiday Pay | 10.00 | 20,171.5 | 201.72 | 1,000.81 | SITW | 71.12 | 1,042.20 |
| Dependent Life Ins B | 0.00 | 0,550.0 | 0.55 | 3.85 | SOCSEC_EE | 95.62 | 1,378.54 |
| REGULAR HOURS | 40.00 | 20,171.5 | 806.86 | 16,932.43 | MEDICARE_EE | 22.36 | 322.40 |
| OVERTIME | 0.00 | 30,257.3 | 0.00 | 605.15 | Retirement/Employe | 145.24 | 2,011.69 |
| UNPLANNED PTO | 0.00 | 20,171.5 | 0.00 | 806.88 | Uniforms | 4.05 | 56.70 |
| | | | | | Colonial Pre-tax | 13.80 | 179.40 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 366.08 |
| | | | | | HEALTH PRE-TAX | 30.00 | 390.00 |
| | | | | | 253278362 | 1,048.39 | 15,124.58 |
| TOTALS: | 80.00 | | 1,614.28 | 23,170.06 | TOTALS: | 1,613.73 | 23,166.21 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,613.73 | 565.34 | 1,048.39 | 23,166.21 | 8,041.63 | 15,124.58 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 187.66 | 10.38 | 30.00 | 0.00 | 0.00 | 168.04 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 568.66 | 10.38 | 30.00 | 0.00 | 0.00 | 549.04 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD37277

| DATE | NET AMOUNT |
|------------|------------|
| 07/13/2017 | \$1,048.39 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/23/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 3,820.94 | FITW | 163.17 | 2,457.79 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 1,000.81 | SITW | 74.94 | 1,117.14 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.85 | SOCSEC_EE | 99.34 | 1,477.88 |
| REGULAR HOURS | 80.00 | 20.1715 | 1,613.72 | 18,546.15 | MEDICARE_EE | 23.23 | 345.63 |
| OVERTIME | 2.00 | 30.2573 | 60.51 | 665.66 | Retirement/Employe | 150.68 | 2,162.37 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | Uniforms | 4.05 | 60.75 |
| | | | | | Colonial Pre-tax | 13.80 | 193.20 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 394.24 |
| | | | | | HEALTH PRE-TAX | 30.00 | 420.00 |
| | | | | | 253278362 | 1,086.86 | 16,211.44 |
| TOTALS: | | | | | | 1,674.23 | 24,840.44 |
| TOTALS: | | 82.00 | 1,674.23 | 24,844.29 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,674.23 | 587.37 | 1,086.86 | 24,840.44 | 8,629.00 | 16,211.44 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 168.04 | 10.38 | 0.00 | 0.00 | 0.00 | 178.42 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 549.04 | 10.38 | 0.00 | 0.00 | 0.00 | 559.42 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD37397

| DATE | NET AMOUNT |
|------------|------------|
| 07/27/2017 | \$1,086.86 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|--|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K. MONTGOMERY EMPLOYEE NAME | 08/06/2017 PERIOD END |
|----------------------|--------------------|--|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 3,820.94 | FITW | 154.99 | 2,612.78 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 1,000.81 | SITW | 71.12 | 1,188.26 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.40 | SOCSEC_EE | 95.63 | 1,573.51 |
| REGULAR HOURS | 80.00 | 20.1715 | 1,613.72 | 20,159.87 | MEDICARE_EE | 22.37 | 368.00 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 665.66 | Retirement/Employe | 145.23 | 2,307.60 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | Uniforms | 4.35 | 65.10 |
| | | | | | Colonial Pre-tax | 13.80 | 207.00 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 422.40 |
| | | | | | HEALTH PRE-TAX | 30.00 | 450.00 |
| | | | | | 401K Loan Repayme | 89.72 | 89.72 |
| | | | | | 253278362 | 958.35 | 17,169.79 |
| TOTALS: | 80.00 | | 1,614.27 | 26,458.56 | TOTALS: | 1,613.72 | 26,454.16 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.72 | 655.37 | 958.35 | 26,454.16 | 9,284.37 | 17,169.79 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 178.42 | 10.38 | 0.00 | 0.00 | 0.00 | 188.80 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 559.42 | 10.38 | 0.00 | 0.00 | 0.00 | 569.80 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD37505
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 08/10/2017 | \$958.35 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/20/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 30.00 | 20.1715 | 605.15 | 4,426.09 | FITW | 154.91 | 2,767.69 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 1,000.81 | SITW | 71.08 | 1,259.34 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.40 | SOCSEC_EE | 95.59 | 1,669.10 |
| REGULAR HOURS | 50.00 | 20.1715 | 1,008.58 | 21,168.45 | MEDICARE_EE | 22.35 | 390.35 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 665.66 | Retirement/Employe | 145.24 | 2,452.84 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | Uniforms | 4.35 | 69.45 |
| | | | | | Colonial Pre-tax | 13.80 | 220.80 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 450.56 |
| | | | | | HEALTH PRE-TAX | 30.00 | 480.00 |
| | | | | | 401K Loan Repayme | 89.72 | 179.44 |
| | | | | | 253278362 | 958.53 | 18,128.32 |
| TOTALS: | 80.00 | | 1,613.73 | 28,072.29 | TOTALS: | 1,613.73 | 28,067.89 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.73 | 655.20 | 958.53 | 28,067.89 | 9,939.57 | 18,128.32 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 186.80 | 10.38 | 30.00 | 0.00 | 0.00 | 169.18 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 569.80 | 10.38 | 30.00 | 0.00 | 0.00 | 550.18 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD37622

| DATE | NET AMOUNT |
|------------|------------|
| 08/24/2017 | \$958.53 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/03/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|----------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20,171.5 | 0.00 | 4,426.09 | FITW | 154.99 | 2,922.68 |
| Holiday Pay | 0.00 | 20,171.5 | 0.00 | 1,000.81 | SITW | 71.12 | 1,330.46 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.95 | SOCSEC_EE | 95.62 | 1,764.72 |
| REGULAR HOURS | 80.00 | 20,171.5 | 1,613.72 | 22,782.17 | MEDICARE_EE | 22.37 | 412.72 |
| OVERTIME | 0.00 | 30,257.3 | 0.00 | 665.66 | Retirement/Employe | 145.23 | 2,599.07 |
| UNPLANNED PTO | 0.00 | 20,171.5 | 0.00 | 806.88 | Uniforms | 4.35 | 73.80 |
| | | | | | Colonial Pre-tax | 13.80 | 234.60 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 478.72 |
| | | | | | HEALTH PRE-TAX | 30.00 | 510.00 |
| | | | | | 401K Loan Repayme | 89.72 | 269.16 |
| | | | | | 253278362 | 958.36 | 19,086.68 |
| TOTALS: | 80.00 | | 1,614.27 | 29,686.56 | TOTALS: | 1,613.72 | 29,681.61 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.72 | 655.36 | 958.36 | 29,681.61 | 10,594.93 | 19,086.68 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 169.18 | 10.38 | 0.00 | 0.00 | 0.00 | 179.56 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 550.18 | 10.38 | 0.00 | 0.00 | 0.00 | 560.56 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD37731

| DATE | NET AMOUNT |
|------------|------------|
| 09/07/2017 | \$958.36 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/17/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 4,426.09 | FITW | 154.91 | 3,077.59 |
| Holiday Pay | 10.00 | 20.1715 | 201.72 | 1,202.53 | SITW | 71.08 | 1,401.54 |
| Weather Emergenc | 10.00 | 20.1715 | 201.72 | 201.72 | SOCSEC_EE | 95.59 | 1,860.31 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.95 | MEDICARE_EE | 22.35 | 435.07 |
| REGULAR HOURS | 60.00 | 20.1715 | 1,210.29 | 23,992.46 | Retirement/Employe | 145.24 | 2,743.31 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 665.66 | Uniforms | 4.35 | 78.15 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | Colonial Pre-tax | 13.80 | 248.40 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 506.88 |
| | | | | | HEALTH PRE-TAX | 30.00 | 540.00 |
| | | | | | 401K Loan Repayme | 89.72 | 358.88 |
| | | | | | 253278362 | 958.53 | 20,045.21 |
| TOTALS: | 80.00 | | 1,613.73 | 31,300.29 | TOTALS: | 1,613.73 | 31,295.34 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.73 | 655.20 | 958.53 | 31,295.34 | 11,250.13 | 20,045.21 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 179.56 | 10.38 | 0.00 | 0.00 | 0.00 | 189.94 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 560.56 | 10.38 | 0.00 | 0.00 | 0.00 | 570.94 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD37850

| DATE | NET AMOUNT |
|------------|------------|
| 09/21/2017 | \$958.53 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/15/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 4,426.09 | FITW | 153.21 | 3,391.32 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 1,202.33 | SITW | 70.29 | 1,545.53 |
| Weather Emergenc | 0.00 | 20.1715 | 0.00 | 201.72 | SOCSEC_EE | 94.89 | 2,053.40 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 5.50 | MEDICARE_EE | 22.19 | 480.23 |
| REGULAR HOURS | 80.00 | 20.1715 | 1,613.72 | 27,219.90 | Retirement/Employe | 145.23 | 3,038.54 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 718.61 | Uniforms | 4.35 | 86.85 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | DEF DENTAL PRE-TAX | 28.16 | 563.20 |
| | | | | | HEALTH PRE-TAX | 30.00 | 600.00 |
| | | | | | 401K Loan Repayme | 89.72 | 538.32 |
| | | | | | Colonial Life Linsur | 10.93 | 21.86 |
| | | | | | Colonial Pre-tax | 25.14 | 50.28 |
| | | | | | Colonial Pre-tax | 0.00 | 248.40 |
| | | | | | 253278362 | 939.61 | 21,957.80 |
| | | | | | TOTALS: | 1,613.72 | 34,575.73 |
| TOTALS: | 80.00 | | 1,613.72 | 34,581.23 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.72 | 674.11 | 939.61 | 34,575.73 | 12,617.93 | 21,957.80 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|---------|---------|---------|------|------|------|---------|
| PTO | 200.32 | 10.38 | 0.00 | 0.00 | 0.00 | 210.70 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 581.32 | 10.38 | 0.00 | 0.00 | 0.00 | 591.70 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C. Check No: DD38077

| DATE | NET AMOUNT |
|------------|------------|
| 10/19/2017 | \$939.61 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/29/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|----------|------------|
| Paid Time Off (PTO) | 10.00 | 20.1715 | 201.72 | 4,627.81 | FTW | 153.29 | 3,544.61 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 1,202.53 | SITW | 70.33 | 1,615.86 |
| Weather Emergenc | 0.00 | 20.1715 | 0.00 | 201.72 | SOCSEC_EE | 94.92 | 2,148.32 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.05 | MEDICARE_EE | 22.20 | 502.43 |
| REGULAR HOURS | 70.00 | 20.1715 | 1,412.01 | 28,631.91 | Retirement/Employe | 145.24 | 3,183.78 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 718.61 | Uniforms | 4.35 | 91.20 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | DEP DENTAL PRE-TAX | 28.16 | 591.36 |
| | | | | | HEALTH PRE-TAX | 30.00 | 630.00 |
| | | | | | 401K Loan Repayme | 89.72 | 628.04 |
| | | | | | Colonial Life Linsur | 10.93 | 32.79 |
| | | | | | Colonial Pre-tax | 25.14 | 75.42 |
| | | | | | Colonial Pre-tax | 0.00 | 248.40 |
| | | | | | 253278362 | 939.45 | 22,897.25 |
| TOTALS: | 80.00 | | 1,614.28 | 36,195.51 | TOTALS: | 1,613.73 | 36,189.46 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.73 | 674.28 | 939.45 | 36,189.46 | 13,292.21 | 22,897.25 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|---------|---------|---------|-------|------|------|---------|
| PTO | 210.70 | 10.38 | 10.00 | 0.00 | 0.00 | 211.08 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 591.70 | 10.38 | 10.00 | 0.00 | 0.00 | 592.08 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD38186
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 11/02/2017 | \$939.45 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/12/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|----------|-----------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 4,627.81 | FITW | 153.21 | 3,697.82 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 1,202.53 | SITW | 70.29 | 1,686.15 |
| Weather Emergenc | 0.00 | 20.1715 | 0.00 | 201.72 | SOCSEC_EE | 94.89 | 2,243.21 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.05 | MEDICARE_EE | 22.19 | 524.62 |
| REGULAR HOURS | 80.00 | 20.1715 | 1,613.72 | 30,245.63 | Retirement/Employe | 145.23 | 3,329.01 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 718.61 | Uniforms | 4.35 | 95.55 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | DEP DENTAL PRE-TAX | 28.16 | 619.52 |
| | | | | | HEALTH PRE-TAX | 30.00 | 660.00 |
| | | | | | 401K Loan Repayme | 89.72 | 717.76 |
| | | | | | Colonial Life Linsur | 10.93 | 43.72 |
| | | | | | Colonial Pre-tax | 25.14 | 100.56 |
| | | | | | Colonial Pre-tax | 0.00 | 248.40 |
| | | | | | 253278362 | 939.61 | 23,836.86 |
| TOTALS: | | | | | | 1,613.72 | 37,803.18 |
| TOTALS: | | 80.00 | | 1,613.72 | | | 37,809.23 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.72 | 674.11 | 939.61 | 37,803.18 | 13,966.32 | 23,836.86 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 211.08 | 10.38 | 0.00 | 0.00 | 0.00 | 221.46 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 592.08 | 10.38 | 0.00 | 0.00 | 0.00 | 602.46 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD38303

| DATE | NET AMOUNT |
|------------|------------|
| 11/16/2017 | \$939.61 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/26/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 20.1715 | 403.43 | 5,031.24 | FITW | 454.67 | 4,152.49 |
| Holiday Pay | 20.00 | 20.1715 | 403.43 | 1,605.96 | SITW | 163.62 | 1,849.77 |
| Weather Emergenc | 0.00 | 20.1715 | 0.00 | 201.72 | SOCSEC_EE | 177.55 | 2,420.76 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.05 | MEDICARE_EE | 41.52 | 566.14 |
| Longevity Bonus | 0.00 | 0.0000 | 1,250.00 | 1,250.00 | Retirement/Employee | 145.23 | 3,674.24 |
| REGULAR HOURS | 40.00 | 20.1715 | 806.86 | 31,052.49 | Uniforms | 4.35 | 99.90 |
| OVERTIME | 0.00 | 30,2573 | 0.00 | 718.61 | DEP DENTAL PRE-TAX | 0.00 | 619.52 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | HEALTH PRE-TAX | 0.00 | 660.00 |
| | | | | | 401K Loan Repayme | 89.72 | 807.48 |
| | | | | | Colonial Life Linsur | 0.00 | 43.72 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Pre-tax | 0.00 | 248.40 |
| | | | | | 253278362 | 1,787.06 | 25,623.92 |
| TOTALS: | 80.00 | | 2,863.72 | 40,672.95 | TOTALS: | 2,863.72 | 40,666.90 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,863.72 | 1,076.66 | 1,787.06 | 40,666.90 | 15,042.98 | 25,623.92 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 221.46 | 11.92 | 20.00 | 0.00 | 0.00 | 213.38 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 602.46 | 11.92 | 20.00 | 0.00 | 0.00 | 594.38 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C. Check No: DD38411

| DATE | NET AMOUNT |
|------------|------------|
| 11/30/2017 | \$1,787.06 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/10/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 20.1715 | 0.00 | 5,031.24 | FITW | 153.29 | 4,305.78 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 1,605.96 | SITW | 70.33 | 1,920.10 |
| Weather Emergenc | 0.00 | 20.1715 | 0.00 | 201.72 | SOCSEC_EE | 94.92 | 2,515.68 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.60 | MEDICARE_EE | 22.20 | 588.34 |
| Longevity Bonus | 0.00 | 0.0000 | 0.00 | 1,250.00 | Retirement/Employe | 145.23 | 3,619.47 |
| REGULAR HOURS | 80.00 | 20.1715 | 1,613.72 | 32,666.21 | Uniforms | 4.35 | 104.25 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 718.61 | DEP DENTAL PRE-TAX | 28.16 | 647.68 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | HEALTH PRE-TAX | 30.00 | 690.00 |
| | | | | | 401K Loan Repayme | 89.72 | 897.20 |
| | | | | | Colonial Life Linsur | 10.93 | 54.65 |
| | | | | | Colonial Pre-tax | 25.14 | 125.70 |
| | | | | | Colonial Pre-tax | 0.00 | 248.40 |
| | | | | | 253278362 | 939.45 | 26,563.37 |
| TOTALS: | 80.00 | | 1,614.27 | 42,287.22 | TOTALS: | 1,613.72 | 42,280.62 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.72 | 674.27 | 939.45 | 42,280.62 | 15,717.25 | 26,563.37 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|---------|---------|---------|------|------|------|---------|
| PTO | 213.38 | 11.92 | 0.00 | 0.00 | 0.00 | 225.30 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 594.38 | 11.92 | 0.00 | 0.00 | 0.00 | 606.30 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD38520

| DATE | NET AMOUNT |
|------------|------------|
| 12/14/2017 | \$939.45 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/24/2017 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 40.00 | 20.1715 | 806.86 | 5,838.10 | FITW | 153.21 | 4,458.99 |
| Holiday Pay | 0.00 | 20.1715 | 0.00 | 1,605.96 | SITW | 70.29 | 1,990.39 |
| Weather Emergenc | 0.00 | 20.1715 | 0.00 | 201.72 | \$OCSEC_EE | 94.88 | 2,610.56 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.60 | MEDICARE_EE | 22.19 | 610.53 |
| Longevity Bonus | 0.00 | 0.0000 | 0.00 | 1,250.00 | Retirement/Employee | 145.23 | 3,764.70 |
| REGULAR HOURS | 40.00 | 20.1715 | 806.86 | 33,473.07 | Uniforms | 4.35 | 108.60 |
| OVERTIME | 0.00 | 30.2573 | 0.00 | 718.61 | DEP DENTAL PRE-TAX | 28.16 | 675.84 |
| UNPLANNED PTO | 0.00 | 20.1715 | 0.00 | 806.88 | HEALTH PRE-TAX | 30.00 | 720.00 |
| | | | | | 401K Loan Repayme | 89.72 | 986.92 |
| | | | | | Colonial Life Linsur | 10.93 | 65.58 |
| | | | | | Colonial Pre-tax | 25.14 | 150.84 |
| | | | | | Colonial Pre-tax | 0.00 | 248.40 |
| | | | | | 253278362 | 939.62 | 27,502.99 |
| TOTALS: | 80.00 | | 1,613.72 | 43,900.94 | TOTALS: | 1,613.72 | 43,894.34 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.72 | 674.10 | 939.62 | 43,894.34 | 16,391.35 | 27,502.99 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 225.30 | 11.92 | 40.00 | 0.00 | 0.00 | 197.22 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 606.30 | 11.92 | 40.00 | 0.00 | 0.00 | 578.22 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD38638

| DATE | NET AMOUNT |
|------------|------------|
| 12/29/2017 | \$939.62 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/07/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 30.00 | 20.1715 | 605.15 | 605.15 | FITW | 153.29 | 153.29 |
| Holiday Pay | 30.00 | 20.1715 | 605.15 | 605.15 | SITW | 68.21 | 68.21 |
| Weather Emergenc | 20.00 | 20.1715 | 403.43 | 403.43 | SOCSEC_EE | 94.92 | 94.92 |
| Dependent Life Ins 8 | 0.00 | 0.5500 | 0.55 | 0.55 | MEDICARE_EE | 22.20 | 22.20 |
| | | | | | Retirement/Employe | 145.24 | 145.24 |
| | | | | | Uniforms | 4.35 | 4.35 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 28.16 |
| | | | | | HEALTH PRE-TAX | 30.00 | 30.00 |
| | | | | | 401K Loan Repayme | 89.72 | 89.72 |
| | | | | | Colonial Life Linsur | 10.93 | 10.93 |
| | | | | | Colonial Pre-tax | 25.14 | 25.14 |
| | | | | | 253278362 | 941.57 | 941.57 |
| TOTALS: | 80.00 | | 1,614.28 | 1,614.28 | TOTALS: | 1,613.73 | 1,613.73 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|---------|--------------|----------------|-------------|
| 1,613.73 | 672.16 | 941.57 | 1,613.73 | 672.16 | 941.57 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 197.22 | 11.92 | 30.00 | 0.00 | 0.00 | 179.14 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 578.22 | 11.92 | 30.00 | 0.00 | 0.00 | 560.14 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD38747

| DATE | NET AMOUNT |
|------------|------------|
| 01/11/2018 | \$941.57 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/21/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 20.7454 | 0.00 | 605.15 | FITW | 127.68 | 280.97 |
| Holiday Pay | 10.00 | 20.7454 | 207.45 | 812.60 | SITW | 71.10 | 139.31 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.73 | 192.65 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 0.55 | MEDICARE_EE | 22.86 | 45.06 |
| REGULAR HOURS | 70.00 | 20.7454 | 1,452.18 | 1,452.18 | Retirement/Employe | 149.37 | 294.61 |
| | | | | | Uniforms | 4.35 | 8.70 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 56.32 |
| | | | | | HEALTH PRE-TAX | 30.00 | 60.00 |
| | | | | | 401K Loan Repayme | 89.72 | 179.44 |
| | | | | | Colonial Life Linsur | 10.93 | 21.86 |
| | | | | | Colonial Pre-tax | 25.14 | 50.28 |
| | | | | | 253278362 | 1,002.59 | 1,944.16 |
| TOTALS: | 80.00 | | 1,659.63 | 3,273.91 | TOTALS: | 1,659.63 | 3,273.36 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.04 | 1,002.59 | 3,273.36 | 1,329.20 | 1,944.16 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 179.14 | 11.92 | 0.00 | 0.00 | 0.00 | 191.06 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 560.14 | 11.92 | 0.00 | 0.00 | 0.00 | 572.06 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD38867

| DATE | NET AMOUNT |
|------------|------------|
| 01/25/2018 | \$1,002.59 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/04/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 20.7454 | 0.00 | 605.15 | FITW | 127.74 | 408.71 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 812.60 | SITW | 71.14 | 210.45 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.77 | 290.42 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.10 | MEDICARE_EE | 22.86 | 67.92 |
| REGULAR HOURS | 80.00 | 20.7454 | 1,659.63 | 3,111.81 | Retirement/Employe | 149.37 | 443.98 |
| | | | | | Uniforms | 4.35 | 13.05 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 84.48 |
| | | | | | HEALTH PRE-TAX | 30.00 | 90.00 |
| | | | | | 401K Loan Repayme | 89.72 | 269.16 |
| | | | | | Colonial Life Linsur | 10.93 | 32.79 |
| | | | | | Colonial Pre-tax | 25.14 | 75.42 |
| | | | | | 253278362 | 1,002.45 | 2,946.61 |
| TOTALS: | 80.00 | | 1,660.18 | 4,934.09 | TOTALS: | 1,659.63 | 4,932.99 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.18 | 1,002.45 | 4,932.99 | 1,986.38 | 2,946.61 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 191.06 | 11.92 | 0.00 | 0.00 | 0.00 | 202.98 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 572.06 | 11.92 | 0.00 | 0.00 | 0.00 | 583.98 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD38976

| DATE | NET AMOUNT |
|------------|------------|
| 02/08/2018 | \$1,002.45 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|--|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K. MONTGOMERY EMPLOYEE NAME | 02/18/2018 PERIOD END |
|----------------------|--------------------|--|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 20.7454 | 0.00 | 605.15 | FITW | 175.44 | 584.15 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 812.60 | SITW | 97.86 | 308.31 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 123.78 | 414.20 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.10 | MEDICARE_EE | 28.95 | 96.87 |
| REGULAR HOURS | 80.00 | 20.7454 | 1,659.63 | 4,771.44 | Retirement/Employe | 187.17 | 631.15 |
| OVERTIME | 13.50 | 31.1181 | 420.09 | 420.09 | Uniforms | 4.35 | 17.40 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 112.64 |
| | | | | | HEALTH PRE-TAX | 30.00 | 120.00 |
| | | | | | 401K Loan Repayme | 89.72 | 358.88 |
| | | | | | Colonial Life Linsur | 10.93 | 43.72 |
| | | | | | Colonial Pre-tax | 25.14 | 100.56 |
| | | | | | 253278362 | 1,278.22 | 4,224.83 |
| TOTALS: | 93.50 | | 2,079.72 | 7,013.61 | TOTALS: | 2,079.72 | 7,012.71 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,079.72 | 801.50 | 1,278.22 | 7,012.71 | 2,787.88 | 4,224.83 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 202.98 | 11.92 | 0.00 | 0.00 | 0.00 | 214.90 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 583.98 | 11.92 | 0.00 | 0.00 | 0.00 | 595.90 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD39094

| DATE | NET AMOUNT |
|------------|------------|
| 02/22/2018 | \$1,278.22 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/04/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|----------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 10.00 | 20,7454 | 207.45 | 812.60 | FIIW | 127.74 | 711.89 |
| Holiday Pay | 0.00 | 20,7454 | 0.00 | 812.60 | SITW | 71.14 | 379.45 |
| Weather Emergenc | 0.00 | 20,7454 | 0.00 | 403.43 | SOCSEC_EE | 97.76 | 511.96 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.65 | MEDICARE_EE | 22.86 | 119.73 |
| REGULAR HOURS | 70.00 | 20,7454 | 1,452.18 | 6,223.62 | Retirement/Employe | 149.37 | 780.52 |
| OVERTIME | 0.00 | 31,1181 | 0.00 | 420.09 | Uniforms | 4.35 | 21.75 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 140.80 |
| | | | | | HEALTH PRE-TAX | 30.00 | 150.00 |
| | | | | | 401K Loan Repayme | 89.72 | 448.60 |
| | | | | | Colonial Life Linsur | 10.93 | 54.65 |
| | | | | | Colonial Pre-tax | 25.14 | 125.70 |
| | | | | | 253278362 | 1,002.46 | 5,227.29 |
| TOTALS: | | | | | | 1,659.63 | 8,672.34 |
| TOTALS: | | 80.00 | | 1,660.18 | | | 8,673.99 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.17 | 1,002.46 | 8,672.34 | 3,445.05 | 5,227.29 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 214.90 | 11.92 | 10.00 | 0.00 | 0.00 | 216.82 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 595.90 | 11.92 | 10.00 | 0.00 | 0.00 | 597.82 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 43009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD39203

| DATE | NET AMOUNT |
|------------|------------|
| 03/08/2018 | \$1,002.46 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/18/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 20.7454 | 207.45 | 1,020.05 | FITW | 127.68 | 839.57 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 812.60 | SITW | 71.10 | 450.55 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.74 | 609.70 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.65 | MEDICARE_EE | 22.86 | 142.59 |
| REGULAR HOURS | 70.00 | 20.7454 | 1,452.18 | 7,675.80 | Retirement/Employe | 149.37 | 929.89 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 420.09 | Uniforms | 4.35 | 26.10 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 168.96 |
| | | | | | HEALTH PRE-TAX | 30.00 | 180.00 |
| | | | | | 401K Loan Repayme | 89.72 | 538.32 |
| | | | | | Colonial Life Linsur | 10.93 | 65.58 |
| | | | | | Colonial Pre-tax | 25.14 | 150.84 |
| | | | | | 253278362 | 1,002.58 | 6,229.87 |
| TOTALS: | 80.00 | | 1,659.63 | 10,333.62 | TOTALS: | 1,659.63 | 10,331.97 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.05 | 1,002.58 | 10,331.97 | 4,102.10 | 6,229.87 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 216.82 | 11.92 | 10.00 | 0.00 | 0.00 | 218.74 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 597.82 | 11.92 | 10.00 | 0.00 | 0.00 | 599.74 |

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD39321
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 03/22/2018 | \$1,002.58 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/01/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20.7454 | 0.00 | 1,020.05 | RTW | 127.74 | 967.31 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 812.60 | SITW | 71.14 | 521.69 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.76 | 707.46 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.20 | MEDICARE_EE | 22.87 | 165.46 |
| REGULAR HOURS | 80.00 | 20.7454 | 1,659.63 | 9,335.43 | Retirement/Employe | 149.37 | 1,079.26 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 420.09 | Uniforms | 4.35 | 30.45 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 197.12 |
| | | | | | HEALTH PRE-TAX | 30.00 | 210.00 |
| | | | | | 401K Loan Repayme | 89.72 | 628.04 |
| | | | | | Colonial Life Linsur | 10.93 | 76.51 |
| | | | | | Colonial Pre-tax | 25.14 | 175.98 |
| | | | | | 253278362 | 1,002.45 | 7,232.32 |
| TOTALS: | 80.00 | | 1,660.18 | 11,993.80 | TOTALS: | 1,659.63 | 11,991.60 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.18 | 1,002.45 | 11,991.60 | 4,759.28 | 7,232.32 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 218.74 | 11.92 | 0.00 | 0.00 | 0.00 | 230.66 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 599.74 | 11.92 | 0.00 | 0.00 | 0.00 | 611.66 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD39429

| DATE | NET AMOUNT |
|------------|------------|
| 04/05/2018 | \$1,002.45 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/15/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20.7454 | 0.00 | 1,020.05 | FITW | 127.68 | 1,094.99 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 812.60 | SITW | 71.10 | 592.79 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.74 | 805.20 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.20 | MEDICARE_EE | 22.85 | 188.31 |
| REGULAR HOURS | 80.00 | 20.7454 | 1,659.63 | 10,995.06 | Retirement/Employe | 149.37 | 1,228.63 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 420.09 | Uniforms | 4.35 | 34.80 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 225.28 |
| | | | | | HEALTH PRE-TAX | 30.00 | 240.00 |
| | | | | | 401K Loan Repayme | 89.72 | 717.76 |
| | | | | | Colonial Life Linsur | 10.93 | 87.44 |
| | | | | | Colonial Pre-tax | 25.14 | 201.12 |
| | | | | | 253278362 | 1,002.59 | 8,234.91 |
| TOTALS: | 80.00 | | 1,659.63 | 13,653.43 | TOTALS: | 1,659.63 | 13,651.23 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.04 | 1,002.59 | 13,651.23 | 5,416.32 | 8,234.91 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 230.66 | 11.92 | 0.00 | 0.00 | 0.00 | 242.58 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 611.66 | 11.92 | 0.00 | 0.00 | 0.00 | 623.58 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD39547

| DATE | NET AMOUNT |
|------------|------------|
| 04/19/2018 | \$1,002.59 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/29/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 20.7454 | 207.45 | 1,227.50 | FITW | 131.14 | 1,226.13 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 812.60 | SITW | 73.12 | 665.91 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 99.69 | 904.89 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.75 | MEDICARE_EE | 23.32 | 211.63 |
| REGULAR HOURS | 70.00 | 20.7454 | 1,452.18 | 12,447.24 | Retirement/Employe | 152.17 | 1,380.80 |
| OVERTIME | 1.00 | 31.1181 | 31.12 | 451.21 | Uniforms | 4.35 | 39.15 |
| | | | | | DEF DENTAL PRE-TAX | 28.16 | 253.44 |
| | | | | | HEALTH PRE-TAX | 30.00 | 270.00 |
| | | | | | 401K Loan Repayme | 89.72 | 807.48 |
| | | | | | Colonial Life Linsur | 10.93 | 98.37 |
| | | | | | Colonial Pre-tax | 25.14 | 226.26 |
| | | | | | 253278362 | 1,023.01 | 9,257.92 |
| TOTALS: | 81.00 | | 1,691.30 | 15,344.73 | TOTALS: | 1,690.75 | 15,341.98 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,690.75 | 667.74 | 1,023.01 | 15,341.98 | 6,084.06 | 9,257.92 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 242.58 | 11.92 | 10.00 | 0.00 | 0.00 | 244.50 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 623.58 | 11.92 | 10.00 | 0.00 | 0.00 | 625.50 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD39655

| DATE | NET AMOUNT |
|------------|------------|
| 05/03/2018 | \$1,023.01 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/13/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20.7454 | 0.00 | 1,227.50 | FITW | 127.68 | 1,353.81 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 812.60 | SITW | 71.10 | 737.01 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.73 | 1,002.62 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.75 | MEDICARE_EE | 22.85 | 234.48 |
| REGULAR HOURS | 80.00 | 20.7454 | 1,659.63 | 14,106.87 | Retirement/Employe | 149.37 | 1,530.17 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 451.21 | Uniforms | 4.35 | 43.50 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 281.60 |
| | | | | | HEALTH PRE-TAX | 30.00 | 300.00 |
| | | | | | 401K Loan Repayme | 89.72 | 897.20 |
| | | | | | Colonial Life Linsur | 10.93 | 109.30 |
| | | | | | Colonial Pre-tax | 25.14 | 251.40 |
| | | | | | 253278362 | 1,002.60 | 10,260.52 |
| TOTALS: | | | | | | 1,659.63 | 17,001.61 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.03 | 1,002.60 | 17,001.61 | 6,741.09 | 10,260.52 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 244.50 | 11.92 | 0.00 | 0.00 | 0.00 | 256.42 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 625.50 | 11.92 | 0.00 | 0.00 | 0.00 | 637.42 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD39772
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 05/17/2018 | \$1,002.60 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/27/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 20,7454 | 414.91 | 1,642.41 | FITW | 153.81 | 1,507.62 |
| Holiday Pay | 0.00 | 20,7454 | 0.00 | 812.60 | SITW | 86.34 | 823.35 |
| Weather Emergenc | 0.00 | 20,7454 | 0.00 | 403.43 | SOCSEC_EE | 112.07 | 1,114.69 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.75 | MEDICARE_EE | 26.21 | 260.69 |
| REGULAR HOURS | 60.00 | 20,7454 | 1,244.72 | 15,351.59 | Retirement/Employe | 162.67 | 1,692.84 |
| OVERTIME | 4.75 | 31,1181 | 147.81 | 599.02 | Uniforms | 4.35 | 47.85 |
| | | | | | DEP DENTAL PRE-TAX | 0.00 | 281.60 |
| | | | | | HEALTH PRE-TAX | 0.00 | 300.00 |
| | | | | | 401K Loan Repayme | 89.72 | 986.92 |
| | | | | | Colonial Life Linsur | 0.00 | 109.30 |
| | | | | | Colonial Pre-tax | 0.00 | 251.40 |
| | | | | | 253278362 | 1,172.27 | 11,432.79 |
| TOTALS: | 84.75 | | 1,807.44 | 18,811.80 | TOTALS: | 1,807.44 | 18,809.05 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,807.44 | 635.17 | 1,172.27 | 18,809.05 | 7,376.26 | 11,432.79 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 256.42 | 11.92 | 20.00 | 0.00 | 0.00 | 248.34 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 637.42 | 11.92 | 20.00 | 0.00 | 0.00 | 629.34 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

Check No: DD39880

BANK OF AMERICA
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 05/31/2018 | \$1,172.27 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/10/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 40.00 | 20.7454 | 829.82 | 2,472.23 | FITW | 127.74 | 1,635.36 |
| Holiday Pay | 10.00 | 20.7454 | 207.45 | 1,020.05 | SITW | 71.14 | 894.49 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.76 | 1,212.43 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.30 | MEDICARE_EE | 22.87 | 283.56 |
| REGULAR HOURS | 30.00 | 20.7454 | 622.36 | 15,973.95 | Retirement/Employee | 149.37 | 1,842.21 |
| OVERTIME | 0.00 | 31,1181 | 0.00 | 599.02 | Uniforms | 4.35 | 52.20 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 309.76 |
| | | | | | HEALTH PRE-TAX | 30.00 | 330.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,076.64 |
| | | | | | Colonial Life Linsur | 10.93 | 120.23 |
| | | | | | Colonial Pre-tax | 25.14 | 276.54 |
| | | | | | 253278362 | 1,002.45 | 12,435.24 |
| TOTALS: | 80.00 | | 1,660.18 | 20,471.98 | TOTALS: | 1,659.63 | 20,468.68 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.18 | 1,002.45 | 20,468.68 | 8,033.44 | 12,435.24 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 248.34 | 11.92 | 40.00 | 0.00 | 0.00 | 220.26 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 629.34 | 11.92 | 40.00 | 0.00 | 0.00 | 601.26 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD39989

| DATE | NET AMOUNT |
|------------|------------|
| 06/14/2018 | \$1,002.45 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/24/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 40.00 | 20.7454 | 829.82 | 3,302.05 | FITW | 127.68 | 1,763.04 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 1,020.05 | SITW | 71.10 | 965.59 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.74 | 1,310.19 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.30 | MEDICARE_EE | 22.85 | 306.41 |
| REGULAR HOURS | 40.00 | 20.7454 | 829.82 | 16,803.77 | Retirement/Employe | 149.37 | 1,991.58 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 599.02 | Uniforms | 4.35 | 56.55 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 337.92 |
| | | | | | HEALTH PRE-TAX | 30.00 | 360.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,166.36 |
| | | | | | Colonial Life Linsur | 10.93 | 131.16 |
| | | | | | Colonial Pre-tax | 25.14 | 301.68 |
| | | | | | 253278362 | 1,002.60 | 13,437.84 |
| TOTALS: | 80.00 | | 1,659.64 | 22,131.62 | TOTALS: | 1,659.64 | 22,128.32 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.64 | 657.04 | 1,002.60 | 22,128.32 | 8,690.48 | 13,437.84 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 220.26 | 11.92 | 40.00 | 0.00 | 0.00 | 192.18 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 601.26 | 11.92 | 40.00 | 0.00 | 0.00 | 573.18 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD40105

| DATE | NET AMOUNT |
|------------|------------|
| 06/28/2018 | \$1,002.60 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|--|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K. MONTGOMERY EMPLOYEE NAME | 07/08/2018 PERIOD END |
|----------------------|--------------------|--|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20.7454 | 0.00 | 3,924.41 | FITW | 127.74 | 1,890.78 |
| Paid Time Off (PTO) | 30.00 | 20.7454 | 622.36 | | SITW | 71.14 | 1,036.73 |
| Holiday Pay | 10.00 | 20.7454 | 207.45 | 1,227.50 | SOCSEC_EE | 97.76 | 1,407.95 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | MEDICARE_EE | 22.87 | 329.28 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.85 | Retirement/Employe | 149.37 | 2,140.95 |
| REGULAR HOURS | 40.00 | 20.7454 | 829.82 | 17,633.59 | Uniforms | 4.35 | 60.90 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 599.02 | DEP DENTAL PRE-TAX | 26.16 | 366.08 |
| | | | | | HEALTH PRE-TAX | 30.00 | 390.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,256.08 |
| | | | | | Colonial Life Linsur | 10.93 | 142.09 |
| | | | | | Colonial Pre-tax | 25.14 | 326.82 |
| | | | | | 253278362 | 1,002.45 | 14,440.29 |
| TOTALS: | 80.00 | | 1,660.18 | 23,791.80 | TOTALS: | 1,659.63 | 23,787.95 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.18 | 1,002.45 | 23,787.95 | 9,347.66 | 14,440.29 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 192.18 | 11.92 | 30.00 | 0.00 | 0.00 | 174.10 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 573.18 | 11.92 | 30.00 | 0.00 | 0.00 | 555.10 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD40213

| DATE | NET AMOUNT |
|------------|------------|
| 07/12/2018 | \$1,002.45 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/05/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 20.7454 | 207.45 | 4,131.86 | FITW | 127.74 | 2,146.20 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 1,227.50 | SITW | 71.14 | 1,178.97 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.77 | 1,603.45 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.40 | MEDICARE_EE | 22.86 | 375.00 |
| REGULAR HOURS | 70.00 | 20.7454 | 1,452.18 | 20,745.40 | Retirement/Employe | 149.37 | 2,439.69 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 599.02 | Uniforms | 4.35 | 69.60 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 422.40 |
| | | | | | HEALTH PRE-TAX | 30.00 | 450.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,435.52 |
| | | | | | Colonial Life Linsur | 10.93 | 163.95 |
| | | | | | Colonial Pre-tax | 25.14 | 377.10 |
| | | | | | 253278362 | 1,002.45 | 16,445.33 |
| TOTALS: | 80.00 | | 1,660.18 | 27,111.61 | TOTALS: | 1,659.63 | 27,107.21 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.18 | 1,002.45 | 27,107.21 | 10,661.86 | 16,445.33 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 186.02 | 11.92 | 10.00 | 0.00 | 0.00 | 187.94 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 567.02 | 11.92 | 10.00 | 0.00 | 0.00 | 568.94 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD40435

| DATE | NET AMOUNT |
|------------|------------|
| 08/09/2018 | \$1,002.45 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/19/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 20.7454 | 414.91 | 4,546.77 | FIW | 127.68 | 2,273.88 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 1,227.50 | SITW | 71.10 | 1,250.07 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | \$OCSEC_EE | 97.73 | 1,701.18 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.40 | MEDICARE_EE | 22.86 | 397.86 |
| REGULAR HOURS | 60.00 | 20.7454 | 1,244.72 | 21,990.12 | Retirement/Employe | 149.37 | 2,589.06 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 599.02 | Uniforms | 4.35 | 73.95 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 450.56 |
| | | | | | HEALTH PRE-TAX | 30.00 | 480.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,525.24 |
| | | | | | Colonial Life Linsur | 10.93 | 174.88 |
| | | | | | Colonial Pre-tax | 25.14 | 402.24 |
| | | | | | 253278362 | 1,002.59 | 17,447.92 |
| TOTALS: | 80.00 | | 1,659.63 | 28,771.24 | TOTALS: | 1,659.63 | 28,766.84 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.04 | 1,002.59 | 28,766.84 | 11,318.92 | 17,447.92 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 187.94 | 11.92 | 20.00 | 0.00 | 0.00 | 179.86 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 568.94 | 11.92 | 20.00 | 0.00 | 0.00 | 560.86 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD40544

| DATE | NET AMOUNT |
|------------|------------|
| 08/23/2018 | \$1,002.59 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/02/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 20.7454 | 414.91 | 4,961.68 | FITW | 127.74 | 2,401.62 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 1,227.50 | SITW | 71.14 | 1,321.21 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 403.43 | SOCSEC_EE | 97.77 | 1,798.95 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.95 | MEDICARE_EE | 22.86 | 420.72 |
| REGULAR HOURS | 60.00 | 20.7454 | 1,244.72 | 23,234.84 | Retirement/Employe | 149.37 | 2,738.43 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 599.02 | Uniforms | 4.35 | 78.30 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 478.72 |
| | | | | | HEALTH PRE-TAX | 30.00 | 510.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,614.96 |
| | | | | | Colonial Life Linsur | 10.93 | 185.81 |
| | | | | | Colonial Pre-tax | 25.14 | 427.38 |
| | | | | | 253278362 | 1,002.45 | 18,450.37 |
| TOTALS: | 80.00 | | 1,660.18 | 30,431.42 | TOTALS: | 1,659.63 | 30,426.47 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.18 | 1,002.45 | 30,426.47 | 11,976.10 | 18,450.37 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 179.86 | 11.92 | 20.00 | 0.00 | 0.00 | 171.78 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 560.86 | 11.92 | 20.00 | 0.00 | 0.00 | 552.78 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD40646
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 09/06/2018 | \$1,002.45 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/16/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20,7454 | 0.00 | 4,961.68 | FITW | 127.68 | 2,529.30 |
| Holiday Pay | 10.00 | 20,7454 | 207.45 | 1,434.95 | SITW | 71.10 | 1,392.31 |
| Weather Emergenc | 25.00 | 20,7454 | 518.64 | 922.07 | SOCSEC_EE | 97.73 | 1,896.68 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.95 | MEDICARE_EE | 22.86 | 443.58 |
| REGULAR HOURS | 45.00 | 20,7454 | 933.54 | 24,168.38 | Retirement/Employe | 149.37 | 2,887.80 |
| OVERTIME | 0.00 | 31,1181 | 0.00 | 599.02 | Uniforms | 4.35 | 82.65 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 506.88 |
| | | | | | HEALTH PRE-TAX | 30.00 | 540.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,704.68 |
| | | | | | Colonial Life Linsur | 10.93 | 196.74 |
| | | | | | Colonial Pre-tax | 25.14 | 452.52 |
| | | | | | 253278362 | 1,002.59 | 19,452.96 |
| TOTALS: | 80.00 | | 1,659.63 | 32,091.05 | TOTALS: | 1,659.63 | 32,086.10 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.04 | 1,002.59 | 32,086.10 | 12,633.14 | 19,452.96 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 171.78 | 11.92 | 0.00 | 0.00 | 0.00 | 183.70 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 552.78 | 11.92 | 0.00 | 0.00 | 0.00 | 564.70 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD40761

| DATE | NET AMOUNT |
|------------|------------|
| 09/20/2018 | \$1,002.59 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/30/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|----------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 20,745.4 | 0.00 | 4,961.88 | FITW | 140.49 | 2,669.79 |
| Holiday Pay | 0.00 | 20,745.4 | 0.00 | 1,434.95 | SITW | 78.57 | 1,470.88 |
| Weather Emergenc | 0.00 | 20,745.4 | 0.00 | 922.07 | SOCSEC_EE | 105.00 | 2,001.68 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 5.50 | MEDICARE_EE | 24.56 | 468.14 |
| REGULAR HOURS | 80.00 | 20,745.4 | 1,659.63 | 25,828.01 | Retirement/Employe | 159.87 | 3,047.67 |
| OVERTIME | 3.75 | 31,118.1 | 116.89 | 715.71 | Uniforms | 4.35 | 87.00 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 535.04 |
| | | | | | HEALTH PRE-TAX | 30.00 | 570.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,794.40 |
| | | | | | Colonial Life Linsur | 10.93 | 207.67 |
| | | | | | Colonial Pre-tax | 25.14 | 477.66 |
| | | | | | 253278362 | 1,079.53 | 20,532.49 |
| TOTALS: | 83.75 | | 1,776.87 | 33,867.92 | TOTALS: | 1,776.32 | 33,862.42 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,776.32 | 696.79 | 1,079.53 | 33,862.42 | 13,329.93 | 20,532.49 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 183.70 | 11.92 | 0.00 | 0.00 | 0.00 | 195.62 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 564.70 | 11.92 | 0.00 | 0.00 | 0.00 | 576.62 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD40865

| DATE | NET AMOUNT |
|------------|------------|
| 10/04/2018 | \$1,079.53 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/14/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 20.7454 | 207.45 | 5,169.13 | FITW | 127.68 | 2,797.47 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 1,434.95 | SITW | 71.10 | 1,541.98 |
| Weather Emergenc | 10.00 | 20.7454 | 207.45 | 1,129.52 | SOCSEC_EE | 97.74 | 2,099.42 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 5.50 | MEDICARE_EE | 22.85 | 490.99 |
| REGULAR HOURS | 60.00 | 20.7454 | 1,244.72 | 27,072.73 | Retirement/Employe | 149.37 | 3,197.04 |
| OVERTIME | 0.00 | 31,1181 | 0.00 | 715.71 | Uniforms | 4.35 | 91.35 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 563.20 |
| | | | | | HEALTH PRE-TAX | 30.00 | 600.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,884.12 |
| | | | | | Colonial Life Linsur | 10.93 | 218.60 |
| | | | | | Colonial Pre-tax | 25.14 | 502.80 |
| | | | | | 253278362 | 1,002.58 | 21,535.07 |
| TOTALS: | 80.00 | | 1,659.62 | 35,527.54 | TOTALS: | 1,659.62 | 35,522.04 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.62 | 657.04 | 1,002.58 | 35,522.04 | 13,986.97 | 21,535.07 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 195.62 | 11.92 | 10.00 | 0.00 | 0.00 | 197.54 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 576.62 | 11.92 | 10.00 | 0.00 | 0.00 | 578.54 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD40978

| DATE | NET AMOUNT |
|------------|------------|
| 10/18/2018 | \$1,002.58 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/28/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|----------|-----------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 1.00 | 20,7454 | 20.75 | 5,189.88 | FITW | 127.74 | 2,929.21 |
| Holiday Pay | 0.00 | 20,7454 | 0.00 | 1,434.95 | SITW | 71.14 | 1,613.12 |
| Weather Emergenc | 0.00 | 20,7454 | 0.00 | 1,129.52 | SOCSEC_EE | 97.76 | 2,197.18 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.05 | MEDICARE_EE | 22.87 | 513.86 |
| REGULAR HOURS | 79.00 | 20,7454 | 1,638.89 | 28,711.62 | Retirement/Employee | 149.37 | 3,346.41 |
| OVERTIME | 0.00 | 31,1181 | 0.00 | 715.71 | Uniforms | 4.35 | 95.70 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 591.36 |
| | | | | | HEALTH PRE-TAX | 30.00 | 630.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,973.84 |
| | | | | | Colonial Life Linsur | 10.93 | 229.53 |
| | | | | | Colonial Pre-tax | 25.14 | 527.94 |
| | | | | | 253278362 | 1,002.46 | 22,537.53 |
| TOTALS: | | | | | | 1,659.64 | 37,181.68 |
| TOTALS: | | 80.00 | | 1,660.19 | 37,187.73 | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.64 | 657.18 | 1,002.46 | 37,181.68 | 14,644.15 | 22,537.53 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 197.54 | 11.92 | 1.00 | 0.00 | 0.00 | 208.46 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 578.54 | 11.92 | 1.00 | 0.00 | 0.00 | 589.46 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD41082

| DATE | NET AMOUNT |
|------------|------------|
| 11/01/2018 | \$1,002.46 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER OF RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/11/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 11.00 | 20.7454 | 228.20 | 5,418.08 | FITW | 127.81 | 3,053.02 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 1,434.95 | SITW | 71.17 | 1,684.29 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 1,129.52 | SOCSEC_EE | 97.80 | 2,294.98 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.05 | MEDICARE_EE | 22.87 | 536.73 |
| REGULAR HOURS | 69.00 | 20.7454 | 1,431.43 | 30,143.05 | Retirement/Employe | 149.37 | 3,495.78 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 715.71 | Uniforms | 4.35 | 100.05 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 619.52 |
| | | | | | HEALTH PRE-TAX | 28.89 | 658.89 |
| | | | | | 401K Loan Repayme | 89.72 | 2,063.56 |
| | | | | | Colonial Life Linsur | 10.93 | 240.46 |
| | | | | | Colonial Pre-tax | 25.14 | 553.08 |
| | | | | | 253278362 | 1,003.42 | 23,540.95 |
| TOTALS: | 80.00 | | 1,659.63 | 38,847.36 | TOTALS: | 1,659.63 | 38,841.31 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 656.21 | 1,003.42 | 38,841.31 | 15,300.36 | 23,540.95 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 208.46 | 11.92 | 11.00 | 0.00 | 0.00 | 209.38 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 589.46 | 11.92 | 11.00 | 0.00 | 0.00 | 590.38 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD41195

| DATE | NET AMOUNT |
|------------|------------|
| 11/15/2018 | \$1,003.42 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

Nash v. Montgomery Construction, LLC
Plaintiff does 2242

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/25/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 20.7454 | 414.91 | 5,832.99 | FITW | 137.67 | 3,190.69 |
| Holiday Pay | 20.00 | 20.7454 | 414.91 | 1,849.86 | SITW | 76.93 | 1,761.22 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 1,129.32 | SOCSEC_EE | 102.90 | 2,397.88 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.05 | MEDICARE_EE | 24.06 | 560.79 |
| REGULAR HOURS | 40.00 | 20.7454 | 829.82 | 30,972.87 | Retirement/Employe | 149.37 | 3,645.15 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 715.71 | Uniforms | 4.35 | 104.40 |
| | | | | | DEP DENTAL PRE-TAX | 0.00 | 619.52 |
| | | | | | HEALTH PRE-TAX | 0.00 | 658.89 |
| | | | | | 401K Loan Repayme | 89.72 | 2,153.28 |
| | | | | | Colonial Life Linsur | 0.00 | 240.46 |
| | | | | | Colonial Pre-tax | 0.00 | 553.08 |
| | | | | | 253278362 | 1,074.64 | 24,615.59 |
| TOTALS: | 80.00 | | 1,659.64 | 40,507.00 | TOTALS: | 1,659.64 | 40,500.95 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.64 | 585.00 | 1,074.64 | 40,500.95 | 15,885.36 | 24,615.59 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 209.38 | 11.92 | 20.00 | 0.00 | 0.00 | 201.30 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 590.38 | 11.92 | 20.00 | 0.00 | 0.00 | 582.30 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD41300

| DATE | NET AMOUNT |
|------------|------------|
| 11/29/2018 | \$1,074.64 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/09/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 20.7454 | 207.45 | 6,040.44 | FITW | 127.74 | 3,318.43 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 1,849.86 | SITW | 71.14 | 1,832.36 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 1,129.52 | SOCSEC_EE | 97.77 | 2,495.65 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.60 | MEDICARE_EE | 22.87 | 583.66 |
| REGULAR HOURS | 70.00 | 20.7454 | 1,452.18 | 32,425.05 | Retirement/Employe | 149.37 | 3,794.52 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 715.71 | Uniforms | 4.35 | 108.75 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 647.68 |
| | | | | | HEALTH PRE-TAX | 30.00 | 688.89 |
| | | | | | 401K Loan Repcyme | 89.72 | 2,243.00 |
| | | | | | Colonial Life Linsur | 10.93 | 251.39 |
| | | | | | Colonial Pre-tax | 25.14 | 578.22 |
| | | | | | 253278362 | 1,002.44 | 25,618.03 |
| TOTALS: | 80.00 | | 1,660.18 | 42,167.18 | TOTALS: | 1,659.63 | 42,160.58 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.19 | 1,002.44 | 42,160.58 | 16,542.55 | 25,618.03 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 201.30 | 11.92 | 10.00 | 0.00 | 0.00 | 203.22 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 582.30 | 11.92 | 10.00 | 0.00 | 0.00 | 584.22 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD41403

| DATE | NET AMOUNT |
|------------|------------|
| 12/13/2018 | \$1,002.44 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/23/2018 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 50.00 | 20.7454 | 1,037.27 | 7,077.71 | FITW | 127.68 | 3,446.11 |
| Holiday Pay | 0.00 | 20.7454 | 0.00 | 1,849.86 | SITW | 71.10 | 1,903.46 |
| Weather Emergenc | 0.00 | 20.7454 | 0.00 | 1,129.52 | SOCSEC_EE | 97.73 | 2,593.38 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.60 | MEDICARE_EE | 22.86 | 606.52 |
| REGULAR HOURS | 30.00 | 20.7454 | 622.36 | 33,047.41 | Retirement/Employe | 149.37 | 3,943.89 |
| OVERTIME | 0.00 | 31.1181 | 0.00 | 715.71 | Uniforms | 4.35 | 113.10 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 675.84 |
| | | | | | HEALTH PRE-TAX | 30.00 | 718.89 |
| | | | | | 401K Loan Repayme | 89.72 | 2,332.72 |
| | | | | | Colonial Life Linsur | 10.93 | 262.32 |
| | | | | | Colonial Pre-tax | 25.14 | 603.36 |
| | | | | | 253278362 | 1,002.59 | 26,620.62 |
| TOTALS: | 80.00 | | 1,659.63 | 43,826.81 | TOTALS: | 1,659.63 | 43,820.21 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 657.04 | 1,002.59 | 43,820.21 | 17,199.59 | 26,620.62 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 203.22 | 11.92 | 50.00 | 0.00 | 0.00 | 165.14 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 584.22 | 11.92 | 50.00 | 0.00 | 0.00 | 546.14 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD41515
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 12/27/2018 | \$1,002.59 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|-----------------------------|---------------------------|--|---------------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/06/2019 PERIOD END |
|-----------------------------|---------------------------|--|---------------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 30.00 | 20.7454 | 622.36 | 622.36 | FITW | 126.92 | 126.92 |
| Holiday Pay | 30.00 | 20.7454 | 622.36 | 622.36 | SITW | 68.84 | 68.84 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 0.55 | SOCSEC_EE | 97.77 | 97.77 |
| REGULAR HOURS | 20.00 | 20.7454 | 414.91 | 414.91 | MEDICARE_EE | 22.86 | 22.86 |
| | | | | | Retirement/Employe | 149.37 | 149.37 |
| | | | | | Uniforms | 4.35 | 4.35 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 28.16 |
| | | | | | HEALTH PRE-TAX | 30.00 | 30.00 |
| | | | | | 401K Loan Repayme | 89.72 | 89.72 |
| | | | | | Colonial Life Linsur | 10.93 | 10.93 |
| | | | | | Colonial Pre-tax | 25.14 | 25.14 |
| | | | | | 253278362 | 1,005.57 | 1,005.57 |
| TOTALS: | 80.00 | | 1,660.18 | 1,660.18 | TOTALS: | 1,659.63 | 1,659.63 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,659.63 | 654.06 | 1,005.57 | 1,659.63 | 654.06 | 1,005.57 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 165.14 | 11.92 | 30.00 | 0.00 | 0.00 | 147.06 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 546.14 | 11.92 | 30.00 | 0.00 | 0.00 | 528.06 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD41617
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 01/10/2019 | \$1,005.57 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/20/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|---------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 622.36 | FTW | 238.84 | 365.76 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 622.36 | SITW | 117.13 | 185.97 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 0.55 | SOCSEC_FEE | 144.77 | 242.54 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 2,115.71 | MEDICARE_FEE | 33.86 | 56.72 |
| OVERTIME | 22.50 | 31.8900 | 717.53 | 717.53 | Retirement/Employe | 217.65 | 367.02 |
| | | | | | Uniforms | 4.35 | 8.70 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 56.32 |
| | | | | | HEALTH PRE-TAX | 30.00 | 60.00 |
| | | | | | 401K Loan Repayme | 89.72 | 179.44 |
| | | | | | Colonial Life Linsur | 10.93 | 21.86 |
| | | | | | Colonial Pre-tax | 25.14 | 50.28 |
| | | | | | 253278362 | 1,477.78 | 2,483.35 |
| TOTALS: | 102.50 | | 2,418.33 | 4,078.51 | TOTALS: | 2,418.33 | 4,077.96 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,418.33 | 940.55 | 1,477.78 | 4,077.96 | 1,594.61 | 2,483.35 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 147.06 | 11.92 | 0.00 | 0.00 | 0.00 | 158.98 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 528.06 | 11.92 | 0.00 | 0.00 | 0.00 | 539.98 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD41727

| DATE | NET AMOUNT |
|------------|------------|
| 01/24/2019 | \$1,477.78 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/03/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 21,2600 | 0.00 | 622.36 | FITW | 131.41 | 497.17 |
| Holiday Pay | 10.00 | 21,2600 | 212.60 | 834.96 | SITW | 71.47 | 257.44 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.10 | \$OCSEC_EE | 100.32 | 342.86 |
| REGULAR HOURS | 70.00 | 21,2600 | 1,488.20 | 3,603.91 | MEDICARE_EE | 23.46 | 80.18 |
| OVERTIME | 0.00 | 31,8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 520.09 |
| | | | | | Uniforms | 4.35 | 13.05 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 84.48 |
| | | | | | HEALTH PRE-TAX | 30.00 | 90.00 |
| | | | | | 401K Loan Repayme | 89.72 | 269.16 |
| | | | | | Colonial Life Linsur | 10.93 | 32.79 |
| | | | | | Colonial Pre-tax | 25.14 | 75.42 |
| | | | | | 253278362 | 1,032.77 | 3,516.12 |
| TOTALS: | 80.00 | | 1,701.35 | 5,779.86 | | 1,700.80 | 5,778.76 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 668.03 | 1,032.77 | 5,778.76 | 2,262.64 | 3,516.12 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 158.98 | 11.92 | 0.00 | 0.00 | 0.00 | 170.90 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 539.98 | 11.92 | 0.00 | 0.00 | 0.00 | 551.90 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD41827

| DATE | NET AMOUNT |
|------------|------------|
| 02/07/2019 | \$1,032.77 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 3330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/17/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 622.36 | FITW | 131.35 | 628.52 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 834.96 | SITW | 71.43 | 328.87 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.10 | SOCSEC_EE | 100.28 | 443.14 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 5,304.71 | MEDICARE_EE | 23.46 | 103.64 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employee | 153.07 | 673.16 |
| | | | | | Uniforms | 4.35 | 17.40 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 112.64 |
| | | | | | HEALTH PRE-TAX | 30.00 | 120.00 |
| | | | | | 401K Loan Repayme | 89.72 | 358.88 |
| | | | | | Colonial Life Linsur | 10.93 | 43.72 |
| | | | | | Colonial Pre-tax | 25.14 | 100.56 |
| | | | | | 253278362 | 1,032.91 | 4,549.03 |
| TOTALS: | 80.00 | | 1,700.80 | 7,480.66 | TOTALS: | 1,700.80 | 7,479.56 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 667.89 | 1,032.91 | 7,479.56 | 2,930.53 | 4,549.03 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 170.90 | 11.92 | 0.00 | 0.00 | 0.00 | 182.82 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 551.90 | 11.92 | 0.00 | 0.00 | 0.00 | 563.82 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD41939

| DATE | NET AMOUNT |
|------------|------------|
| 02/21/2019 | \$1,032.91 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/03/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 622.36 | FITW | 131.41 | 759.93 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 834.96 | SITW | 71.47 | 400.34 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.65 | SOCSEC_EE | 100.32 | 543.46 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 7,005.51 | MEDICARE_EE | 23.46 | 127.10 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 826.23 |
| | | | | | Uniforms | 4.35 | 21.75 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 140.80 |
| | | | | | HEALTH PRE-TAX | 30.00 | 150.00 |
| | | | | | 401K Loan Repayme | 89.72 | 448.60 |
| | | | | | Colonial Life Linsur | 10.93 | 54.65 |
| | | | | | Colonial Pre-tax | 25.14 | 125.70 |
| | | | | | 253278362 | 1,032.77 | 5,581.80 |
| TOTALS: | 80.00 | | 1,701.35 | 9,182.01 | TOTALS: | 1,700.80 | 9,180.36 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 668.03 | 1,032.77 | 9,180.36 | 3,598.56 | 5,581.80 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 182.82 | 11.92 | 0.00 | 0.00 | 0.00 | 194.74 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 563.82 | 11.92 | 0.00 | 0.00 | 0.00 | 575.74 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD42043

| DATE | NET AMOUNT |
|------------|------------|
| 03/07/2019 | \$1,032.77 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/17/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 21.2600 | 212.60 | 834.96 | FITW | 131.35 | 891.28 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 834.96 | SITW | 71.43 | 471.77 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.65 | SOCSEC_EE | 100.29 | 643.75 |
| REGULAR HOURS | 70.00 | 21.2600 | 1,488.20 | 8,493.71 | MEDICARE_EE | 23.45 | 150.55 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 979.30 |
| | | | | | Uniforms | 4.35 | 26.10 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 168.96 |
| | | | | | HEALTH PRE-TAX | 30.00 | 180.00 |
| | | | | | 401K Loan Repayme | 89.72 | 538.32 |
| | | | | | Colonial Life Linsur | 10.93 | 65.58 |
| | | | | | Colonial Pre-tax | 25.14 | 150.84 |
| | | | | | 253278362 | 1,032.91 | 6,614.71 |
| TOTALS: | 80.00 | | 1,700.80 | 10,882.81 | TOTALS: | 1,700.80 | 10,881.16 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 667.89 | 1,032.91 | 10,881.16 | 4,266.45 | 6,614.71 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 194.74 | 11.92 | 10.00 | 0.00 | 0.00 | 196.66 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 575.74 | 11.92 | 10.00 | 0.00 | 0.00 | 577.66 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD42151
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 03/21/2019 | \$1,032.91 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/31/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 834.96 | FTW | 131.41 | 1,022.69 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 834.96 | SITW | 71.47 | 543.24 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.20 | SOCSEC_EE | 100.32 | 744.07 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 10,194.51 | MEDICARE_EE | 23.47 | 174.02 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 1,132.37 |
| | | | | | Uniforms | 4.35 | 30.45 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 197.12 |
| | | | | | HEALTH PRE-TAX | 30.00 | 210.00 |
| | | | | | 401K Loan Repayme | 89.72 | 628.04 |
| | | | | | Colonial Life Linsur | 10.93 | 76.51 |
| | | | | | Colonial Pre-tax | 25.14 | 175.98 |
| | | | | | 253278362 | 1,032.76 | 7,647.47 |
| TOTALS: | 80.00 | | 1,701.35 | 12,584.16 | TOTALS: | 1,700.80 | 12,581.96 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 668.04 | 1,032.76 | 12,581.96 | 4,934.49 | 7,647.47 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 196.66 | 11.92 | 0.00 | 0.00 | 0.00 | 208.58 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 577.66 | 11.92 | 0.00 | 0.00 | 0.00 | 589.58 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD42254

| DATE | NET AMOUNT |
|------------|------------|
| 04/04/2019 | \$1,032.76 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/14/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 834.96 | FITW | 131.35 | 1,154.04 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 834.96 | SITW | 71.43 | 614.67 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.20 | SOCSEC_EE | 100.28 | 844.35 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 11,895.31 | MEDICARE_EE | 23.45 | 197.47 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 1,285.44 |
| | | | | | Uniforms | 4.35 | 34.80 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 225.28 |
| | | | | | HEALTH PRE-TAX | 30.00 | 240.00 |
| | | | | | 401K Loan Repayme | 89.72 | 717.76 |
| | | | | | Colonial Life Linsur | 10.93 | 87.44 |
| | | | | | Colonial Pre-tax | 25.14 | 201.12 |
| | | | | | 253278362 | 1,032.92 | 8,680.39 |
| TOTALS: | 80.00 | | 1,700.80 | 14,284.96 | TOTALS: | 1,700.80 | 14,282.76 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 667.88 | 1,032.92 | 14,282.76 | 5,602.37 | 8,680.39 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 208.58 | 11.92 | 0.00 | 0.00 | 0.00 | 220.50 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 589.58 | 11.92 | 0.00 | 0.00 | 0.00 | 601.50 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD42367

| DATE | NET AMOUNT |
|------------|------------|
| 04/18/2019 | \$1,032.92 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/28/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21,2600 | 0.00 | 834.96 | FITW | 131.41 | 1,285.45 |
| Holiday Pay | 0.00 | 21,2600 | 0.00 | 834.96 | SITW | 71.47 | 686.14 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.75 | SOCSEC_EE | 100.32 | 944.67 |
| REGULAR HOURS | 80.00 | 21,2600 | 1,700.80 | 13,596.11 | MEDICARE_EE | 23.46 | 220.93 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 1,438.51 |
| | | | | | Uniforms | 4.35 | 39.15 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 253.44 |
| | | | | | HEALTH PRE-TAX | 30.00 | 270.00 |
| | | | | | 401K Loan Repayme | 89.72 | 807.48 |
| | | | | | Colonial Life Linsur | 10.93 | 98.37 |
| | | | | | Colonial Pre-tax | 25.14 | 226.26 |
| | | | | | 253278362 | 1,032.77 | 9,713.16 |
| TOTALS: | 80.00 | | 1,701.35 | 15,986.31 | TOTALS: | 1,700.80 | 15,983.56 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 668.03 | 1,032.77 | 15,983.56 | 6,270.40 | 9,713.16 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 220.50 | 11.92 | 0.00 | 0.00 | 0.00 | 232.42 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 601.50 | 11.92 | 0.00 | 0.00 | 0.00 | 613.42 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD42472

| DATE | NET AMOUNT |
|------------|------------|
| 05/02/2019 | \$1,032.77 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEBVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/12/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 834.96 | FITW | 131.35 | 1,416.80 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 834.96 | SITW | 71.43 | 757.57 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.75 | SOCSEC_EE | 100.28 | 1,044.95 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 15,296.91 | MEDICARE_EE | 23.45 | 244.38 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 1,591.58 |
| | | | | | Uniforms | 4.35 | 43.50 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 281.60 |
| | | | | | HEALTH PRE-TAX | 30.00 | 300.00 |
| | | | | | 401K Loan Repayme | 89.72 | 897.20 |
| | | | | | Colonial Life Linsur | 10.93 | 109.30 |
| | | | | | Colonial Pre-tax | 25.14 | 251.40 |
| | | | | | 253278362 | 1,032.92 | 10,746.08 |
| TOTALS: | 80.00 | | 1,700.80 | 17,687.11 | TOTALS: | 1,700.80 | 17,684.36 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 667.88 | 1,032.92 | 17,684.36 | 6,938.28 | 10,746.08 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 232.42 | 11.92 | 0.00 | 0.00 | 0.00 | 244.34 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 613.42 | 11.92 | 0.00 | 0.00 | 0.00 | 625.34 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD42588

| DATE | NET AMOUNT |
|------------|------------|
| 05/16/2019 | \$1,032.92 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/26/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 834.96 | FITW | 141.34 | 1,558.14 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 834.96 | SITW | 77.26 | 834.83 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.75 | SOCSEC_EE | 105.45 | 1,150.40 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 16,997.71 | MEDICARE_EE | 24.67 | 269.05 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 1,744.65 |
| | | | | | Uniforms | 4.35 | 47.85 |
| | | | | | DEP DENTAL PRE-TAX | 0.00 | 281.60 |
| | | | | | HEALTH PRE-TAX | 0.00 | 300.00 |
| | | | | | 401K Loan Repayme | 89.72 | 986.92 |
| | | | | | Colonial Life Linsur | 0.00 | 109.30 |
| | | | | | Colonial Pre-tax | 0.00 | 251.40 |
| | | | | | 253278362 | 1,104.94 | 11,851.02 |
| TOTALS: | 80.00 | | 1,700.80 | 19,387.91 | TOTALS: | 1,700.80 | 19,385.16 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 595.86 | 1,104.94 | 19,385.16 | 7,534.14 | 11,851.02 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 244.34 | 11.92 | 0.00 | 0.00 | 0.00 | 256.26 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 625.34 | 11.92 | 0.00 | 0.00 | 0.00 | 637.26 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD42695

| DATE | NET AMOUNT |
|------------|------------|
| 05/30/2019 | \$1,104.94 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/09/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 834.96 | FITW | 131.41 | 1,689.55 |
| Holiday Pay | 10.00 | 21.2600 | 212.60 | 1,047.56 | SITW | 71.47 | 906.30 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.30 | \$OCSEC_EE | 100.32 | 1,250.72 |
| REGULAR HOURS | 70.00 | 21.2600 | 1,488.20 | 18,485.91 | MEDICARE_EE | 23.46 | 292.51 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 1,897.72 |
| | | | | | Uniforms | 4.35 | 52.20 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 309.76 |
| | | | | | HEALTH PRE-TAX | 30.00 | 330.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,076.64 |
| | | | | | Colonial Life Linsur | 10.93 | 120.23 |
| | | | | | Colonial Pre-tax | 25.14 | 276.54 |
| | | | | | 253278362 | 1,032.77 | 12,883.79 |
| TOTALS: | 80.00 | | 1,701.35 | 21,089.26 | TOTALS: | 1,700.80 | 21,085.96 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 668.03 | 1,032.77 | 21,085.96 | 8,202.17 | 12,883.79 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 256.26 | 11.92 | 0.00 | 0.00 | 0.00 | 268.18 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 637.26 | 11.92 | 0.00 | 0.00 | 0.00 | 649.18 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD42804

| DATE | NET AMOUNT |
|------------|------------|
| 06/13/2019 | \$1,032.77 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/23/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 21,2600 | 212.60 | 1,047.56 | FITW | 131.35 | 1,820.90 |
| Holiday Pay | 0.00 | 21,2600 | 0.00 | 1,047.56 | SITW | 71.43 | 977.73 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.30 | SOCSEC_EE | 100.29 | 1,351.01 |
| REGULAR HOURS | 70.00 | 21,2600 | 1,488.20 | 19,974.11 | MEDICARE_EE | 23.45 | 315.96 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 2,050.79 |
| | | | | | Uniforms | 4.35 | 56.55 |
| | | | | | DEP DENTAL PRE-TAX | 28.16 | 337.92 |
| | | | | | HEALTH PRE-TAX | 30.00 | 360.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,166.36 |
| | | | | | Colonial Life Linsur | 10.93 | 131.16 |
| | | | | | Colonial Pre-tax | 25.14 | 301.68 |
| | | | | | 253278362 | 1,032.91 | 13,916.70 |
| TOTALS: | 80.00 | | 1,700.80 | 22,790.06 | TOTALS: | 1,700.80 | 22,786.76 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 667.89 | 1,032.91 | 22,786.76 | 8,870.06 | 13,916.70 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 268.18 | 11.92 | 10.00 | 0.00 | 0.00 | 270.10 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 649.18 | 11.92 | 10.00 | 0.00 | 0.00 | 651.10 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD42922

| DATE | NET AMOUNT |
|------------|------------|
| 06/27/2019 | \$1,032.91 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/07/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 1,685.36 | FITW | 131.09 | 1,951.99 |
| Paid Time Off (PTO) | 30.00 | 21.2600 | 637.80 | | SITW | 71.28 | 1,049.01 |
| Holiday Pay | 10.00 | 21.2600 | 212.60 | 1,260.16 | SOCSEC_EE | 100.15 | 1,451.16 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.85 | MEDICARE_EE | 23.42 | 339.38 |
| REGULAR HOURS | 40.00 | 21.2600 | 850.40 | 20,824.51 | Retirement/Employe | 153.07 | 2,203.86 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Uniforms | 4.35 | 60.90 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 368.74 |
| | | | | | HEALTH PRE-TAX | 30.00 | 390.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,256.08 |
| | | | | | Colonial Life Linsur | 10.93 | 142.09 |
| | | | | | Colonial Pre-tax | 25.14 | 326.82 |
| | | | | | 253278362 | 1,030.81 | 14,947.51 |
| TOTALS: | 80.00 | | 1,701.35 | 24,491.41 | TOTALS: | 1,700.80 | 24,487.56 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 669.99 | 1,030.81 | 24,487.56 | 9,540.05 | 14,947.51 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 270.10 | 11.92 | 30.00 | 0.00 | 0.00 | 252.02 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 651.10 | 11.92 | 30.00 | 0.00 | 0.00 | 633.02 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD43027
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 07/11/2019 | \$1,030.81 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/21/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 21.2600 | 212.60 | 1,897.96 | FITW | 131.03 | 2,083.02 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 1,260.16 | SITW | 71.24 | 1,120.25 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.85 | SOCSEC_EE | 100.12 | 1,551.28 |
| REGULAR HOURS | 70.00 | 21.2600 | 1,488.20 | 22,312.71 | MEDICARE_EE | 23.42 | 362.80 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 2,356.93 |
| | | | | | Uniforms | 4.35 | 65.25 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 399.60 |
| | | | | | HEALTH PRE-TAX | 30.00 | 420.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,345.80 |
| | | | | | Colonial Life Linsur | 10.93 | 153.02 |
| | | | | | Colonial Pre-tax | 25.14 | 351.96 |
| | | | | | 253278362 | 1,030.94 | 15,978.45 |
| TOTALS: | 80.00 | | 1,700.80 | 26,192.21 | TOTALS: | 1,700.80 | 26,188.36 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 669.86 | 1,030.94 | 26,188.36 | 10,209.91 | 15,978.45 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 252.02 | 11.92 | 10.00 | 0.00 | 0.00 | 253.94 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 633.02 | 11.92 | 10.00 | 0.00 | 0.00 | 634.94 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD43142

| DATE | NET AMOUNT |
|------------|------------|
| 07/25/2019 | \$1,030.94 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/04/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 1,897.96 | FITW | 131.09 | 2,214.11 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 1,260.16 | SITW | 71.28 | 1,191.53 |
| Dependent Life Ins B | 0.00 | 0.5500 | -0.55 | 4.40 | SOCSEC_EE | 100.15 | 1,651.43 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 24,013.51 | MEDICARE_EE | 23.42 | 386.22 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 2,510.00 |
| | | | | | Uniforms | 4.35 | 69.60 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 430.44 |
| | | | | | HEALTH PRE-TAX | 30.00 | 450.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,435.52 |
| | | | | | Colonial Life Linsur | 10.93 | 163.95 |
| | | | | | Colonial Pre-tax | 25.14 | 377.10 |
| | | | | | 253278362 | 1,030.81 | 17,009.26 |
| TOTALS: | 80.00 | | 1,701.35 | 27,893.56 | TOTALS: | 1,700.80 | 27,889.16 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 669.99 | 1,030.81 | 27,889.16 | 10,879.90 | 17,009.26 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 253.94 | 11.92 | 0.00 | 0.00 | 0.00 | 265.86 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 634.94 | 11.92 | 0.00 | 0.00 | 0.00 | 646.86 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD43245

| DATE | NET AMOUNT |
|------------|------------|
| 08/08/2019 | \$1,030.81 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/18/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 1,897.96 | FITW | 131.03 | 2,345.14 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 1,260.16 | SITW | 71.24 | 1,262.77 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.40 | SOCSEC_EE | 100.12 | 1,751.55 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 25,714.31 | MEDICARE_EE | 23.42 | 409.64 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 717.53 | Retirement/Employe | 153.07 | 2,663.07 |
| | | | | | Uniforms | 4.35 | 73.95 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 461.28 |
| | | | | | HEALTH PRE-TAX | 30.00 | 480.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,525.24 |
| | | | | | Colonial Life Linsur | 10.93 | 174.88 |
| | | | | | Colonial Pre-tax | 25.14 | 402.24 |
| | | | | | 253278362 | 1,030.94 | 18,040.20 |
| TOTALS: | 80.00 | | 1,700.80 | 29,594.36 | TOTALS: | 1,700.80 | 29,589.96 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 669.86 | 1,030.94 | 29,589.96 | 11,549.76 | 18,040.20 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 265.86 | 11.92 | 0.00 | 0.00 | 0.00 | 277.78 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 646.86 | 11.92 | 0.00 | 0.00 | 0.00 | 658.78 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD43356

| DATE | NET AMOUNT |
|------------|------------|
| 08/22/2019 | \$1,030.94 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/01/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 21.2600 | 0.00 | 1,897.96 | FITW | 165.92 | 2,511.06 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 1,260.16 | SITW | 91.59 | 1,354.36 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.95 | SOCSEC_EE | 119.93 | 1,871.48 |
| REGULAR HOURS | 80.00 | 21.2600 | 1,700.80 | 27,415.11 | MEDICARE_EE | 28.04 | 437.68 |
| OVERTIME | 10.00 | 31.8900 | 318.90 | 1,036.43 | Retirement/Employe | 181.77 | 2,844.84 |
| | | | | | Uniforms | 4.35 | 78.30 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 492.12 |
| | | | | | HEALTH PRE-TAX | 30.00 | 510.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,614.96 |
| | | | | | Colonial Life Linsur | 10.93 | 185.81 |
| | | | | | Colonial Pre-tax | 25.14 | 427.38 |
| | | | | | 253278362 | 1,241.47 | 19,281.67 |
| TOTALS: | | | | | | 2,019.70 | 31,609.66 |
| TOTALS: | | 90.00 | | 2,020.25 | 31,614.61 | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,019.70 | 778.23 | 1,241.47 | 31,609.66 | 12,327.99 | 19,281.67 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 277.78 | 11.92 | 0.00 | 0.00 | 0.00 | 289.70 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 658.78 | 11.92 | 0.00 | 0.00 | 0.00 | 670.70 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD43458

| DATE | NET AMOUNT |
|------------|------------|
| 09/05/2019 | \$1,241.47 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/15/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid time Off (PTO) | 0.00 | 21.2600 | 0.00 | 1,897.96 | FIIW | 131.03 | 2,642.09 |
| Holiday Pay | 10.00 | 21.2600 | 212.60 | 1,472.76 | SITW | 71.24 | 1,423.60 |
| Weather Emergenc | 30.00 | 21.2600 | 637.80 | 637.80 | SOCSEC_EE | 100.12 | 1,971.60 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.95 | MEDICARE_EE | 23.42 | 461.10 |
| REGULAR HOURS | 40.00 | 21.2600 | 850.40 | 28,265.51 | Retirement/Employe | 153.07 | 2,997.91 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 1,036.43 | Uniforms | 4.35 | 82.65 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 522.96 |
| | | | | | HEALTH PRE-TAX | 30.00 | 540.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,704.68 |
| | | | | | Colonial Life Linsur | 10.93 | 196.74 |
| | | | | | Colonial Pre-tax | 25.14 | 452.52 |
| | | | | | 253278362 | 1,030.94 | 20,312.61 |
| TOTALS: | 80.00 | | 1,700.80 | 33,315.41 | TOTALS: | 1,700.80 | 33,310.46 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 669.86 | 1,030.94 | 33,310.46 | 12,997.85 | 20,312.61 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 289.70 | 11.92 | 0.00 | 0.00 | 0.00 | 301.62 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 670.70 | 11.92 | 0.00 | 0.00 | 0.00 | 682.62 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD43569

| DATE | NET AMOUNT |
|------------|------------|
| 09/19/2019 | \$1,030.94 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/29/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 21.2600 | 212.60 | 2,110.56 | FITW | 131.09 | 2,773.18 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 1,472.76 | SITW | 71.28 | 1,496.88 |
| Weather Emergenc | 0.00 | 21.2600 | 0.00 | 637.80 | SOCSEC_EE | 100.15 | 2,071.75 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 5.50 | MEDICARE_EE | 23.42 | 484.52 |
| REGULAR HOURS | 70.00 | 21.2600 | 1,488.20 | 29,753.71 | Retirement/Employe | 153.07 | 3,150.98 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 1,036.43 | Uniforms | 4.35 | 87.00 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 553.80 |
| | | | | | HEALTH PRE-TAX | 30.00 | 570.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,794.40 |
| | | | | | Colonial Life Linsur | 10.93 | 207.67 |
| | | | | | Colonial Pre-tax | 25.14 | 477.66 |
| | | | | | 253278362 | 1,030.81 | 21,343.42 |
| TOTALS: | 80.00 | | 1,701.35 | 35,016.76 | TOTALS: | 1,700.80 | 35,011.26 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 669.99 | 1,030.81 | 35,011.26 | 13,667.84 | 21,343.42 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 301.62 | 11.92 | 10.00 | 0.00 | 0.00 | 303.54 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 682.62 | 11.92 | 10.00 | 0.00 | 0.00 | 684.54 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD43667

| DATE | NET AMOUNT |
|------------|------------|
| 10/03/2019 | \$1,030.81 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/13/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 30.00 | 21.2600 | 637.80 | 2,748.36 | FITW | 131.03 | 2,904.21 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 1,472.76 | SITW | 71.24 | 1,568.12 |
| Weather Emergenc | 0.00 | 21.2600 | 0.00 | 637.80 | SOCSEC_EE | 100.12 | 2,171.87 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 5.50 | MEDICARE_EE | 23.42 | 507.94 |
| REGULAR HOURS | 50.00 | 21.2600 | 1,063.00 | 30,816.71 | Retirement/Employe | 153.07 | 3,304.05 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 1,036.43 | Uniforms | 4.35 | 91.35 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 584.64 |
| | | | | | HEALTH PRE-TAX | 30.00 | 600.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,884.12 |
| | | | | | Colonial Life Linsur | 10.93 | 218.60 |
| | | | | | Colonial Pre-tax | 25.14 | 502.80 |
| | | | | | 253278362 | 1,030.94 | 22,374.36 |
| TOTALS: | 80.00 | | 1,700.80 | 36,717.56 | TOTALS: | 1,700.80 | 36,712.06 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 669.86 | 1,030.94 | 36,712.06 | 14,337.70 | 22,374.36 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 303.54 | 11.92 | 30.00 | 0.00 | 0.00 | 285.46 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 684.54 | 11.92 | 30.00 | 0.00 | 0.00 | 666.46 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD43777

| DATE | NET AMOUNT |
|------------|------------|
| 10/17/2019 | \$1,030.94 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/27/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 21.2600 | 212.60 | 2,960.96 | FITW | 141.34 | 3,045.55 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 1,472.76 | SITW | 77.26 | 1,645.38 |
| Weather Emergenc | 0.00 | 21.2600 | 0.00 | 637.80 | SOCSEC_EE | 105.45 | 2,277.32 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 5.50 | MEDICARE_EE | 24.66 | 532.60 |
| REGULAR HOURS | 70.00 | 21.2600 | 1,488.20 | 32,304.91 | Retirement/Employe | 153.07 | 3,457.12 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 1,036.43 | Uniforms | 4.35 | 95.70 |
| | | | | | DEP DENTAL PRE-TAX | 0.00 | 584.64 |
| | | | | | HEALTH PRE-TAX | 0.00 | 600.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,973.84 |
| | | | | | Colonial Life Linsur | 0.00 | 218.60 |
| | | | | | Colonial Pre-tax | 0.00 | 502.80 |
| | | | | | 253278362 | 1,104.95 | 23,479.31 |
| TOTALS: | | | | | | 1,700.80 | 38,412.86 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 595.85 | 1,104.95 | 38,412.86 | 14,933.55 | 23,479.31 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 285.46 | 11.92 | 10.00 | 0.00 | 0.00 | 287.38 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 666.46 | 11.92 | 10.00 | 0.00 | 0.00 | 668.38 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD43876

| DATE | NET AMOUNT |
|------------|------------|
| 10/31/2019 | \$1,104.95 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/10/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 21.2600 | 425.20 | 3,386.16 | FITW | 131.09 | 3,176.64 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 1,472.76 | SITW | 71.28 | 1,716.66 |
| Funeral Leave | 30.00 | 21.2600 | 637.80 | 637.80 | SOCSEC_EE | 100.15 | 2,377.47 |
| Weather Emergenc | 0.00 | 21.2600 | 0.00 | 637.80 | MEDICARE_EE | 23.42 | 556.02 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.05 | Retirement/Employee | 153.07 | 3,610.19 |
| REGULAR HOURS | 30.00 | 21.2600 | 637.80 | 32,942.71 | Uniforms | 4.35 | 100.00 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 1,036.43 | DEP DENTAL PRE-TAX | 30.84 | 615.48 |
| | | | | | HEALTH PRE-TAX | 30.00 | 630.00 |
| | | | | | 401K Loan Repayme | 89.72 | 2,063.56 |
| | | | | | Colonial Life Linsur | 10.93 | 229.53 |
| | | | | | Colonial Pre-tax | 25.14 | 527.94 |
| | | | | | 253278362 | 1,030.81 | 24,510.12 |
| TOTALS: | 80.00 | | 1,701.35 | 40,119.71 | TOTALS: | 1,700.80 | 40,113.66 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 669.99 | 1,030.81 | 40,113.66 | 15,603.54 | 24,510.12 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 287.38 | 11.92 | 20.00 | 0.00 | 0.00 | 279.30 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 668.38 | 11.92 | 20.00 | 0.00 | 0.00 | 660.30 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD43978

| DATE | NET AMOUNT |
|------------|------------|
| 11/14/2019 | \$1,030.81 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/24/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 21.2600 | 212.60 | 3,598.76 | FITW | 132.47 | 3,309.11 |
| Holiday Pay | 0.00 | 21.2600 | 0.00 | 1,472.76 | SITW | 72.08 | 1,788.74 |
| Funeral Leave | 0.00 | 21.2600 | 0.00 | 637.80 | SOCSEC_EE | 100.87 | 2,478.34 |
| Weather Emergenc | 0.00 | 21.2600 | 0.00 | 637.80 | MEDICARE_EE | 23.59 | 579.61 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.05 | Retirement/Employe | 153.07 | 3,763.26 |
| REGULAR HOURS | 70.00 | 21.2600 | 1,488.20 | 34,430.91 | Uniforms | 4.35 | 104.40 |
| OVERTIME | 0.00 | 31.8900 | 0.00 | 1,036.43 | DEP DENTAL PRE-TAX | 30.84 | 646.32 |
| | | | | | HEALTH PRE-TAX | 17.96 | 647.96 |
| | | | | | 401K Loan Repayme | 89.72 | 2,153.28 |
| | | | | | Colonial Life Linsur | 10.93 | 240.46 |
| | | | | | Colonial Pre-tax | 25.14 | 553.08 |
| | | | | | 253278362 | 1,039.78 | 25,549.90 |
| TOTALS: | 80.00 | | 1,700.80 | 41,820.51 | TOTALS: | 1,700.80 | 41,814.46 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 661.02 | 1,039.78 | 41,814.46 | 16,264.56 | 25,549.90 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 279.30 | 11.92 | 10.00 | 0.00 | 0.00 | 281.22 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 660.30 | 11.92 | 10.00 | 0.00 | 0.00 | 662.22 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD44090

| DATE | NET AMOUNT |
|------------|------------|
| 11/28/2019 | \$1,039.78 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|--|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K. MONTGOMERY EMPLOYEE NAME | 12/08/2019 PERIOD END |
|----------------------|--------------------|--|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 21.2600 | 425.20 | 4,023.96 | FITW | 224.78 | 3,533.89 |
| Holiday Pay | 20.00 | 21.2600 | 425.20 | 1,897.96 | SITW | 112.66 | 1,901.40 |
| Funeral Leave | 0.00 | 21.2600 | 0.00 | 637.80 | SOCSEC_EE | 140.31 | 2,618.65 |
| Weather Emergenc | 0.00 | 21.2600 | 0.00 | 637.80 | MEDICARE_EE | 32.82 | 612.43 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.60 | Retirement/Employe | 209.76 | 3,973.02 |
| REGULAR HOURS | 40.00 | 21.2600 | 850.40 | 35,281.31 | Uniforms | 4.35 | 108.75 |
| OVERTIME | 19.75 | 31.8900 | 629.83 | 1,666.26 | DEP DENTAL PRE-TAX | 30.84 | 677.16 |
| Car Commuting | 0.00 | 0.0000 | 18.00 | 18.00 | HEALTH PRE-TAX | 30.00 | 677.96 |
| | | | | | 401K Loan Repayme | 89.72 | 2,243.00 |
| | | | | | Colonial Life Linsur | 10.93 | 251.39 |
| | | | | | Colonial Pre-tax | 25.14 | 578.22 |
| | | | | | 253278362 | 1,419.32 | 26,969.22 |
| TOTALS: | 99.75 | | 2,349.18 | 44,169.69 | TOTALS: | 2,330.63 | 44,145.09 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,330.63 | 911.31 | 1,419.32 | 44,145.09 | 17,175.87 | 26,969.22 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 281.22 | 11.92 | 20.00 | 0.00 | 0.00 | 273.14 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 662.22 | 11.92 | 20.00 | 0.00 | 0.00 | 654.14 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD44197

| DATE | NET AMOUNT |
|------------|------------|
| 12/12/2019 | \$1,419.32 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/22/2019 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 30.00 | 21,2600 | 637.80 | 4,661.76 | FITW | 131.03 | 3,664.92 |
| Holiday Pay | 0.00 | 21,2600 | 0.00 | 1,897.96 | SITW | 71.24 | 1,972.64 |
| Funeral Leave | 0.00 | 21,2600 | 0.00 | 637.80 | SOCSEC_EE | 100.12 | 2,718.77 |
| Weather Emergenc | 0.00 | 21,2600 | 0.00 | 637.80 | MEDICARE_EE | 23.41 | 635.84 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.40 | Retirement/Employe | 153.07 | 4,126.09 |
| REGULAR HOURS | 50.00 | 21,2600 | 1,063.00 | 36,344.31 | Uniforms | 4.35 | 113.10 |
| OVERTIME | 0.00 | 31,8900 | 0.00 | 1,666.26 | DEP DENTAL PRE-TAX | 30.84 | 708.00 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 18.00 | HEALTH PRE-TAX | 30.00 | 707.96 |
| | | | | | 401K Loan Repayme | 89.72 | 2,332.72 |
| | | | | | Colonial Life Linsur | 10.93 | 262.32 |
| | | | | | Colonial Pre-tax | 25.14 | 603.36 |
| | | | | | 253278362 | 1,030.95 | 28,000.17 |
| TOTALS: | 80.00 | | 1,700.80 | 45,870.49 | TOTALS: | 1,700.80 | 45,845.89 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 669.85 | 1,030.95 | 45,845.89 | 17,845.72 | 28,000.17 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 273.14 | 11.92 | 30.00 | 0.00 | 0.00 | 255.06 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 654.14 | 11.92 | 30.00 | 0.00 | 0.00 | 636.06 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD44312

| DATE | NET AMOUNT |
|------------|------------|
| 12/26/2019 | \$1,030.95 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/05/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 40.00 | 21.2600 | 850.40 | 850.40 | FITW | 130.50 | 130.50 |
| Holiday Pay | 30.00 | 21.2600 | 637.80 | 637.80 | SITW | 68.82 | 68.82 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 0.55 | SOCSEC_EE | 100.15 | 100.15 |
| REGULAR HOURS | 10.00 | 21.2600 | 212.60 | 212.60 | MEDICARE_EE | 23.42 | 23.42 |
| | | | | | Retirement/Employe | 153.07 | 153.07 |
| | | | | | Uniforms | 4.35 | 4.35 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 30.84 |
| | | | | | HEALTH PRE-TAX | 30.00 | 30.00 |
| | | | | | 401K Loan Repayme | 89.72 | 89.72 |
| | | | | | Colonial Life Linsur | 10.93 | 10.93 |
| | | | | | Colonial Pre-tax | 25.14 | 25.14 |
| | | | | | 253278362 | 1,033.86 | 1,033.86 |
| TOTALS: | 80.00 | | 1,701.35 | 1,701.35 | TOTALS: | 1,700.80 | 1,700.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,700.80 | 666.94 | 1,033.86 | 1,700.80 | 666.94 | 1,033.86 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 255.06 | 11.92 | 40.00 | 0.00 | 0.00 | 226.98 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 636.06 | 11.92 | 40.00 | 0.00 | 0.00 | 607.98 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD44417

| DATE | NET AMOUNT |
|------------|------------|
| 01/09/2020 | \$1,033.86 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/19/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 10.00 | 21.9500 | 219.50 | 1,069.90 | FITW | 136.46 | 266.96 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 637.80 | SITW | 72.25 | 141.07 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 0.55 | SOCSEC_EE | 103.54 | 203.69 |
| REGULAR HOURS | 70.00 | 21.9500 | 1,536.50 | 1,749.10 | MEDICARE_EE | 24.22 | 67.64 |
| | | | | | Retirement/Employe | 158.04 | 311.11 |
| | | | | | Uniforms | 4.35 | 8.70 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 61.68 |
| | | | | | HEALTH PRE-TAX | 30.00 | 60.00 |
| | | | | | 401K Loan Repayme | 89.72 | 179.44 |
| | | | | | Colonial Life Linsur | 10.93 | 21.86 |
| | | | | | Colonial Pre-tax | 25.14 | 50.28 |
| | | | | | 253278362 | 1,070.51 | 2,104.37 |
| TOTALS: | 80.00 | | 1,756.00 | 3,457.35 | TOTALS: | 1,756.00 | 3,456.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 685.49 | 1,070.51 | 3,456.80 | 1,352.43 | 2,104.37 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 226.98 | 11.92 | 10.00 | 0.00 | 0.00 | 228.90 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 607.98 | 11.92 | 10.00 | 0.00 | 0.00 | 609.90 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD44534

| DATE | NET AMOUNT |
|------------|------------|
| 01/23/2020 | \$1,070.51 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/02/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 136.52 | 403.48 |
| Holiday Pay | 10.00 | 21.9500 | 219.50 | 857.30 | SITW | 72.29 | 213.36 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.10 | SOCSEC_EE | 103.58 | 307.27 |
| REGULAR HOURS | 70.00 | 21.9500 | 1,536.50 | 3,285.60 | MEDICARE_EE | 24.22 | 71.86 |
| | | | | | Retirement/Employe | 158.04 | 469.15 |
| | | | | | Uniforms | 4.35 | 13.05 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 92.52 |
| | | | | | HEALTH PRE-TAX | 30.00 | 90.00 |
| | | | | | 401K Loan Repayme | 89.72 | 269.16 |
| | | | | | Colonial Pre-tax | 25.14 | 75.42 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,081.30 | 3,185.67 |
| TOTALS: | 80.00 | | 1,756.55 | 5,213.90 | TOTALS: | 1,756.00 | 5,212.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 674.70 | 1,081.30 | 5,212.80 | 2,027.13 | 3,185.67 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 228.90 | 11.92 | 0.00 | 0.00 | 0.00 | 240.82 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 609.90 | 11.92 | 0.00 | 0.00 | 0.00 | 621.82 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD44642

| DATE | NET AMOUNT |
|------------|------------|
| 02/06/2020 | \$1,081.30 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/16/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 136.46 | 539.94 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 857.30 | SITW | 72.25 | 285.61 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.10 | SOCSEC_EE | 103.54 | 410.81 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 5,041.60 | MEDICARE_EE | 24.22 | 96.08 |
| | | | | | Retirement/Employe | 158.04 | 627.19 |
| | | | | | Uniforms | 4.35 | 17.40 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 123.36 |
| | | | | | HEALTH PRE-TAX | 30.00 | 120.00 |
| | | | | | 401K Loan Repayme | 89.72 | 358.88 |
| | | | | | Colonial Pre-tax | 25.14 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,081.44 | 4,267.11 |
| TOTALS: | 80.00 | | 1,756.00 | 6,969.90 | TOTALS: | 1,756.00 | 6,968.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 674.56 | 1,081.44 | 6,968.80 | 2,701.69 | 4,267.11 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 240.82 | 11.92 | 0.00 | 0.00 | 0.00 | 252.74 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 621.82 | 11.92 | 0.00 | 0.00 | 0.00 | 633.74 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD44757

| DATE | NET AMOUNT |
|------------|------------|
| 02/20/2020 | \$1,081.44 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/01/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 139.54 | 679.48 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 857.30 | SITW | 74.05 | 359.66 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.65 | SOCSEC_EE | 105.13 | 515.94 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 6,797.60 | MEDICARE_EE | 24.58 | 120.66 |
| | | | | | Retirement/Employe | 158.04 | 785.23 |
| | | | | | Uniforms | 4.35 | 21.75 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 154.20 |
| | | | | | HEALTH PRE-TAX | 30.00 | 150.00 |
| | | | | | 401K Loan Repayme | 89.72 | 448.60 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,099.75 | 5,366.86 |
| TOTALS: | 80.00 | | 1,756.55 | 8,726.45 | TOTALS: | 1,756.00 | 8,724.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 656.25 | 1,099.75 | 8,724.80 | 3,357.94 | 5,366.86 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|---------|---------|---------|------|------|------|---------|
| PTO | 252.74 | 11.92 | 0.00 | 0.00 | 0.00 | 264.66 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 633.74 | 11.92 | 0.00 | 0.00 | 0.00 | 645.66 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD44862
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 03/05/2020 | \$1,099.75 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEBLUE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/15/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 139.47 | 818.95 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 857.30 | SITW | 74.01 | 433.67 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.65 | SOCSEC_EE | 105.10 | 621.04 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 8,553.60 | MEDICARE_EE | 24.58 | 145.24 |
| | | | | | Retirement/Employe | 158.04 | 943.27 |
| | | | | | Uniforms | 4.35 | 26.10 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 185.04 |
| | | | | | HEALTH PRE-TAX | 30.00 | 180.00 |
| | | | | | 401K Loan Repayme | 89.72 | 538.32 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,099.89 | 6,466.75 |
| TOTALS: | | | | | | 1,756.00 | 10,480.80 |
| TOTALS: | | 80.00 | | 1,756.00 | | | 10,482.45 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 656.11 | 1,099.89 | 10,480.80 | 4,014.05 | 6,466.75 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 264.66 | 11.92 | 0.00 | 0.00 | 0.00 | 276.58 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 645.66 | 11.92 | 0.00 | 0.00 | 0.00 | 657.58 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD44977

| DATE | NET AMOUNT |
|------------|------------|
| 03/19/2020 | \$1,099.89 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/29/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|--------------|----------------------|------------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 139.54 | 958.49 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 857.30 | STW | 74.05 | 507.72 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.20 | SOCSEC_EE | 105.14 | 726.18 |
| REGULAR HOURS | 60.00 | 21.9500 | 1,317.00 | 9,870.60 | MEDICARE_EE | 24.59 | 169.83 |
| PAID EMPLOYER LEA | 20.00 | 21.9500 | 439.00 | 439.00 | Retirement/Employe | 158.04 | 1,101.31 |
| | | | | | Uniforms | 4.35 | 30.45 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 215.88 |
| | | | | | HEALTH PRE-TAX | 30.00 | 210.00 |
| | | | | | 401K Loan Repayme | 89.72 | 628.04 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,099.73 | 7,566.48 |
| TOTALS: | | | | | | 1,756.00 | 12,236.80 |
| TOTALS: | | | | 80.00 | 1,756.55 | 12,239.00 | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 656.27 | 1,099.73 | 12,236.80 | 4,670.32 | 7,566.48 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 276.58 | 11.92 | 0.00 | 0.00 | 0.00 | 288.50 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 657.58 | 11.92 | 0.00 | 0.00 | 0.00 | 669.50 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD45082

| DATE | NET AMOUNT |
|------------|------------|
| 04/02/2020 | \$1,099.73 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/12/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|---------|-----------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 139.47 | 1,077.96 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 857.30 | SITW | 74.01 | 581.73 |
| Dependent Life Ins & | 0.00 | 0.5500 | 0.00 | 2.20 | SOCSEC_EE | 105.10 | 831.28 |
| REGULAR HOURS | 40.00 | 21.9500 | 878.00 | 10,748.60 | MEDICARE_EE | 24.58 | 194.41 |
| PAID EMPLOYER LEA | 40.00 | 21.9500 | 878.00 | 1,317.00 | Retirement/Employe | 158.04 | 1,259.35 |
| | | | | | Uniforms | 4.35 | 34.80 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 246.72 |
| | | | | | HEALTH PRE-TAX | 30.00 | 240.00 |
| | | | | | 401K Loan Repayme | 89.72 | 717.76 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,099.89 | 8,666.37 |
| TOTALS: | | | | | | 1,756.00 | 13,992.80 |
| TOTALS: | | 80.00 | | 1,756.00 | | | 13,995.00 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 656.11 | 1,099.89 | 13,992.80 | 5,326.43 | 8,666.37 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|-------------|-------------|-------------|-------------|---------------|
| PTO | 288.50 | 5.96 | 0.00 | 0.00 | 0.00 | 294.46 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 669.50 | 5.96 | 0.00 | 0.00 | 0.00 | 675.46 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD45198
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 04/16/2020 | \$1,099.89 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/26/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|---------|------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 146.77 | 1,244.73 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 857.30 | SITW | 78.27 | 660.00 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.20 | SOCSEC_EE | 108.87 | 940.15 |
| REGULAR HOURS | 40.00 | 21.9500 | 878.00 | 11,626.60 | MEDICARE_EE | 25.46 | 219.87 |
| PAID EMPLOYER LEA | 40.00 | 21.9500 | 878.00 | 2,195.00 | Retirement/Employe | 158.04 | 1,417.39 |
| | | | | | Uniforms | 4.35 | 39.15 |
| | | | | | DEP DENTAL PRE-TAX | 0.00 | 246.72 |
| | | | | | HEALTH PRE-TAX | 0.00 | 240.00 |
| | | | | | 401K Loan Repayme | 89.72 | 807.48 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,144.52 | 9,810.89 |
| TOTALS: | | | | | | 1,756.00 | 15,748.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 611.48 | 1,144.52 | 15,748.80 | 5,937.91 | 9,810.89 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|-------------|-------------|-------------|-------------|---------------|
| PTO | 294.46 | 5.96 | 0.00 | 0.00 | 0.00 | 300.42 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 675.46 | 5.96 | 0.00 | 0.00 | 0.00 | 681.42 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD45305

| DATE | NET AMOUNT |
|------------|------------|
| 04/30/2020 | \$1,144.52 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/10/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 139.54 | 1,384.27 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 857.30 | SITW | 74.05 | 734.05 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.75 | SQCSEC_EE | 105.13 | 1,045.28 |
| REGULAR HOURS | 40.00 | 21.9500 | 878.00 | 12,504.60 | MEDICARE_EE | 24.59 | 244.46 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 2,195.00 | Retirement/Employe | 158.04 | 1,575.43 |
| EMERGENCY LEAVE | 40.00 | 21.9500 | 878.00 | 878.00 | Uniforms | 4.35 | 43.50 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 277.56 |
| | | | | | HEALTH PRE-TAX | 30.00 | 270.00 |
| | | | | | 401K Loan Repayme | 89.72 | 897.20 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,099.74 | 10,910.63 |
| TOTALS: | 80.00 | | 1,756.55 | 17,507.55 | TOTALS: | 1,756.00 | 17,504.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 656.26 | 1,099.74 | 17,504.80 | 6,594.17 | 10,910.63 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|-------------|-------------|-------------|-------------|---------------|
| PTO | 300.42 | 5.96 | 0.00 | 0.00 | 0.00 | 306.38 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 681.42 | 5.96 | 0.00 | 0.00 | 0.00 | 687.38 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD45414

| DATE | NET AMOUNT |
|------------|------------|
| 05/14/2020 | \$1,099.74 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/24/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 139.47 | 1,523.74 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 857.30 | SITW | 74.01 | 808.06 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.75 | SOCSEC_EE | 105.10 | 1,150.38 |
| REGULAR HOURS | 40.00 | 21.9500 | 878.00 | 13,382.60 | MEDICARE_EE | 24.58 | 269.04 |
| PAID EMPLOYER LEA | 40.00 | 21.9500 | 878.00 | 3,073.00 | Retirement/Employe | 158.04 | 1,733.47 |
| EMERGENCY LEAVE | 0.00 | 21.9500 | 0.00 | 878.00 | Uniforms | 4.35 | 47.85 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 308.40 |
| | | | | | HEALTH PRE-TAX | 30.00 | 300.00 |
| | | | | | 401K Loan Repayme | 89.72 | 986.92 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,099.89 | 12,010.52 |
| TOTALS: | 80.00 | | 1,756.00 | 19,263.55 | TOTALS: | 1,756.00 | 19,260.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 656.11 | 1,099.89 | 19,260.80 | 7,250.28 | 12,010.52 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|-------------|-------------|-------------|-------------|---------------|
| PTO | 306.38 | 5.96 | 0.00 | 0.00 | 0.00 | 312.34 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 687.38 | 5.96 | 0.00 | 0.00 | 0.00 | 693.34 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD45532

| DATE | NET AMOUNT |
|------------|------------|
| 05/28/2020 | \$1,099.89 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/07/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount | |
|----------------------|-------|---------|----------|------------|----------------------|-----------------|------------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 1,069.90 | FITW | 139.54 | 1,663.28 | |
| Holiday Pay | 10.00 | 21.9500 | 219.50 | 1,076.80 | SITW | 74.05 | 882.11 | |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.30 | SOCSEC_EE | 105.14 | 1,255.52 | |
| REGULAR HOURS | 50.00 | 21.9500 | 1,097.50 | 14,480.10 | MEDICARE_EE | 24.59 | 293.63 | |
| PAID EMPLOYER LEA | 20.00 | 21.9500 | 439.00 | 3,512.00 | Retirement/Employe | 158.04 | 1,891.51 | |
| EMERGENCY LEAVE | 0.00 | 21.9500 | 0.00 | 878.00 | Uniforms | 4.35 | 52.20 | |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 339.24 | |
| | | | | | HEALTH PRE-TAX | 30.00 | 330.00 | |
| | | | | | 401K Loan Repayme | 89.72 | 1,076.64 | |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 | |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 | |
| | | | | | 253278362 | 1,099.73 | 13,110.25 | |
| TOTALS: | | | | | | 1,756.00 | 21,016.80 | |
| TOTALS: | | | | | | 80.00 | 1,756.55 | 21,020.10 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 656.27 | 1,099.73 | 21,016.80 | 7,906.55 | 13,110.25 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 312.34 | 11.92 | 0.00 | 0.00 | 0.00 | 324.26 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 693.34 | 11.92 | 0.00 | 0.00 | 0.00 | 705.26 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD45641

| DATE | NET AMOUNT |
|------------|------------|
| 06/11/2020 | \$1,099.73 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/21/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|----------|-----------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 21.9500 | 439.00 | 1,508.90 | FITW | 139.47 | 1,802.75 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,076.80 | SITW | 74.01 | 956.12 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.30 | SOCSEC_EE | 105.10 | 1,360.62 |
| REGULAR HOURS | 60.00 | 21.9500 | 1,317.00 | 15,797.10 | MEDICARE_EE | 24.58 | 318.21 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 3,512.00 | Retirement/Employe | 158.04 | 2,049.55 |
| EMERGENCY LEAVE | 0.00 | 21.9500 | 0.00 | 878.00 | Uniforms | 4.35 | 56.55 |
| | | | | | DEP DENTAL PRE-TAX | 30.84 | 370.08 |
| | | | | | HEALTH PRE-TAX | 30.00 | 360.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,166.36 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,099.89 | 14,210.14 |
| TOTALS: | | | | | | 1,756.00 | 22,772.80 |
| TOTALS: | | 80.00 | | 1,756.00 | | | 22,776.10 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 656.11 | 1,099.89 | 22,772.80 | 8,562.66 | 14,210.14 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 324.26 | 11.92 | 20.00 | 0.00 | 0.00 | 316.18 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 705.26 | 11.92 | 20.00 | 0.00 | 0.00 | 697.18 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD45757

| DATE | NET AMOUNT |
|------------|------------|
| 06/25/2020 | \$1,099.89 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/05/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 60.00 | 21.9500 | 1,317.00 | 3,045.40 | FITW | 138.18 | 1,940.93 |
| Paid Time Off (PTO) | 10.00 | 21.9500 | 219.50 | | SITW | 73.25 | 1,029.37 |
| Holiday Pay | 10.00 | 21.9500 | 219.50 | 1,296.30 | SOCSEC_EE | 104.43 | 1,465.05 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.85 | MEDICARE_EE | 24.42 | 342.63 |
| REGULAR HOURS | 0.00 | 21.9500 | 0.00 | 15,797.10 | Retirement/Employe | 158.04 | 2,207.59 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 4.35 | 60.90 |
| **PAID EMPLOYER LE | 40.00 | 0.0000 | 878.00 | | DEP DENTAL PRE-TAX | 27.20 | 397.28 |
| **EMERGENCY LEAV | -40.00 | 0.0000 | -878.00 | 0.00 | HEALTH PRE-TAX | 45.00 | 405.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,256.08 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,091.41 | 15,301.55 |
| TOTALS: | 80.00 | | 1,756.55 | 24,532.65 | TOTALS: | 1,756.00 | 24,528.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 664.59 | 1,091.41 | 24,528.80 | 9,227.25 | 15,301.55 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 316.18 | 11.92 | 70.00 | 0.00 | 0.00 | 258.10 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 697.18 | 11.92 | 70.00 | 0.00 | 0.00 | 639.10 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD45863

| DATE | NET AMOUNT |
|------------|------------|
| 07/09/2020 | \$1,091.41 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/19/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FITW | 138.11 | 2,079.04 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,296.30 | SITW | 73.21 | 1,102.58 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.85 | SOCSEC_EE | 104.39 | 1,569.44 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 17,553.10 | MEDICARE_EE | 24.42 | 367.05 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Retirement/Employe | 158.04 | 2,365.63 |
| | | | | | Uniforms | 4.35 | 65.25 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 424.48 |
| | | | | | HEALTH PRE-TAX | 45.00 | 450.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,345.80 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,091.56 | 16,393.11 |
| TOTALS: | | | | | | 1,756.00 | 26,284.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 664.44 | 1,091.56 | 26,284.80 | 9,891.69 | 16,393.11 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 258.10 | 11.92 | 0.00 | 0.00 | 0.00 | 270.02 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 639.10 | 11.92 | 0.00 | 0.00 | 0.00 | 651.02 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD45978
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 07/23/2020 | \$1,091.56 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/02/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FTW | 136.18 | 2,217.22 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,296.30 | SITW | 73.25 | 1,175.83 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.40 | SOCSEC_EE | 104.43 | 1,673.87 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 19,309.10 | MEDICARE_EE | 24.42 | 391.47 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Retirement/Employe | 158.04 | 2,523.67 |
| | | | | | Uniforms | 4.35 | 69.60 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 451.68 |
| | | | | | HEALTH PRE-TAX | 45.00 | 495.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,435.52 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,091.41 | 17,484.52 |
| TOTALS: | | | | | | 1,756.00 | 28,040.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 664.59 | 1,091.41 | 28,040.80 | 10,556.28 | 17,484.52 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 270.02 | 11.92 | 0.00 | 0.00 | 0.00 | 281.94 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 651.02 | 11.92 | 0.00 | 0.00 | 0.00 | 662.94 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD46088
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 08/06/2020 | \$1,091.41 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

Nash v. Montgomery Construction, LLC
Plaintiff docs 2287

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/16/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FITW | 136.11 | 2,355.33 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,296.30 | SITW | 73.21 | 1,249.04 |
| Weather Emergenc | 3.00 | 21.9500 | 65.85 | 65.85 | SOCSEC_EE | 104.40 | 1,778.27 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.40 | MEDICARE_EE | 24.42 | 415.89 |
| REGULAR HOURS | 77.00 | 21.9500 | 1,690.15 | 20,999.25 | Retirement/Employe | 158.04 | 2,681.71 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 6.52 | 76.12 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 478.88 |
| | | | | | HEALTH PRE-TAX | 45.00 | 540.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,525.24 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,089.38 | 18,573.90 |
| TOTALS: | 80.00 | | 1,756.00 | 29,801.20 | TOTALS: | 1,756.00 | 29,796.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 666.62 | 1,089.38 | 29,796.80 | 11,222.90 | 18,573.90 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 281.94 | 11.92 | 0.00 | 0.00 | 0.00 | 293.86 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 662.94 | 11.92 | 0.00 | 0.00 | 0.00 | 674.86 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD46202
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 08/20/2020 | \$1,089.38 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/30/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FTW | 138.18 | 2,493.51 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,294.30 | SITW | 73.25 | 1,322.29 |
| Weather Emergenc | 0.00 | 21.9500 | 0.00 | 65.83 | SOCSEC_EE | 104.43 | 1,882.70 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.95 | MEDICARE_EE | 24.42 | 440.31 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 22,755.25 | Retirement/Employe | 158.04 | 2,839.75 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 6.52 | 82.64 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 506.08 |
| | | | | | HEALTH PRE-TAX | 45.00 | 585.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,614.96 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,089.24 | 19,663.14 |
| TOTALS: | | | | | | 1,756.00 | 31,552.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 666.76 | 1,089.24 | 31,552.80 | 11,889.66 | 19,663.14 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 293.86 | 11.92 | 0.00 | 0.00 | 0.00 | 305.78 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 674.86 | 11.92 | 0.00 | 0.00 | 0.00 | 686.78 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD46308
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 09/03/2020 | \$1,089.24 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/13/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FITW | 138.11 | 2,631.62 |
| Holiday Pay | 10.00 | 21.9500 | 219.50 | 1,515.80 | SITW | 73.21 | 1,395.50 |
| Weather Emergenc | 0.00 | 21.9500 | 0.00 | 65.85 | SOCSEC_EE | 104.39 | 1,987.09 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.95 | MEDICARE_EE | 24.41 | 464.72 |
| REGULAR HOURS | 70.00 | 21.9500 | 1,536.50 | 24,291.75 | Retirement/Employe | 158.04 | 2,997.79 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 6.52 | 89.16 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 533.28 |
| | | | | | HEALTH PRE-TAX | 45.00 | 630.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,704.68 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,089.40 | 20,752.54 |
| TOTALS: | | | | | | 1,756.00 | 33,308.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 666.60 | 1,089.40 | 33,308.80 | 12,556.26 | 20,752.54 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 305.78 | 11.92 | 0.00 | 0.00 | 0.00 | 317.70 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 686.78 | 11.92 | 0.00 | 0.00 | 0.00 | 698.70 |

STATEMENT OF EARNINGS AND DEDUCTIONS
DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

Check No: DD46422
BANK OF AMERICA
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 09/17/2020 | \$1,089.40 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/27/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FITW | 138.18 | 2,769.80 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,515.80 | SITW | 73.25 | 1,468.75 |
| Weather Emergenc | 0.00 | 21.9500 | 0.00 | 65.85 | SOCSEC_EE | 104.43 | 2,091.52 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 5.50 | MEDICARE_EE | 24.43 | 489.15 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 26,047.75 | Retirement/Employe | 158.04 | 3,155.83 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 6.52 | 95.68 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 560.48 |
| | | | | | HEALTH PRE-TAX | 45.00 | 675.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,794.40 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,089.23 | 21,841.77 |
| TOTALS: | 80.00 | | 1,756.55 | 35,070.30 | TOTALS: | 1,756.00 | 35,064.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 666.77 | 1,089.23 | 35,064.80 | 13,223.03 | 21,841.77 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 317.70 | 11.92 | 0.00 | 0.00 | 0.00 | 329.62 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 698.70 | 11.92 | 0.00 | 0.00 | 0.00 | 710.62 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD46529

| DATE | NET AMOUNT |
|------------|------------|
| 10/01/2020 | \$1,089.23 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | S330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/11/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FITW | 138.11 | 2,907.91 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,515.80 | SITW | 73.21 | 1,541.96 |
| Weather Emergenc | 0.00 | 21.9500 | 0.00 | 65.85 | SOCSEC_EE | 104.40 | 2,195.92 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 5.50 | MEDICARE_EE | 24.41 | 513.56 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 27,803.75 | Retirement/Employe | 158.04 | 3,313.87 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 6.52 | 102.20 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 587.68 |
| | | | | | HEALTH PRE-TAX | 45.00 | 720.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,884.12 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,089.39 | 22,931.16 |
| TOTALS: | 80.00 | | 1,756.00 | 36,826.30 | TOTALS: | 1,756.00 | 36,820.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 666.61 | 1,089.39 | 36,820.80 | 13,889.64 | 22,931.16 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 329.62 | 11.92 | 0.00 | 0.00 | 0.00 | 341.54 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 710.62 | 11.92 | 0.00 | 0.00 | 0.00 | 722.54 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD46643

| DATE | NET AMOUNT |
|------------|------------|
| 10/15/2020 | \$1,089.39 |

PAY *****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/25/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|----------|-----------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FITW | 146.77 | 3,054.68 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,515.80 | SITW | 78.27 | 1,620.23 |
| Weather Emergenc | 0.00 | 21.9500 | 0.00 | 65.65 | SOCSEC_EE | 108.87 | 2,304.79 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 5.50 | MEDICARE_EE | 25.46 | 539.02 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 29,559.75 | Retirement/Employe | 158.04 | 3,471.91 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 6.52 | 108.72 |
| | | | | | DEF DENTAL PRE-TAX | 0.00 | 587.68 |
| | | | | | HEALTH PRE-TAX | 0.00 | 720.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,973.84 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,142.35 | 24,073.51 |
| TOTALS: | | | | | | 1,756.00 | 38,576.80 |
| TOTALS: | | 80.00 | | 1,756.00 | | | 38,582.30 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 613.65 | 1,142.35 | 38,576.80 | 14,503.29 | 24,073.51 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 341.54 | 11.92 | 0.00 | 0.00 | 0.00 | 353.46 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 722.54 | 11.92 | 0.00 | 0.00 | 0.00 | 734.46 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD46750

| DATE | NET AMOUNT |
|------------|------------|
| 10/29/2020 | \$1,142.35 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/08/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FITW | 138.18 | 3,192.86 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,515.80 | SITW | 73.25 | 1,693.48 |
| Weather Emergenc | 0.00 | 21.9500 | 0.00 | 65.85 | SOCSEC_EE | 104.43 | 2,409.22 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.05 | MEDICARE_EE | 24.43 | 563.45 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 31,315.75 | Retirement/Employe | 138.04 | 3,629.95 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 6.52 | 115.24 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 614.88 |
| | | | | | HEALTH PRE-TAX | 45.00 | 765.00 |
| | | | | | 401K Loan Repayme | 89.72 | 2,063.56 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,089.23 | 25,162.74 |
| TOTALS: | 80.00 | | 1,756.55 | 40,338.85 | TOTALS: | 1,756.00 | 40,332.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 666.77 | 1,089.23 | 40,332.80 | 15,170.06 | 25,162.74 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|---------|---------|---------|------|------|------|---------|
| PTO | 353.46 | 11.92 | 0.00 | 0.00 | 0.00 | 365.38 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 734.46 | 11.92 | 0.00 | 0.00 | 0.00 | 746.38 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD46856
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 11/12/2020 | \$1,089.23 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/22/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|----------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,045.40 | FITW | 140.29 | 3,333.15 |
| Holiday Pay | 0.00 | 21.9500 | 0.00 | 1,515.80 | SITW | 74.48 | 1,767.96 |
| Weather Emergenc | 0.00 | 21.9500 | 0.00 | 65.85 | SOCSEC_EE | 105.32 | 2,514.74 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.05 | MEDICARE_EE | 24.68 | 588.13 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 33,071.75 | Retirement/Employe | 158.04 | 3,787.99 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 6.52 | 121.76 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 642.08 |
| | | | | | HEALTH PRE-TAX | 26.84 | 791.84 |
| | | | | | 401K Loan Repayme | 89.72 | 2,153.28 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,102.71 | 26,265.45 |
| TOTALS: | 80.00 | | 1,756.00 | 42,094.85 | TOTALS: | 1,756.00 | 42,088.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 653.29 | 1,102.71 | 42,088.80 | 15,823.35 | 26,265.45 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 365.38 | 11.92 | 0.00 | 0.00 | 0.00 | 377.30 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 746.38 | 11.92 | 0.00 | 0.00 | 0.00 | 758.30 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD46970
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 11/26/2020 | \$1,102.71 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/20/2020 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|----------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 21.9500 | 0.00 | 3,484.40 | FITW | 138.11 | 3,609.44 |
| Holiday Pay | 0.00 | 21.9600 | 0.00 | 1,954.80 | SITW | 73.21 | 1,914.42 |
| Weather Emergenc | 0.00 | 21.9500 | 0.00 | 65.85 | SOCSEC_EE | 104.40 | 2,723.57 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.60 | MEDICARE_EE | 24.41 | 636.96 |
| REGULAR HOURS | 80.00 | 21.9500 | 1,756.00 | 35,705.75 | Retirement/Employe | 158.04 | 4,104.07 |
| PAID EMPLOYER LEA | 0.00 | 21.9500 | 0.00 | 4,390.00 | Uniforms | 6.52 | 134.80 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 696.48 |
| | | | | | HEALTH PRE-TAX | 45.00 | 881.84 |
| | | | | | 401K Loan Repayme | 89.72 | 2,332.72 |
| | | | | | Colonial Pre-tax | 0.00 | 100.56 |
| | | | | | Colonial Life Linsur | 0.00 | 21.86 |
| | | | | | 253278362 | 1,089.39 | 28,444.08 |
| TOTALS: | 80.00 | | 1,756.00 | 45,607.40 | TOTALS: | 1,756.00 | 45,600.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 666.61 | 1,089.39 | 45,600.80 | 17,156.72 | 28,444.08 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|---------|---------|---------|------|------|------|---------|
| PTO | 369.22 | 11.92 | 0.00 | 0.00 | 0.00 | 381.14 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 750.22 | 11.92 | 0.00 | 0.00 | 0.00 | 762.14 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD47188

| DATE | NET AMOUNT |
|------------|------------|
| 12/24/2020 | \$1,089.39 |

PAY *****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/03/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 30.00 | 21.9500 | 1,097.50 | 1,097.50 | FITW | 137.43 | 137.43 |
| Holiday Pay | 30.00 | 21.9500 | 658.50 | 658.50 | SITW | 71.17 | 71.17 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 0.55 | SOCSEC_EE | 104.43 | 104.43 |
| | | | | | MEDICARE_EE | 24.42 | 24.42 |
| | | | | | Retirement/Employe | 158.04 | 158.04 |
| | | | | | Uniforms | 6.52 | 6.52 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 27.20 |
| | | | | | HEALTH PRE-TAX | 45.00 | 45.00 |
| | | | | | 401K Loan Repayme | 89.72 | 89.72 |
| | | | | | 253278362 | 1,092.07 | 1,092.07 |
| TOTALS: | | | | | | 1,756.00 | 1,756.00 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,756.00 | 663.93 | 1,092.07 | 1,756.00 | 663.93 | 1,092.07 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 381.14 | 11.92 | 50.00 | 0.00 | 0.00 | 343.06 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 762.14 | 11.92 | 50.00 | 0.00 | 0.00 | 724.06 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD47293
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 01/07/2021 | \$1,092.07 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

Nash v. Montgomery Construction, LLC
Plaintiff docs 2298

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/17/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 22.7200 | 0.00 | 1,097.50 | FITW | 144.09 | 281.52 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 658.50 | SITW | 74.67 | 145.84 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 0.55 | SOCSEC_EE | 108.21 | 212.64 |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 1,817.60 | MEDICARE_EE | 25.31 | 49.73 |
| | | | | | Retirement/Employe | 163.58 | 321.62 |
| | | | | | Uniforms | 6.52 | 13.04 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 54.40 |
| | | | | | HEALTH PRE-TAX | 45.00 | 90.00 |
| | | | | | 401K Loan Repayme | 89.72 | 179.44 |
| | | | | | 253278362 | 1,133.30 | 2,225.37 |
| TOTALS: | | | | | | 1,817.60 | 3,573.60 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.30 | 1,133.30 | 3,573.60 | 1,348.23 | 2,225.37 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 343.06 | 11.92 | 0.00 | 0.00 | 0.00 | 354.98 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 724.06 | 11.92 | 0.00 | 0.00 | 0.00 | 735.98 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD47407
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 01/21/2021 | \$1,133.30 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/31/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|---------|------------|--------------------|-----------------|-----------------|
| Paid time Off (PTO) | 40.00 | 22.7200 | 908.80 | 2,006.30 | FITW | 144.15 | 425.67 |
| Holiday Pay | 10.00 | 22.7200 | 227.20 | 885.70 | SITW | 74.70 | 220.54 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.10 | \$OCSEC_EE | 108.25 | 320.89 |
| REGULAR HOURS | 30.00 | 22.7200 | 681.60 | 2,499.20 | MEDICARE_EE | 25.32 | 75.05 |
| | | | | | Retirement/Employe | 163.58 | 485.20 |
| | | | | | Uniforms | 6.52 | 19.56 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 81.60 |
| | | | | | HEALTH PRE-TAX | 45.00 | 135.00 |
| | | | | | 401K Loan Repayme | 89.72 | 269.16 |
| | | | | | 253278362 | 1,133.16 | 3,358.53 |
| TOTALS: | | | | | | 1,817.60 | 5,391.20 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.44 | 1,133.16 | 5,391.20 | 2,032.67 | 3,358.53 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 354.98 | 11.92 | 40.00 | 0.00 | 0.00 | 326.90 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 735.98 | 11.92 | 40.00 | 0.00 | 0.00 | 707.90 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD47513
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 02/04/2021 | \$1,133.16 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/14/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 22.7200 | 0.00 | 2,006.30 | FITW | 144.09 | 569.76 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 885.70 | SITW | 74.67 | 295.21 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.10 | SOCSEC_EE | 108.22 | 429.11 |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 4,316.80 | MEDICARE_EE | 25.31 | 100.36 |
| | | | | | Retirement/Employe | 163.58 | 648.78 |
| | | | | | Uniforms | 6.52 | 26.08 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 108.80 |
| | | | | | HEALTH PRE-TAX | 45.00 | 180.00 |
| | | | | | 401K Loan Repayme | 89.72 | 358.88 |
| | | | | | 253278362 | 1,133.29 | 4,491.82 |
| TOTALS: | | | | | | 1,817.60 | 7,208.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.31 | 1,133.29 | 7,208.80 | 2,716.98 | 4,491.82 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 326.90 | 11.92 | 0.00 | 0.00 | 0.00 | 338.82 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 707.90 | 11.92 | 0.00 | 0.00 | 0.00 | 719.82 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD47628

| DATE | NET AMOUNT |
|------------|------------|
| 02/18/2021 | \$1,133.29 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/28/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 22.7200 | 0.00 | 2,006.30 | FITW | 144.15 | 713.91 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 885.70 | SITW | 74.70 | 369.91 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.65 | SOCSEC_EE | 108.25 | 537.36 |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 6,134.40 | MEDICARE_EE | 25.31 | 125.67 |
| | | | | | Retirement/Employe | 163.58 | 812.36 |
| | | | | | Uniforms | 6.52 | 32.60 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 136.00 |
| | | | | | HEALTH PRE-TAX | 45.00 | 225.00 |
| | | | | | 401K Loan Repayme | 89.72 | 448.60 |
| | | | | | 253278362 | 1,133.17 | 5,624.99 |
| TOTALS: | | | | | | 1,817.60 | 9,026.40 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.43 | 1,133.17 | 9,026.40 | 3,401.41 | 5,624.99 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 338.82 | 11.92 | 0.00 | 0.00 | 0.00 | 350.74 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 719.82 | 11.92 | 0.00 | 0.00 | 0.00 | 731.74 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD47736
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 03/04/2021 | \$1,133.17 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/14/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount | |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|-----------|
| Paid Time Off (PTO) | 0.00 | 22.7200 | 0.00 | 2,006.30 | FITW | 144.09 | 858.00 | |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 885.70 | SITW | 74.67 | 444.58 | |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.65 | SOCSEC_EE | 108.21 | 645.37 | |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 7,952.00 | MEDICARE_EE | 25.31 | 150.98 | |
| | | | | | Retirement/Employe | 163.58 | 975.94 | |
| | | | | | Uniforms | 6.52 | 39.12 | |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 163.20 | |
| | | | | | HEALTH PRE-TAX | 45.00 | 270.00 | |
| | | | | | 401K Loan Repayme | 89.72 | 538.32 | |
| | | | | | 253278362 | 1,133.30 | 6,758.29 | |
| TOTALS: | | | | | | 1,817.60 | 10,844.00 | |
| TOTALS: | | | | | | 80.00 | 1,817.60 | 10,845.65 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.30 | 1,133.30 | 10,844.00 | 4,085.71 | 6,758.29 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 350.74 | 11.92 | 0.00 | 0.00 | 0.00 | 362.66 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 731.74 | 11.92 | 0.00 | 0.00 | 0.00 | 743.66 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD47850

| DATE | NET AMOUNT |
|------------|------------|
| 03/18/2021 | \$1,133.30 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/28/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|------------------|------------------|
| Paid Time Off (PTO) | 20.00 | 22.7200 | 454.40 | 2,460.70 | FITW | 144.15 | 1,002.15 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 885.70 | SITW | 74.70 | 519.28 |
| Weather Emergenc | 3.00 | 22.7200 | 68.16 | 68.16 | SOCSEC_EE | 108.25 | 753.82 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.20 | MEDICARE_EE | 25.32 | 176.30 |
| REGULAR HOURS | 57.00 | 22.7200 | 1,295.04 | 9,247.04 | Retirement/Employe | 163.58 | 1,139.52 |
| | | | | | Uniforms | 6.52 | 45.64 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 190.40 |
| | | | | | HEALTH PRE-TAX | 45.00 | 315.00 |
| | | | | | 401K Loan Repayme | 89.72 | 628.04 |
| | | | | | 253278362 | 1,133.16 | 7,891.45 |
| TOTALS: | | | | | | 1,817.60 | 12,661.60 |
| TOTALS: | | | | | | 80.00 | 1,818.15 |
| TOTALS: | | | | | | 12,663.80 | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.44 | 1,133.16 | 12,661.60 | 4,770.15 | 7,891.45 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 362.66 | 11.92 | 20.00 | 0.00 | 0.00 | 354.58 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 743.66 | 11.92 | 20.00 | 0.00 | 0.00 | 735.58 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD47958
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 04/01/2021 | \$1,133.16 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/11/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 50.00 | 22.7200 | 1,136.00 | 3,596.70 | FITW | 144.09 | 1,146.24 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 885.70 | SITW | 74.67 | 593.95 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 108.22 | 862.04 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.20 | MEDICARE_EE | 25.31 | 201.61 |
| REGULAR HOURS | 30.00 | 22.7200 | 681.60 | 9,928.64 | Retirement/Employe | 163.58 | 1,303.10 |
| | | | | | Uniforms | 6.52 | 52.16 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 217.60 |
| | | | | | HEALTH PRE-TAX | 45.00 | 360.00 |
| | | | | | 401K Loan Repayme | 89.72 | 717.76 |
| | | | | | 253278362 | 1,133.29 | 9,024.74 |
| TOTALS: | | | | | | 1,817.60 | 14,479.20 |
| TOTALS: | | 80.00 | | 1,817.60 | | | 14,481.40 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.31 | 1,133.29 | 14,479.20 | 5,454.46 | 9,024.74 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 354.58 | 11.92 | 50.00 | 0.00 | 0.00 | 316.50 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 735.58 | 11.92 | 50.00 | 0.00 | 0.00 | 697.50 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD48075
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 04/15/2021 | \$1,133.29 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/25/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 11.00 | 22,7200 | 249.92 | 3,846.62 | FTW | 152.75 | 1,298.99 |
| Holiday Pay | 0.00 | 22,7200 | 0.00 | 885.70 | SITW | 79.49 | 673.44 |
| Weather Emergenc | 0.00 | 22,7200 | 0.00 | 68.16 | SOCSEC_FEE | 112.69 | 974.73 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.20 | MEDICARE_FEE | 26.35 | 227.96 |
| REGULAR HOURS | 69.00 | 22,7200 | 1,567.68 | 11,496.32 | Retirement/Employe | 163.58 | 1,466.68 |
| | | | | | Uniforms | 6.52 | 58.68 |
| | | | | | DEP DENTAL PRE-TAX | 0.00 | 217.60 |
| | | | | | HEALTH PRE-TAX | 0.00 | 340.00 |
| | | | | | 401K Loan Repayme | 89.72 | 807.48 |
| | | | | | 253278362 | 1,186.50 | 10,211.24 |
| TOTALS: | 80.00 | | 1,817.60 | 16,299.00 | TOTALS: | 1,817.60 | 16,296.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 631.10 | 1,186.50 | 16,296.80 | 6,085.56 | 10,211.24 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 316.50 | 11.92 | 11.00 | 0.00 | 0.00 | 317.42 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 697.50 | 11.92 | 11.00 | 0.00 | 0.00 | 698.42 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD48183

| DATE | NET AMOUNT |
|------------|------------|
| 04/29/2021 | \$1,186.50 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/09/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 22.7200 | 0.00 | 3,846.62 | FITW | 144.15 | 1,443.14 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 985.70 | SITW | 74.70 | 748.14 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_FEE | 108.25 | 1,082.98 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.75 | MEDICARE_EE | 25.32 | 253.28 |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 13,313.92 | Retirement/Employe | 163.58 | 1,630.26 |
| | | | | | Uniforms | 6.52 | 65.20 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 244.80 |
| | | | | | HEALTH PRE-TAX | 45.00 | 405.00 |
| | | | | | 401K Loan Repayme | 89.72 | 897.20 |
| | | | | | 253278362 | 1,133.16 | 11,344.40 |
| TOTALS: | | | | | | 1,817.60 | 18,114.40 |
| TOTALS: | | 80.00 | 1,818.15 | 18,117.15 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.44 | 1,133.16 | 18,114.40 | 6,770.00 | 11,344.40 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 317.42 | 11.92 | 0.00 | 0.00 | 0.00 | 329.34 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 698.42 | 11.92 | 0.00 | 0.00 | 0.00 | 710.34 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD48292
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 05/13/2021 | \$1,133.16 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/23/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid time Off (PTO) | 0.00 | 22.7200 | 0.00 | 3,846.62 | FITW | 144.09 | 1,587.23 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 885.70 | SITW | 74.67 | 822.81 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 108.21 | 1,191.19 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.75 | MEDICARE_EE | 25.30 | 278.58 |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 15,131.52 | Retirement/Employe | 163.58 | 1,793.84 |
| | | | | | Uniforms | 6.52 | 71.72 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 272.00 |
| | | | | | HEALTH PRE-TAX | 45.00 | 450.00 |
| | | | | | 401K Loan Repayme | 89.72 | 986.92 |
| | | | | | 253278362 | 1,133.31 | 12,477.71 |
| TOTALS: | | | | | TOTALS: | 1,817.60 | 19,932.00 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.29 | 1,133.31 | 19,932.00 | 7,454.29 | 12,477.71 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 329.34 | 11.92 | 0.00 | 0.00 | 0.00 | 341.26 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 710.34 | 11.92 | 0.00 | 0.00 | 0.00 | 722.26 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD48411
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 05/27/2021 | \$1,133.31 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/06/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 40.00 | 22.7200 | 908.80 | 4,755.42 | FITW | 144.15 | 1,731.38 |
| Holiday Pay | 10.00 | 22.7200 | 227.20 | 1,112.90 | SITW | 74.70 | 897.51 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 108.25 | 1,299.44 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.30 | MEDICARE_EE | 25.32 | 303.90 |
| REGULAR HOURS | 30.00 | 22.7200 | 681.60 | 15,813.12 | Retirement/Employe | 163.58 | 1,957.42 |
| | | | | | Uniforms | 6.52 | 78.24 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 299.20 |
| | | | | | HEALTH PRE-TAX | 45.00 | 495.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,076.64 |
| | | | | | 253278362 | 1,133.16 | 13,610.87 |
| TOTALS: | 80.00 | | 1,818.15 | 21,752.90 | TOTALS: | 1,817.60 | 21,749.60 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.44 | 1,133.16 | 21,749.60 | 8,138.73 | 13,610.87 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 341.26 | 11.92 | 40.00 | 0.00 | 0.00 | 313.18 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 722.26 | 11.92 | 40.00 | 0.00 | 0.00 | 694.18 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD48521
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 06/10/2021 | \$1,133.16 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/20/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 22.7200 | 227.20 | 4,982.62 | FITW | 144.09 | 1,875.47 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 1,112.90 | SITW | 74.67 | 972.18 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 108.21 | 1,407.65 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.30 | MEDICARE_EE | 25.31 | 329.21 |
| REGULAR HOURS | 70.00 | 22.7200 | 1,590.40 | 17,403.52 | Retirement/Employe | 163.58 | 2,121.00 |
| | | | | | Uniforms | 6.52 | 84.76 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 326.40 |
| | | | | | HEALTH PRE-TAX | 45.00 | 540.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,166.36 |
| | | | | | 253278362 | 1,133.30 | 14,744.17 |
| TOTALS: | | | | | | 1,817.60 | 23,567.20 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 684.30 | 1,133.30 | 23,567.20 | 8,823.03 | 14,744.17 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 313.18 | 11.92 | 10.00 | 0.00 | 0.00 | 315.10 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 694.18 | 11.92 | 10.00 | 0.00 | 0.00 | 696.10 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD48638
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 06/24/2021 | \$1,133.30 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/04/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 22.7200 | 0.00 | 6,345.82 | FITW | 142.35 | 2,017.82 |
| Paid Time Off (PTO) | 60.00 | 22.7200 | 1,363.20 | | SITW | 73.74 | 1,045.94 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 1,112.90 | SOCSEC_EE | 107.32 | 1,514.97 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | MEDICARE_EE | 25.10 | 354.31 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.85 | Retirement/Employe | 163.58 | 2,284.58 |
| REGULAR HOURS | 20.00 | 22.7200 | 454.40 | 17,857.92 | Uniforms | 6.52 | 91.28 |
| | | | | | DEF DENTAL PRE-TAX | 27.20 | 353.60 |
| | | | | | HEALTH PRE-TAX | 60.00 | 600.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,256.08 |
| | | | | | 253278362 | 1,122.05 | 15,866.22 |
| TOTALS: | | | | | | 1,817.60 | 25,384.80 |
| TOTALS: | | 80.00 | | 1,818.15 | | | 25,388.65 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.55 | 1,122.05 | 25,384.80 | 9,518.58 | 15,866.22 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|-------|------|------|---------|
| PTO | 375.10 | 11.92 | 60.00 | 0.00 | 0.00 | 267.02 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 696.10 | 11.92 | 60.00 | 0.00 | 0.00 | 648.02 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD48746

| DATE | NET AMOUNT |
|------------|------------|
| 07/08/2021 | \$1,122.05 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/18/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 70.00 | 22,7200 | 1,590.40 | 7,936.27 | FITW | 142.29 | 2,160.11 |
| Holiday Pay | 10.00 | 22,7200 | 227.20 | 1,340.10 | SITW | 73.73 | 1,119.67 |
| Weather Emergenc | 0.00 | 22,7200 | 0.00 | 68.16 | SOCSEC_EE | 107.29 | 1,622.26 |
| Dependent Life Ins B | 0.00 | 0,5500 | 0.00 | 3.85 | MEDICARE_EE | 25.09 | 379.40 |
| REGULAR HOURS | 0.00 | 22,7200 | 0.00 | 17,857.92 | Retirement/Employe | 163.58 | 2,448.16 |
| | | | | | Uniforms | 6.52 | 97.80 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 380.80 |
| | | | | | HEALTH PRE-TAX | 60.00 | 660.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,345.80 |
| | | | | | 253278362 | 1,122.18 | 16,988.40 |
| TOTALS: | | | | | | 1,817.60 | 27,202.40 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.42 | 1,122.18 | 27,202.40 | 10,214.00 | 16,988.40 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 267.02 | 11.92 | 70.00 | 0.00 | 0.00 | 208.94 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 648.02 | 11.92 | 70.00 | 0.00 | 0.00 | 589.94 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD48859
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 07/22/2021 | \$1,122.18 |

PAY *****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/01/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 80.00 | 22.7200 | 1,817.60 | 9,753.82 | FITW | 142.35 | 2,302.46 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 1,340.10 | SITW | 73.76 | 1,193.43 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 107.32 | 1,729.58 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.40 | MEDICARE_EE | 25.10 | 404.50 |
| REGULAR HOURS | 0.00 | 22.7200 | 0.00 | 17,857.92 | Retirement/Employe | 163.58 | 2,611.74 |
| | | | | | Uniforms | 6.52 | 104.32 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 408.00 |
| | | | | | HEALTH PRE-TAX | 60.00 | 720.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,435.52 |
| | | | | | 253278362 | 1,122.05 | 18,110.45 |
| TOTALS: | | | | | | 1,817.60 | 29,020.00 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.55 | 1,122.05 | 29,020.00 | 10,909.55 | 18,110.45 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|-------|------|------|---------|
| PTO | 208.94 | 11.92 | 80.00 | 0.00 | 0.00 | 140.86 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 589.94 | 11.92 | 80.00 | 0.00 | 0.00 | 521.86 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD48966
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 08/05/2021 | \$1,122.05 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/15/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 22.7200 | 0.00 | 9,753.82 | FITW | 142.29 | 2,444.75 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 1,340.10 | SITW | 73.73 | 1,267.16 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | \$OCSEC_EE | 107.28 | 1,836.86 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.40 | MEDICARE_EE | 25.09 | 429.59 |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 19,675.52 | Retirement/Employe | 163.58 | 2,775.32 |
| | | | | | Uniforms | 6.52 | 110.84 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 435.20 |
| | | | | | HEALTH PRE-TAX | 60.00 | 780.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,525.24 |
| | | | | | 253278362 | 1,122.19 | 19,232.64 |
| TOTALS: | | | | | | 1,817.60 | 30,837.60 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.41 | 1,122.19 | 30,837.60 | 11,604.96 | 19,232.64 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 140.86 | 11.92 | 0.00 | 0.00 | 0.00 | 152.78 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 521.86 | 11.92 | 0.00 | 0.00 | 0.00 | 533.78 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD49079

| DATE | NET AMOUNT |
|------------|------------|
| 08/19/2021 | \$1,122.19 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/29/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|----------|-----------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 22,7200 | 0.00 | 9,753.82 | FITW | 142.35 | 2,587.10 |
| Holiday Pay | 0.00 | 22,7200 | 0.00 | 1,340.10 | SITW | 73.76 | 1,340.92 |
| Weather Emergenc | 0.00 | 22,7200 | 0.00 | 88.16 | SOCSEC_EE | 107.32 | 1,944.18 |
| Dependent Life Ins B | 0.00 | 0,5500 | 0.55 | 4.95 | MEDICARE_EE | 25.10 | 454.69 |
| REGULAR HOURS | 80.00 | 22,7200 | 1,817.60 | 21,493.12 | Retirement/Employe | 163.58 | 2,938.90 |
| | | | | | Uniforms | 6.52 | 117.36 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 462.40 |
| | | | | | HEALTH PRE-TAX | 60.00 | 840.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,614.96 |
| | | | | | 253278362 | 1,122.05 | 20,354.69 |
| TOTALS: | | | | | | 1,817.60 | 32,655.20 |
| TOTALS: | | 80.00 | | 1,818.15 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.55 | 1,122.05 | 32,655.20 | 12,300.51 | 20,354.69 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 152.78 | 11.92 | 0.00 | 0.00 | 0.00 | 164.70 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 533.78 | 11.92 | 0.00 | 0.00 | 0.00 | 545.70 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD49185

| DATE | NET AMOUNT |
|------------|------------|
| 09/02/2021 | \$1,122.05 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/12/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 6.00 | 22.7200 | 136.32 | 9,890.14 | FITW | 142.29 | 2,729.39 |
| Holiday Pay | 10.00 | 22.7200 | 227.20 | 1,567.30 | SITW | 73.73 | 1,414.65 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 107.29 | 2,051.47 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.95 | MEDICARE_EE | 25.09 | 479.78 |
| REGULAR HOURS | 64.00 | 22.7200 | 1,454.08 | 22,947.20 | Retirement/Employe | 163.58 | 3,102.48 |
| | | | | | Uniforms | 6.52 | 123.88 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 489.60 |
| | | | | | HEALTH PRE-TAX | 60.00 | 900.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,704.68 |
| | | | | | 253278362 | 1,122.18 | 21,476.87 |
| TOTALS: | 80.00 | | 1,817.60 | 34,477.75 | TOTALS: | 1,817.60 | 34,472.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.42 | 1,122.18 | 34,472.80 | 12,995.93 | 21,476.87 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 164.70 | 11.92 | 6.00 | 0.00 | 0.00 | 170.62 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 545.70 | 11.92 | 6.00 | 0.00 | 0.00 | 551.62 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD49299

| DATE | NET AMOUNT |
|------------|------------|
| 09/16/2021 | \$1,122.18 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|--|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K. MONTGOMERY EMPLOYEE NAME | 09/26/2021 PERIOD END |
|----------------------|--------------------|--|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid time Off (PTO) | 10.00 | 22.7200 | 227.20 | 10,117.34 | FITW | 152.75 | 2,882.14 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 1,567.30 | SITW | 79.49 | 1,494.14 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 112.69 | 2,164.16 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.95 | MEDICARE_EE | 26.35 | 506.13 |
| REGULAR HOURS | 70.00 | 22.7200 | 1,590.40 | 24,537.60 | Retirement/Employe | 163.58 | 3,266.06 |
| | | | | | Uniforms | 6.52 | 130.40 |
| | | | | | DEP DENTAL PRE-TAX | 0.00 | 489.60 |
| | | | | | HEALTH PRE-TAX | 0.00 | 900.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,794.40 |
| | | | | | 253278362 | 1,186.50 | 22,663.37 |
| TOTALS: | | | | | | 1,817.60 | 36,290.40 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 631.10 | 1,186.50 | 36,290.40 | 13,627.03 | 22,663.37 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|-------|------|------|---------|
| PTO | 170.62 | 11.92 | 10.00 | 0.00 | 0.00 | 172.54 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 551.62 | 11.92 | 10.00 | 0.00 | 0.00 | 553.54 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD49405
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 09/30/2021 | \$1,186.50 |

PAY *****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/10/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 22.7200 | 227.20 | 10,344.54 | FIIW | 142.35 | 3,024.49 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 1,567.30 | SITW | 73.76 | 1,567.90 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 107.32 | 2,271.48 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 5.50 | MEDICARE_EE | 25.10 | 531.23 |
| REGULAR HOURS | 70.00 | 22.7200 | 1,590.40 | 26,128.00 | Retirement/Employe | 163.58 | 3,429.64 |
| | | | | | Uniforms | 6.52 | 136.92 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 516.80 |
| | | | | | HEALTH PRE-TAX | 60.00 | 960.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,884.12 |
| | | | | | 253278362 | 1,122.05 | 23,785.42 |
| TOTALS: | | | | | | 1,817.60 | 38,108.00 |
| TOTALS: | | 80.00 | 1,818.15 | 38,113.50 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.55 | 1,122.05 | 38,108.00 | 14,322.58 | 23,785.42 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 172.54 | 11.92 | 10.00 | 0.00 | 0.00 | 174.46 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 553.54 | 11.92 | 10.00 | 0.00 | 0.00 | 555.46 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD49510
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 10/14/2021 | \$1,122.05 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/24/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 22.7200 | 0.00 | 10,344.54 | FIW | 143.82 | 3,168.31 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 1,567.30 | SITW | 74.53 | 1,642.43 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 108.07 | 2,379.55 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 5.50 | MEDICARE_EE | 25.28 | 556.51 |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 27,945.60 | Retirement/Employe | 163.58 | 3,593.22 |
| | | | | | Uniforms | 6.52 | 143.44 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 544.00 |
| | | | | | HEALTH PRE-TAX | 47.22 | 1,007.22 |
| | | | | | 401K Loan Repayme | 89.72 | 1,973.84 |
| | | | | | 253278362 | 1,131.66 | 24,917.08 |
| TOTALS: | | | | | | 1,817.60 | 39,925.60 |
| TOTALS: | | 80.00 | 1,817.60 | 39,931.10 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 685.94 | 1,131.66 | 39,925.60 | 15,008.52 | 24,917.08 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 174.46 | 11.92 | 0.00 | 0.00 | 0.00 | 186.38 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 555.46 | 11.92 | 0.00 | 0.00 | 0.00 | 567.38 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD49625
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 10/28/2021 | \$1,131.66 |

PAY *****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/07/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|-----------------|------------------|
| Paid time Off (PTO) | 0.00 | 22.7200 | 0.00 | 10,344.54 | FITW | 142.35 | 3,310.66 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 1,567.30 | SITW | 73.76 | 1,716.19 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 107.32 | 2,486.87 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.05 | MEDICARE_EE | 25.10 | 581.61 |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 29,763.20 | Retirement/Employe | 163.58 | 3,756.80 |
| | | | | | Unitarns | 6.52 | 149.96 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 571.20 |
| | | | | | HEALTH PRE-TAX | 60.00 | 1,067.22 |
| | | | | | 401K Loan Repayme | 89.72 | 2,063.56 |
| | | | | | 253278362 | 1,122.05 | 26,039.13 |
| TOTALS: | | | | | | 1,817.60 | 41,743.20 |
| TOTALS: | | 80.00 | | 1,818.15 | | | 41,749.25 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.55 | 1,122.05 | 41,743.20 | 15,704.07 | 26,039.13 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 186.38 | 11.92 | 0.00 | 0.00 | 0.00 | 198.30 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 567.38 | 11.92 | 0.00 | 0.00 | 0.00 | 579.30 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD49732

| DATE | NET AMOUNT |
|------------|------------|
| 11/11/2021 | \$1,122.05 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/21/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 22.7200 | 0.00 | 10,344.54 | FITW | 142.29 | 3,452.95 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 1,567.30 | SITW | 73.73 | 1,789.92 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 107.29 | 2,594.16 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.05 | MEDICARE_EE | 25.09 | 606.70 |
| REGULAR HOURS | 80.00 | 22.7200 | 1,817.60 | 31,580.80 | Retirement/Employe | 163.58 | 3,920.38 |
| | | | | | Uniforms | 6.52 | 156.48 |
| | | | | | DEF DENTAL PRE-TAX | 27.20 | 598.40 |
| | | | | | HEALTH PRE-TAX | 60.00 | 1,127.22 |
| | | | | | 401K Loan Repayme | 89.72 | 2,153.28 |
| | | | | | 253278362 | 1,122.18 | 27,161.31 |
| TOTALS: | | | | | | 1,817.60 | 43,560.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.42 | 1,122.18 | 43,560.80 | 16,399.49 | 27,161.31 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 198.30 | 11.92 | 0.00 | 0.00 | 0.00 | 210.22 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 579.30 | 11.92 | 0.00 | 0.00 | 0.00 | 591.22 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD49848
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 11/25/2021 | \$1,122.18 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEBVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/05/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 40.00 | 22.7200 | 908.80 | 11,253.34 | FTW | 142.35 | 3,595.30 |
| Holiday Pay | 20.00 | 22.7200 | 454.40 | 2,021.70 | SITW | 73.76 | 1,863.68 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 107.32 | 2,701.48 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.60 | MEDICARE_EE | 25.10 | 631.80 |
| REGULAR HOURS | 20.00 | 22.7200 | 454.40 | 32,035.20 | Retirement/Emplaye | 163.58 | 4,083.96 |
| | | | | | Uniforms | 6.52 | 163.00 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 625.60 |
| | | | | | HEALTH PRE-TAX | 60.00 | 1,187.22 |
| | | | | | 401K Loan Repayme | 89.72 | 2,243.00 |
| | | | | | 253278362 | 1,122.05 | 28,283.36 |
| TOTALS: | | | | | | 1,817.60 | 45,378.40 |
| TOTALS: | 80.00 | | 1,818.15 | 45,385.00 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.55 | 1,122.05 | 45,378.40 | 17,095.04 | 28,283.36 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 210.22 | 11.92 | 40.00 | 0.00 | 0.00 | 182.14 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 591.22 | 11.92 | 40.00 | 0.00 | 0.00 | 563.14 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD49954

| DATE | NET AMOUNT |
|------------|------------|
| 12/09/2021 | \$1,122.05 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/19/2021 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 22.7200 | 227.20 | 11,480.54 | FITW | 142.29 | 3,737.59 |
| Holiday Pay | 0.00 | 22.7200 | 0.00 | 2,021.70 | SITW | 73.73 | 1,937.41 |
| Weather Emergenc | 0.00 | 22.7200 | 0.00 | 68.16 | SOCSEC_EE | 107.28 | 2,808.76 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.60 | MEDICARE_EE | 25.09 | 656.89 |
| REGULAR HOURS | 70.00 | 22.7200 | 1,590.40 | 33,625.60 | Retirement/Employe | 163.58 | 4,247.54 |
| | | | | | Uniforms | 6.52 | 169.52 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 652.80 |
| | | | | | HEALTH PRE-TAX | 60.00 | 1,247.22 |
| | | | | | 401K Loan Repayme | 89.72 | 2,332.72 |
| | | | | | 253278362 | 1,122.19 | 29,405.55 |
| TOTALS: | 80.00 | | 1,817.60 | 47,202.60 | TOTALS: | 1,817.60 | 47,196.00 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 695.41 | 1,122.19 | 47,196.00 | 17,790.45 | 29,405.55 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 182.14 | 11.92 | 10.00 | 0.00 | 0.00 | 184.06 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 563.14 | 11.92 | 10.00 | 0.00 | 0.00 | 565.06 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.
Check No: DD50068

| DATE | NET AMOUNT |
|------------|------------|
| 12/23/2021 | \$1,122.19 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/02/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|-----------------|-----------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 50.00 | 22.7200 | 1,136.00 | 1,136.00 | FITW | 140.26 | 140.26 |
| Holiday Pay | 30.00 | 22.7200 | 681.60 | 681.60 | SITW | 72.09 | 72.09 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 0.55 | SOCSEC_EE | 107.32 | 107.32 |
| | | | | | MEDICARE_EE | 25.10 | 25.10 |
| | | | | | Retirement/Employe | 163.58 | 163.58 |
| | | | | | Uniforms | 6.52 | 6.52 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 27.20 |
| | | | | | HEALTH PRE-TAX | 60.00 | 60.00 |
| | | | | | 401K Loan Repayme | 89.72 | 89.72 |
| | | | | | 253278362 | 1,125.81 | 1,125.81 |
| TOTALS: | | | | | | 1,817.60 | 1,817.60 |
| TOTALS: | | 80.00 | 1,818.15 | 1,818.15 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,817.60 | 691.79 | 1,125.81 | 1,817.60 | 691.79 | 1,125.81 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 184.06 | 11.92 | 50.00 | 0.00 | 0.00 | 145.98 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 565.06 | 11.92 | 50.00 | 0.00 | 0.00 | 526.98 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD50174
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 01/06/2022 | \$1,125.81 |

PAY *****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/16/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|-----------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 10.00 | 23,4600 | 234.60 | 1,370.60 | FITW | 146.66 | 286.92 |
| Holiday Pay | 0.00 | 23,4600 | 0.00 | 681.60 | SITW | 75.44 | 147.53 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 0.55 | SOCSEC_FEE | 110.95 | 218.27 |
| REGULAR HOURS | 60.00 | 23,4600 | 1,407.60 | 1,407.60 | MEDICARE_FEE | 25.95 | 51.05 |
| UNPLANNED PTO | 10.00 | 23,4600 | 234.60 | 234.60 | Retirement/Employe | 168.91 | 332.49 |
| | | | | | Uniforms | 6.52 | 13.04 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 54.40 |
| | | | | | HEALTH PRE-TAX | 60.00 | 120.00 |
| | | | | | 401K Loan Repayme | 89.72 | 179.44 |
| | | | | | 253278362 | 1,165.45 | 2,291.26 |
| TOTALS: | | | | | TOTALS: | 1,876.80 | 3,694.40 |
| TOTALS: | 80.00 | | 1,876.80 | 3,694.95 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 711.35 | 1,165.45 | 3,694.40 | 1,403.14 | 2,291.26 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 145.98 | 11.92 | 20.00 | 0.00 | 0.00 | 137.90 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 526.98 | 11.92 | 20.00 | 0.00 | 0.00 | 518.90 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD50289

| DATE | NET AMOUNT |
|------------|------------|
| 01/20/2022 | \$1,165.45 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/30/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 10.00 | 23.4600 | 234.60 | 1,605.20 | FITW | 146.72 | 433.64 |
| Holiday Pay | 10.00 | 23.4600 | 234.60 | 916.20 | SITW | 75.48 | 223.01 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.10 | SOCSEC_EE | 110.99 | 329.26 |
| REGULAR HOURS | 60.00 | 23.4600 | 1,407.60 | 2,815.20 | MEDICARE_EE | 25.96 | 77.01 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Retirement/Employe | 168.91 | 501.40 |
| | | | | | Uniforms | 6.52 | 19.56 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 81.60 |
| | | | | | HEALTH PRE-TAX | 60.00 | 180.00 |
| | | | | | 401K Loan Repayme | 89.72 | 269.16 |
| | | | | | 253278362 | 1,165.30 | 3,456.56 |
| TOTALS: | | | | | | 1,876.80 | 5,571.20 |
| TOTALS: | | 80.00 | | 1,877.35 | | | 5,572.30 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 711.50 | 1,165.30 | 5,571.20 | 2,114.64 | 3,456.56 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|-------|------|------|---------|
| PTO | 137.90 | 11.92 | 10.00 | 0.00 | 0.00 | 139.82 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 518.90 | 11.92 | 10.00 | 0.00 | 0.00 | 520.82 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD50392

| DATE | NET AMOUNT |
|------------|------------|
| 02/03/2022 | \$1,165.30 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/13/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|---------|------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 40.00 | 23.4600 | 938.40 | 2,543.60 | FITW | 146.66 | 580.30 |
| Holiday Pay | 0.00 | 23.4600 | 0.00 | 916.20 | SITW | 75.44 | 298.45 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.10 | SOCSEC_EE | 110.96 | 440.22 |
| REGULAR HOURS | 40.00 | 23.4600 | 938.40 | 3,753.60 | MEDICARE_EE | 25.94 | 102.95 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Retirement/Employe | 168.91 | 670.31 |
| | | | | | Uniforms | 6.52 | 26.08 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 108.80 |
| | | | | | HEALTH PRE-TAX | 60.00 | 240.00 |
| | | | | | 401K Loan Repayme | 89.72 | 358.88 |
| | | | | | 253278362 | 1,165.45 | 4,622.01 |
| TOTALS: | | | | | | 1,876.80 | 7,448.00 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 711.35 | 1,165.45 | 7,448.00 | 2,825.99 | 4,622.01 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 139.82 | 11.92 | 40.00 | 0.00 | 0.00 | 111.74 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 520.82 | 11.92 | 40.00 | 0.00 | 0.00 | 492.74 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD50505

| DATE | NET AMOUNT |
|------------|------------|
| 02/17/2022 | \$1,165.45 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/27/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 23.4600 | 0.00 | 2,543.60 | FITW | 146.72 | 727.02 |
| Holiday Pay | 0.00 | 23.4600 | 0.00 | 916.20 | \$ITW | 75.48 | 373.93 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.65 | SOCSEC_EE | 110.99 | 551.21 |
| REGULAR HOURS | 80.00 | 23.4600 | 1,876.80 | 5,630.40 | MEDICARE_EE | 25.96 | 128.91 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Retirement/Employe | 168.91 | 839.22 |
| | | | | | Uniforms | 6.52 | 32.60 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 136.00 |
| | | | | | HEALTH PRE-TAX | 60.00 | 300.00 |
| | | | | | 401K Loan Repayme | 89.72 | 448.60 |
| | | | | | 253278362 | 1,165.30 | 5,787.31 |
| TOTALS: | | | | | | 1,876.80 | 9,324.80 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 711.50 | 1,165.30 | 9,324.80 | 3,537.49 | 5,787.31 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 111.74 | 11.92 | 0.00 | 0.00 | 0.00 | 123.66 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 492.74 | 11.92 | 0.00 | 0.00 | 0.00 | 504.66 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD50610

| DATE | NET AMOUNT |
|------------|------------|
| 03/03/2022 | \$1,165.30 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/13/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|-----------------------|-------|--------------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 23.4600 | 234.60 | 2,778.20 | FITW | 146.66 | 873.68 |
| Holiday Pay | 0.00 | 23.4600 | 0.00 | 916.20 | SITW | 75.44 | 449.37 |
| Dependent Life Insr B | 0.00 | 0.5500 | 0.00 | 1.65 | SOCSEC_EE | 110.95 | 662.16 |
| REGULAR HOURS | 70.00 | 23.4600 | 1,642.20 | 7,272.60 | MEDICARE_EE | 25.95 | 154.86 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Retirement/Employe | 168.91 | 1,008.13 |
| | | | | | Uniforms | 6.52 | 39.12 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 163.20 |
| | | | | | HEALTH PRE-TAX | 60.00 | 360.00 |
| | | | | | 401K Loan Repayme | 89.72 | 538.32 |
| | | | | | 253278362 | 1,165.45 | 6,952.76 |
| TOTALS: | | | | | | 1,876.80 | 11,201.60 |
| TOTALS: | | 80.00 | 1,876.80 | 11,203.25 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 711.35 | 1,165.45 | 11,201.60 | 4,248.84 | 6,952.76 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 123.66 | 11.92 | 10.00 | 0.00 | 0.00 | 125.58 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 504.66 | 11.92 | 10.00 | 0.00 | 0.00 | 506.58 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD50719
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 03/17/2022 | \$1,165.45 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/27/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 23.4600 | 234.60 | 3,012.80 | FITW | 157.12 | 1,030.80 |
| Holiday Pay | 0.00 | 23.4600 | 0.00 | 916.20 | SITW | 80.94 | 530.31 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.65 | SOCSEC_EE | 116.36 | 778.52 |
| REGULAR HOURS | 70.00 | 23.4600 | 1,642.20 | 8,914.80 | MEDICARE_EE | 27.21 | 182.07 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Retirement/Employe | 168.91 | 1,177.04 |
| | | | | | Uniforms | 6.52 | 45.64 |
| | | | | | DEP DENTAL PRE-TAX | 0.00 | 163.20 |
| | | | | | HEALTH PRE-TAX | 0.00 | 360.00 |
| | | | | | 401K Loan Repayme | 89.72 | 628.04 |
| | | | | | 253278362 | 1,230.02 | 8,182.78 |
| TOTALS: | 80.00 | | 1,876.80 | 13,080.05 | TOTALS: | 1,876.80 | 13,078.40 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 646.78 | 1,230.02 | 13,078.40 | 4,895.62 | 8,182.78 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 125.58 | 11.92 | 10.00 | 0.00 | 0.00 | 127.50 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 506.58 | 11.92 | 10.00 | 0.00 | 0.00 | 508.50 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD50824

| DATE | NET AMOUNT |
|------------|------------|
| 03/31/2022 | \$1,230.02 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|--|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K. MONTGOMERY EMPLOYEE NAME | 04/10/2022 PERIOD END |
|----------------------|--------------------|--|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 23.4600 | 0.00 | 3,012.80 | FITW | 146.72 | 1,177.52 |
| Holiday Pay | 0.00 | 23.4600 | 0.00 | 916.20 | SITW | 75.48 | 605.79 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.20 | SOCSEC_EE | 110.99 | 889.51 |
| REGULAR HOURS | 80.00 | 23.4600 | 1,876.80 | 10,791.60 | MEDICARE_EE | 25.96 | 208.03 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Retirement/Employe | 168.91 | 1,345.95 |
| | | | | | Uniforms | 6.52 | 52.16 |
| | | | | | DEF DENTAL PRE-TAX | 27.20 | 190.40 |
| | | | | | HEALTH PRE-TAX | 60.00 | 420.00 |
| | | | | | 401K Loan Repayme | 89.72 | 717.76 |
| | | | | | 253278362 | 1,165.30 | 9,348.08 |
| TOTALS: | 80.00 | | 1,877.35 | 14,957.40 | TOTALS: | 1,876.80 | 14,955.20 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 711.50 | 1,165.30 | 14,955.20 | 5,607.12 | 9,348.08 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 127.50 | 11.92 | 0.00 | 0.00 | 0.00 | 139.42 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 508.50 | 11.92 | 0.00 | 0.00 | 0.00 | 520.42 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD50929
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 04/14/2022 | \$1,165.30 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 04/24/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|-----------|-----------------|------------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 23,460.00 | 0.00 | 3,012.80 | FITW | 146.66 | 1,324.18 |
| Holiday Pay | 0.00 | 23,460.00 | 0.00 | 916.20 | SITW | 75.44 | 681.23 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.20 | SOCSEC_EE | 110.96 | 1,000.47 |
| REGULAR HOURS | 80.00 | 23,460.00 | 1,876.80 | 12,668.40 | MEDICARE_EE | 25.95 | 233.98 |
| UNPLANNED PTO | 0.00 | 23,460.00 | 0.00 | 234.60 | Retirement/Employe | 168.91 | 1,514.86 |
| | | | | | Uniforms | 6.52 | 58.68 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 217.60 |
| | | | | | HEALTH PRE-TAX | 60.00 | 480.00 |
| | | | | | 401K Loan Repayme | 89.72 | 807.48 |
| | | | | | 253278362 | 1,165.44 | 10,513.52 |
| TOTALS: | 80.00 | | 1,876.80 | 16,834.20 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 711.36 | 1,165.44 | 16,832.00 | 6,318.48 | 10,513.52 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 139.42 | 11.92 | 0.00 | 0.00 | 0.00 | 151.34 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 520.42 | 11.92 | 0.00 | 0.00 | 0.00 | 532.34 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD51042
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 04/28/2022 | \$1,165.44 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE ORDER OF 408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|--|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K. MONTGOMERY EMPLOYEE NAME | 05/08/2022 PERIOD END |
|----------------------|--------------------|--|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|------------------|------------------|
| Paid Time Off (PTO) | 20.00 | 23.4600 | 469.20 | 3,482.00 | FITW | 146.72 | 1,470.90 |
| Holiday Pay | 0.00 | 23.4600 | 0.00 | 916.20 | SITW | 75.48 | 756.71 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 2.75 | SOCSEC_EE | 110.99 | 1,111.46 |
| REGULAR HOURS | 60.00 | 23.4600 | 1,407.60 | 14,076.00 | MEDICARE_EE | 25.96 | 259.94 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Retirement/Employe | 168.91 | 1,683.77 |
| | | | | | Uniforms | 6.52 | 65.20 |
| | | | | | DEP DENTAL PRE-TAX | 27.20 | 244.80 |
| | | | | | HEALTH PRE-TAX | 60.00 | 540.00 |
| | | | | | 401K Loan Repayme | 89.72 | 897.20 |
| | | | | | 253278362 | 1,165.30 | 11,678.82 |
| TOTALS: | | | | | | 1,876.80 | 18,708.80 |
| TOTALS: | | | | | | 80.00 | 1,877.35 |
| TOTALS: | | | | | | 18,711.55 | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 711.50 | 1,165.30 | 18,708.80 | 7,029.98 | 11,678.82 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 151.34 | 11.92 | 20.00 | 0.00 | 0.00 | 143.26 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 532.34 | 11.92 | 20.00 | 0.00 | 0.00 | 524.26 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD51147
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 05/12/2022 | \$1,165.30 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 05/22/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|---------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 23.4600 | 0.00 | 3,482.00 | FITW | 198.44 | 1,669.34 |
| Holiday Pay | 0.00 | 23.4600 | 0.00 | 916.20 | SITW | 101.08 | 857.79 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 2.75 | SOCSEC_EE | 136.79 | 1,248.25 |
| REGULAR HOURS | 80.00 | 23.4600 | 1,876.80 | 15,952.80 | MEDICARE_EE | 31.99 | 291.93 |
| OVERTIME | 11.50 | 35.1900 | 404.69 | 404.69 | Retirement/Employee | 205.33 | 1,889.10 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Uniforms | 6.52 | 71.72 |
| Car Commuting | 0.00 | 0.0000 | 12.00 | 12.00 | DEP DENTAL PRE-TAX | 27.20 | 272.00 |
| | | | | | HEALTH PRE-TAX | 80.00 | 600.00 |
| | | | | | 401K Loan Repayme | 89.72 | 986.92 |
| | | | | | 253278362 | 1,424.42 | 13,103.24 |
| TOTALS: | 91.50 | | 2,293.49 | 21,005.04 | TOTALS: | 2,281.49 | 20,990.29 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,281.49 | 857.07 | 1,424.42 | 20,990.29 | 7,887.05 | 13,103.24 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 143.26 | 11.92 | 0.00 | 0.00 | 0.00 | 155.18 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 524.26 | 11.92 | 0.00 | 0.00 | 0.00 | 536.18 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD51257

| DATE | NET AMOUNT |
|------------|------------|
| 05/26/2022 | \$1,424.42 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

Nash v. Montgomery Construction, LLC
Plaintiff docs 2334

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 06/19/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 23.4600 | 0.00 | 3,482.00 | FITW | 146.66 | 1,962.72 |
| Holiday Pay | 0.00 | 23.4600 | 0.00 | 1,150.80 | SITW | 75.44 | 1,008.71 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.30 | SOCSEC_EE | 110.95 | 1,470.19 |
| REGULAR HOURS | 80.00 | 23.4600 | 1,876.80 | 19,471.80 | MEDICARE_EE | 25.95 | 343.84 |
| OVERTIME | 0.00 | 35.1900 | 0.00 | 404.69 | Retirement/Employe | 168.91 | 2,226.92 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Uniforms | 6.52 | 84.76 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | DEP DENTAL PRE-TAX | 27.20 | 326.40 |
| | | | | | HEALTH PRE-TAX | 60.00 | 720.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,166.36 |
| | | | | | 253278362 | 1,165.45 | 15,433.99 |
| TOTALS: | 80.00 | | 1,876.80 | 24,759.19 | TOTALS: | 1,876.80 | 24,743.89 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,876.80 | 711.35 | 1,165.45 | 24,743.89 | 9,309.90 | 15,433.99 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 167.10 | 11.92 | 0.00 | 0.00 | 0.00 | 179.02 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 548.10 | 11.92 | 0.00 | 0.00 | 0.00 | 560.02 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD51467
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 06/23/2022 | \$1,165.45 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/03/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|----------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 23.4600 | 0.00 | 3,482.00 | FITW | 224.54 | 2,187.26 |
| Holiday Pay | 0.00 | 23.4600 | 0.00 | 1,150.80 | SITW | 109.38 | 1,118.09 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 3.85 | SOCSEC_EE | 141.89 | 1,612.08 |
| REGULAR HOURS | 80.00 | 23.4600 | 1,876.80 | 21,348.60 | MEDICARE_EE | 33.18 | 377.02 |
| OVERTIME | 0.00 | 35.1900 | 0.00 | 404.69 | Retirement/Employe | 168.91 | 2,395.83 |
| UNPLANNED PTO | 0.00 | 23.4600 | 0.00 | 234.60 | Uniforms | 6.52 | 91.28 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | DEP DENTAL PRE-TAX | 28.83 | 355.23 |
| BONUS | 0.00 | 500.0000 | 500.00 | 500.00 | HEALTH PRE-TAX | 60.00 | 780.00 |
| | | | | | 401K Loan Repayme | 89.72 | 1,256.08 |
| | | | | | 253278362 | 1,513.83 | 16,947.82 |
| TOTALS: | 80.00 | | 2,377.35 | 27,136.54 | TOTALS: | 2,376.80 | 27,120.69 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,376.80 | 862.97 | 1,513.83 | 27,120.69 | 10,172.87 | 16,947.82 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 179.02 | 11.92 | 0.00 | 0.00 | 0.00 | 190.94 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 560.02 | 11.92 | 0.00 | 0.00 | 0.00 | 571.94 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD51563

| DATE | NET AMOUNT |
|------------|------------|
| 07/07/2022 | \$1,513.83 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/17/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|----------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 50.00 | 24.1700 | 1,208.50 | 4,690.50 | FITW | 152.66 | 2,339.92 |
| Holiday Pay | 10.00 | 24.1700 | 241.70 | 1,392.50 | SITW | 78.60 | 1,196.69 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 3.85 | SOCSEC_EE | 114.38 | 1,726.46 |
| REGULAR HOURS | 20.00 | 24.1700 | 483.40 | 21,832.00 | MEDICARE_EE | 26.75 | 403.77 |
| OVERTIME | 0.00 | 36.2550 | 0.00 | 404.69 | Retirement/Employe | 174.02 | 2,569.85 |
| UNPLANNED PTO | 0.00 | 24.1700 | 0.00 | 234.60 | Uniforms | 6.52 | 97.80 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | DEP DENTAL PRE-TAX | 28.83 | 384.06 |
| BONUS | 0.00 | 500.0000 | 0.00 | 500.00 | HEALTH PRE-TAX | 60.00 | 840.00 |
| | | | | | 401K Loan Repayme | 0.00 | 1,256.08 |
| | | | | | 253278362 | 1,291.84 | 18,239.66 |
| TOTALS: | 80.00 | | 1,933.60 | 29,070.14 | TOTALS: | 1,933.60 | 29,054.29 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,933.60 | 641.76 | 1,291.84 | 29,054.29 | 10,814.63 | 18,239.66 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 190.94 | 11.92 | 50.00 | 0.00 | 0.00 | 152.86 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 571.94 | 11.92 | 50.00 | 0.00 | 0.00 | 533.86 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD51668

| DATE | NET AMOUNT |
|------------|------------|
| 07/21/2022 | \$1,291.84 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 07/31/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 10.00 | 24.1700 | 241.70 | 4,932.20 | FITW | 152.73 | 2,492.65 |
| Holiday Pay | 0.00 | 24.1700 | 0.00 | 1,392.50 | SITW | 78.63 | 1,275.32 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.40 | SOCSEC_EE | 114.41 | 1,840.87 |
| REGULAR HOURS | 70.00 | 24.1700 | 1,691.90 | 23,523.90 | MEDICARE_EE | 26.76 | 430.53 |
| OVERTIME | 0.00 | 36.2550 | 0.00 | 404.69 | Retirement/Employe | 174.02 | 2,743.87 |
| UNPLANNED PTO | 0.00 | 24.1700 | 0.00 | 234.60 | Uniforms | 6.52 | 104.32 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | DEP DENTAL PRE-TAX | 28.83 | 412.89 |
| BONUS | 0.00 | 0.0000 | 0.00 | 500.00 | HEALTH PRE-TAX | 60.00 | 900.00 |
| | | | | | 401K Loan Repayme | 0.00 | 1,256.08 |
| | | | | | 253278362 | 1,291.70 | 19,531.36 |
| | | | | | TOTALS: | 1,933.60 | 30,987.89 |
| TOTALS: | 80.00 | | 1,934.15 | 31,004.29 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,933.60 | 641.90 | 1,291.70 | 30,987.89 | 11,456.53 | 19,531.36 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|---------|---------|---------|-------|------|------|---------|
| PTO | 152.86 | 11.92 | 10.00 | 0.00 | 0.00 | 154.78 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 533.86 | 11.92 | 10.00 | 0.00 | 0.00 | 535.78 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD51766

| DATE | NET AMOUNT |
|------------|------------|
| 08/04/2022 | \$1,291.70 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/14/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 10.00 | 24.1700 | 241.70 | 5,173.90 | FITW | 152.66 | 2,645.31 |
| Holiday Pay | 0.00 | 24.1700 | 0.00 | 1,392.50 | SITW | 78.60 | 1,353.92 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.40 | SOCSEC_EE | 114.37 | 1,955.24 |
| REGULAR HOURS | 70.00 | 24.1700 | 1,691.90 | 25,215.80 | MEDICARE_EE | 26.74 | 457.27 |
| OVERTIME | 0.00 | 36.2550 | 0.00 | 404.69 | Retirement/Employe | 174.02 | 2,917.89 |
| UNPLANNED PTO | 0.00 | 24.1700 | 0.00 | 234.60 | Uniforms | 6.52 | 110.84 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | DEF DENTAL PRE-TAX | 28.83 | 441.72 |
| BONUS | 0.00 | 0.0000 | 0.00 | 500.00 | HEALTH PRE-TAX | 60.00 | 960.00 |
| | | | | | 401K Loan Repayme | 0.00 | 1,256.08 |
| | | | | | 253278362 | 1,291.86 | 20,823.22 |
| TOTALS: | 80.00 | | 1,933.60 | 32,937.89 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,933.60 | 641.74 | 1,291.86 | 32,921.49 | 12,098.27 | 20,823.22 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 154.78 | 11.92 | 10.00 | 0.00 | 0.00 | 156.70 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 535.78 | 11.92 | 10.00 | 0.00 | 0.00 | 537.70 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD51869
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 08/18/2022 | \$1,291.86 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER OF RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 08/28/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 1.00 | 24.1700 | 24.17 | 5,198.07 | FTW | 152.73 | 2,798.04 |
| Holiday Pay | 0.00 | 24.1700 | 0.00 | 1,392.50 | SITW | 78.63 | 1,432.55 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 4.95 | SOCSEC_EE | 114.41 | 2,069.65 |
| REGULAR HOURS | 79.00 | 24.1700 | 1,909.43 | 27,125.23 | MEDICARE_EE | 26.76 | 484.03 |
| OVERTIME | 0.00 | 36.2550 | 0.00 | 404.69 | Retirement/Employe | 174.02 | 3,091.91 |
| UNPLANNED PTO | 0.00 | 24.1700 | 0.00 | 234.60 | Uniforms | 6.52 | 117.36 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | DEP DENTAL PRE-TAX | 28.83 | 470.55 |
| BONUS | 0.00 | 0.0000 | 0.00 | 500.00 | HEALTH PRE-TAX | 60.00 | 1,020.00 |
| | | | | | 401K Loan Repayme | 0.00 | 1,256.08 |
| | | | | | 253278362 | 1,291.70 | 22,114.92 |
| TOTALS: | 80.00 | | 1,934.15 | 34,872.04 | TOTALS: | 1,933.60 | 34,855.09 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 1,933.60 | 641.90 | 1,291.70 | 34,855.09 | 12,740.17 | 22,114.92 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 156.70 | 11.92 | 1.00 | 0.00 | 0.00 | 167.62 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 537.70 | 11.92 | 1.00 | 0.00 | 0.00 | 548.62 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD51964

| DATE | NET AMOUNT |
|------------|------------|
| 09/01/2022 | \$1,291.70 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 09/25/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 25.1700 | 503.40 | 6,668.27 | FITW | 172.06 | 3,122.76 |
| Holiday Pay | 0.00 | 25.1700 | 0.00 | 1,634.20 | SITW | 89.28 | 1,600.43 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 4.95 | SOCSEC_EE | 124.84 | 2,308.87 |
| REGULAR HOURS | 60.00 | 25.1700 | 1,510.20 | 29,360.53 | MEDICARE_EE | 29.20 | 539.98 |
| OVERTIME | 0.00 | 37.7550 | 0.00 | 404.69 | Retirement/Employe | 181.22 | 3,447.15 |
| UNPLANNED PTO | 0.00 | 25.1700 | 0.00 | 234.60 | DEP DENTAL PRE-TAX | 0.00 | 499.38 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | HEALTH PRE-TAX | 0.00 | 1,080.00 |
| BONUS | 0.00 | 0.0000 | 0.00 | 500.00 | 401K Loan Repayme | 0.00 | 1,256.08 |
| | | | | | Uniforms | 0.00 | 123.88 |
| | | | | | 253278362 | 1,417.00 | 24,823.76 |
| TOTALS: | 80.00 | | 2,013.60 | 38,819.24 | TOTALS: | 2,013.60 | 38,802.29 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,013.60 | 596.60 | 1,417.00 | 38,802.29 | 13,978.53 | 24,823.76 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 139.54 | 11.92 | 20.00 | 0.00 | 0.00 | 131.46 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 520.54 | 11.92 | 20.00 | 0.00 | 0.00 | 512.46 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD52157

| DATE | NET AMOUNT |
|------------|------------|
| 09/29/2022 | \$1,417.00 |

PAY *****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/09/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 25.1700 | 251.70 | 6,919.97 | FITW | 161.47 | 3,284.23 |
| Holiday Pay | 0.00 | 25.1700 | 0.00 | 1,634.20 | SITW | 83.22 | 1,683.65 |
| Weather Emergenc | 5.00 | 25.1700 | 125.85 | 125.85 | SOCSEC_EE | 119.37 | 2,428.24 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 5.50 | MEDICARE_EE | 27.92 | 567.90 |
| REGULAR HOURS | 65.00 | 25.1700 | 1,636.05 | 30,996.58 | Retirement/Employe | 181.22 | 3,628.37 |
| OVERTIME | 0.00 | 37.7550 | 0.00 | 404.69 | DEP DENTAL PRE-TAX | 28.83 | 528.21 |
| UNPLANNED PTO | 0.00 | 25.1700 | 0.00 | 234.60 | HEALTH PRE-TAX | 60.00 | 1,140.00 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | 401K Loan Repayme | 0.00 | 1,256.08 |
| BONUS | 0.00 | 0.0000 | 0.00 | 500.00 | Uniforms | 0.00 | 123.88 |
| | | | | | 253278362 | 1,351.57 | 26,175.33 |
| TOTALS: | 80.00 | | 2,014.15 | 40,833.39 | TOTALS: | 2,013.60 | 40,815.89 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,013.60 | 662.03 | 1,351.57 | 40,815.89 | 14,640.56 | 26,175.33 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 131.46 | 11.92 | 10.00 | 0.00 | 0.00 | 133.38 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 512.46 | 11.92 | 10.00 | 0.00 | 0.00 | 514.38 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD52250

| DATE | NET AMOUNT |
|------------|------------|
| 10/13/2022 | \$1,351.57 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 10/23/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|----------|-----------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 54.00 | 25.1700 | 1,359.18 | 8,279.15 | FITW | 162.77 | 3,447.00 |
| Holiday Pay | 0.00 | 25.1700 | 0.00 | 1,634.20 | SITW | 83.91 | 1,767.56 |
| Weather Emergenc | 0.00 | 25.1700 | 0.00 | 125.85 | SOCSEC_FE | 120.05 | 2,548.29 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 5.50 | MEDICARE_EE | 28.07 | 595.97 |
| REGULAR HOURS | 26.00 | 25.1700 | 654.42 | 31,651.00 | Retirement/Employe | 181.22 | 3,809.59 |
| OVERTIME | 0.00 | 37.7550 | 0.00 | 404.69 | DEF DENTAL PRE-TAX | 28.83 | 557.04 |
| UNPLANNED PTO | 0.00 | 25.1700 | 0.00 | 234.60 | HEALTH PRE-TAX | 48.56 | 1,188.56 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | 401K Loan Repayme | 0.00 | 1,256.08 |
| BONUS | 0.00 | 0.0000 | 0.00 | 500.00 | Uniforms | 0.00 | 123.88 |
| | | | | | 253278362 | 1,360.19 | 27,535.52 |
| TOTALS: | | | | | | 2,013.60 | 42,829.49 |
| TOTALS: | | 80.00 | | 2,013.60 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,013.60 | 653.41 | 1,360.19 | 42,829.49 | 15,293.97 | 27,535.52 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 133.38 | 11.92 | 54.00 | 0.00 | 0.00 | 91.30 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 514.38 | 11.92 | 54.00 | 0.00 | 0.00 | 472.30 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD52353

| DATE | NET AMOUNT |
|------------|------------|
| 10/27/2022 | \$1,360.19 |

PAY *****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/06/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 10.00 | 25.1700 | 251.70 | 8,530.65 | FITW | 161.47 | 3,608.47 |
| Holiday Pay | 0.00 | 25.1700 | 0.00 | 1,634.20 | SITW | 83.22 | 1,850.78 |
| Weather Emergenc | 0.00 | 25.1700 | 0.00 | 125.85 | SOCSEC_EE | 119.37 | 2,667.66 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.05 | MEDICARE_EE | 27.92 | 623.89 |
| REGULAR HOURS | 70.00 | 25.1700 | 1,761.90 | 33,412.90 | Retirement/Employe | 181.22 | 3,990.81 |
| OVERTIME | 0.00 | 37.7550 | 0.00 | 404.69 | DEP DENTAL PRE-TAX | 28.83 | 585.87 |
| UNPLANNED PTO | 0.00 | 25.1700 | 0.00 | 234.60 | HEALTH PRE-TAX | 60.00 | 1,248.56 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | 401K Loan Repayme | 0.00 | 1,256.08 |
| BONUS | 0.00 | 0.0000 | 0.00 | 300.00 | Uniforms | 0.00 | 123.88 |
| | | | | | 253278362 | 1,351.57 | 28,887.09 |
| TOTALS: | | | | | | 2,013.60 | 44,843.09 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,013.60 | 662.03 | 1,351.57 | 44,843.09 | 15,956.00 | 28,887.09 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 91.30 | 11.92 | 10.00 | 0.00 | 0.00 | 93.22 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 472.30 | 11.92 | 10.00 | 0.00 | 0.00 | 474.22 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD52448
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 11/10/2022 | \$1,351.57 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 11/20/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 0.00 | 25.1700 | 0.00 | 8,530.85 | FITW | 471.81 | 4,080.28 |
| Holiday Pay | 0.00 | 25.1700 | 0.00 | 1,634.20 | SITW | 188.06 | 2,038.84 |
| Weather Emergenc | 0.00 | 25.1700 | 0.00 | 125.85 | SOCSEC_EE | 212.33 | 2,879.99 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.05 | MEDICARE_EE | 49.66 | 673.55 |
| Longevity Bonus | 0.00 | 0.0000 | 1,500.00 | 1,500.00 | Retirement/Employe | 181.22 | 4,172.03 |
| REGULAR HOURS | 80.00 | 25.1700 | 2,013.60 | 35,426.50 | DEP DENTAL PRE-TAX | 28.83 | 614.70 |
| OVERTIME | 0.00 | 37.7550 | 0.00 | 404.69 | HEALTH PRE-TAX | 60.00 | 1,308.56 |
| UNPLANNED PTO | 0.00 | 25.1700 | 0.00 | 234.60 | 401K Loan Repayme | 0.00 | 1,256.08 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | Uniforms | 0.00 | 123.88 |
| BONUS | 0.00 | 0.0000 | 0.00 | 500.00 | 253278362 | 2,321.69 | 31,208.78 |
| TOTALS: | 80.00 | | 3,513.60 | 48,374.74 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 3,513.60 | 1,191.91 | 2,321.69 | 48,356.69 | 17,147.91 | 31,208.78 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 93.22 | 13.46 | 0.00 | 0.00 | 0.00 | 106.68 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 474.22 | 13.46 | 0.00 | 0.00 | 0.00 | 487.68 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD52551

| DATE | NET AMOUNT |
|------------|------------|
| 11/24/2022 | \$2,321.69 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

Nash v. Montgomery Construction, LLC
Plaintiff docs 2347

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/04/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 21.00 | 25.1700 | 528.57 | 9,059.42 | FHIW | 161.47 | 4,241.75 |
| Holiday Pay | 20.00 | 25.1700 | 503.40 | 2,137.60 | SITW | 83.22 | 2,122.06 |
| Weather Emergenc | 0.00 | 25.1700 | 0.00 | 125.85 | SOCSEC_EE | 119.37 | 2,999.36 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 6.60 | MEDICARE_EE | 27.91 | 701.46 |
| Longevity Bonus | 0.00 | 0.0000 | 0.00 | 1,500.00 | Retirement/Employe | 181.22 | 4,353.25 |
| REGULAR HOURS | 39.00 | 25.1700 | 981.63 | 36,408.13 | DEP DENTAL PRE-TAX | 28.83 | 643.53 |
| OVERTIME | 0.00 | 37.7550 | 0.00 | 404.69 | HEALTH PRE-TAX | 60.00 | 1,368.56 |
| UNPLANNED PTO | 0.00 | 25.1700 | 0.00 | 234.60 | 401K Loan Repayme | 0.00 | 1,256.08 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | Uniforms | 0.00 | 123.88 |
| BONUS | 0.00 | 0.0000 | 0.00 | 500.00 | 253278362 | 1,351.58 | 32,560.36 |
| TOTALS: | 80.00 | | 2,014.15 | 50,388.89 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,013.60 | 662.02 | 1,351.58 | 50,370.29 | 17,809.93 | 32,560.36 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 106.68 | 13.46 | 21.00 | 0.00 | 0.00 | 99.14 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 487.68 | 13.46 | 21.00 | 0.00 | 0.00 | 480.14 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD52647
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 12/08/2022 | \$1,351.58 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 12/18/2022 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 20.00 | 25.1700 | 303.40 | 9,562.82 | FITW | 181.40 | 4,403.15 |
| Holiday Pay | 0.00 | 25.1700 | 0.00 | 2,137.60 | SITW | 83.18 | 2,205.24 |
| Weather Emergenc | 0.00 | 25.1700 | 0.00 | 125.85 | SOCSEC_EE | 119.34 | 3,118.70 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 6.60 | MEDICARE_EE | 27.91 | 729.37 |
| Longevity Bonus | 0.00 | 0.0000 | 0.00 | 1,500.00 | Retirement/Employe | 181.22 | 4,534.47 |
| REGULAR HOURS | 60.00 | 25.1700 | 1,510.20 | 37,918.33 | DEP DENTAL PRE-TAX | 28.83 | 672.36 |
| OVERTIME | 0.00 | 37.7550 | 0.00 | 404.69 | HEALTH PRE-TAX | 60.00 | 1,428.56 |
| UNPLANNED PTO | 0.00 | 25.1700 | 0.00 | 234.60 | 401K Loan Repayme | 0.00 | 1,256.08 |
| Car Commuting | 0.00 | 0.0000 | 0.00 | 12.00 | Uniforms | 0.00 | 123.88 |
| BONUS | 0.00 | 0.0000 | 0.00 | 500.00 | 253278362 | 1,351.72 | 33,912.08 |
| TOTALS: | 80.00 | | 2,013.60 | 52,402.49 | | 2,013.60 | 52,383.89 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,013.60 | 661.88 | 1,351.72 | 52,383.89 | 18,471.81 | 33,912.08 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 99.14 | 13.46 | 20.00 | 0.00 | 0.00 | 92.60 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 480.14 | 13.46 | 20.00 | 0.00 | 0.00 | 473.60 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD52751

| DATE | NET AMOUNT |
|------------|------------|
| 12/22/2022 | \$1,351.72 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/01/2023 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|----------|------------|
| Paid Time Off (PTO) | 60.00 | 25.1700 | 1,510.20 | 1,510.20 | FITW | 156.75 | 156.75 |
| Holiday Pay | 20.00 | 25.1700 | 503.40 | 503.40 | SITW | 64.96 | 64.96 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 0.55 | SOCSEC_EE | 119.37 | 119.37 |
| | | | | | MEDICARE_EE | 27.92 | 27.92 |
| | | | | | Retirement/Employe | 181.22 | 181.22 |
| | | | | | DEP DENTAL PRE-TAX | 28.83 | 28.83 |
| | | | | | HEALTH PRE-TAX | 60.00 | 60.00 |
| | | | | | 253278362 | 1,374.55 | 1,374.55 |
| TOTALS: | | | | | | 2,013.60 | 2,013.60 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,013.60 | 639.05 | 1,374.55 | 2,013.60 | 639.05 | 1,374.55 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|-------|------|------|---------|
| PTO | 92.60 | 13.46 | 60.00 | 0.00 | 0.00 | 46.06 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 473.60 | 13.46 | 60.00 | 0.00 | 0.00 | 427.06 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD52850

| DATE | NET AMOUNT |
|------------|------------|
| 01/05/2023 | \$1,374.55 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF
PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/15/2023 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|----------|-----------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 0.00 | 25.9900 | 0.00 | 1,510.20 | FIIW | 163.85 | 320.60 |
| Holiday Pay | 10.00 | 25.9900 | 259.90 | 763.30 | SITW | 68.42 | 133.38 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 0.55 | SOCSEC_EE | 123.40 | 242.77 |
| REGULAR HOURS | 70.00 | 25.9900 | 1,819.30 | 1,819.30 | MEDICARE_EE | 28.86 | 56.78 |
| | | | | | Retirement/Employe | 187.13 | 368.35 |
| | | | | | DEP DENTAL PRE-TAX | 28.83 | 57.66 |
| | | | | | HEALTH PRE-TAX | 60.00 | 120.00 |
| | | | | | 253278362 | 1,418.71 | 2,793.26 |
| TOTALS: | | | | | | 2,079.20 | 4,092.80 |
| TOTALS: | | 80.00 | | 2,079.20 | | | 4,093.35 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,079.20 | 660.49 | 1,418.71 | 4,092.80 | 1,299.54 | 2,793.26 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 46.06 | 13.46 | 0.00 | 0.00 | 0.00 | 59.52 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 427.06 | 13.46 | 0.00 | 0.00 | 0.00 | 440.52 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD52957
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 01/19/2023 | \$1,418.71 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 01/29/2023 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|-----------------|-----------------|--------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 30.00 | 25.9900 | 779.70 | 2,289.90 | FIW | 163.92 | 484.52 |
| Holiday Pay | 10.00 | 25.9900 | 259.90 | 1,023.20 | SITW | 68.45 | 201.83 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.10 | SOCSEC_EE | 123.44 | 366.21 |
| REGULAR HOURS | 30.00 | 25.9900 | 779.70 | 2,599.00 | MEDICARE_EE | 28.87 | 85.65 |
| UNPLANNED PTO | 10.00 | 25.9900 | 259.90 | 259.90 | Retirement/Employe | 187.13 | 555.48 |
| | | | | | DEP DENTAL PRE-TAX | 28.83 | 86.49 |
| | | | | | HEALTH PRE-TAX | 80.00 | 180.00 |
| | | | | | 253278362 | 1,418.56 | 4,211.82 |
| TOTALS: | | | | | | 2,079.20 | 6,172.00 |
| TOTALS: | | 80.00 | 2,079.75 | 6,173.10 | | | |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,079.20 | 660.64 | 1,418.56 | 6,172.00 | 1,960.18 | 4,211.82 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 59.52 | 13.46 | 40.00 | 0.00 | 0.00 | 32.98 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 440.52 | 13.46 | 40.00 | 0.00 | 0.00 | 413.98 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD53053
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 02/02/2023 | \$1,418.56 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEMOUNT, SC 29472

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/12/2023 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|---------------------|-----------------|-----------------|
| Paid Time Off (PTO) | 22.00 | 25.9900 | 571.78 | 2,861.68 | PITW | 163.85 | 648.37 |
| Holiday Pay | 0.00 | 25.9900 | 0.00 | 1,023.20 | SITW | 68.42 | 270.25 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.10 | SOCSEC_EE | 123.40 | 489.61 |
| REGULAR HOURS | 58.00 | 25.9900 | 1,507.42 | 4,106.42 | MEDICARE_EE | 28.86 | 114.51 |
| UNPLANNED PTO | 0.00 | 25.9900 | 0.00 | 259.90 | Retirement/Employee | 187.13 | 742.61 |
| | | | | | DEP DENTAL PRE-TAX | 28.83 | 115.32 |
| | | | | | HEALTH PRE-TAX | 60.00 | 240.00 |
| | | | | | 253278362 | 1,418.71 | 5,630.53 |
| TOTALS: | | | | | | 2,079.20 | 8,251.20 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,079.20 | 660.49 | 1,418.71 | 8,251.20 | 2,620.67 | 5,630.53 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|--------------|-------------|-------------|---------------|
| PTO | 32.98 | 13.46 | 22.00 | 0.00 | 0.00 | 24.44 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 413.98 | 13.46 | 22.00 | 0.00 | 0.00 | 405.44 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD53158
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 02/16/2023 | \$1,418.71 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 02/26/2023 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|---------|----------|------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 25.9900 | 0.00 | 2,861.68 | FITW | 163.92 | 812.29 |
| Holiday Pay | 0.00 | 25.9900 | 0.00 | 1,023.20 | SITW | 68.45 | 338.70 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.55 | 1.65 | SOCSEC_EE | 123.44 | 613.05 |
| REGULAR HOURS | 80.00 | 25.9900 | 2,079.20 | 6,185.62 | MEDICARE_EE | 28.86 | 143.37 |
| UNPLANNED PTO | 0.00 | 25.9900 | 0.00 | 259.90 | Retirement/Employe | 187.13 | 929.74 |
| | | | | | DEP DENTAL PRE-TAX | 28.83 | 144.15 |
| | | | | | HEALTH PRE-TAX | 60.00 | 300.00 |
| | | | | | 253278362 | 1,418.57 | 7,049.10 |
| TOTALS: | | | | | | 2,079.20 | 10,330.40 |
| TOTALS: | | 80.00 | | 2,079.75 | | | 10,332.05 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,079.20 | 660.63 | 1,418.57 | 10,330.40 | 3,281.30 | 7,049.10 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------|---------|------|------|------|---------|
| PTO | 24.44 | 13.46 | 0.00 | 0.00 | 0.00 | 37.90 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 405.44 | 13.46 | 0.00 | 0.00 | 0.00 | 418.90 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD53256
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 03/02/2023 | \$1,418.57 |

PAY ***VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

| | | | |
|----------------------|--------------------|---------------------------------------|--------------------------|
| 1030 EMPLOYEE NO. | 5330 DEPARTMENT | PATRICK K MONTGOMERY EMPLOYEE NAME | 03/12/2023 PERIOD END |
|----------------------|--------------------|---------------------------------------|--------------------------|

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|--------------|---------|-----------------|------------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 2.00 | 25.9900 | 51.98 | 2,913.66 | FITW | 180.88 | 993.17 |
| Holiday Pay | 0.00 | 25.9900 | 0.00 | 1,023.20 | SITW | 76.72 | 415.42 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.65 | SOCSEC_EE | 133.07 | 746.12 |
| REGULAR HOURS | 78.00 | 25.9900 | 2,027.22 | 8,212.84 | MEDICARE_EE | 31.13 | 174.50 |
| OVERTIME | 4.00 | 38.9850 | 155.94 | 155.94 | Retirement/Employe | 201.16 | 1,130.90 |
| UNPLANNED PTO | 0.00 | 25.9900 | 0.00 | 259.90 | DEP DENTAL PRE-TAX | 28.83 | 172.98 |
| | | | | | HEALTH PRE-TAX | 60.00 | 360.00 |
| | | | | | 253278362 | 1,523.35 | 8,572.45 |
| TOTALS: | 84.00 | | 2,235.14 | 12,567.19 | TOTALS: | 2,235.14 | 12,565.54 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,235.14 | 711.79 | 1,523.35 | 12,565.54 | 3,993.09 | 8,572.45 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 37.90 | 13.46 | 2.00 | 0.00 | 0.00 | 49.36 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 418.90 | 13.46 | 2.00 | 0.00 | 0.00 | 430.36 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT

P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA
CHARLESTON, S.C.

Check No: DD53364

| DATE | NET AMOUNT |
|------------|------------|
| 03/16/2023 | \$1,523.35 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY TO THE ORDER OF PATRICK K MONTGOMERY
408 NORTH TEELINE DRIVE
RIDGEVILLE, SC 29472

1030 EMPLOYEE NO. 5330 DEPARTMENT PATRICK K. MONTGOMERY EMPLOYEE NAME 03/26/2023 PERIOD END

| Earnings | Hours | Rate | Current | YTD Amount | Taxes/Deductions | Current | YTD Amount |
|----------------------|-------|--------------|----------|-----------------|--------------------|-----------------|------------------|
| Paid Time Off (PTO) | 0.00 | 25.9900 | 0.00 | 2,913.66 | FTW | 213.50 | 1,206.67 |
| Holiday Pay | 0.00 | 25.9900 | 0.00 | 1,023.20 | SITW | 87.18 | 504.60 |
| Dependent Life Ins B | 0.00 | 0.5500 | 0.00 | 1.65 | SOCSEC_EE | 147.04 | 893.16 |
| REGULAR HOURS | 80.00 | 25.9900 | 2,079.20 | 10,292.04 | MEDICARE_EE | 34.38 | 208.88 |
| OVERTIME | 7.50 | 38.9850 | 292.39 | 448.33 | Retirement/Employe | 213.44 | 1,344.34 |
| UNPLANNED PTO | 0.00 | 25.9900 | 0.00 | 259.90 | DEP DENTAL PRE-TAX | 0.00 | 172.98 |
| | | | | | HEALTH PRE-TAX | 0.00 | 360.00 |
| | | | | | 253278362 | 1,674.05 | 10,246.50 |
| TOTALS: | | | | | | 2,371.59 | 14,937.13 |
| TOTALS: | | 87.50 | | 2,371.59 | | | 14,938.78 |

| CURRENT EARNINGS | CURRENT DEDUCTIONS | NET PAY | YTD EARNINGS | YTD DEDUCTIONS | YTD NET PAY |
|------------------|--------------------|----------|--------------|----------------|-------------|
| 2,371.59 | 697.54 | 1,674.05 | 14,937.13 | 4,690.63 | 10,246.50 |

| LEAVE | BEG BAL | ACCRUED | USED | LOST | ADJ | END BAL |
|----------------|---------------|--------------|-------------|-------------|-------------|---------------|
| PTO | 49.36 | 13.46 | 0.00 | 0.00 | 0.00 | 62.82 |
| SLR | 381.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.00 |
| TOTALS: | 430.36 | 13.46 | 0.00 | 0.00 | 0.00 | 443.82 |

STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

NORTH CHARLESTON SEWER DISTRICT
P.O. BOX 63009
NORTH CHARLESTON, S.C. 29419

BANK OF AMERICA Check No: DD53462
CHARLESTON, S.C.

| DATE | NET AMOUNT |
|------------|------------|
| 03/30/2023 | \$1,674.05 |

PAY ****VOID*****VOID*****VOID*****CHECK STUB REPRINT*****

PAY PATRICK K MONTGOMERY
TO THE 408 NORTH TEELINE DRIVE
ORDER RIDGEVILLE, SC 29472
OF

Nash v, Montgomery Construction, LLC
Plaintiff docs 2356

NORTH CHARLESTON SEWER DISTRICT
 PO Box 63009
 North Charleston SC 29419

1816-8267
 ORG1:5330 TRANSPOR
 TATION & COLLECTION
 EE ID: 1030 DD

PATRICK K MONTGOMERY
 408 NORTH TEELINE DRIVE
 RIDGEVILLE SC 29472

PERSONAL AND CHECK INFORMATION
 Patrick K Montgomery
 408 North Teeline Drive
 Ridgeville, SC 29472
 Soc Sec #: xxx-xx-xxxx Employee ID: 1030

 Home Department: 5330 TRANSPORTATION &
 COLLECTIONS

 Pay Period: 03/27/23 to 04/09/23
 Check Date: 04/13/23 Check #: 87

NET PAY ALLOCATIONS

| DESCRIPTION | THIS PERIOD (\$) | YTD (\$) |
|----------------|------------------|-----------------|
| Check Amount | 0.00 | 10248.50 |
| Savg 201 | 1418.71 | 1418.71 |
| NET PAY | 1418.71 | 11865.21 |

| EARNINGS | BASIS OF PAY | DESCRIPTION | HRS/UNITS | RATE | THIS PERIOD (\$) | YTD HOURS | YTD (\$) |
|---------------------|-------------------------|-------------|----------------------|----------|-------------------------|-----------|-----------------|
| | Regular | | | | | 80.0000 | 10292.04 |
| | Hourly | | 80.0000 | 28.90 | 2079.20 | 80.0000 | 2079.20 |
| | Unplan PTO | | | | | | 259.90 |
| | Overtime | | | | | 7.5000 | 448.33 |
| | Holiday | | | | | | 1023.20 |
| | PTD | | | | | | 2913.66 |
| | ER Denta-Memo | | | M57.01 | | | M228.04 |
| | ER Health-Memo | | | M2103.50 | | | M8414.02 |
| | ER Retir-Memo | | | M365.11 | | | M2988.04 |
| | ER Visio-Memo | | | M7.43 | | | M29.72 |
| | Total Hours | | 80.0000 | | | 167.5000 | |
| | Gross Earnings | | | | 2079.20 | | 17016.33 |
| | Total Hrs Worked | | 80.0000 | | | | |
| OTHER ITEMS | DESCRIPTION | | | | THIS PERIOD (\$) | | YTD (\$) |
| | Do not increase Net Pay | | | | | | |
| | Dep Life | | | | | | 1.85 |
| WITHHOLDINGS | DESCRIPTION | | FILING STATUS | | THIS PERIOD (\$) | | YTD (\$) |
| | Social Security | | | | 123.40 | | 1016.56 |
| | Medicare | | | | 28.88 | | 237.74 |
| | Fed Income Tax | | S 1 | | 163.85 | | 1370.52 |
| | SC Income Tax | | S 1 | | 68.42 | | 573.02 |
| | TOTAL | | | | 384.53 | | 3197.84 |
| DEDUCTION | DESCRIPTION | | | | THIS PERIOD (\$) | | YTD (\$) |
| | Dental Pretax | | | | 28.83 | | 201.81 |
| | Health Pretax | | | | 60.00 | | 420.00 |
| | Retirement | | | | 187.13 | | 1531.47 |
| | TOTAL | | | | 275.96 | | 2153.28 |
| NET PAY | | | | | THIS PERIOD (\$) | | YTD (\$) |
| | | | | | 1418.71 | | 11665.2 |

Payrolls by Paychex, Inc.

0944 1816-8267 North Charleston Sewer District • PO Box 63009 • North Charleston SC 29419 • (843) 764-2658

NORTH CHARLESTON SEWER DISTRICT
 PO Box 63009
 North Charleston SC 29419

1816-8267
 ORG1:5330 TRANSPOR
 TATION & COLLECTION
 EE ID: 1030 DD

PATRICK K MONTGOMERY
 408 NORTH TEELINE DRIVE
 RIDGEVILLE SC 29472

PERSONAL AND CHECK INFORMATION
 Patrick K Montgomery
 408 North Teeline Drive
 Ridgeville, SC 29472
 Soc Sec #: xxx-xx-xxxx Employee ID: 1030

 Home Department: 5330 TRANSPORTATION &
 COLLECTIONS

 Pay Period: 04/10/23 to 04/23/23
 Check Date: 04/27/23 Check #: 192

NET PAY ALLOCATIONS

| DESCRIPTION | THIS PERIOD (\$) | YTD (\$) |
|----------------|------------------|-----------------|
| Check Amount | 0.00 | 10246.50 |
| Savg 201 | 1418.70 | 2837.41 |
| NET PAY | 1418.70 | 13083.91 |

| EARNINGS | BASIS OF PAY | DESCRIPTION | HRS/UNITS | RATE THIS PERIOD (\$) | YTD HOURS | YTD (\$) |
|---------------------|-------------------------|----------------------|-------------------------|-----------------------|-----------------|-----------|
| | Regular | | | | 80.0000 | 10292.04 |
| | Hourly | | 30.0000 | 25920 | 110.0000 | 2858.90 |
| | Unplan PTO | | | | | 259.90 |
| | Overtime | | | | 7.5000 | 448.33 |
| | Holiday | | | | | 1023.20 |
| | PTO | | 50.0000 | 25920 | 50.0000 | 4213.16 |
| | ER Denta-Memo | | | M57.01 | | M285.05 |
| | ER Healt-Memo | | | M2103.50 | | M10017.50 |
| | ER Retir-Memo | | | M355.11 | | M3353.19 |
| | ER Visio-Memo | | | M7.43 | | M37.15 |
| | Total Hours | | 80.0000 | | 247.5000 | |
| | Gross Earnings | | | 2079.20 | | 19085.53 |
| | Total Hrs Worked | | 50.0000 | | | |
| OTHER ITEMS | DESCRIPTION | | THIS PERIOD (\$) | | YTD (\$) | |
| | Do not increase Net Pay | | | | | |
| | Dep Life | | | | 1.65 | |
| WITHHOLDINGS | DESCRIPTION | FILING STATUS | THIS PERIOD (\$) | | YTD (\$) | |
| | Social Security | | 123.41 | | 1139.97 | |
| | Medicare | | 28.86 | | 266.60 | |
| | Fed Income Tax | S 1 | 163.85 | | 1534.37 | |
| | SC Income Tax | S 1 | 68.42 | | 641.44 | |
| | TOTAL | | 384.54 | | 3582.38 | |
| DEDUCTION | DESCRIPTION | | THIS PERIOD (\$) | | YTD (\$) | |
| | Dental Pretax | | 28.83 | | 230.64 | |
| | Health Pretax | | 60.00 | | 480.00 | |
| | Retirement | | 187.13 | | 1718.60 | |
| | TOTAL | | 275.96 | | 2429.24 | |
| NET PAY | | | THIS PERIOD (\$) | | YTD (\$) | |
| | | | 1418.70 | | 13083.9 | |

Payrolls by Paychex, Inc.

0844 1816-8267 North Charleston Sewer District • PO Box 63009 • North Charleston SC 29419 • (843) 764-2658

NORTH CHARLESTON SEWER DISTRICT
 PO Box 63009
 North Charleston SC 29419

1816-8267
 ORG1:5330 TRANSPORTATION & COLLECTION
 EE ID: 1030 DD

PATRICK K MONTGOMERY
 408 NORTH TEELINE DRIVE
 RIDGEVILLE SC 29472

PERSONAL AND CHECK INFORMATION
 Patrick K Montgomery
 408 North Teeline Drive
 Ridgeville, SC 29472
 Soc Sec #: xxx-xx-xxxx Employee ID: 1030

Home Department: 5330 TRANSPORTATION & COLLECTIONS

Pay Period: 04/24/23 to 05/07/23
 Check Date: 05/11/23 Check #: 288

NET PAY ALLOCATIONS

| DESCRIPTION | THIS PERIOD (\$) | YTD (\$) |
|----------------|------------------|-----------------|
| Check Amount | 0.00 | 10246.50 |
| Savg 201 | 650.40 | 3487.61 |
| NET PAY | 650.40 | 13734.31 |

| EARNINGS | BASIS OF DESCRIPTION PAY | HRS/UNITS | RATE THIS PERIOD (\$) | YTD HOURS | YTD (\$) |
|---------------------|--------------------------|----------------------|-------------------------|-----------|-----------------|
| | Regular | | | 80.0000 | 10292.04 |
| | Hourly | | | 110.0000 | 2058.90 |
| | Unplan PTO | | | | 259.90 |
| | Overtime | | | 7.5000 | 446.33 |
| | Holiday | | | | 1023.20 |
| | PTO | 40.0000 | 25990 | 90.0000 | 5252.76 |
| | ER Denta-Memo | | 1039.60 | | M342.08 |
| | ER Health-Memo | | M57.01 | | M12821.00 |
| | ER Retir-Memo | | M2103.50 | | M3535.74 |
| | ER Visio-Memo | | M182.55 | | M44.58 |
| | ER Visio-Memo | | M7.43 | | |
| | Total Hours | 40.0000 | | 287.5000 | |
| | Gross Earnings | | 1039.60 | | 20135.13 |
| | Total Hrs Worked | | | | |
| OTHER ITEMS | DESCRIPTION | | THIS PERIOD (\$) | | YTD (\$) |
| | Do not increase Net Pay | | | | |
| | Dep Life | | | | 1.65 |
| WITHHOLDINGS | DESCRIPTION | FILING STATUS | THIS PERIOD (\$) | | YTD (\$) |
| | Social Security | | 53.44 | | 1193.41 |
| | Medicare | | 12.50 | | 279.10 |
| | Fed Income Tax | S 1 | 40.11 | | 1574.48 |
| | SC Income Tax | S 1 | 11.93 | | 653.37 |
| | TOTAL | | 117.98 | | 3700.36 |
| DEDUCTION | DESCRIPTION | | THIS PERIOD (\$) | | YTD (\$) |
| | Dental Pretax | | 57.66 | | 288.30 |
| | Health Pretax | | 120.00 | | 600.00 |
| | Retirement | | 93.56 | | 1812.16 |
| | TOTAL | | 271.22 | | 2700.46 |
| NET PAY | | | THIS PERIOD (\$) | | YTD (\$) |
| | | | 650.40 | | 13734.31 |

Payrolls by Paychex, Inc.

0944 1816-8267 North Charleston Sewer District • PO Box 63009 • North Charleston SC 29419 • (843) 764-2656

| | | | | |
|--|-------------------------|---|----------------------------|---------------------------------|
| Form W-2 Wage and Tax Statement 2016 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| b Employer's name, address and ZIP code NORTH CHARLESTON SEWER DISTRICT P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| c Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Statutory Employee Retirement Plan Third Party Sick Pay X | 14 Other RETIRE 3571.59 | 12b |
| | | b Employer identification number (EIN) 576000759 | | 12c |
| | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 37222.29 | 1962.57 | 19 Local income tax |

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS
OMB No. 1545-0048 Visit the IRS Web Site at: www.irs.gov

| | | | | |
|--|-------------------------|---|----------------------------|---------------------------------|
| Form W-2 Wage and Tax Statement 2016 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DISTRICT P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Statutory Employee Retirement Plan Third Party Sick Pay X | 14 Other RETIRE 3571.59 | 12b |
| | | b Employer identification number (EIN) 576000759 | | 12c |
| | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 37222.29 | 1962.57 | 19 Local income tax |

Copy C For EMPLOYER'S RECORDS (See Notice to Employee on back of Copy B) OMB No. 1545-0048 Dept. of the Treasury - IRS
Visit the IRS Web Site at: www.irs.gov

| | | | | |
|--|-------------------------|---|----------------------------|---------------------------------|
| Form W-2 Wage and Tax Statement 2016 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DISTRICT P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Statutory Employee Retirement Plan Third Party Sick Pay X | 14 Other RETIRE 3571.59 | 12b |
| | | b Employer identification number (EIN) 576000759 | | 12c |
| | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 37222.29 | 1962.57 | 19 Local income tax |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0048 Dept. of the Treasury - IRS

| | | | | |
|--|-------------------------|---|----------------------------|---------------------------------|
| Form W-2 Wage and Tax Statement 2016 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| e Employer's name, address and ZIP code NORTH CHARLESTON SEWER DISTRICT P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| g Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Statutory Employee Retirement Plan Third Party Sick Pay X | 14 Other RETIRE 3571.59 | 12b |
| | | b Employer identification number (EIN) 576000759 | | 12c |
| | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 37222.29 | 1962.57 | 19 Local income tax |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0048 Dept. of the Treasury - IRS

| | | | | |
|---|-------------------------|--|----------------------------|---------------------------------|
| Form W-2 Wage and Tax Statement 2017 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Statutory Employees Retirement Plan Third Party Sick Pay X | 14 Other RETIRE | 12b |
| | | b Employer identification number (EIN) | 3764.70 | 12c |
| | | d Employee's social security no. | | 12d |
| | | 249-33-6661 | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 38341.16 | 1990.39 | 19 Local income tax |
| 20 Locality name | | | | |

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS
OMB No. 1545-0048 Visit the IRS Web Site at www.irs.gov

| | | | | |
|---|-------------------------|--|----------------------------|---------------------------------|
| Form W-2 Wage and Tax Statement 2017 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Statutory Employees Retirement Plan Third Party Sick Pay X | 14 Other RETIRE | 12b |
| | | b Employer identification number (EIN) | 3764.70 | 12c |
| | | d Employee's social security no. | | 12d |
| | | 249-33-6661 | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 38341.16 | 1990.39 | 19 Local income tax |
| 20 Locality name | | | | |

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) OMB No. 1545-0048 Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov

| | | | | |
|---|-------------------------|--|----------------------------|---------------------------------|
| Form W-2 Wage and Tax Statement 2017 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Statutory Employees Retirement Plan Third Party Sick Pay X | 14 Other RETIRE | 12b |
| | | b Employer identification number (EIN) | 3764.70 | 12c |
| | | d Employee's social security no. | | 12d |
| | | 249-33-6661 | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 38341.16 | 1990.39 | 19 Local income tax |
| 20 Locality name | | | | |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0048 Dept. of the Treasury - IRS

| | | | | |
|---|-------------------------|--|----------------------------|---------------------------------|
| Form W-2 Wage and Tax Statement 2017 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Statutory Employees Retirement Plan Third Party Sick Pay X | 14 Other RETIRE | 12b |
| | | b Employer identification number (EIN) | 3764.70 | 12c |
| | | d Employee's social security no. | | 12d |
| | | 249-33-6661 | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 38341.16 | 1990.39 | 19 Local income tax |
| 20 Locality name | | | | |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0048 Dept. of the Treasury - IRS

| Form W-2 Wage and Tax Statement 2018 | | | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
|---|-------------------------|----------------------------|---------------------|---|----------------------------|---------------------------------|
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | | | 13 Salaried Employee Retirement Plan Tera Pay Sick Pay X | 14 Other RETIRE 3943.89 | 12b |
| | | | | b Employer identification number (EIN) 576000759 | | 12c |
| | | | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 37884.83 | 1903.46 | | | |

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS
OMB No. 1545-0046 Visit the IRS Web Site at www.irs.gov

| Form W-2 Wage and Tax Statement 2018 | | | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
|---|-------------------------|----------------------------|---------------------|---|----------------------------|---------------------------------|
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | | | 13 Salaried Employee Retirement Plan Tera Pay Sick Pay X | 14 Other RETIRE 3943.89 | 12b |
| | | | | b Employer identification number (EIN) 576000759 | | 12c |
| | | | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 37884.83 | 1903.46 | | | |

Copy C for EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) OMB No. 1545-0046 Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov

| Form W-2 Wage and Tax Statement 2018 | | | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
|---|-------------------------|----------------------------|---------------------|---|----------------------------|---------------------------------|
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | | | 13 Salaried Employee Retirement Plan Tera Pay Sick Pay X | 14 Other RETIRE 3943.89 | 12b |
| | | | | b Employer identification number (EIN) 576000759 | | 12c |
| | | | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 37884.83 | 1903.46 | | | |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0046 Dept. of the Treasury - IRS

| Form W-2 Wage and Tax Statement 2018 | | | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
|---|-------------------------|----------------------------|---------------------|---|----------------------------|---------------------------------|
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld |
| | | | | 9 Verification Code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | | | 13 Salaried Employee Retirement Plan Tera Pay Sick Pay X | 14 Other RETIRE 3943.89 | 12b |
| | | | | b Employer identification number (EIN) 576000759 | | 12c |
| | | | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 37884.83 | 1903.46 | | | |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0046 Dept. of the Treasury - IRS

| Form W-2 Wage and Tax Statement 2019 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
|--|-------------------------|--|---------------------------------------|---|
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages 43851.17 | 4 Social security tax withheld 2718.77 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 5 Medicare wages and tips 43851.17 | 6 Medicare tax withheld 635.84 |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Tied Party Sick Pay | 14 Other RETIRE 4126.09 | 12b |
| | | d Employer identification number (EIN) 576000759 | | 12c |
| | | e Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 39725.08 | 1972.64 | 19 Local income tax |
| 20 Locality name | | | | |
| Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS OMB No. 1545-0046 Web the IRS Web Site at www.irs.gov | | | | |

| Form W-2 Wage and Tax Statement 2019 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
|---|-------------------------|--|---------------------------------------|---|
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages 43851.17 | 4 Social security tax withheld 2718.77 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 5 Medicare wages and tips 43851.17 | 6 Medicare tax withheld 635.84 |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Tied Party Sick Pay | 14 Other RETIRE 4126.09 | 12b |
| | | d Employer identification number (EIN) 576000759 | | 12c |
| | | e Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 39725.08 | 1972.64 | 19 Local income tax |
| 20 Locality name | | | | |
| Copy C For EMPLOYEE'S RECORDS (See Notice to Employer on back of Copy A) OMB No. 1545-0046 Dept. of the Treasury - IRS Web the IRS Web Site at www.irs.gov | | | | |

| Form W-2 Wage and Tax Statement 2019 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
|---|-------------------------|--|---------------------------------------|---|
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages 43851.17 | 4 Social security tax withheld 2718.77 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 5 Medicare wages and tips 43851.17 | 6 Medicare tax withheld 635.84 |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Tied Party Sick Pay | 14 Other RETIRE 4126.09 | 12b |
| | | d Employer identification number (EIN) 576000759 | | 12c |
| | | e Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 39725.08 | 1972.64 | 19 Local income tax |
| 20 Locality name | | | | |
| Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0046 Dept. of the Treasury - IRS | | | | |

| Form W-2 Wage and Tax Statement 2019 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
|---|-------------------------|--|---------------------------------------|---|
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages 43851.17 | 4 Social security tax withheld 2718.77 |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 5 Medicare wages and tips 43851.17 | 6 Medicare tax withheld 635.84 |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Tied Party Sick Pay | 14 Other RETIRE 4126.09 | 12b |
| | | d Employer identification number (EIN) 576000759 | | 12c |
| | | e Employee's social security no. 249-33-6661 | | 12d |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| SC | 250308938 | 39725.08 | 1972.64 | 19 Local income tax |
| 20 Locality name | | | | |
| Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0046 Dept. of the Treasury - IRS | | | | |

| Form W-2 Wage and Tax Statement 2020 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
|---|-------------------------|---|---------------------------------------|---|---------------------|------------------|
| c Employee's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages 43928.52 | 4 Social security tax withheld 2723.57 | | |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 5 Medicare wages and tips 43928.52 | 6 Medicare tax withheld 636.96 | | |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Thrift Plan <input type="checkbox"/> <input type="checkbox"/> | 14 Other RETIRE 4104.07 | 12b | | |
| | | b Employer identification number (EIN) 576000759 | | 12c | | |
| | | d Employee's social security no. 249-33-6661 | | 12d | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 39824.45 | 1914.42 | | | |

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS
OMB No. 1545-0048 Visit the IRS Web Site at www.irs.gov

| Form W-2 Wage and Tax Statement 2020 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
|---|-------------------------|---|---------------------------------------|---|---------------------|------------------|
| c Employee's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages 43928.52 | 4 Social security tax withheld 2723.57 | | |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 5 Medicare wages and tips 43928.52 | 6 Medicare tax withheld 636.96 | | |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Thrift Plan <input type="checkbox"/> <input type="checkbox"/> | 14 Other RETIRE 4104.07 | 12b | | |
| | | b Employer identification number (EIN) 576000759 | | 12c | | |
| | | d Employee's social security no. 249-33-6661 | | 12d | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 39824.45 | 1914.42 | | | |

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) OMB No. 1545-0048 Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov

| Form W-2 Wage and Tax Statement 2020 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
|---|-------------------------|---|---------------------------------------|---|---------------------|------------------|
| c Employee's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages 43928.52 | 4 Social security tax withheld 2723.57 | | |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 5 Medicare wages and tips 43928.52 | 6 Medicare tax withheld 636.96 | | |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Thrift Plan <input type="checkbox"/> <input type="checkbox"/> | 14 Other RETIRE 4104.07 | 12b | | |
| | | b Employer identification number (EIN) 576000759 | | 12c | | |
| | | d Employee's social security no. 249-33-6661 | | 12d | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 39824.45 | 1914.42 | | | |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0048 Dept. of the Treasury - IRS

| Form W-2 Wage and Tax Statement 2020 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
|---|-------------------------|---|---------------------------------------|---|---------------------|------------------|
| c Employee's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 3 Social security wages 43928.52 | 4 Social security tax withheld 2723.57 | | |
| e Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 5 Medicare wages and tips 43928.52 | 6 Medicare tax withheld 636.96 | | |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Thrift Plan <input type="checkbox"/> <input type="checkbox"/> | 14 Other RETIRE 4104.07 | 12b | | |
| | | b Employer identification number (EIN) 576000759 | | 12c | | |
| | | d Employee's social security no. 249-33-6661 | | 12d | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 39824.45 | 1914.42 | | | |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0048 Dept. of the Treasury - IRS

| | | | | | | |
|---|-------------------------|--|---------------------------------------|---|---------------------|------------------|
| Form W-2 Wage and Tax Statement 2021 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 41055.04 | 3737.59 | | |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 3 Social security wages 45302.58 | 4 Social security tax withheld 2808.76 | | |
| | | 10 Dependent care benefits | 5 Medicare wages and tips 45302.58 | 6 Medicare tax withheld 656.89 | | |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Third Party Sick Pay | 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | b Employer identification number (EIN) 576000759 | 14 Other RETIRE 4247.54 | 12b | | |
| | | d Employee's social security no. 249-33-6661 | | 12c | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 41055.04 | 1937.41 | | | |

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS
OMB No. 1545-0047 Visit the IRS Web Site at www.irs.gov

| | | | | | | |
|---|-------------------------|--|---------------------------------------|---|---------------------|------------------|
| Form W-2 Wage and Tax Statement 2021 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 41055.04 | 3737.59 | | |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 3 Social security wages 45302.58 | 4 Social security tax withheld 2808.76 | | |
| | | 10 Dependent care benefits | 5 Medicare wages and tips 45302.58 | 6 Medicare tax withheld 656.89 | | |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Third Party Sick Pay | 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | b Employer identification number (EIN) 576000759 | 14 Other RETIRE 4247.54 | 12b | | |
| | | d Employee's social security no. 249-33-6661 | | 12c | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 41055.04 | 1937.41 | | | |

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) OMB No. 1545-0048 Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov

| | | | | | | |
|---|-------------------------|--|---------------------------------------|---|---------------------|------------------|
| Form W-2 Wage and Tax Statement 2021 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 41055.04 | 3737.59 | | |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 3 Social security wages 45302.58 | 4 Social security tax withheld 2808.76 | | |
| | | 10 Dependent care benefits | 5 Medicare wages and tips 45302.58 | 6 Medicare tax withheld 656.89 | | |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Third Party Sick Pay | 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | b Employer identification number (EIN) 576000759 | 14 Other RETIRE 4247.54 | 12b | | |
| | | d Employee's social security no. 249-33-6661 | | 12c | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 41055.04 | 1937.41 | | | |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0048 Dept. of the Treasury - IRS

| | | | | | | |
|---|-------------------------|--|---------------------------------------|---|---------------------|------------------|
| Form W-2 Wage and Tax Statement 2021 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| c Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Allocated tips | 41055.04 | 3737.59 | | |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 9 Verification Code | 3 Social security wages 45302.58 | 4 Social security tax withheld 2808.76 | | |
| | | 10 Dependent care benefits | 5 Medicare wages and tips 45302.58 | 6 Medicare tax withheld 656.89 | | |
| | | 13 Statutory Employee Retirement Plan <input checked="" type="checkbox"/> Third Party Sick Pay | 11 Nonqualified plans | 12a See instructions for box 12 | | |
| | | b Employer identification number (EIN) 576000759 | 14 Other RETIRE 4247.54 | 12b | | |
| | | d Employee's social security no. 249-33-6661 | | 12c | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| SC | 250308938 | 41055.04 | 1937.41 | | | |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0048 Dept. of the Treasury - IRS

| | | | | |
|---|-----------------------------------|--|-------------------------------------|--|
| Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | 1 Wages, tips, other comp. 45767.10 | 2 Federal income tax withheld 4403.15 |
| a Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Annuity type | 3 Social security wages 50301.57 | 4 Social security tax withheld 3118.70 |
| | | 9 Verification Code | 5 Medicare wages and tips 50301.57 | 6 Medicare tax withheld 729.37 |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Status: <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay | 14 Other RETIRE 4534.47 | 12b |
| | | c Employer identification number (EIN) 576000759 | | 12c |
| | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State SC | Employer's state ID no. 250308938 | 16 State wages, tips, etc. 45767.10 | 17 State income tax 2205.24 | 18 Local wages, tips, etc. |
| | | | 19 Local income tax | 20 Locality name |

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS
OMB No. 1545-0046 Visit the IRS Web Site at www.irs.gov

| | | | | |
|---|-----------------------------------|--|-------------------------------------|--|
| Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | 1 Wages, tips, other comp. 45767.10 | 2 Federal income tax withheld 4403.15 |
| a Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Annuity type | 3 Social security wages 50301.57 | 4 Social security tax withheld 3118.70 |
| | | 9 Verification Code | 5 Medicare wages and tips 50301.57 | 6 Medicare tax withheld 729.37 |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Status: <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay | 14 Other RETIRE 4534.47 | 12b |
| | | c Employer identification number (EIN) 576000759 | | 12c |
| | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State SC | Employer's state ID no. 250308938 | 16 State wages, tips, etc. 45767.10 | 17 State income tax 2205.24 | 18 Local wages, tips, etc. |
| | | | 19 Local income tax | 20 Locality name |

Copy C For EMPLOYER'S RECORDS (See Notice to Employees on Back of Copy B) OMB No. 1545-0046 Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov

| | | | | |
|---|-----------------------------------|--|-------------------------------------|--|
| Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | 1 Wages, tips, other comp. 45767.10 | 2 Federal income tax withheld 4403.15 |
| a Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Annuity type | 3 Social security wages 50301.57 | 4 Social security tax withheld 3118.70 |
| | | 9 Verification Code | 5 Medicare wages and tips 50301.57 | 6 Medicare tax withheld 729.37 |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Status: <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay | 14 Other RETIRE 4534.47 | 12b |
| | | c Employer identification number (EIN) 576000759 | | 12c |
| | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State SC | Employer's state ID no. 250308938 | 16 State wages, tips, etc. 45767.10 | 17 State income tax 2205.24 | 18 Local wages, tips, etc. |
| | | | 19 Local income tax | 20 Locality name |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0046 Dept. of the Treasury - IRS

| | | | | |
|---|-----------------------------------|--|-------------------------------------|--|
| Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | 1 Wages, tips, other comp. 45767.10 | 2 Federal income tax withheld 4403.15 |
| a Employer's name, address and ZIP code NORTH CHARLESTON SEWER DIST. P.O. BOX 63009 NORTH CHARLESTON, SC 29419 | | 8 Annuity type | 3 Social security wages 50301.57 | 4 Social security tax withheld 3118.70 |
| | | 9 Verification Code | 5 Medicare wages and tips 50301.57 | 6 Medicare tax withheld 729.37 |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| b Employee's name, address and ZIP code PATRICK K MONTGOMERY 408 NORTH TEELINE DRIVE RIDGEVILLE, SC 29472 | | 13 Status: <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay | 14 Other RETIRE 4534.47 | 12b |
| | | c Employer identification number (EIN) 576000759 | | 12c |
| | | d Employee's social security no. 249-33-6661 | | 12d |
| 15 State SC | Employer's state ID no. 250308938 | 16 State wages, tips, etc. 45767.10 | 17 State income tax 2205.24 | 18 Local wages, tips, etc. |
| | | | 19 Local income tax | 20 Locality name |

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return OMB No. 1545-0046 Dept. of the Treasury - IRS

Nash v. Montgomery Construction, LLC
Plaintiff docs 3310

NORTH CHARLESTON SEWER DISTRICT
MEMORANDUM
ABSENCE/EXIT CHECK LIST

Employee: Patrick Montgomery Date of Termination: 5/4/2023 Date Last Worked: 6

- Employee resignation
- Forward termination notice to employee supervisor

- Termination notice completed
- Add employee to termination checklist
- Policy book received Badge Received:
- Final Check Mail: Pick Up:

Notify Accounting which class employee is in
Email check option to Accounting
Advise if District is paying employee for PTO leave
Check employee maximum leave payout amount. Notify Accounting if employee is over.
If ee is present the entire 2 weeks that PR is being processed for, they receive payment of PTO that is accrued the week PR is processed. Let Accounting know.

- If EE has PTO and class for, contact Accounting for separate payroll.
- Last day at work, change from Direct Deposit to Check in BS&A (Uncheck direct deposit box)
- COBRA Letter Send Benefit Coordinators info for COBRA
- E-Mail notice from Purchasing for uniforms returned. Shirts: Pants: Jackets:
- Email Matt/IT/Safety for termination
- Email Kelly that employee terminated
- Cancel Coverage: Blue Choice: Dental: Vision: MOO: Colonial: 401-K:
- If employee has dependent coverage/Voluntary Insurance, contact Accounting to see if we need to remove dependent deductions.
- If employee is retiring and keeping their health insurance, make sure to change their classification to "Retiree" on Benefitfocus website.
- Last day of employment, contact supervisor to make sure employee turned in all District Issued
- Tools: Phone: Keys: Other:
- After last paycheck, terminate employee in BSSA (after received last paycheck)
- Remove employee from timesheet approval list after last paycheck received
- Remove employee from driver's license list and random drug testing list (if applicable)
- Complete Exit Interview Questionnaire, scan to Jarred & Matt
- Remove employee SWIPE card access.
- Notify Accounting
- If employee is retiring and receiving health insurance, do not enter a termination date

Donna Stone
Human Resources Signature

5/4/2023
Date

Maiden name: Lloyd
Date of Birth: August 30, 1979
Social Security No.: xxx-xx-8024

9. State your present residence address, your residence addresses for the past five years and the dates you lived at each address.

ANSWER: 408 North Teel Line Drive, Ridgeville, SC 29472 during those years.

10. Identify your present employer or place of self-employment, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the incident to the present.

ANSWER: Self-employed at Montgomery Construction, LLC during those years. The business is a dump truck.

11. Identify your cell phone number and cell provider at the time of the incident and state the location of your cell phone at the time of the incident and whether or not you were using your cell phone in any manner (for example, a phone call, listening to voicemail, reading or writing a text/SMS message or email, playing a video game, or using camera, music, internet, map application, or other use) immediately before or at the time of the subject collision, within one (1) minute before, during, or after the incident.

ANSWER: Cell No.: (843) 607-0193 (T-Mobile)

12. Do you attribute any loss of or damage to a vehicle or other property to the incident? If so, for each item of property, please describe the property, the nature and location of the damage to the property, state the amount of damage to each item of property, how the amount was calculated; and, if the property was sold, identify the seller and buyer, the date of sale, and the sale price. If the property was repaired, please identify the date of the repair, describe the repair, state the repair costs, identify who performed the repair, and who paid for the repair.

ANSWER: The vehicle only had liability coverage at the time of the accident. Sabrina Montgomery does not drive the vehicle now and

ANSWER: Montgomery Construction, LLC. 408 North Tee Line Drive Ridgeville, SC 29472. (843) 607-0193.

28. For each employer or business from which you receive income, identify:
- How often you are paid;
 - Your gross pay each pay period;
 - Your take-home pay each pay period.

ANSWER: Montgomery Construction bills \$80.00 per hour for its services. It uses any payment to pay the driver and for loans, fuel, insurance, maintenance, etc. Sabrina Montgomery's tax returns are attached. She is paid every week but the amount (approximately \$2000-5000 per week) varies depending on the amount of work and is used to pay for the items listed above.

29. If your spouse earns any income, give the name of your spouse, the name and address of the business or employer, job title and division of office.

ANSWER: Patrick Montgomery worked at North Charleston Sewer District, 7225 Stall Road, North Charleston, SC.

30. How much money do you have in cash?

ANSWER: Sabrina Montgomery has an account at Heritage Trust (now REV Federal Credit Union) with a small balance.

31. How much other money do you have in banks, savings and loan, credit unions, and other financial institutions either in your own name or jointly?

ANSWER: First Citizen Bank (approximately \$9,000.00) and Wells Fargo (approximately \$6,000.00-11,000.00).

32. Identify all financial accounts that you maintain, including:

- The name and address of the financial institution;
- The account number;
- Whether it is an individual or joint account;
- The balance.

ANSWER: REV Federal Credit Union savings account had Georgetta D. Lloyd listed as joint owner in 2023. See attached 2023 statements

for that information. The Wells Fargo and First Citizens' accounts are individual accounts and described within the Montgomery Construction's answers to Plaintiff's supplemental interrogatory # 10 and response to Plaintiff's supplemental RFP # 38 (dated June 5, 2024).

33. List all automobiles, other vehicles, and boats owned in your name or jointly.

ANSWER: GMC Yukon, Mercedes Benz sedan, and Ford F-150.

34. List all real estate in which you have an ownership interest and state the interest owned.

ANSWER: Sabrina Montgomery shares an interest with her husband with the land and trailer where they have resided for approximately 20 years.

35. List all business entities in which you have an ownership interest and state the interest owned.

ANSWER: No other.

36. List anything of value not already requested that you own in your name or jointly (do not list household furniture or furnishings, appliance, or clothing) and state the interest owned.

ANSWER: No other significant assets.

37. If anyone is holding assets for you, please describe the assets and give the name and address of the person or entity hold each asset.

ANSWER: None.

38. Have you disposed of or transferred any assets within the last year? If so, please identify the asset, the value of the asset, the date of the disposal or transfer of the asset, and where or with whom the asset is with now.

ANSWER: None, other than giving title for the vehicle involved in the



P.O. Box 118000
Charleston, SC 29423-8000

Statement February 2023

Statement Period 02/01/2023 - 02/28/2023 Page 1 of 4

Member Number XXXXXX8855

SABRINA M MONTGOMERY
408 N TEE LINE DR
RIDGEVILLE SC 29472 - 6633

Managing Your Accounts

| | |
|------------|---|
| Phone: | 843.832.2600 |
| Toll-Free: | 800.845.5550 |
| REVline: | 843.832.2700 |
| Online: | REVfcu.com |
| Mailing: | P.O. Box 118000 Charleston, SC 29423 |

| Account Type | Beginning Balance | Ending Balance |
|----------------------|-------------------|----------------|
| PRIMARY SAVINGS 0001 | 5.00 | 5.00 |
| EASY CHECKING 0002 | 3,673.25 | 3,654.14 |
| EXTRA SAVINGS 0003 | 6.79 | 6.79 |

PRIMARY SAVINGS

Joint Owners:
GEORGETTA D LLOYD

SUMMARY

| Description | Amounts | Other Information | Amounts |
|--------------------|---------|------------------------|---------|
| Beginning Balance | 5.00 | Year-To-Date Dividends | 0.00 |
| Total Withdrawals: | 0.00 | Year-To-Date Penalties | 0.00 |
| Total Deposits: | 0.00 | | |
| Ending Balance | 5.00 | | |

ACTIVITY

| Date | Description | Withdrawals | Deposits | Balance |
|------|-------------------------|-------------|----------|---------|
| | Balance Last Statement | | | 5.00 |
| | No Activity This Period | | | |
| | Ending Balance | | | 5.00 |

TOTAL AMOUNT FOR STATEMENT PERIOD

| Description of Fee | Total For This Period | Total Year To Date |
|-------------------------|-----------------------|--------------------|
| Total Overdraft Fee | 0.00 | 0.00 |
| Total Returned Item Fee | 0.00 | 0.00 |

EASY EARN

SUMMARY

| Description | Amounts | Other Information | Amounts |
|----------------------|----------|------------------------|---------|
| Beginning Balance | 3,673.25 | Year-To-Date Dividends | 0.06 |
| Total Withdrawals: 2 | -774.14 | Year-To-Date Penalties | 0.00 |
| Total Deposits: 2 | 755.03 | | |
| Ending Balance | 3,654.14 | | |

ACTIVITY

| Date | Description | Withdrawals | Deposits | Balance |
|------------|---|-------------|----------|-----------------|
| | Balance Last Statement | | | 3,673.25 |
| 02/03/2023 | Deposit Transfer From MONTGOMERY, PATR XXXXXXXXXXXX 5share 0001 | | 755.00 | 4,428.25 |
| 02/07/2023 | Withdrawal ACH EarnUp TYPE: Transfer CD: EarnUp NAME: Sabrina Montgomery | -387.07 | | 4,041.18 |
| 02/21/2023 | Withdrawal ACH EarnUp TYPE: Transfer CD: EarnUp NAME: Sabrina Montgomery | -387.07 | | 3,654.11 |
| 02/28/2023 | Annual Percentage Yield Earned 0.010% from 02/01/2023 to 02/28/2023 | | 0.03 | |
| | Ending Balance | | | 3,654.14 |

TOTAL AMOUNT FOR STATEMENT PERIOD

| Description of Fee | Total For This Period | Total Year To Date |
|-------------------------|-----------------------|--------------------|
| Total Overdraft Fee | 0.00 | 0.00 |
| Total Returned Item Fee | 0.00 | 0.00 |

EXTRA SAVINGS

SUMMARY

| Description | Amounts | Other Information | Amounts |
|--------------------|---------|------------------------|---------|
| Beginning Balance | 6.79 | Year-To-Date Dividends | 0.00 |
| Total Withdrawals: | 0.00 | Year-To-Date Penalties | 0.00 |
| Total Deposits: | 0.00 | | |
| Ending Balance | 6.79 | | |

ACTIVITY

| Date | Description | Withdrawals | Deposits | Balance |
|------|-------------------------------|-------------|----------|-------------|
| | Balance Last Statement | | | 6.79 |
| | No Activity This Period | | | |
| | Ending Balance | | | 6.79 |



Statement February 2023

Statement Period 02/01/2023 - 02/28/2023 Page 3 of 4

Member Number XXXXXX8855



TOTAL AMOUNT FOR STATEMENT PERIOD

| Description of Fee | Total For This Period | Total Year To Date |
|-------------------------|-----------------------|--------------------|
| Total Overdraft Fee | 0.00 | 0.00 |
| Total Returned Item Fee | 0.00 | 0.00 |

In case of errors or questions about your electronic transfers, telephone us at 843-832-2600 or write to us at P.O. Box 118000, Charleston, SC 29423-8000 as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Tell us the dollar amount of the suspected error.
3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for foreign-initiated transactions and all transfers resulting from point-of-sale debit card transactions) to do this, we will re-credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

In case of errors or inquiries about your statement of loan account(s):

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet of paper at P.O. Box 118000, Charleston, SC 29423-8000 as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us by phone, but doing so will not preserve your right. In your letter, you must provide:

1. Your name and account number.
2. The dollar amount of the suspected error.
3. A description of the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating but you are still obligated to pay the parts of your outstanding balance that are not in question. While REV investigates your question, we cannot report you as delinquent or take any action to collect the amount you question.

Business Account Error Resolution. In accordance with ACH Rules, corporate credit or debit irregularities/discrepancies must be reported within 24 hours of posting to your account in order to reinitiate the entry into the ACH Network.

Important Notice for IRA Account Holders: Payments from your IRA are subject to federal income tax withholding unless you elect no withholding. You may change your withholding election at any time prior to your receipt of payment. To change withholding election, complete the appropriate form provided by REV. Withholding from IRA payments, when combined with other withholding, MAY relieve you from payment of estimated income taxes. However, your withholding election does not affect the amount of income tax you pay. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient.

The Fair Market Value of your IRA account(s) is the balance of the account(s) on December 31 of each year.

Applicable to All Deposit Services: Our business days are Monday through Friday 9:00am to 5:00pm, excluding holidays.





P.O. Box 118000
Charleston, SC 29423-8000

Statement March 2023

Statement Period 03/01/2023 - 03/31/2023 Page 1 of 4

Member Number XXXXXX8855

SABRINA M MONTGOMERY
408 N TEE LINE DR
RIDGEVILLE SC 29472 - 6633

| Managing Your Accounts | |
|------------------------|---|
| Phone: | 843.832.2600 |
| Toll-Free: | 800.845.5550 |
| REVline: | 843.832.2700 |
| Online | REVfcu.com |
| Mailing | P.O. Box 118000 Charleston, SC 29423 |

HAVE A JOINT OWNER?

YOU'LL NOW SEE A NEW LOOK WITHIN REV DIGITAL BANKING.

| Account Type | Beginning Balance | Ending Balance |
|----------------------|-------------------|----------------|
| PRIMARY SAVINGS 0001 | 5.00 | 5.00 |
| EASY CHECKING 0002 | 3,654.14 | 4,035.03 |
| EXTRA SAVINGS 0003 | 6.79 | 6.79 |

PRIMARY SAVINGS

Joint Owners:
GEORGETTA D LLOYD

SUMMARY

| Description | Amounts | Other Information | Amounts |
|--------------------|---------|------------------------|---------|
| Beginning Balance | 5.00 | Year-To-Date Dividends | 0.00 |
| Total Withdrawals: | 0.00 | Year-To-Date Penalties | 0.00 |
| Total Deposits: | 0.00 | | |
| Ending Balance | 5.00 | | |

ACTIVITY

| Date | Description | Withdrawals | Deposits | Balance |
|------|-------------------------|-------------|----------|---------|
| | Balance Last Statement | | | 5.00 |
| | No Activity This Period | | | |
| | Ending Balance | | | 5.00 |



Statement March 2023

Statement Period 03/01/2023 - 03/31/2023 Page 2 of 4

Member Number XXXXXX8855

PRIMARY SAVINGS (continued)

TOTAL AMOUNT FOR STATEMENT PERIOD

| Description of Fee | Total For This Period | Total Year To Date |
|-------------------------|-----------------------|--------------------|
| Total Overdraft Fee | 0.00 | 0.00 |
| Total Returned Item Fee | 0.00 | 0.00 |

EASY CHECKING

SUMMARY

| Description | Amounts | Other Information | Amounts |
|----------------------|----------|------------------------|---------|
| Beginning Balance | 3,654.14 | Year-To-Date Dividends | 0.09 |
| Total Withdrawals: 2 | -774.14 | Year-To-Date Penalties | 0.00 |
| Total Deposits: 3 | 1,155.03 | | |
| Ending Balance | 4,035.03 | | |

ACTIVITY

| Date | Description | Withdrawals | Deposits | Balance |
|------------|---|-------------|----------|-----------------|
| | Balance Last Statement | | | 3,654.14 |
| 03/03/2023 | Deposit Transfer From MONTGOMERY, PATR XXXXXXXXXXXX Share 0001 | | 755.00 | 4,409.14 |
| 03/07/2023 | Withdrawal ACH EarnUp TYPE: Transfer CO: EarnUp NAME: Sabrina Montgomery | -387.07 | | 4,022.07 |
| 03/21/2023 | Withdrawal ACH EarnUp TYPE: Transfer CO: EarnUp NAME: Sabrina Montgomery | -387.07 | | 3,635.00 |
| 03/31/2023 | Deposit | | 400.00 | 4,035.00 |
| 03/31/2023 | Annual Percentage Yield Earned 0.010% from 03/01/2023 to 03/31/2023 | | 0.03 | |
| | Ending Balance | | | 4,035.03 |

TOTAL AMOUNT FOR STATEMENT PERIOD

| Description of Fee | Total For This Period | Total Year To Date |
|-------------------------|-----------------------|--------------------|
| Total Overdraft Fee | 0.00 | 0.00 |
| Total Returned Item Fee | 0.00 | 0.00 |



Statement March 2023

Statement Period 03/01/2023 - 03/31/2023

Page 3 of 4

Member Number XXXXXX8855

IRA SAVINGS

SUMMARY

| Description | Amounts | Other Information | Amounts |
|--------------------|---------|------------------------|---------|
| Beginning Balance | 6.79 | Year-To-Date Dividends | 0.00 |
| Total Withdrawals: | 0.00 | Year-To-Date Penalties | 0.00 |
| Total Deposits: | 0.00 | | |
| Ending Balance | 6.79 | | |

ACTIVITY

| Date | Description | Withdrawals | Deposits | Balance |
|------|-------------------------|-------------|----------|---------|
| | Balance Last Statement | | | 6.79 |
| | No Activity This Period | | | |
| | Ending Balance | | | 6.79 |

TOTAL AMOUNT FOR STATEMENT PERIOD

| Description of Fee | Total For This Period | Total Year To Date |
|-------------------------|-----------------------|--------------------|
| Total Overdraft Fee | 0.00 | 0.00 |
| Total Returned Item Fee | 0.00 | 0.00 |

In case of errors or questions about your electronic transfers, telephone us at 843-832-2600 or write to us at P.O. Box 118000, Charleston, SC 29423-8000 as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Tell us the dollar amount of the suspected error.
3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for foreign-initiated transactions and all transfers resulting from point-of-sale debit card transactions) to do this, we will re-credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

In case of errors or inquiries about your statement of loan account(s):

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet of paper at P.O. Box 118000, Charleston, SC 29423-8000 as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us by phone, but doing so will not preserve your right. In your letter, you must provide:

1. Your name and account number.
2. The dollar amount of the suspected error.
3. A description of the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating but you are still obligated to pay the parts of your outstanding balance that are not in question. While REV investigates your question, we cannot report you as delinquent or take any action to collect the amount you question.

Business Account Error Resolution. In accordance with ACH Rules, corporate credit or debit irregularities/discrepancies must be reported within 24 hours of posting to your account in order to reinitiate the entry into the ACH Network.

Important Notice for IRA Account Holders: Payments from your IRA are subject to federal income tax withholding unless you elect no withholding. You may change your withholding election at any time prior to your receipt of payment. To change withholding election, complete the appropriate form provided by REV. Withholding from IRA payments, when combined with other withholding, MAY relieve you from payment of estimated income taxes. However, your withholding election does not affect the amount of income tax you pay. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient.

The Fair Market Value of your IRA account(s) is the balance of the account(s) on December 31 of each year.

Applicable to All Deposit Services: Our business days are Monday through Friday 9:00am to 5:00pm, excluding holidays.





P.O. Box 118000
Charleston, SC 29423-8000

SABRINA M MONTGOMERY
408 N TEE LINE DR
RIDGEMOUNT SC 29472 - 8633

Statement April 2023

Reporting Activity Ending 04/30/2023 Page 1 of 3

Member Number XXXXXX8855

Managing Your Accounts

Phone: 843.832.2600
Toll-Free: 800.845.5550
REVline: 843.832.2700
Online: REVfcu.com
Mailing: P.O. Box 118000
Charleston, SC 29423

| Account Type | Beginning Balance | Ending Balance |
|----------------------|-------------------|----------------|
| Primary Savings 0001 | 5.00 | 5.00 |
| Easy Checking 0002 | 4,035.03 | 4,013.92 |
| Extra Savings 0003 | 6.79 | 6.79 |

Primary Savings

Joint Owners:
Georgetta D Lloyd

SUMMARY

| Description | Amounts | Other Information | Amounts |
|--------------------|---------|------------------------|---------|
| Beginning Balance | 5.00 | Year-To-Date Dividends | 0.00 |
| Total Withdrawals: | 0.00 | Year-To-Date Penalties | 0.00 |
| Total Deposits: | 0.00 | | |
| Ending Balance | 5.00 | | |

ACTIVITY

| Date | Description | Deposits/Withdrawals | Balance |
|------|-------------------------|----------------------|---------|
| | Balance Last Statement | | 5.00 |
| | No Activity This Period | | |
| | Ending Balance | | 5.00 |

Easy Checking

SUMMARY

| Description | Amounts | Other Information | Amounts |
|--------------------|----------|------------------------|---------|
| Beginning Balance | 4,035.03 | Year-To-Date Dividends | 0.12 |
| Total Withdrawals: | -776.14 | Year-To-Date Penalties | 0.00 |
| Total Deposits: | 755.03 | | |
| Ending Balance | 4,013.92 | | |

ACTIVITY

| Date | Description | Deposits/Withdrawals | Balance |
|------------|--|----------------------|-----------------|
| | Balance Last Statement | | 4,035.03 |
| 04/05/2023 | Withdrawal ACH EarnUp Transfer | -387.07 | 3,647.96 |
| 04/14/2023 | Deposit | 755.00 | 4,402.96 |
| 04/18/2023 | Withdrawal ACH EarnUp Transfer | -387.07 | 4,015.89 |
| 04/30/2023 | Dividend Deposit | 0.03 | 4,015.92 |
| | Annual Percentage Yield Earned 0.010 from 04/01/2023 to 04/30/2023 | 0.03 | |
| 04/30/2023 | Fee Withdrawal: Identity Theft Fee | -2.00 | 4,013.92 |
| | Ending Balance | | 4,013.92 |

Basic Savings

SUMMARY

| Description | Amounts | Other Information | Amounts |
|--------------------|---------|------------------------|---------|
| Beginning Balance | 6.79 | Year-To-Date Dividends | 0.00 |
| Total Withdrawals: | 0.00 | Year-To-Date Penalties | 0.00 |
| Total Deposits: | 0.00 | | |
| Ending Balance | 6.79 | | |

ACTIVITY

| Date | Description | Deposits/Withdrawals | Balance |
|------|-------------------------------|----------------------|-------------|
| | Balance Last Statement | | 6.79 |
| | No Activity This Period | | |
| | Ending Balance | | 6.79 |

In case of errors or questions about your electronic transfers, telephone us at 843-832-2600 or write to us at P.O. Box 118000, Charleston, SC 29423-8000 as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Tell us the dollar amount of the suspected error.
3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for foreign-initiated transactions and all transfers resulting from point-of-sale debit card transactions) to do this, we will re-credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

In case of errors or inquiries about your statement of loan account(s):

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet of paper at P.O. Box 118000, Charleston, SC 29423-8000 as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us by phone, but doing so will not preserve your right. In your letter, you must provide:

1. Your name and account number.
2. The dollar amount of the suspected error.
3. A description of the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating but you are still obligated to pay the parts of your outstanding balance that are not in question. While REV investigates your question, we cannot report you as delinquent or take any action to collect the amount you question.

Business Account Error Resolution. In accordance with ACH Rules, corporate credit or debit irregularities/discrepancies must be reported within 24 hours of posting to your account in order to reinstate the entry into the ACH Network.

Important Notice for IRA Account Holders: Payments from your IRA are subject to federal income tax withholding unless you elect no withholding. You may change your withholding election at any time prior to your receipt of payment. To change withholding election, complete the appropriate form provided by REV. Withholding from IRA payments, when combined with other withholding, MAY relieve you from payment of estimated income taxes. However, your withholding election does not affect the amount of income tax you pay. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient.

The Fair Market Value of your IRA account(s) is the balance of the account(s) on December 31 of each year.

Applicable to All Deposit Services: Our business days are Monday through Friday 9:00am to 5:00pm, excluding holidays.





Reply To

JESSI M. FULLER
Direct Dial: (803) 227-2287
jessi.fuller@mgclaw.com

January 13, 2025

VIA E-MAIL ONLY

Mark Bringardner
Mary K. Linton
Bringardner Injury Law Firm, LLC
41 Broad Street
Charleston, South Carolina 29401

RE: Kanisha Nash vs. Patrick Montgomery, Sabrina Montgomery, and
Montgomery Construction, LLC
Civil Action No.: 2023-CP-08-01652 (Berkeley)
Date of Incident: April 14, 2023
Carrier Claim No.: 0710622036.1
MGC File No.: 20554.23242

Dear Mr. Bringardner and Ms. Linton:

Please find enclosed Defendant Patrick Montgomery's Second Supplemental Answers to Plaintiff's First Set of Interrogatories and Defendant Patrick Montgomery's Second Supplemental Responses to Plaintiff's First Requests for Production, which we hereby serve upon you in the above-captioned case.

Very truly yours,

Jessi M. Fuller
Paralegal to Riley A. Bearden

RAB/jf

Enclosures

cc: David S. Cobb, Esquire, Turner, Padgett
Amanda Perry, Esquire, Resnick & Louis, P.C.

STATE OF SOUTH CAROLINA

COUNTY OF BERKELEY

KANISHA NASH,

Plaintiff,

vs.

PATRICK MONTGOMERY, SABRINA
MONTGOMERY, AND MONTGOMERY
CONSTRUCTION, LLC,

Defendants.

IN THE COURT OF COMMON PLEAS

Civil Action No. 2023-CP-08-01652

**DEFENDANT PATRICK
MONTGOMERY'S SECOND
SUPPLEMENTAL ANSWERS TO
PLAINTIFF'S FIRST SET OF
INTERROGATORIES**

TO: PLAINTIFF AND MARK BRINGARDNER, ESQUIRE, ATTORNEY FOR
PLAINTIFF;

Defendant, Patrick Montgomery, ("Defendant") responds to Plaintiff's Interrogatories pursuant to Rule 33 of the South Carolina Rules of Civil Procedure as follows:

In setting forth these answers, Defendant does not waive the attorney-client, work/product, or any other privilege or immunity from disclosure which may attach to information called for herein, or responsive to, the Interrogatory. Defendant does not concede the relevance or materiality of the Interrogatory, or the subject matter for which the Interrogatory refers. These answers are submitted by the Defendant subject to, and without in any way waiving or intending to waive, but on the contrary intending to preserve and preserving:

A. All objections as to competency, relevancy, materiality, privilege, and admissibility as evidence, for any purpose, of any of the documents referred to or answers given, or the subject thereof, in any subsequent proceeding or in the trial of this action or any other action or proceeding;

B. The right to object to other discovery procedures involving or relating to the subject matter of the Interrogatories herein and responded to; and

C. The right at any time to revise, correct, add to, or clarify any of the answers set forth herein, or documents referred to herein.

D. Defendant objects to these Interrogatories to the extent that they ask for information protected by the attorney-client or the work product privileges or to the extent the interrogatories go beyond the scope of discovery allowed in the South Carolina Rules of Civil Procedure.

INTERROGATORIES

1. Give the names and addresses of persons known to the parties or counsel to be witnesses concerning the facts of the case and indicate whether or not written or recorded statements have been taken from the witnesses and indicate who has possession of such statements.

ANSWER:

- 1. Patrick Montgomery
C/o McAngus Goudelock & Courie**

Mr. Montgomery is the Defendant in the above-captioned case and is expected to testify regarding his/her knowledge of the events before, during and after the subject incident.

- 2. Kanisha Nash
C/o Bringardner Injury Law Firm, LLC**

Ms. Nash is the Plaintiff in the above-captioned case and is expected to testify regarding her/his knowledge of the events before, during and after the subject incident, as well as her alleged injuries and treatment and related damages.

**3. Levelton Givens
C/o Bringardner Injury Law Firm, LLC**

Mr. Givens is the Plaintiff in the above-captioned case and is expected to testify regarding her/his knowledge of the events before, during and after the subject incident, as well as her alleged injuries and treatment and related damages.

4. Investigating Officer

Officer investigated the incident which is the subject matter of this litigation and is expected to testify regarding the same.

See enclosed MAIT report with statements from witnesses.

The Plaintiff is aware of certain aspects of the facts surrounding this matter and may name witnesses concerning the facts of this case. Defendant reserves the right to call any and all witnesses named by the Plaintiff.

Defendant also reserves the right to supplement and/or amend his response to this Interrogatory.

2. For each person known to the parties or counsel to be a witness concerning the facts of the case, set forth either a summary sufficient to inform the other party of the important facts known to or observed by such witness, or provide a copy of any written or recorded statements taken from such witnesses.

ANSWER:

**1. Patrick Montgomery
C/o McAngus Goudelock & Courie**

Mr. Montgomery is the Defendant in the above-captioned case and is expected to testify regarding his/her knowledge of the events before, during and after the subject incident.

1. **Kanisha Nash**
C/o Bringardner Injury Law Firm, LLC

Ms. Nash is the Plaintiff in the above-captioned case and is expected to testify regarding her/his knowledge of the events before, during and after the subject incident, as well as her alleged injuries and treatment and related damages.

2. **Levelton Givens**
C/o Bringardner Injury Law Firm, LLC

Mr. Givens is the Plaintiff in the above-captioned case and is expected to testify regarding her/his knowledge of the events before, during and after the subject incident, as well as her alleged injuries and treatment and related damages.

3. **Investigating Officer**

Officer investigated the incident which is the subject matter of this litigation and is expected to testify regarding the same.

See enclosed MAIT report with statements from witnesses.

The Plaintiff is aware of certain aspects of the facts surrounding this matter and may name witnesses concerning the facts of this case. Defendant reserves the right to call any and all witnesses named by the Plaintiff.

Defendant also reserves the right to supplement and/or amend his response to this Interrogatory.

3. Set forth and identify a list of all documents and tangible items of any nature and description, including but not limited to, photographs, plats, sketches, or other prepared documents in possession of the party that relate to the claims or defenses in the case or that were used to assist in responding to these interrogatories.

ANSWER:

1. Allstate's redacted declaration page;
2. SLED report for Patrick Montgomery;
3. Driving Record for Patrick Montgomery;
4. Traffic Collision Report for second accident;
5. Redacted Claims File Notes;
6. SCDPS FOIA Response.

Additionally, please see Defendant's privilege log attached.

Defendant reserves the right to supplement and/or amend his response to this Interrogatory.

4. Set forth and identify the names and addresses of all physicians and medical care providers who have treated you in connection with the incident, and also set forth a statement of all medical costs involved. (Note: please provide a full and complete response to this interrogatory regardless of whether you are making a claim for injuries or damages related to the incident.)

ANSWER: Defendant is not claiming any personal injury. Defendants are not in possession of any documents which would satisfy this request as to the Plaintiff's personal injury. Defendant was taken to either Trident Medical Center or Roper Saint Francis Berkeley Hospital via police squad car after being processed at the Berkeley County Detention Center and provided with treatment there. He recalls some treatment for an ankle injury but does not recall what his diagnoses was or whether he was sent any bills directly for his treatment. To the extent any of his bills were paid, they were paid by the Blue Choice health insurance that he had through his work at the time of the subject

accident. Defendant did not pay any medical bills for his treatment and is not aware of the charges.

5. Set forth the names of all insurance companies or other insuring entities which may be liable to satisfy part or all of a judgment entered against you in this action, or to indemnify or reimburse you for payments made to satisfy the judgment, including those which may have the potential for insurance coverage, including but not limited to those companies providing liability, excess, and umbrella coverages, relating to the allegations set forth in the operative complaint, and the number or numbers of the policies involved, number or numbers of the claims involved, the amount or amounts of potential coverage provided for the incident through each policy, the agent who sold the policy, the named insured on each policy, and if you are aware of whether a reservation of rights letter(s) and/or information has/have been issued by any insurance company related to the allegations set forth in the operative complaint as a result of the incident.

ANSWER: Please see attached Allstate's redacted declaration page.

6. Provide the following information for any expert witnesses that you propose use as a witness at the trial of this case:

- a) name, employer, and address;
- b) a complete statement of all opinions the witness will express and the basis and reasons for them;
- c) all facts, documents, data, and other information considered by the witness in forming all opinions of the witness;
- d) any exhibits that will be used to summarize or support the witness' testimony;

- e) the witness's qualifications, including a list of all publications authored in the previous 10 years;
- f) a list of all other cases in which, during the previous 4 years, the witness testified as an expert at trial or by deposition, and all other cases in which the witness was retained by an insurance company or a law firm on behalf of a civil defendant, but did not testify. Note: if the witness has been designated as an expert witness in a federal case within the past 4 years, this document must exist as its production would have been required under the Federal Rules of Civil Procedure.
- g) a statement of the compensation already paid and/or to be paid for the study, work, and testimony of the witness in the case.
- h) a statement of the compensation paid, during the previous 4 years, by any insurance companies and law firms to the witness and/or the witness' employer specifically for the witness' services related to legal claims;
- i) a list of all cases in which, during the previous 10 years, the witness' testimony has been limited or excluded by a Court or Tribunal in any way.

ANSWER: Defendant has not retained the use of an expert witness at this time but reserves the right to amend this answer in the event an expert witness becomes necessary. Defendant reserves the right to call any and all experts named by the Plaintiff.

7. Identify all individuals who prepared, assisted, were consulted with, helped with, and/or contributed to the production of documents in response to any party's requests for production, and in the preparation, drafting, and gathering and compiling information or documents responsive to any party's written discovery other than your attorney and your

attorney's staff. For each person identified, state their relationship to you, job description, and identify what information and/or documents he/she assisted with producing to your attorney(s), and whether the information supplied was based on personal knowledge.

ANSWER:

**Riley A. Bearden
McAngus Goudelock & Courie**

**Peter McCoy
McCoy Law Group, LLC**

Patrick Montgomery

**Lauren Mazur
Allstate Adjuster**

8. Please provide your full name, every name you have used in the past and the dates you used each name, as well as your date of birth, place of birth, and social security number.

ANSWER:

**Patrick Kareem Montgomery
DOB: 12/18/1974
Place of Birth: Berkeley, South Carolina
SSN: XXX-XX-6661**

9. State your present residence address, your residence addresses for the past five years and the dates you lived at each address.

ANSWER:

**408 N Tee Line Drive
Ridgeville, South Carolina 29472**

10. Identify your present employer or place of self-employment, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the incident to the present.

ANSWER: Patrick Montgomery was employed by the North Charleston Sewer District for 25 years prior to the subject accident. He was terminated after the subject accident and is not currently employed. Plaintiff's Counsel previously subpoenaed Mr. Montgomery's employment file and is in possession of his employment records from North Charleston Sewer District. Defendant has not been employed since he was terminated by the North Charleston Sewer District after failing to report for his shift following the subject accident.

11. At the time of the incident, were you acting as an agent or employee, or on behalf of your employer, an entity, or another person? If so, state the name, address, and telephone number of that person or entity and describe your job duties.

ANSWER: No.

SECOND SUPPLEMENTAL ANSWER: Defendant is not employed by Montgomery Construction and was not employed by Montgomery Construction at the time of the subject accident. He was not acting as an agent or employee of his employer, the North Charleston Sewer District, at the time of the subject accident. He was not acting as an agent or employee of anyone else at the time of the accident.

12. Did you miss any work due to the incident? If so, please state the dates and times you missed.

ANSWER: Patrick Montgomery was employed by the North Charleston Sewer District for 25 years prior to the subject accident. He was terminated after the subject accident due to his arrest and incarceration as he did not report for his shift and never returned to work after the subject accident. He is not currently employed. He has not been employed since the subject accident. Plaintiff's Counsel previously subpoenaed Mr.

Montgomery's employment file and is in possession of his employment records from North Charleston Sewer District.

13. At the time of the incident, did you have a driver's license and/or any other permit or license for the operation of a motor vehicle? If so, identify the state or other issuing entity, the license number and type, the date of issuance, and all restrictions. If your driver's license has ever been suspended, please provide the date of and the reason for the suspension.

ANSWER: Defendant had a standard South Carolina Driver's License (SC 4399086). The driver's license that he had at the time of the subject accident was issued as a renewal on December 11, 2015. It was first issued on April 22, 1992. He wears glasses or contacts alternatively. His license has never been suspended or revoked.

14. Identify your cell phone number and cell provider at the time of the incident and state the location of your cell phone at the time of the incident and whether or not you were using your cell phone in any manner (for example, a phone call, listening to voicemail, reading or writing a text/SMS message or email, playing a video game, or using camera, music, internet, map application, or other use) immediately before or at the time of the subject collision, within one (1) minute before, during, or after the incident.

ANSWER: Defendant did not have his own cell phone at the time of the subject accident. Sabrina Montgomery maintained four cell phones at the time of the subject accident. She carried two of them and two of them were for their two children. Patrick would occasionally take one of the children's phones with him and, on the night of the subject accident he believes he had the (843)729-3018 cell phone which would have been one of the sons' phones. He no longer has the cell phone. The cell phone bill went to Sabrina Montgomery and she has access to the cell phone call logs. He will raise no

objection to any subpoenas for the Verizon phone records. Defendant was not using a phone in any manner immediately before or at the time of the subject collision within one (1) minute before, during, or after the incident. He may have tried to make a phone call afterwards but does not recall.

15. If you consumed any alcohol and/or drugs, legal or illegal, within the 24-hour period preceding the incident, please provide the following:

- a) The amount and type of alcohol and/or drugs consumed;
- b) Where you consumed the alcohol and/or drugs;
- c) Who provided you with the alcohol and/or drugs;
- d) The location and identity of all persons who were with you at any time during the consumption of the alcohol and/or drugs; and
- e) The reason for the consumption of the drugs or alcohol.

ANSWER: Defendant raises his fifth amendment privilege in response to this interrogatory.

16. Please state whether you underwent any blood/urine testing for alcohol and/or drugs after the incident. If so, please identify the type of test that was done, the person who administered the test, the date the test was administered, and the results of each test.

ANSWER: Defendant raises his fifth amendment privilege in response to this interrogatory.

17. Do you attribute any loss of or damage to a vehicle or other property to the incident? If so, for each item of property, please describe the property, the nature and location of the damage to the property, state the amount of damage to each item of property, how the amount was calculated; and, if the property was sold, identify the seller and buyer, the date of

sale, and the sale price. If the property was repaired, please identify the date of the repair, describe the repair, state the repair costs, identify who performed the repair, and who paid for the repair.

ANSWER: Defendant did not have any physical, emotional or mental disability or condition that may have contributed to the occurrence of the incident. Defendant has no knowledge of any other person whose physical, emotional, or mental disability or condition may have contributed to the occurrence of the subject incident.

18. At the time of incident, did you or any other person involved have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the incident? If so, identify each person, the nature of the disability or condition, and the manner in which you contend the disability or condition contributed to the occurrence of the incident.

ANSWER: Defendant did not have any prior medical conditions that were exacerbated after the subject incident. He had superficial injuries from the impact that have since resolved. He has undergone ongoing mental health treatment since the subject accident.

19. Do you or your medical providers attribute any physical, mental, or emotional injuries, pain, and/or limitations to being caused or exacerbated by the incident? If so, identify each injury or condition that you or your medical providers attribute to being caused or exacerbated by the incident, the area of your body that was affected, and any medical treatment or medications you have taken as a result of the affected injury or condition.

ANSWER: Defendant was taken either to Trident Medical Center or Roper St Francis Berkeley Hospital via police squad car after being processed at the Berkeley County Detention Center and treated for superficial injuries to his ankle from the accident.

He does not have any ongoing physical injuries or limitations from the subject incident. He has undergone ongoing mental health treatment.

20. Do you still have any injuries or complaints that you attribute to the incident? If so, for each, please provide a description of the injury or complaint, the frequency and duration of the injury or complaint, and whether any medical providers have advised that you may require future or additional medical treatment for any injuries or conditions that you or your medical providers attribute to the incident.

ANSWER: Defendant was taken to either Trident Medical Center or Roper Saint Francis Berkeley Hospital via police squad car after being processed at the Berkeley County Detention Center and provided with treatment there. He still does not have any.

21. Identify all eye doctors you have seen within the past five (5) years.

ANSWER: Defendant treats with Dr. James D. Elliot III, O.D. at Carolina Eyecare Physicians and will not object to any subpoenas sent for his medical treatment there.

22. If you received a traffic citation for the incident, please state the citation number, the name and location of the court, whether a hearing was held, your plea, and the amount of the fine paid, if any.

ANSWER: As a result of the subject accident, Defendant believes he was charged with felony DUI leading to great bodily harm which was dismissed (2023A0810200721), felony DUI leading to great bodily harm (2023A0810200722) which is still pending, and felony DUI resulting in death (2023A0810200799) which is still pending. Defendant pled not guilty and the charges are still pending.

23. State whether any on-board data recording device (including but not limited to a dashboard camera, an automobile telematics device or similar devices and/or associated

applications, for example, Allstate Drivewise®, State Farm ® Drive Safe & Save™, Progressive Snapshot™, USAA SafePilot™, Geico DriveEasy™, or similar devices and/or associated applications, OnStar™, ECM (Electronic Control Module), black box, or a GPS application (e.g., Google Maps, Waze, etc.) was in your vehicle at the time of the incident, and whether any data from the same on-board recording devices has been obtained by you or anyone else.

ANSWER: Defendant did not have any on-board recording devices in the vehicle at the time of the subject incident including but not limited to any dashboard cameras or automobile telematics device. Defendant believes there was a black box in the vehicle which was downloaded by the investigating officers as a part of their investigation but Defendant is not in possession of the black box at this time. Defendant was not using a GPS application at the time of the accident nor any GPS system integrated into the vehicle or GPS device in the vehicle.

24. List every social media site used or accessed by you for the past three (3) years. For each social media site, provide your account/username and the name of the social media platform.

ANSWER: None.

25. State the address and location where your trip began and the address and location of your destination and describe the route that you followed from the beginning of your trip to the location of the incident, and state the location of each stop, other than routine traffic stops (like at a stop light), during the trip leading up to the incident.

ANSWER: Defendant raises his fifth amendment privilege in response to this interrogatory.

26. Describe your version of exactly what happened immediately before, during, and after the incident, and why you believe the incident occurred.

ANSWER: Defendant raises his fifth amendment privilege in response to this interrogatory.

27. Do you have information that a malfunction or defect in a vehicle caused or contributed to the incident or any injuries sustained in the incident? If so, please identify each malfunction or defect, identify the vehicle which you claim had a malfunction or defect, identify each witness who has information about each malfunction or defect, and identify each person who has custody of each defective part.

ANSWER: No. Defendant does not contest that a malfunction or defect caused the subject accident. Defendant is not aware of any defects or malfunctions with the vehicle prior to the subject accident.

28. Have you or anyone acting on your behalf conducted surveillance on any individual involved in the incident? If so, for each surveillance event, state the name, address and telephone number of the individual or party who was the subject of the surveillance, the time, date and location of the surveillance, the name, address and telephone number of the individual who conducted the surveillance, and the name address and telephone number of each person who has the original or a copy of any surveillance photograph, film, or videotape.

ANSWER: No. Defendant reserves the right to supplement and/or amend his answer to this Interrogatory in the event surveillance becomes necessary.

29. If surveillance has been conducted, has a written report been prepared? If so, please state the title and date of the report, the name, address and telephone number of the

individual who prepared the report, and the name address and telephone number of each person who has the original or a copy of the report.

ANSWER: Defendant has not conducted any surveillance on anyone involved in the subject litigation.

30. If you contend that actions or non-actions of Plaintiff, another defendant, or some other person or legal entity other than you is, in whole or in part, liable to Plaintiff or responsible for causing or contributing to the incident and/or the injuries and damages being claimed by Plaintiff, please provide the following:

- a) Identify the person or entity whom you claim is liable or responsible.
- b) Identify the person or entity whom you claim is liable or responsible and state a summary of the facts and circumstances which support the contention, including, but not limited to, a description of each action or non-action on the part of the Plaintiff that caused or contributed to the incident and/or injuries and damages being claimed by Plaintiff;
- c) The names, addresses, and telephone numbers of each person who supports, refutes, and/or has knowledge of that contention;
- d) Identify each statute, regulation, ordinance, industry custom, practice or standard of care which you believe someone other than you violated and describe with specificity how the violation relates to that contention; and
- e) A list of all documents which support, refute, and/or relate to that contention.

ANSWER: Defendant has not conducted any surveillance on anyone involved in the subject litigation.

31. Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:

- a) state all facts upon which you base the denial or special or affirmative defenses;
- b) state the names, addresses, and telephone numbers of all persons who have knowledge of those facts; and
- c) identify all documents and other tangible things that support your denial or special or affirmative defense, and state the name, address and telephone number of the person who has each document.

ANSWER: Defendant craves reference to his Answer to the Complaint. Defendant further asserts this case is in its infancy and the facts of this case will further be determined during discovery.

32. In the past ten (10) years, if you have made a claim related to a medical condition, or have been involved in any other legal action, whether criminal or civil, either as a plaintiff or defendant, give the claim number, identify the state, county, city, and Court, case number, names of the other parties, names of counsel for parties, description of the claim or offense, and disposition of each.

ANSWER: The list below is from the Public Index Case Records Search. Defendant is not in possession of any documents relating to these legal actions.

- 4/2/2009 – 9004 restraint dog at large chasing people (Berkeley)
- 8/9/2011 – 3183 Traffic / Child passenger restraint system Article violation (Berkeley)
- 9/22/1999 – 3231 Illegal Use of Horn (Berkeley)

- 9/18/1995 – 2155 Seat Belt Law Violation (Charleston)
- 2/28/2006 – 0256 Assault Police W/Resist Arrest (Charleston)
- 8/2/2000 – 2155 Seat Belt Law Violation (Charleston)
- Unisun Insurance Company VS Patrick K Montgomery 1994CP1001252 (Charleston)
- Patrick K Montgomery VS Ricardo Brown, defendant, et al 1994CP1000182 (Charleston)
- 11/4/1993 – 2100 Speeding (Charleston)
- 2/22/1999 – 9003 Careless Operation (Charleston)
- Timothy Pinckney, plaintiff, et al VS North Charleston City Of the Etc, defendant, et al 2009CP1006118 (Charleston)
- Patrick Montgomery VS James Clark 2001JG1000369 (Charleston)

33. If you are improperly identified in the operative Complaint, give the proper identification and state whether your attorney will accept service of an amended summons and pleading reflecting the correct information.

ANSWER: Defendant is properly identified.

34. Do you or anyone acting on your behalf contend that any person involved in the incident violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the incident? If so, identify each person and the statute, ordinance, or regulation that was violated.

ANSWER: No.

35. Do you contend that plaintiff was not injured in the incident? If so,

- a) state all the facts upon which you base your contention;

- b) identify all persons who have knowledge of the facts upon which you base your contention; and
- c) identify all documents and other tangible things that support your contention and identify the person who has each document.

ANSWER: Defendant objects to this interrogatory to the extent it calls for legal conclusions and/or information protected by the work product privilege. This matter will further be determined during discovery and through depositions.

36. Do you have any document concerning the past or present physical, mental, or emotional condition of the plaintiff in this case from a medical provider not previously identified? If so, please identify each medical provider and provide a description of the documents in your possession.

ANSWER: Defendant is not in possession of any medicals documents other than those previously produced by Plaintiff. Defendant has not sent any subpoenas for any medical records or bills for Plaintiff to investigate the past or present physical, mental, or emotional condition of the Plaintiff in this case from any medical providers.

37. Identify all of your sources of income and occupation(s) including your job title(s).

ANSWER: Defendant is not currently employed and does not have any source of income or occupation. At the time of the subject accident he was employed by the North Charleston Sewer District and it was his sole source of income at that point. He has not been employed since he was terminated as a result of his arrest and incarceration.

38. Identify your employer and/or business address(es), phone number(s), and names of your payroll and head of human resources.

ANSWER: Patrick Montgomery is not currently employed. He has not been employed since the subject accident. Plaintiff's Counsel previously subpoenaed Mr. Montgomery's employment file and is in possession of his employment records from North Charleston Sewer District. At the time of the subject accident he was employed by the North Charleston Sewer District. For any information regarding his employment prior to his termination as a result of his arrest and incarceration: the North Charleston Sewer District is located at 7225 Stall Road, North Charleston, SC 29406. Their mailing address is North Charleston Sewer District P.O. Box 63009, North Charleston, SC 29419-3009. Their Human Resources department can be reached through fax at (843) 574-3242. As Defendant has not been employed there since the subject accident, he is not aware of the current head of payroll and human resources. He is not currently employed by any business.

39. For each employer or business from which you receive income, identify:
- a. How often you are paid;
 - b. Your gross pay each pay period;
 - c. Your take-home pay each pay period.

ANSWER: Patrick Montgomery was employed by the North Charleston Sewer District for 25 years prior to the subject accident. He was terminated after the subject accident and is not currently employed. Plaintiff's Counsel previously subpoenaed Mr. Montgomery's employment file and is in possession of his employment records from North Charleston Sewer District. At the time of the subject accident he was paid every two (2) weeks for a 40 hour work week at \$22.00 per hour. He has not been paid by an employer or business since he was terminated following the subject accident because of his arrest and incarceration.

40. If your spouse earns any income, give the name of your spouse, the name and address of the business or employer, job title and division of office.

ANSWER: Sabrina Montgomery, Montgomery Construction. Defendant craves reference to Sabrina Montgomery and Montgomery Construction's discovery responses.

41. How much money do you have in cash?

ANSWER: \$200.00 in the REV Federal Credit Union Bank Account.

42. How much other money do you have in banks, savings and loan, credit unions, and other financial institutions either in your own name or jointly?

ANSWER: Plaintiff's Counsel previously subpoenaed Mr. Montgomery's banking records and is in possession of those responses from REV Federal Credit Union. Defendant was added to Ms. Montgomery's checking account after the subject accident and she was added to his REV account after the subject accident.

43. Identify all financial accounts that you maintain, including:

- a. The name and address of the financial institution;
- b. The account number;
- c. Whether it is an individual or joint account;
- d. The balance.

ANSWER: Defendant Patrick Montgomery has a bank account with REV Federal Credit Union, previously Heritage Trust with account number 111602. Prior to the subject accident, he was the only individual on the bank account. Following the accident, while he was in jail and the hospital, his wife, Sabrina Montgomery was added to the account.

44. List all automobiles, other vehicles, and boats owned in your name or jointly.

ANSWER: Defendant and his wife are the co-owners of a Ford truck.

45. List all real estate in which you have an ownership interest and state the interest owned.

ANSWER: Defendant and his wife are the co-owners of their home.

46. List all business entities in which you have an ownership interest and state the interest owned.

ANSWER: None.

47. List anything of value not already requested that you own in your name or jointly (do not list household furniture or furnishings, appliance, or clothing) and state the interest owned.

ANSWER: Defendant and his wife own typical household furnishings and appliances as normally found in a trailer. Defendant does not own any other property of value.

48. If anyone is holding assets for you, please describe the assets and give the name and address of the person or entity hold each asset.

ANSWER: No one is holding any assets for Defendant.

49. Have you disposed of or transferred any assets within the last year? If so, please identify the asset, the value of the asset, the date of the disposal or transfer of the asset, and where or with whom the asset is with now.

ANSWER: Defendant has not disposed of or transferred any assets within the last year.

50. Have you purchased, altered, changed, or declined any liability insurance coverage within the past five years?

ANSWER: Defendant Sabrina Montgomery transferred their motor vehicle and homeowners coverage from Allstate to Progressive through the Winningham Insurance Agency after the subject accident.

51. Identify any and all insurance agents, including names, addresses, and phone numbers from whom you have purchased, altered, or changed insurance coverage with for the past five years.

ANSWER: Defendants' Allstate Insurance was obtained through The Chellis Agency as noted on their policy declarations page. They now have Progressive Insurance through the Winningham Insurance Agency.

MCANGUS GOUDELOCK & COURIE, L.L.C.



RILEY A. BEARDEN (SC Bar No. 104332)

riley.bearden@mgclaw.com

BRETT H. BAYNE (SC Bar No. 100018)

brett.bayne@mgclaw.com

Post Office Box 12519

1320 Main Street, 10th Floor (29201)

Columbia, South Carolina 29211

Telephone: (803) 779-2300

Facsimile: (803) 748-0526

ATTORNEYS FOR PATRICK MONTGOMERY

January 13, 2025

Columbia, South Carolina

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS)

COUNTY OF BERKELEY)

KANISHA NASH,)

Civil Action No. 2023-CP-08-01652)

Plaintiff,)

vs.)

CERTIFICATE OF SERVICE

PATRICK MONTGOMERY, SABRINA)
MONTGOMERY, AND MONTGOMERY)
CONSTRUCTION, LLC,)

Defendants.)

I certify that on this date, I have served a copy of *Defendant Patrick Montgomery's Second Supplemental Answers to Plaintiff's First Set of Interrogatories* in this action on counsel of record by

Email addressed to:

Email: mark@bringardner.com
Mark Bringardner
Bringardner Injury Law Firm, LLC
41 Broad Street
Charleston, South Carolina 29401
Attorney for Kanisha Nash

Email: dcobb@turnerpadget.com
David S. Cobb
Turner, Padget
Post Office Box 22129
Charleston, South Carolina 29413-2129
Attorney for Sabrina Montgomery

Email: cmurphy@rlattorneys.com
Christopher L. Murphy, Esquire
Resnick & Louis, P.C.
146 Fairchild Street Suite 130
Charleston, South Carolina 294092
Attorney for Montgomery Construction, LLC

January 13, 2025

Date

s/ Macy Caldwell

Macy Caldwell

Legal Assistant to Riley A. Bearden

STATE OF SOUTH CAROLINA

COUNTY OF BERKELEY

KANISHA NASH,

Plaintiff,

vs.

PATRICK MONTGOMERY, SABRINA
MONTGOMERY, AND MONTGOMERY
CONSTRUCTION, LLC,

Defendants.

IN THE COURT OF COMMON PLEAS

Civil Action No. 2023-CP-08-01652

**DEFENDANT PATRICK
MONTGOMERY'S SECOND
SUPPLEMENTAL RESPONSES TO
PLAINTIFF'S FIRST REQUESTS FOR
PRODUCTION**

TO: PLAINTIFF AND MARK BRINGARDNER, ESQUIRE, ATTORNEY FOR
PLAINTIFF:

Defendant, Patrick Montgomery, ("Defendant") responds to Plaintiff's Request for Production of Documents pursuant to Rule 34 of the South Carolina Rules of Civil Procedure as follows:

In setting forth these answers, the Defendant does not waive the attorney-client, work product, or any other privilege or immunity from disclosure which may attach to information responsive to the Requests. The Defendant does not concede the relevance or materiality of the Requests, or the subject matter to which the Requests refer.

These responses are submitted by the Defendant subject to, and without in any way waiving or intending to waive, but on the contrary intending to preserve and preserving:

A. All questions as to competency, relevancy, materiality, privilege and admissibility as evidence for any purpose of the documents referred to or answers given, or the subject of them, in any subsequent proceeding or in the trial of this action or any other action or proceeding;

B. The right to object to other discovery procedures involving or relating to the subject matter of the Request for Production responded to here; and

C. The right at any time to revise, correct, add to, or clarify any of the answers set forth here, or documents referred to here.

D. Defendant objects to these requests to the extent that they ask for information protected by the attorney-client or work product privileges.

REQUESTS FOR PRODUCTION

1. A complete copy of any and all insurance policies, declarations pages, agreements, and related documents under which an insurance business may be liable to satisfy all or part of a possible judgment in the action or to indemnify or reimburse for payments made to satisfy the judgment, including but not limited to those companies providing liability, commercial, excess, and umbrella coverages, relating to the incident, claims related to the incident, the vehicles involved, the drivers of the vehicles involved, and damage claims made by the Plaintiff as alleged in the operative Complaint, and to include all addendums, riders, reservation of right correspondence, and any other documents related to potential insurance coverage for the incident and this lawsuit.

RESPONSE: Please see attached Allstate's redacted declaration page.

2. Any and all documents, photographs, memoranda, reports, plats, diagrams, writings, papers, notes, materials, evidence, electronically stored information, and tangible things that you have in your possession, custody, or control which in any way might relate to the incident and/or lawsuit.

RESPONSE:

1. Allstate's redacted declaration page;

2. **SLED report for Patrick Montgomery;**
3. **Driving Record and Driver's license for Patrick Montgomery;**
4. **Traffic Collision Report for second accident;**
5. **Redacted Claims File Notes;**
6. **SCDPS FOIA Response.**

Additionally, please see Defendant's privilege log attached.

Defendant reserves the right to supplement and/or amend his response to this Request for Production.

3. Any and all documents and tangible things obtained by you or anyone acting on your behalf via subpoena, Subpoena Duces Tecum, signed authorization form, ISO claims search, FOIA request, or other legal process.

RESPONSE: Defendant has not yet issued any subpoenas at this time. Defendant has submitted a FOIA request to the South Carolina Department of Public Safety and produces the same herein.

4. Any and all recordings and transcripts of conversations, interviews, and statements including depositions, statements under oath, and summaries, notes, documents, and materials related to the same, whether written, transcribed, or recorded, for any witness, individual, or other person or entity who purports to know any facts or circumstances concerning the incident and/or the claims and defenses related to this lawsuit, (i.e., liability, comparative fault, causation and/or damages in this case). This request encompasses the parties to this action and their employees, agents, and representatives, and any potential witnesses.

RESPONSE: Defendant has not personally taken any depositions or any recorded statements with transcripts of any interviews or statements. Defendant has produced the

redacted claim file which contains the pre-suit and retention of counsel summaries of the parties statements regarding the incident. Further, SCDPS took recorded statements of Patrick Montgomery, Kanisha Nash, Levelton Givens, F.G. Rich which are produced in the FOIA response enclosed. The investigators took additional dictation/audio notes that are included in the FOIA response.

5. Any and all documents that refer or relate to any communication (whether written or oral) between you or anyone on your behalf and any witness or party to this lawsuit, including but not limited to any electronic mail, notes, correspondence, or recordings of any such communication.

RESPONSE: Defendant has not communicated with the Plaintiff or any witnesses to this accident. Defendant spoke with his wife regarding the incident afterwards.

6. Produce a copy of all traffic citation(s) you received as a result of the incident and all documents related to the administration of the citation(s).

RESPONSE: Defendant is not in possession of the citation that he was issued as a result of the subject accident. Defendant believes he was charged with felony DUI leading to great bodily harm which was dismissed (2023A0810200721), felony DUI leading to great bodily harm (2023A0810200722) which is still pending, and felony DUI resulting in death (2023A0810200799) which is still pending.

7. All photographs of the vehicles involved in the incident.

RESPONSE: Defendant did not take any photos of the vehicles involved in the accident. Defendant believes the investigating officers took photos of the vehicles at the scene of the accident and they are produced in the FOIA response attached.

8. All photographs taken of the scene of the incident from the date of the incident to the present.

RESPONSE: Defendant and his carrier did not take any photos of the scene from the date of the incident. Defendant believes the investigating officers took photos of the scene of the accident and they are produced in the FOIA response attached.

9. All service, repair, and maintenance records, appraisals, estimates, and invoices for the motor vehicles involved in the incident that were prepared after the incident.

RESPONSE: Defendant is not in possession of any items that would satisfy this request. Defendant Sabrina Montgomery was the title owner of the vehicle and the primary driver and handled any service, repair, and maintenance on the vehicle.

10. A copy of all documents related to loss or damage to the vehicle you were driving at the time of the incident and any other property damaged in the incident, and, if the property was sold or is no longer in your possession, identify the seller and buyer and/or whom the property was transferred to, the date of sale, and the sale price.

RESPONSE: Defendant Sabrina Montgomery was the title owner of the truck which was insured under the Allstate insurance policy. The vehicle was towed to Prince's towing in Moncks Corner. Defendant Sabrina Montgomery, upon information and belief, released the title to the tow yard. Defendant is not in possession of any documents related to the damage to the vehicle.

11. If you believe that a malfunction or defect in a vehicle caused or contributed to the incident or any injuries sustained in the incident, please produce copies of all documents related to the same.

RESPONSE: Defendant does not contest that a malfunction or defect caused or contributed to the incident or any injuries. Defendant does not have any documents that would indicate that there was a malfunction or defect in any of the vehicles that caused or contributed to the accident.

12. A copy of the front and back of each and every driver's license and/or any other permit or license for the operation of a motor vehicle issued to you (regardless of name used) in your possession, custody, and/or control.

RESPONSE: See enclosed. This is the only driver's license issued to Defendant and in his possession or control at this time.

13. If you underwent any blood/urine testing for alcohol and/or drugs after the incident, please provide all documents related to the same.

RESPONSE: Defendant raises his fifth amendment privilege in response to this interrogatory.

14. All documents relating to any blood/urine testing for alcohol and/or drugs you took from one (1) year before the incident until the present.

RESPONSE: Defendant took alcohol and/or drug tests for his job for the North Charleston Sewer District as documented in his employment file.

15. If you consumed any alcohol within the 24-hour period of time preceding the incident, please provide the receipt for the purchase of said alcohol that was consumed within that time.

RESPONSE: Defendant raises his fifth amendment privilege in response to this interrogatory.

16. At the time of the incident, if were you acting as an agent or employee, or on behalf of your employer, an entity, or another person, please produce all documents setting forth the relationship between you and that person/entity, including but not limited to your employment contract, employment manual, a copy of your pay statement that encompasses the date of the incident, and any correspondence you have received from such person or entity that relates to, or resulted from, the incident.

RESPONSE: Defendant was not acting as an agent or an employee of his employer, the North Charleston Sewer District, at the time of the subject accident. His employer at the time of the subject accident was the North Charleston Sewer District and his employment file has been subpoenaed and received at this time. However, he was acting as an agent or employee for the Sewer District at the time of the accident. He did not have any other employers at the time of the subject accident.

17. A copy of your cell phone bill, cell phone call log, text/SMS messages from twenty-four (24) hours before the incident through 24 hours after the incident.

RESPONSE: Defendant did not have his own cell phone at the time of the subject accident. Sabrina Montgomery maintained four cell phones at the time of the subject accident. She carried two of them and two of them were for their two children. Patrick would occasionally take one of the children's phones with him and, on the night of the subject accident he believes he had the (843)729-3018 cell phone which would have been one of the sons' phones. He no longer has the cell phone. The cell phone bill went to Sabrina Montgomery and she has access to the cell phone call logs. He will raise no objection to any subpoenas for the Verizon phone records.

18. Produce screenshot pictures of your cell phone's screen of any and all text messages, communications, and call logs from twenty-four (24) hours before the time of the incident until twenty-four (24) hours after the incident.

RESPONSE: Defendant did not have his own cell phone at the time of the subject accident. Sabrina Montgomery maintained four cell phones at the time of the subject accident. She carried two of them and two of them were for their two children. Patrick would occasionally take one of the children's phones with him and, on the night of the subject accident he believes he had the (843)729-3018 cell phone which would have been one of the sons' phones. He no longer has the cell phone. The cell phone bill went to Sabrina Montgomery and she has access to the cell phone call logs. He will raise no objection to any subpoenas for the Verizon phone records.

19. All medical records and bills related to any medical evaluation or care you received in connection with the incident.

RESPONSE: Defendant was taken to either Trident Medical Center or Roper Saint Francis Berkeley Hospital via police squad car after being processed at the Berkeley County Detention Center and provided with treatment there. Defendant does not have any records from his treatment after the subject incident and just had some stitches for a cut on his leg. He is not in possession of any bills and believes that, if they were paid, they were paid through the health insurance that he had through the North Charleston Sewer District.

20. Any and all medical reports, bills, letters, from any doctor, nurse, urgent care, emergency department, or any other medical provider you visited within thirty (30) days before and thirty (30) days after the incident.

RESPONSE: Defendant did not treat with any doctors in the thirty (30) days prior to the subject accident. Defendant was taken to either Trident Medical Center or Roper Saint Francis Berkeley Hospital via police squad car after being processed at the Berkeley County Detention Center and provided with treatment there. Defendant does not have any records from his treatment after the subject incident and just had some stitches for a cut on his leg. He is not in possession of any bills and believes that, if they were paid, they were paid through the health insurance that he had through the North Charleston Sewer District. Defendant was incarcerated after the accident and, after he was released on bail, he was taken to Trident Medical Center where he underwent in-patient mental health treatment. Defendant does not have any medical records from his in-patient mental health treatment or any bills for it.

21. If you or your medical providers attribute any physical, mental, or emotional injuries, pain, and/or limitations being caused or exacerbated by the incident, produce copies of all documents related to the same.

RESPONSE: Defendant does not attribute any physical, mental, or emotional injuries, pain, and/or limitations being caused or exacerbated by the incident. Defendant does currently have mental health issues.

22. If you had any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the incident, produce copies of all documents related to the same.

RESPONSE: Defendant does not have any physical, emotional, or mental disability or condition that contributed to the occurrence of the incident.

23. If you still have any injuries or complaints that you attribute to the incident, produce copies of all documents related to the same.

RESPONSE: Defendant was treated at either Trident Medical Center or Roper Saint Francis Berkeley Hospital for superficial injuries but does not have any ongoing injuries or complaints that he attributes to this accident.

24. Produce any and all eye doctor medical records for any eye doctor you have seen within the past five (5) years to the present.

RESPONSE: Defendant does not have any records from his treatment with any eye doctor. He treats with Dr. James D. Elliot III, O.D. at Carolina Eyecare Physicians and will not object to any subpoenas sent for his medical treatment there.

25. All evidence requested to be preserved as identified in Plaintiff's letter(s) requesting the preservation and/or production of evidence, and all documents generated as a result of efforts to preserve evidence.

RESPONSE:

1. The subject vehicle was owned by Sabrina Montgomery and was towed to Prince's Towing and surrendered to Prince's towing immediately after the accident.

2. Defendant did not have his own cell phone at the time of the subject accident. Sabrina Montgomery maintained four cell phones at the time of the subject accident. She carried two of them and two of them were for their two children. Patrick would occasionally take one of the children's phones with him and, on the night of the subject accident he believes he had the (843)729-3018 cell phone which would have been one of the sons' phones. He no longer has the cell phone. The cell phone bill went to Sabrina

Montgomery and she has access to the cell phone call logs. He will raise no objection to any subpoenas for the Verizon phone records.

3. The subject vehicle was owned by Sabrina Montgomery and was towed to Prince's Towing and surrendered to Prince's towing immediately after the accident. Defendant did not conduct any download of the black box or any other data systems on the vehicle. Defendant believes a download was conducted by the MAIT team after the subject incident.

4. The subject vehicle was owned by Sabrina Montgomery and was towed to Prince's Towing and surrendered to Prince's towing immediately after the accident. Defendant did not conduct any download of the black box or any other data systems on the vehicle. Defendant believes a download was conducted by the MAIT team after the subject incident.

5. Defendant produces herein the statements taken as a part of the MAIT investigation. Defendant is not in possession of any other statements related to the subject incident.

6. The subject vehicle was owned by Sabrina Montgomery and was towed to Prince's Towing and surrendered to Prince's towing immediately after the accident. Defendant believes the vehicle was surrendered without any maintenance or repair done.

7. Defendant does not have any emails, electronic messages, letters or memos regarding the subject incident other than communication with counsel covered by attorney client privilege.

8. Defendant is not in possession of any photographs, videos, digital videos, dashcam videos, negatives, stills, motion pictures, audio recordings, statements, personnel files, or

timecards related to the subject incident. He received the subject demand and preservation letter.

9. Defendant did not prepare his own handwritten or electronic notes, photographs or other documents. He is not aware of any adjuster responding to the scene of the collision. The MAIT investigation notes are produced herein as the investigative file of the investigating officers received through the FOIA request.

10. Defendant does not have any social media accounts.

26. Any and all documents, exhibits, videos, recordings, files, charts, drawings, sketches, diaries, journals, memorandums, notes, reports, or other materials of any type prepared by you relating to the incident and this lawsuit.

RESPONSE: Please see Defendant's response to Request for Production Number 2.

27. Any on-board recording devices (including but not limited to a dashboard camera, an automobile telematics device (c.g. Allstate Drivewise®, State Farm ® Drive Safe & Save™, Progressive Snapshot™, USAA SafePilot™, Geico DriveEasy™, or similar devices and/or associated applications, OnStar™, ECM (Electronic Control Module), or black box) in your vehicle at the time of the incident for inspection by Plaintiff's counsel and consultants.

RESPONSE: Defendant did not have any on-board recording devices in the vehicle at the time of the subject incident including but not limited to any dashboard cameras or automobile telematics device. Defendant believes there was a black box in the vehicle which was downloaded by the investigating officers as a part of their investigation but Defendant is not in possession of the black box at this time.

28. Any and all data obtained by you or on your behalf from any on-board data recording device (including but not limited to a dashboard camera, an automobile telematics

device (e.g., Allstate Drivewise®, State Farm ® Drive Safe & Save™, Progressive Snapshot™, USAA SafePilot™, Geico DriveEasy™, or similar devices and/or associated applications, OnStar™, ECM (Electronic Control Module), black box, or a GPS application (e.g., Google Maps, Waze, etc.) was in the vehicle you were driving at the time of the incident.

RESPONSE: Defendant did not have any on-board recording devices in the vehicle at the time of the subject incident including but not limited to any dashboard cameras or automobile telematics device. Defendant believes there was a black box in the vehicle which was downloaded by the investigating officers as a part of their investigation but Defendant is not in possession of the black box at this time.

29. Produce for inspection all on-board data recording devices (including but not limited to a dashboard camera, an automobile telematics device (e.g., Allstate Drivewise®, State Farm ® Drive Safe & Save™, Progressive Snapshot™, USAA SafePilot™, Geico DriveEasy™, or similar devices and/or associated applications, OnStar™, ECM (Electronic Control Module), black box, or a GPS application (e.g., Google Maps, Waze, etc.) was in the vehicle you were driving at the time of the incident.

RESPONSE: Defendant did not have any on-board recording devices in the vehicle at the time of the subject incident including but not limited to any dashboard cameras or automobile telematics device. Defendant believes there was a black box in the vehicle which was downloaded by the investigating officers as a part of their investigation but Defendant is not in possession of the black box at this time. Defendant was not using a GPS application at the time of the accident nor any GPS system integrated into the vehicle or GPS device in the vehicle.

30. In the past ten (10) years, if you have made a claim related to a medical condition, or have been involved in any other legal action, whether criminal or civil, either as a plaintiff or defendant, give the claim number, identify the state, county, city, and Court, case number, names of the other parties, names of counsel for parties, description of the claim or offense, and disposition of each.

RESPONSE: The list below is from the Public Index Case Records Search. Defendant is not in possession of any documents relating to these legal actions.

- 4/2/2009 – 9004 restraint dog at large chasing people (Berkeley)
- 8/9/2011 – 3183 Traffic / Child passenger restraint system Article violation (Berkeley)
- 9/22/1999 – 3231 Illegal Use of Horn (Berkeley)
- 9/18/1995 – 2155 Seat Belt Law Violation (Charleston)
- 2/28/2006 – 0256 Assault Police W/Resist Arrest (Charleston)
- 8/2/2000 – 2155 Seat Belt Law Violation (Charleston)
- Unisun Insurance Company VS Patrick K Montgomery 1994CP1001252 (Charleston)
- Patrick K Montgomery VS Ricardo Brown, defendant, et al 1994CP1000182 (Charleston)
- 11/4/1993 – 2100 Speeding (Charleston)
- 2/22/1999 – 9003 Careless Operation (Charleston)
- Timothy Pinckney, plaintiff, et al VS North Charleston City Of the Etc, defendant, et al 2009CP1006118 (Charleston)
- Patrick Montgomery VS James Clark 2001JG1000369 (Charleston)

As a result of the subject accident, Defendant believes he was charged with felony DUI leading to great bodily harm which was dismissed (2023A0810200721), felony DUI leading to great bodily harm (2023A0810200722) which is still pending, and felony DUI resulting in death (2023A0810200799) which is still pending.

31. All documents related to your involvement in any other claim or legal action, whether criminal or civil, either as a plaintiff or defendant.

RESPONSE: The list below is from the Public Index Case Records Search. Defendant is not in possession of any documents relating to these legal actions.

- 4/2/2009 – 9004 restraint dog at large chasing people (Berkeley)
- 8/9/2011 – 3183 Traffic / Child passenger restraint system Article violation (Berkeley)
- 9/22/1999 – 3231 Illegal Use of Horn (Berkeley)
- 9/18/1995 – 2155 Seat Belt Law Violation (Charleston)
- 2/28/2006 – 0256 Assault Police W/Resist Arrest (Charleston)
- 8/2/2000 – 2155 Seat Belt Law Violation (Charleston)
- Unisun Insurance Company VS Patrick K Montgomery 1994CP1001252 (Charleston)
- Patrick K Montgomery VS Ricardo Brown, defendant, et al 1994CP1000182 (Charleston)
- 11/4/1993 – 2100 Speeding (Charleston)
- 2/22/1999 – 9003 Careless Operation (Charleston)
- Timothy Pinckney, plaintiff, et al VS North Charleston City Of the Etc, defendant, et al 2009CP1006118 (Charleston)

- **Patrick Montgomery VS James Clark 2001JG1000369 (Charleston)**

32. Complete copies of any and all pre-litigation claim(s) and investigation files related to the incident that were created and/or maintained by your insurance companies and/or third party administrators, including, but not limited to, any and all office records, memos, correspondence, collision reports, vehicle estimates, vehicle photos, written statements, recorded statements/calls, adjuster notes, investigation documents, liability analysis, review, settlement documents/amounts and any other document of any nature and in any form whatsoever pertaining to the incident until defense counsel was retained. (Note: This request does not seek financial reserve amounts, which may be redacted from the responsive documents).

RESPONSE:

1. **Allstate's redacted declaration page;**
2. **SLED report for Patrick Montgomery;**
3. **Driving Record for Patrick Montgomery;**
4. **Traffic Collision Report for second accident;**
5. **Redacted Claims File Notes;**
6. **SCDPS FOIA Response.**

Additionally, please see Defendant's privilege log attached.

Defendant reserves the right to supplement and/or amend his response to this Request for Production.

33. Produce any and all documents related to surveillance efforts that have been conducted on your behalf on any individual related to the incident and lawsuit, including Plaintiff, Plaintiff's family, friends, and/or anyone filmed arising out of the incident and lawsuit, including but not limited to the original unedited, raw video (digital or analog), photographs,

recordings, electronically stored information, reports, written or dictated notes and/or summaries thereof, any cover letter, emails, instructions, screenshots, pictures, invoices, payment records, memos and/or reports from the person(s) that recorded the video or assisted in the coordination and execution of the surveillance.

RESPONSE: Defendant has not conducted any surveillance on anyone at this time.

34. If any surveillance has been undertaken by you or on your behalf, produce a copy of all reports, photographs, video, and anything else generated through that investigation.

RESPONSE: Defendant has not conducted any surveillance at this time.

35. All background investigations and private investigator reports which relate to any party or witness involved in the subject action.

RESPONSE: Defendant has not conducted a background investigations into anyone involved in the case or retained a private investigator at this time.

36. All public records and documents obtained by you, your attorney, or anyone acting on your behalf which relate to any party, witness, or issue in the subject action, including but not limited to, driving records, criminal background reports, liens, and other documents.

RESPONSE: Please see attached Defendant's driving record and the FOIA response.

37. If you contend that the actions or non-actions of Plaintiff caused or contributed to the incident and/or the injuries and damages being claimed by Plaintiff, please produce all documents which support, refute, and/or relate to the allegation.

RESPONSE: Defendant objects to this Request for Production to the extent it calls for legal conclusions and/or information protected by the work product privilege. This matter will further be determined during discovery and through depositions of the parties.

It is Defendant's understanding that the minor involved in the collision was not restrained at the time of the collision.

38. If you contend that the actions or non-actions of a person or entity not a party to the subject lawsuit caused or contributed to the incident and/or the injuries and damages being claimed by Plaintiff, please produce all documents which support, refute, and/or relate to the allegation.

RESPONSE: Defendant objects to this Request for Production to the extent it calls for legal conclusions and/or information protected by the work product privilege. This matter will further be determined during discovery and through depositions of the parties. It is Defendant's understanding that the minor involved in the collision was not restrained at the time of the collision.

39. If you contend that the actions or non-actions of a co-defendant caused or contributed to the incident and/or the injuries and damages being claimed by Plaintiff, please produce all documents which support, refute, and/or relate to the allegation.

RESPONSE: None.

40. Any and all documents and tangible things identified, referenced, listed in, reviewed, or relied upon in formulating your answers to all interrogatories, including supplemental interrogatories, served by Plaintiff or any other party in this case upon you.

RESPONSE: Please see Defendant's response to Request for Production Number 2 and the FOIA response.

41. Any and all documents, writings, papers, notes, materials, evidence, electronically stored information, and tangible things that you have in your possession, custody, or control and

may use to support your claims or defenses related to the incident and your Answer to the operative Complaint.

RESPONSE: Please see Defendant's response to Request for Production Number 2 and the FOIA response.

42. All documents, tangible things, and materials of any type you provided to a testifying expert witness.

RESPONSE: Defendant has not retained the use of an expert witness at this time but reserves the right to amend this answer in the event an expert witness becomes necessary. Defendant reserves the right to call any and all experts named by the Plaintiff.

43. All documents, tangible things, and materials of any type a testifying expert witness has provided to you.

RESPONSE: Defendant has not retained the use of an expert witness at this time but reserves the right to amend this answer in the event an expert witness becomes necessary. Defendant reserves the right to call any and all experts named by the Plaintiff.

44. With regard to any expert witness you intend to call as a witness at the trial of this case, please produce:

- a. All documents, including a curriculum vitae, that you contend will establish the expert's qualifications to testify at trial;
- b. The fee and/or retainer agreement with the expert;
- c. The time and billing records of the expert, including all documents reflecting the compensation already paid and/or to be paid for the study, work, and testimony of the witness in the case.

- d. All documents, facts, data, tangible things, and materials of any type provided to or from the witness, even if it is not included in the witness' file, related to this matter;
- e. All correspondence to or from any expert, including electronic communications (e-mails, text messages, etc.);
- f. All reports prepared by or at the direction of the expert, including the draft versions of said reports;
- g. All demonstrative exhibits that may be used to explain, summarize or support the witness' testimony;
- h. A list of all other cases in which, during the previous four (4) years, the witness testified as an expert at trial or by deposition, and all other cases in which the witness was retained by an insurance company or a law firm on behalf of a civil litigant, but did not testify. Note: if the witness has been designated as an expert witness in a federal case within the past four (4) years, this document must exist as its production would have been required under the Federal Rules of Civil Procedure.
- i. All 1099s and documents reflecting the compensation paid, during the previous four (4) years, by insurance companies and law firms to the witness and/or the witness' employer specifically for the witness' services related to legal claims;
- j. All documents reflecting that the witness' testimony has been limited or excluded by a Court or Tribunal in any way.

- k. All documents, including reports, bills, and depositions, from your expert in all other cases for which your attorney and/or your attorney's law firm retained the expert and identified him or her as a testifying expert in other litigated cases;
- l. All field notes, inspection notes, testing notes, and other notes prepared by or at the direction of each expert;
- m. All photographs or videotapes taken, utilized, reviewed, or consulted by or at the direction of the expert;
- n. All diagrams or drawings prepared by or at the direction of the expert;
- o. All articles, treatises, publications, or other authoritative documents which support the expert's opinions in this action;

RESPONSE: Defendant has not retained the use of an expert witness at this time but reserves the right to amend this answer in the event an expert witness becomes necessary. Defendant reserves the right to call any and all experts named by the Plaintiff.

45. All documents, tangible things, and materials of any type that you intend to question Plaintiff's expert witness(es) about in deposition, trial, or other proceedings in this case.

RESPONSE: Defendant has not retained the use of an expert witness at this time but reserves the right to amend this answer in the event an expert witness becomes necessary. Defendant reserves the right to call any and all experts named by the Plaintiff.

46. Copies of all diagrams, graphs, illustrations, photographs, charts, pictures, models, blow-ups, or any other document or thing, including electronically created charts, animations, or data that you intend to utilize as an exhibit, demonstrative exhibit, or aid in the trial of this case not previously supplied.

RESPONSE: Defendant has not yet determined which documents it will introduce at the trial of this case. Defendant will supplement the same in accordance with the South Carolina Rules of Civil Procedure.

47. An affidavit of insurance coverage from a company claims manager or executive certifying under oath that the insurance policies disclosed and produced in response to these discovery requests represent all available coverage(s) that exist with the potential for coverage, including any and all excess policies.

RESPONSE: Please see attached Allstate's redacted declaration page.

48. All documents and tangible things of whatever nature and description which you intend to introduce into evidence or to use for impeachment purposes or as any type of evidence, real or demonstrative, at trial of this case.

RESPONSE: Defendant has not yet determined which documents it will introduce at the trial of this case. Defendant will supplement the same in accordance with the South Carolina Rules of Civil Procedure.

49. If you or anyone acting on your behalf are not currently in possession of any documents, tangible things, or materials requested herein, but you are aware that such items exist, provide a written response listing each item and identify who has possession of such items.

RESPONSE: Defendant has produced all information currently in possession with the exception of the redacted claims notes as noted in the privilege log.

50. Produce the last three (3) years of Defendant's annual accountant's financial statements).

RESPONSE: Defendant used Chan's Bookkeeping & Tax Services in Ladson, South Carolina. It is Defendant's understanding that Chan's Bookkeeping has since closed permanently.

51. Produce the last three (3) years of statements of Defendant's financial condition.

RESPONSE: Plaintiff's Counsel previously subpoenaed Mr. Montgomery's banking records and is in possession of those responses from REV Federal Credit Union.

52. Produce the last three (3) years of Defendant's income statements.

RESPONSE: Defendant does not have any income statements for the past three years. His paychecks were issued to his Heritage Trust bank account. He was terminated following the subject accident for failing to show up for his shift and has not been employed since the subject accident.

53. Produce the last three (3) years of Defendant's cash flow statements.

RESPONSE: Defendant does not have any cash flow statements.

54. Produce the last three (3) years of Defendant's federal tax returns.

RESPONSE: Defendant craves reference to the responses to Plaintiff's subpoena response to North Charleston Sewer District which includes W2 and tax statement for years 2016 to 2022.

55. Produce a statement of all income earned in the last five (5) years that you did not report on either state or federal income tax returns.

RESPONSE: None.

56. Please provide a copy of all invoices, receipts, bills, or other similar document related to any business you operate out of your home.

RESPONSE: Defendant does not operate a business out of his home. He worked for North Charleston Sewer District at the time of the accident.

MCANGUS GOUDELOCK & COURIE, L.L.C.



RILEY A. BEARDEN (SC Bar No. 104332)

riley.bearden@mgclaw.com

BRETT H. BAYNE (SC Bar No. 100018)

brett.bayne@mgclaw.com

Post Office Box 12519

1320 Main Street, 10th Floor (29201)

Columbia, South Carolina 29211

Telephone: (803) 779-2300

Facsimile: (803) 748-0526

ATTORNEYS FOR PATRICK MONTGOMERY

January 13, 2025
Columbia, South Carolina

STATE OF SOUTH CAROLINA

COUNTY OF BERKELEY

KANISHA NASH,

Plaintiff,

vs.

PATRICK MONTGOMERY, SABRINA
MONTGOMERY, AND MONTGOMERY
CONSTRUCTION, LLC,

Defendants.

IN THE COURT OF COMMON PLEAS

Civil Action No. 2023-CP-08-01652

CERTIFICATE OF SERVICE

I certify that on this date, I have served a copy of *Defendant Patrick Montgomery's Second Supplemental Responses to Plaintiff's First Requests for Production* in this action on counsel of record by

Email addressed to:

Email: mark@bringardner.com

Mark Bringardner

Bringardner Injury Law Firm, LLC

41 Broad Street

Charleston, South Carolina 29401

Attorney for Kanisha Nash

Email: dcobb@turnerpadget.com

David S. Cobb

Turner, Padgett

Post Office Box 22129

Charleston, South Carolina 29413-2129

Attorney for Sabrina Montgomery

Email: cmurphy@rlattorneys.com

Christopher L. Murphy, Esquire

Resnick & Louis, P.C.

146 Fairchild Street Suite 130

Charleston, South Carolina 294092

Attorney for Montgomery Construction, LLC

January 13, 2025

Date

s/ Macy Caldwell

Macy Caldwell

Legal Assistant to Riley A. Bearden