

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Tristar Risk Management 100 Oceangate Suite 700 Long Beach CA 90802 (562) 495-6600 Ext. 0000		1 Rents \$	OMB No. 1545-0115 2008 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	
PAYER'S federal identification number 95-2791831	RECIPIENT'S identification number 93-0929446	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name, address, city and ZIP code Oregon Chapter, Public Risk Sharon Harris, Or PRIMA Treasu 716 SW Evergreen Street Redmond OR 97756		7 Nonemployee compensation \$ 1100.00	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ \$	10 Crop insurance proceeds \$	
		11 \$	12 \$	
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 409A deferrals \$	15b Section 409A income \$	

Form 1099-MISC

Printed on Recycled Paper

(keep for your records)

Department of the Treasury - Internal Revenue Service

2008
for
print

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. CITY OF MEDFORD 411 W. 8TH STREET MEDFORD, OR 97501 (541) 774-2027		1 Rents	OMB No. 1545-0115 2008 Form 1099-MISC		Miscellaneous Income
		2 Royalties			
		3 Other income			
PAYER'S federal identification number 93-6002207		RECIPIENT'S identification number 54-1526552		4 Federal income tax withheld	Copy B For Recipient
RECIPIENT'S name, address, city and ZIP code PRIMA %SHARON HARRIS - CITY OF REDMOND 716 SW EVERGREEN ST REDMOND, OR 97756		5 Fishing boat proceeds	6 Medical and health care payments		
Account number (see instructions) 00027		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
15a Section 409A deferrals \$		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds		
15b Section 409A income \$		11	12		
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
		16 State tax withheld	17 State/Payer's state no.	18 State income	
		\$	05021497	\$	
		\$		\$	

Form 1099-MISC

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Department of the Treasury - Internal Revenue Service

2008 FORM LMB

☐ CORRECTED (if checked)

PAYER'S Name, street address, city, state, ZIP code, and telephone number PHONE: 1-877-734-2265 STATE FARM FEDERAL SAVINGS BANK P O BOX 2316 BLOOMINGTON IL 61702-2316		Payer's RTN (optional) 1 Interest income \$ 236.97 2 Early withdrawal penalty \$		OMB No. 1545-0112 2008 Form 1099-INT		Interest Income
PAYER'S Federal identification number 37-1381494		RECIPIENT'S identification number 38-3745420		3 Interest on U.S. Savings Bonds and Treas. obligations \$		
RECIPIENT'S name, Street address(including apt. no.), City, state, and ZIP code OREGON CHAPTER PRIMA 716 SW EVERGREEN AVE C/O SHARON HARRIS REDMOND OR 97756-2242		4 Federal income tax withheld \$		5 Investment expenses \$		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that is has not been reported.
		6 Foreign tax paid \$		7 Foreign country or U.S. possession \$		
		8 Tax-exempt interest \$		9 Specified private activity bond interest \$		
Account number (see instructions) \$						

Form **1099-INT**

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	AMOUNT
CERTIFICATE OF DEPOSIT	1013545548	236.97

STATE FARM FEDERAL SAVINGS BANK
P O BOX 2316
BLOOMINGTON IL 61702-2316

129704
OREGON CHAPTER PRIMA
716 SW EVERGREEN AVE
C/O SHARON HARRIS
REDMOND OR 97756-2242

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PAYER'S Name, street address, city, state, ZIP code, and telephone number PHONE: 1-877-734-2265 STATE FARM FEDERAL SAVINGS BANK P O BOX 2316 BLOOMINGTON IL 61702-2316		Payer's RTN (optional) 1 Interest income \$ 236.97 2 Early withdrawal penalty \$		OMB No. 1545-0112 2008 Form 1099-INT		Interest Income	
PAYER'S Federal identification number 37-1381494		RECIPIENT'S identification number 38-3745420		3 Interest on U.S. Savings Bonds and Treas. obligations \$			Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, Street address (including apt. no.), City, state, and ZIP code OREGON CHAPTER PRIMA 716 SW EVERGREEN AVE C/O SHARON HARRIS REDMOND OR 97756-2242		4 Federal income tax withheld \$		5 Investment expenses \$			
		6 Foreign tax paid \$		7 Foreign country or U.S. possession			
		8 Tax-exempt interest \$		9 Specified private activity bond interest \$			
Account number (see instructions)							

Form 1099-INT

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Department of the Treasury - Internal Revenue Service

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CERTIFICATE OF DEPOSIT	1013545548	236.97

STATE FARM FEDERAL SAVINGS BANK
P O BOX 2316
BLOOMINGTON IL 61702-2316

129704
OREGON CHAPTER PRIMA
716 SW EVERGREEN AVE
C/O SHARON HARRIS
REDMOND OR 97756-2242

State Farm Bank[®]

Home Office, Bloomington, Illinois 61710



February 2009

P.O. Box 2316
Bloomington, Illinois 61702-2316

Dear Customer(s):

This letter is to inform you that State Farm Bank[®] previously sent you a Form 1099 in an envelope not bearing the required statement "Important Tax Return Document Enclosed". To help ensure the appropriate attention was provided to the mailing, we have resent the Form 1099 in a properly marked envelope. Please disregard the previous Form 1099.

We apologize for any inconvenience this may have caused.

State Farm[®] appreciates your business and looks forward to assisting you with your future financial needs. If you have any questions, please call State Farm Bank toll-free at 1-877-SF4-BANK (1-877-734-2265).

Sincerely,

State Farm Bank
Operations Center

To: Florina Jones

Washington County

Fax 503/846-4464

Phone 503/846-4448

From: Sharon Harris

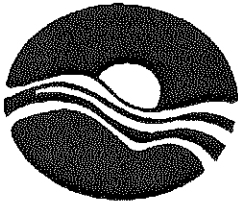


Oregon Chapter PRIMA / Treasurer

c/o City of Redmond

Phone 541/923-7738

Re: W-9 for Oregon Chapter PRIMA



Washington County, Oregon

Support Services/Finance

155 N First Ave., MS 25

Hillsboro, OR 97124-3072

Phone 503-846-4448, Fax 503-846-4464

Fax

TO: Public Risk Management Assn.

FROM: FLORINA JONES

FAX: 503-399-6525 PAGE: 2 DATE: 5/8/08

RE: W-9 PHONE: 503-846-4448

COMMENTS:

URGENT REQUEST!!

IMMEDIATE ATTENTION REQUIRED.

PLEASE FILL OUT THE W-9 AND FAX TO:

W-9 PROCESSING

FAX: 503-846-4464

THANK YOU!

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification		Give form to the requester. Do not send to the IRS.
	Name (as shown on your income tax return)		
	Business name, if different from above		
	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ☐ Other (see instructions) ▶	☐ Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
	City, state, and ZIP code		
	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

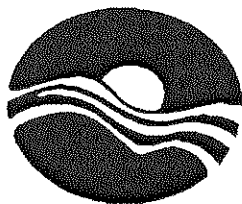
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Washington County, Oregon

Support Services/Finance

155 N First Ave., MS 25

Hillsboro, OR 97124-3072

Phone 503-846-4448, Fax 503-846-4464

Fax

TO: Public Risk Management Assn.

FROM: FLORINA JONES

FAX: 503-399-6525 PAGE: 2 DATE: 5/13/08

RE: W-9 PHONE: 503-846-4448

COMMENTS:

URGENT REQUEST!!

IMMEDIATE ATTENTION REQUIRED.

PLEASE FILL OUT THE W-9 AND FAX TO:

W-9 PROCESSING

FAX: 503-846-4464

THANK YOU!

*2nd
Request*