

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year: 25-26 FEIN# 54-2144504

Please fill in the name, address and phone number of all newly elected or returning officers of your booster group. Please send this information as soon as your officers have been elected, deadline for having this information to the school principal is September 1st or within the first thirty days of the first transaction of the organization. You should keep a copy for the Booster Group records as well.

Name of Group Franklin-Simpson Baseball Boosters Inc

Name of School and Principal Franklin-Simpson High School

School Address _____

Name of Organization Franklin Simpson Baseball Boosters, Inc

Organization President Jason Goodman

Address 206 Cambridge Station Rd, Franklin KY

Phone (270) 991-9761 E-mail jgoodman74@hotmail.com

Name of Vice President Barry Richardson

Address 221 Stephens Hill Rd Franklin KY 42134

Phone () _____ E-mail _____

Name of Secretary Fran Deik

Address 201 Quail Ridge Rd, Franklin KY

Phone (270) 776-5688 E-mail _____

Name of Treasurer Casey Gammons

Address 852 Charlie Butts Rd, Franklin KY 42134

Phone (270) 776-4160 E-mail gammons17@icloud.com

If your organization President changes any time during the year, please notify the Principal at once.


** Please attach a copy of your External Support Organization's proof of liability insurance coverage. **

SIMPSON COUNTY SCHOOLS

SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	FSHS	Year 25/26
Organization Name	Franklin Simpson Baseball Boosters Inc	
Organization Address		

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance	7,013.58	
Admissions	2,000.00	
Concessions	16,000.00	10,400.00
Signs	6,800.00	500.00
Donations	7,000.00	5,000.00
Other	115,100.00	131,100.00
Totals	153,913.58	147,000.00


 Organization Treasurer

 Organization President

Principal

Date

SIMPSON COUNTY SCHOOLS

ANNUAL FINANCIAL REPORT - BOOSTER CLUBS

MUST BE SUBMITTED TO CENTRAL OFFICE BY JULY 25TH

School	FSHS	Year	24/25
Organization Name	Franklin Simpson Baseball Booster	Date	
Organization Address	PO Box 527 Franklin KY 42135		

Beginning Cash Balance

\$ 6,755.12

Revenues (By Category):

Admissions \$ 2,325.00

Concessions \$ 16,824.65

Items for Resale \$

Other:

Signs \$ 6,850.00

Donations \$ 7,820.34

Bingo \$ 113,527.99

Total Revenue:

\$ 147,347.98

Expenses (By Category):

~~Admissions~~ Field + Facility \$ 13,102.85

Concessions \$

~~Items for Resale~~ Player equip \$ 23,939.26

Other:

Signs 1,077.65

Donations \$ 5,415.00

Others \$ 103,554.76

Total Expenses:

\$ 147,089.52

Ending Cash Balance

\$ 7,013.58

Casey Hammons
Organization Treasurer

Jason Goodman
Organization President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Franklin Insurance Agency 724 North Main St PO Box 505 Franklin KY 42134	CONTACT NAME: Susie Jasper PHONE (A/C, No, Ext): (270) 586-8246 E-MAIL ADDRESS: susie@myfranklininsurance.com FAX (A/C, No): (270) 586-3662														
INSURED F-S Baseball Boosters c/o Casey Gammons PO Box 527 Franklin KY 42135	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: RPS Lexington</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: RPS Lexington		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: RPS Lexington															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** CL2571508231**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			L099017520	03/17/2025	03/17/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

COMMONWEALTH OF KENTUCKY

Department of Charitable Gaming

License Number ORG0001725

This license is issued to

Franklin-Simpson Baseball Boosters, Inc.

108 Morgantown Road Franklin, KY 42134

For the purpose of conducting

CHARITABLE GAMING

at the following location:

Gaming County – **Simpson**

Franklin Simpson High School (School Grounds)

400 South College Street Franklin, KY 42134

Raffle Drawing(s)

May 3, 2025

12:00 PM to 12:30 PM

License is valid

Beginning 1/6/2025

Ending 1/5/2026


Ambrose Wilson IV, Commissioner


Licensing Division Director

COMMONWEALTH OF KENTUCKY

Department of Charitable Gaming

License Number ORG0001725

This license is issued to

Franklin-Simpson Baseball Boosters, Inc.

108 Morgantown Road, Franklin, KY 42134

For the purpose of conducting

CHARITABLE GAMING

at the following location:

Gaming County – **Simpson**

**Golden Oak Properties, LLC DBA Bingo Fantastic -
FAC0000321**

844 Federal Street, Franklin, KY 42134

Bingo	TUESDAY & SATURDAY	5:30 PM to 10:30 PM
Pulltabs	TUESDAY & SATURDAY	4:00 PM to 11:00 PM
Electronic Pulltabs	TUESDAY & SATURDAY	4:30 PM to 10:30 PM

License is valid

Beginning 1/6/2025

Ending 1/5/2026


Ambrose Wilson IV, Commissioner


Licensing Division Director