



Office of Jill Ferko
 Kendall County Treasurer & Collector
 111 West Fox Street
 Yorkville, IL 60560

Telephone
 (630) 553-4124
 (630) 553-4117 Fax

REQUEST FOR PUBLIC RECORDS FROM THE
KENDALL COUNTY TREASURER'S OFFICE

NAME: \

Todd MILLIRON

ADDRESS:

61 COTSWOLD DRIVE, YORKVILLE, IL. 60560

TELEPHONE NO.:

630-553-9590

E-MAIL ADDRESS:

Tmilli5101@AOL.Com

DATE OF REQUEST:

7-15-2010

In the space below, please describe the public records you are requesting. In order to expedite the search for records, please be as specific as possible.

Please provide Old Second/ELAN FINANCIAL KENDALL COUNTY SHERIFF
CENTRAL Billing Account CREDIT CARD STATEMENT FOR TIME PERIOD
12-1-2008 TO 2-28-2009.

Do you wish to inspect or receive a copy of the requested records?

Inspect _____ Copy X Both _____

Do you wish to receive the requested records in hard copy or electronic form, if available?

Hard Copy X Electronic Form, if available _____

Is your request made for a commercial purpose as defined by the Freedom of Information Act (i.e., do you intend to sell the requested records or use the records in advertisement)?

Yes _____ No X

Todd MILLIRON

Signature of Requestor

FOR OFFICE USE ONLY

Date and Time of Receipt _____

How Request Was Sent _____

FOIA Officer's Initials _____

Date and Time of Response _____

Date _____



January Statement for activity from Dec. 03, 2008 through Jan. 02, 2009
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855
 BUS 458 01 Page 1 of 2

Your Visa® Business Card account at a glance ...		Account: [REDACTED]	
Activity Summary		Credit and Payment Information	
Previous Balance	\$245.27	Credit Line	\$21,000.00
Payments and Credits	\$245.27	Available Credit	\$18,300.76
Purchases, Advances & Other Debits	\$2,699.24	Minimum Payment Due (Current Month) ...	\$27.00
FINANCE CHARGES	\$0.00	Minimum Payment Due (Past Due)	\$0.00
New Balance	\$2,699.24	Total New Minimum Payment Due	\$27.00
		Payment Due Date	Jan. 27, 2009

To reduce or avoid paying additional finance charges on your purchase balance, pay the total new balance of \$2,699.24 by 01/27/09. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Transactions RANDALL, R						Credit Limit \$5000
Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation	
12/08	12/05	0914	CPS/172 WST MDSN#15Q02 CHICAGO IL	\$31.00	-----	
12/08	12/05	3918	ARBY'S #5517 Q52 DOWNERS GROVE IL	\$6.90	-----	
12/24	12/22	0305	THEATER DISTRICT #0597 CHICAGO IL	[REDACTED]	-----	
Total for account [REDACTED]				\$66.90		

Transactions TICHAVAT						Credit Limit \$5000
Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation	
12/17	12/16	0051	JOYCE LEE CHINA BUFFET YORKVILLE IL	[REDACTED]	-----	
12/26	12/23	5303	BRICK HOUSE SANDWICH IL	[REDACTED]	-----	
Total for account [REDACTED]				\$225.54		

Transactions SMITH, P						Credit Limit \$5000
Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation	
12/04	12/04	6409	PAYPAL *ILLINOISLAW 402-935-7733 CA	[REDACTED]	-----	
Total for account [REDACTED]				\$525.00		

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service CPN 000012442



To change your address or for Cardmember Service please call: 1-866-552-8855 **Every Hour! Every Day!**

000012776 1 MB 0.369 106481039461044 P
 KENDALL CO SHERIFF
 CENTRAL BILLING ACCOUNT
 ATTN: RICHARD A RANDALL
 1102 CORNELL LN
 YORKVILLE IL 60560-9597



Your Account Number:	[REDACTED]
Total New Balance:	\$2,699.24
Minimum Payment Due:	\$27.00
Payment Due Date	Enter Amount of Payment Enclosed:
Jan. 27, 2009	[REDACTED]

Cardmember Service
 P.O. Box 790408
 St. Louis, MO 63179-0408





January Statement for activity from Dec. 03, 2008 through Jan. 02, 2009
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855
 BUS 458 01 Page 2 of 2

Transactions KOSTER, SCOTT

Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
12/12	12/11	7922	THE STONEFIRE REST YORKVILLE IL	[REDACTED]	-----
01/02	12/31	4261	BEST BUY 00011700 OSWEGO IL	\$339.97	-----
Total for account				\$381.13	

Transactions RASSMUSSEN, KATHERINE A

Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
12/04	12/02	0020	BAB EXPRESS OSWEGO IL	[REDACTED]	-----
12/08	12/05	0014	MACIANO'S PIZZA 6308828388 IL	[REDACTED]	-----
12/23	12/22	2258	ILLINOIS SHERIFFS' 217-753-2372 IL	[REDACTED]	-----
12/23	12/22	5434	SEMINARS NAT'L/PADGETT 913-432-7755 KS	[REDACTED]	-----
12/23	12/22	5442	SEMINARS NAT'L/PADGETT 913-432-7755 KS	[REDACTED]	-----
Total for account				\$1,409.32	

Transactions JASNOSZ, JOSEPH M

Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
12/11	12/10	0831	WALGREENS #10498 YORKVILLE IL	[REDACTED]	-----
12/18	12/17	8368	RESERVATION REWARDS 800-7327031 CT	\$12.00	-----
12/30	12/29	0189	I 55 AUTO SALVAGE INC CHANNAHON IL	\$75.00	-----
Total for account				\$91.35	

Transactions BILLING ACCOUNT ACTIVITY

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
12/15	12/15	0030	PAYMENT THANK YOU	\$245.27 CR	-----
Total for account				\$245.27 CR	

Rate Summary

Balance Type	Balance By Type	Avg. Daily Balance	Daily Periodic Rate	Rate Type	Interest	Corresp APR	***APR*** This Period	Grace Period
PROMO PURCHASE RATE	\$2,699.24	\$0.00	0.010931%	FIXED	\$0.00	3.99%	0.00%	Y
BALANCE TRANSFER	\$0.00	\$0.00	0.032849%	VARIABLE	\$0.00	11.99%	0.00%	N
PURCHASES	\$0.00	\$0.00	0.032849%	VARIABLE	\$0.00	11.99%	0.00%	Y
ADVANCES	\$0.00	\$0.00	0.057506%	VARIABLE	\$0.00	20.99%	0.00%	N

Important Messages

Request your Business Card Annual Report for 2008 by calling Cardmember Service. This paper 2008 year-end report will be mailed to you by request only. As a Visa Business cardmember, you also have the opportunity to take advantage of VIS Select online reporting. Visit <https://www.myaccountaccess.com/reports> to enroll and have customized business reports delivered right to your inbox.

To contact us regarding your account...

By Telephone:
Every Hour! Every Day!
 Voice: 1-866-552-8855
 TDD: 1-888-352-6455
 Fax: 1-866-807-9053

Send Inquiries to:
 Cardmember Service
 P.O. Box 6353
 Fargo, ND 58125-6353

Send Payments to:
 Cardmember Service
 P.O. Box 790408
 St. Louis, MO 63179-0408

By E-Mail:
 visit our website:
myaccountaccess.com

STATE OF ILLINOIS)
) SS.
COUNTY OF KENDALL)

DATE: May 9, 2007

TO: Jill Ferko
Kendall County Treasurer

FROM: Sixteenth Judicial Circuit Court
Kendall County

RE: Vouchers

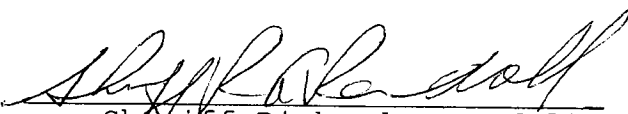
Line Item No. 42020006650 COURT SECURITY FUND

Vendor: 050918

Pay to: ELAN Financial

Total Due: \$339.97

APPROVED: 
Judge Thomas E. Mueller


Sheriff Richard A. Randall

WELCOME TO BEST BUY #1170
OSWEGO, IL 60543
(630)551-3233
Keep your receipt!



Val #: 1639-1523-3022-7183

1170 040 4168 12/31/08 11:00 0873016

Duplicate Receipt

TAX EXEMPT

8735461	MSMT2G	29.99 N
	2GB MEMORY STICK PRO DUO MARK	
8735461	MSMT2G	29.99 N
	2GB MEMORY STICK PRO DUO MARK	
8757286	DSCH10/B	279.99 N
	SONY H10 BLACK DIGITAL CAMERA	

SUBTOTAL 339.97
SALES TAX AMOUNT 0.00

TOTAL 339.97

TAX EXEMPT NAME: E9995900305
XXXXXXXXXXXX0025 VISA 339.97
SCOTT KOSTER
APPROVAL 011395

Be ready for the Analog to Digital TV
Transition on Feb. 17, 2009. Learn more @
www.BestBuy.com/DTV or www.DTV2009.gov

YOUR CUSTOMER SERVICE PIN IS:
1170 040 4168 123108

BEST BUY VALUES YOUR FEEDBACK!!
TAKE OUR SURVEY AND ENTER FOR A CHANCE TO
WIN A \$5,000 BEST BUY SHOPPING SPREE!!

Visit <http://www.bestbuycares.com>
Cuestionario en Espanol tambien

& enter the following codes:

Group A: 187706

Group B: 48091

Group C: 411166

NO PURCHASE NECESSARY. Must be legal
resident of 50 US/DC/PR, 18 or older.

2 Drawing Periods:

8/31/08-11/29/08 & 11/30/08-2/28/09.

Limit 3 entries per Drawing Period.

For free entry & other details, see

Official Rules at website or store.

Void where prohibited.



February Statement for activity from Jan. 03, 2009 through Feb. 02, 2009
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855
 BUS 78 01 Page 1 of 3

Your Visa® Business Card account at a glance ...

Account: [REDACTED]

Activity Summary

Previous Balance.....	\$2,699.24
Payments and Credits.....	\$2,711.24
Purchases, Advances & Other Debits	\$2,794.41
FINANCE CHARGES	\$0.00
New Balance	\$2,782.41

Credit and Payment Information

Credit Line.....	\$21,000.00
Available Credit.....	\$18,217.59
Minimum Payment Due (Current Month)...	\$28.00 ✓
Minimum Payment Due (Past Due).....	\$0.00
Total New Minimum Payment Due	\$28.00
Payment Due Date	Feb. 27, 2009

To reduce or avoid paying additional finance charges on your purchase balance, pay the total new balance of \$2,782.41 by 02/27/09. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Transactions RANDALL,R

Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
01/15	01/12	3458	UNITED AI0162186464993 ROSEMONT IL..... RANDALL/RICHAR 02/18/09 CHICAGO TO WAUSAU WAUSAU TO CHICAGO	\$249.20 ✓	-----
01/15	01/12	3466	UNITED AI0162186464994 ROSEMONT IL..... RANDALL/MYRLA 02/18/09 CHICAGO TO WAUSAU WAUSAU TO CHICAGO	\$249.20 ✓	-----
Total for account [REDACTED].....				\$498.40	

to be reimbursed

Transactions TICHAVA,T

Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
01/12	01/10	4955	SUNFIELD RESTAURANT YORKVILLE IL.....	\$179.21	-----
01/15	01/14	0017	JIMMY JOHNS #462 YORKVILLE IL.....	\$46.25	-----
01/23	01/22	0116	JOYCE LEE CHINA BUFFET YORKVILLE IL.....	\$17.91	-----
01/27	01/24	7080	SAPUTOS RESTAURANT SPRINGFIELD IL.....	\$112.00	-----
01/28	01/27	1322	HILTON HOTELS SPRING SPRINGFIELD IL.....	\$380.80	-----
Total for account [REDACTED].....				\$736.17	

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service CPN 000012442



Your Account Number:	[REDACTED]
Total New Balance:	\$2,782.41
Minimum Payment Due:	\$28.00
Payment Due Date	Enter Amount of Payment Enclosed
Feb. 27, 2009	

To change your address or for Cardmember Service please call: 1-866-552-8855 **Every Hour! Every Day!**

000012506 1 MB 0.369 106481072119670 P
 KENDALL CO SHERIFF
 CENTRAL BILLING ACCOUNT
 ATTN:RICHARD A RANDALL
 1102 CORNELL LN
 YORKVILLE IL 60560-9597

Cardmember Service
 P.O. Box 790408
 St. Louis, MO 63179-0408





February Statement for activity from Jan. 03, 2009 through Feb. 02, 2009
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855
 BUS 78 01 Page 2 of 3

Transactions SMITH,P Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
01/05	01/02	8255	IL AS. OF CHIEFS POLIC 217-5233765 IL.....	\$225.00	-----
01/05	01/02	8263	IL AS. OF CHIEFS POLIC 217-5233765 IL.....	\$225.00	-----
01/21	01/20	0367	FBI NATIONAL ACADEMY 703-6321990 VA.....	\$87.00	-----
01/22	01/21	7729	INT'L ASSN OF CHI01 OF 703-8366767 VA.....	\$120.00	-----
01/28	01/27	1330	HILTON HOTELS SPRING SPRINGFIELD IL.....	\$380.80	-----
Total for account				\$1,037.80	

Transactions KOSTER,SCOTT Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
01/20	01/16	9271	#460 BAR LOUIE NAPERVI NAPERVILLE IL.....	\$22.25	-----
01/20	01/15	9879	CHILI'S-WHEATON WHEATON IL.....	\$26.83	-----
Total for account				\$49.08	

Transactions JENNINGS,SABRINA Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
01/20	01/16	9316	HOULIHAN'S #123 WHEATON IL.....	\$12.87	-----
Total for account				\$12.87	

Transactions RASSMUSSEN,KATHERINE A Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
01/15	01/14	8394	QUARTER MASTER 562-3047300 CA.....	\$107.93	-----
01/22	01/21	8180	INT'L ASSN OF CHI01 OF 703-8366767 VA.....	\$120.00	-----
01/26	01/23	1352	START STOP 727-939-8853 FL.....	\$72.37	-----
01/29	01/26	7500	PANERA BREAD #4010/221 YORKVILLE IL.....	\$13.62	-----
02/02	01/29	0034	GIANNIS DELICATESSEN YORKVILLE IL.....	\$32.26	-----
Total for account				\$346.18	

Transactions JASNOSZ,JOSEPH M Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
01/08	01/07	3918	DICKS SPORTING GOODS#7 YORKVILLE IL.....	\$24.99	-----
01/12	01/10	0345	RESERVATION REWARDS 800-732-7031 CT.....	\$12.00	CR
			MERCHANDISE/SERVICE RETURN		
01/12	01/09	3673	DOLLAR-GENERAL #8738 YORKVILLE IL.....	\$25.25	-----
01/22	01/21	7591	WALGREENS #10498 YORKVILLE IL.....	\$3.70	-----
Total for account				\$41.94	

Transactions WOLLWERT,ROBERT B Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
01/08	01/07	4410	WAL-MART #1003 PLANO IL.....	\$59.97	-----
Total for account				\$59.97	

Transactions BILLING ACCOUNT ACTIVITY

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
01/23	01/23	0008	PAYMENT THANK YOU.....	\$2,699.24	CR
Total for account				\$2,699.24	CR



February Statement for activity from Jan. 03, 2009 through Feb. 02, 2009
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855
 BUS 78 01 Page 3 of 3

Rate Summary	Balance	Avg. Daily	Daily	Rate		Corresp	***APR***	Grace
Balance Type	By Type	Balance	Periodic Rate	Type	Interest	APR	This Period	Period
PROMO PURCHASE RATE	\$1,406.83	\$0.00	0.010931%	FIXED	\$0.00	3.99%	0.00%	Y
BALANCE TRANSFER	\$0.00	\$0.00	0.030109%	VARIABLE	\$0.00	10.99%	0.00%	N
PURCHASES	\$1,375.58	\$0.00	0.030109%	VARIABLE	\$0.00	10.99%	0.00%	Y
ADVANCES	\$0.00	\$0.00	0.057506%	VARIABLE	\$0.00	20.99%	0.00%	N

To contact us regarding your account...

By Telephone:
Every Hour! Every Day!
 Voice: 1-866-552-8855
 TDD: 1-888-352-6455
 Fax: 1-866-807-9053

Send Inquiries to:
 Cardmember Service
 P.O. Box 6353
 Fargo, ND 58125-6353

Send Payments to:
 Cardmember Service
 P.O. Box 790408
 St. Louis, MO 63179-0408

By E-Mail:
 visit our website:
myaccountaccess.com



RICHMOND, VIRGINIA 23219
P.O. BOX 1000
YORK

07

Pay to the order of:

ELAN FERRER

Four hundred forty nine and 20/100

2-04-00

\$ 249.20

Old Second
Old Second National Bank
630-892-0202

630-892-0202

⑆071900760⑆

Allyn D. Randall

SUNTRUST BANK
ACH RT 061000104
63-215/631

14930



**THE INSTITUTE FOR INTERGOVERNMENTAL
RESEARCH, INC.**

OPERATING ACCOUNT
P.O. BOX 12729
TALLAHASSEE, FL 32317-2729

DATE

03/06/09

AMOUNT

645.91

\$

Six Hundred Forty-five And 91/100 Dollars***

BY THE ORDER

Kendall County Sheriff's Office

Richard Randall
1102 Cornell Lane
Yorkville, IL 60560

Mary J. Dodd
AUTHORIZED SIGNATURE



Details on Back
Security Features Included

MP

IIR Travel Reimbursement Form

(See reverse side of form for instructions)

IIR, Post Office Box 12729
Tallahassee, FL 32317
Phone: (850) 385-0600

Name: Richard A. Randall Purpose of Travel: CICC Meeting Wash. D.C.
Mailing Address: 402 Cornell Ln. Yorkville, IL 60560
Agency: Kendall Co. Sheriff's Office Phone: 630-553-7500 E-Mail: R.Randall@Co.Kendall.il.us

Departure Date: 02/18/2009 Time: 12:00 ^{a.m.} _{p.m.} Return Date: 02/22/2009 Time: 6:00 ^{a.m.} _{p.m.}

Travel Dates:	02/18	2/22										Total
Location	From: Yorkville IL	WASH D.C.										
	To: Chicago IL	Chicago IL										
	To: WASH D.C.	Yorkville IL										
Vehicle Mileage												0
Lodging*		← 239.31										239.31
Per Diem		64.00										64.00
Travel (Air Rail Bus)*	249.20											249.20
Rental Vehicle*												0.00
Taxi (Receipt required if over \$25)	24.00											24.00
Vehicle Expenses @ 55 cents per mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
Parking*	24.40											24.40
Gas*												0.00
Baggage												0.00
Miscellaneous*	30.00	15.00										45.00
TOTAL	327.60	318.31										645.91
Project Number	512											Total Reimbursed

*Attach Original Receipts

Misc: hotel shuttle (45); Baggage fees (15 each way)

Comments/Explanation of Unusual Expenses (Attach additional sheets if necessary.)

Handwritten initials

Please select either option 1 or 2 below—Only one payee per travel reimbursement form.

1) **Make check payable to the agency listed above.** Under penalty of law, including applicable perjury laws, I hereby certify that this is an accurate accounting of my expenses, and I have already been reimbursed by another source.

or

2) **Make check payable to me.** Under penalty of law, including applicable perjury laws, I hereby certify that I **have not been, nor will I be, reimbursed for this travel by any other source.**

Accounting Use Only		
GB	TC	DD
1		
Payee:	Kendall County	SO
Check #:	3162009	645.91
Check Date:		
Cost Center	G/L Acct	Amount
512	5305	645.91

Handwritten signature: Richard A. Randall 2-24-09

IIR Travel Reimbursement Form

(See reverse side of form for instructions.)

IIR, Post Office Box 12729
Tallahassee, FL 32317
Phone: (850) 385-0600

Name: Richard A. Randall Purpose of Travel: CICC Meeting Wash. D.C.
Mailing Address: 1102 Cornell Ln. Yorkville, IL. 60568
Agency: Kendall Co. Sheriff's Office Phone: 630.553.7500 E-Mail: R.Randall@Co.Kendall.il.us

Departure Date: 02/18/2009 Time: 12:00 ^{a.m.} _{p.m.} Return Date: 02/22/2009 Time: 6:00 ^{a.m.} _{p.m.}

Travel Dates:	02/18	2/22									Total
Location	From:	Yorkville IL	WASH DC								
	To:	Chicago O'Hare	Chicago O'Hare								
	To:	WASH DC	Yorkville IL								
Vehicle Mileage											0
Lodging*		239.31									239.31
Per Diem		64.00									64.00
Travel - Air Rail Bus*	549.00										549.00
Rental Vehicle*											0.00
Taxi/Receipt required if over \$25*											0.00
Vehicle Expenses @ .55 cents per mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Parking*	24.40										24.40
Gas*											0.00
Baggage											30.00
Miscellaneous*											0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	427.71
Project Number											Total Reimbursed

*Attach Original Receipts

Comments/Explanation of Unusual Expenses (Attach additional sheets if necessary.)

Please select either option 1 or 2 below—Only one payee per travel reimbursement form.

1) Make check payable to the agency listed above. Under penalty of law, including applicable perjury laws, I hereby certify that this is an accurate accounting of my expenses, and I have already been reimbursed by another source.

or

2) Make check payable to me. Under penalty of law, including applicable perjury laws, I hereby certify that I have not been, nor will I be, reimbursed for this travel by any other source.

Accounting Use Only

GB	TC	DD	
Payee:			
Check #:	Check Date:	Check Amt:	
Cost Center	G/L Acct	Amount	

Richard A. Randall 2-24-09

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

CPN 000012442



To change your address or for
Cardmember Service please call:
1-866-552-8855 **Every Hour! Every Day!**

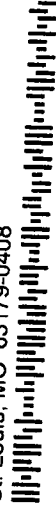
000012610 1 MB 0.369 106481102111083 P
KENDALL CO SHERIFF
CENTRAL BILLING ACCOUNT
ATTN: RICHARD A RANDALL
1102 CORNELL LN
YORKVILLE IL 60560-9597



Your Account Number:	4
Total New Balance:	\$2,310.38
Minimum Payment Due:	\$24.00
Payment Due Date:	Enter Amount of Payment Enclosed
Mar. 28, 2009	

Cardmember Service

P.O. Box 790408
St. Louis, MO 63179-0408





March Statement for activity from Feb. 03, 2009 through Mar. 03, 2009
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855
 BUS 4578 01 Page 1 of 2

Your Visa® Business Card account at a glance ...

Account: [REDACTED]

Activity Summary

Previous Balance	\$2,782.41
Payments and Credits	\$2,782.41
Purchases, Advances & Other Debits	\$2,310.38
FINANCE CHARGES	\$0.00
New Balance	\$2,310.38

Credit and Payment Information

Credit Line	\$21,000.00
Available Credit	\$18,689.62
Minimum Payment Due (Current Month) ...	\$24.00
Minimum Payment Due (Past Due)	\$0.00
Total New Minimum Payment Due	\$24.00
Payment Due Date	Mar. 28, 2009

To reduce or avoid paying additional finance charges on your purchase balance, pay the total new balance of \$2,310.38 by 03/28/09. Any cash balance or balance transfer balance will continue to accrue daily interest until the date your payment is received.

Transactions RANDALL,R

Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
02/04	02/03	0150	RADISSON HOTEL MOLINE MOLINE IL	\$429.40	-----
02/12	02/10	5504	SHELL OIL 51274160020 SPRINGFIELD IL	\$19.05	-----
02/19	02/18	3056	MCDONALD'S F17277 CHICAGO IL	\$3.57	-----
02/20	02/17	8847	UNITED AI0164518218082 CHICAGO IL	\$15.00	-----
			RANDALL/RICHAR 02/17/09 XAA TO XAA		
02/23	02/19	5910	EMBASSY SUITES WASHING WASHINGTON DC	\$239.31	-----
02/24	02/22	3409	UNITED AI0164519107835 WASHINGTON DC	\$15.00	-----
			RANDALL/R 02/22/09 XAA TO XAA		
02/24	02/22	0504	PARK-N-JET, INC. SCHILLER PARK IL	\$58.00	-----
Total for account [REDACTED]				\$779.33	

Transactions TICHAVA,T

Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
02/17	02/12	0151	DJ'S AMOCO II MORRIS IL	\$33.00	-----
03/03	03/02	4986	ROSS ISAAC SPRINGFIELD IL	\$149.91	-----
Total for account [REDACTED]				\$182.91	

Continued on Next Page

Please detach and send coupon with check payable to: Cardmember Service

CPN 000012442



To change your address or for Cardmember Service please call:
 1-866-552-8855 **Every Hour! Every Day!**

000012610 1 MB 0.369 106481102111083 P
 KENDALL CO SHERIFF
 CENTRAL BILLING ACCOUNT
 ATTN:RICHARD A RANDALL
 1102 CORNELL LN
 YORKVILLE IL 60560-9597



Your Account Number:	[REDACTED]
Total New Balance:	\$2,310.38
Minimum Payment Due:	\$24.00
Payment Due Date:	Mar. 28, 2009
Enter Amount of Payment Enclosed:	

Cardmember Service
 P.O. Box 790408
 St. Louis, MO 63179-0408



2211.18

KENDALL COUNTY SHERIFF
COMMISSARY FUND - KENDALL COUNTY
1102 CORNELL LANE
YORKVILLE, IL 60560

Centrose Bank
76-180719

11635

3/5/2009

\$99.20

\$

DOLLARS

PAY TO THE
ORDER OF

ELAN

Ninety Nine Dollars And Twenty Cents*****

General Fund
INMATES DINNER 2/26/09

MEMO

VOID AFTER 90 DAYS

Salvatore A. ...
AUTHORIZED SIGNATURE

⑈011635⑈

IIR Travel Reimbursement Form

(See reverse side of form for instructions.)

IIR, Post Office Box 12729
Tallahassee, FL 32317
Phone: (850) 385-0600

Name: Richard A. Randall Purpose of Travel: CICC Meeting Wash. D.C.
Mailing Address: 1102 Cornell Ln. Yorkville, IL 60560
Agency: Kendall Co. Sheriff's Office Phone: 630-553-7500 E-Mail: R.Randall@Co.Kendall.il.us

Departure Date: 02/18/2009 Time: 12:00 ^{a.m.} _{p.m.} Return Date: 02/22/2009 Time: 6:00 ^{a.m.} _{p.m.}

Travel Dates:	02/18	2/22									Total
Location	From:	Yorkville IL.	WASH. D.C.								
	To:	Chicago O'HARE	Chicago O'HARE								
	To:	WASH. D.C.	Yorkville IL.								
Vehicle Mileage											0
Lodging*		239.31									239.31 0.00
Per Diem		64.00									64.00 0.00
Travel (Air/Rail/Bus)*	249.20										249.20 0.00
Rental Vehicle*											0.00
Taxi (Receipt required if over \$25)	24.00										24.00 0.00
Vehicle Expenses @ 55 cents per mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Parking*	24.40										24.40 0.00
Gas*											0.00
Baggage	15.00	15.00									30.00 0.00
Miscellaneous*	15.00										15.00 0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	429.91 0.00
Project Number (IIR Internal Use Only)											Total Reimbursed

*Attach Original Receipts

Comments/Explanation of Unusual Expenses (Attach additional sheets if necessary.)

Please select either option 1 or 2 below—Only one payee per travel reimbursement form.

1) Make check payable to the agency listed above. Under penalty of law, including applicable perjury laws, I hereby certify that this is an accurate accounting of my expenses, and I have already been reimbursed by another source.

or

2) Make check payable to me. Under penalty of law, including applicable perjury laws, I hereby certify that I have not been, nor will I be, reimbursed for this travel by any other source.

Accounting Use Only			
GB	TC	DD	
Payee:			
Check #:	Check Date:	Check Amt:	
Cost Center	G/L Acct	Amount	

Richard A. Randall 2-24-09

SUNTRUST BANK
ACH RT 061000104
63-215/631

14930



**THE INSTITUTE FOR INTERGOVERNMENTAL
RESEARCH, INC.**

OPERATING ACCOUNT
P.O. BOX 12729
TALLAHASSEE, FL 32317-2729

DATE

03/06/09

AMOUNT

\$

645.91

Six Hundred Forty-five And 91/100 Dollars***

AY
O THE
RDER
F

Kendall County Sheriff's Office

Richard Randall
1102 Cornell Lane
Yorkville, IL 60560

Mary J. Dodd
AUTHORIZED SIGNATURE

MP

⑈014930⑈

Details on Back
Security Features Included



IIR Travel Reimbursement Form

(See reverse side of form for instructions.)

RW

IIR, Post Office Box 12729
Tallahassee, FL 32317
Phone: (850) 385-0600

Name: Richard A. Randall Purpose of Travel: CICC Meeting Wash. D.C.
Mailing Address: 102 Cornell Ln. Yorkville, IL 60560
Agency: Kendall Co. Sheriff's Office Phone: 630.553.7500 E-Mail: R.Randall@Co.Kendall.il.us

Departure Date: 02/18/2009 Time: 12:00 ^{a.m.}/_{p.m.} Return Date: 02/22/2009 Time: 6:00 ^{a.m.}/_{p.m.}

Travel Dates:	02/18	2/22										Total
Location	From:	Yorkville IL	WASH D.C.									
	To:	Chicago IL	Chicago IL									
	To:	WASH D.C.	Yorkville IL									
Vehicle Mileage												0
Lodging*		239.31										239.31
Per Diem			64.00									64.00
Travel (Air/Rail/Bus)*	249.20											249.20
Rental Vehicle*												0.00
Taxi (Receipt required if over \$25)	24.00											24.00
Vehicle Expenses @ 55 cents per mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Parking*	24.40											24.40
Gas*												0.00
Baggage	15.00	15.00										30.00
Miscellaneous*	30.00	15.00										45.00
TOTAL	327.60	318.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	645.91
Project Number (IIR Internal Use Only)	<u>(512)</u>										Total Reimbursed	

*Attach Original Receipts
Comments/Explanation of Unusual Expenses (Attach additional sheets if necessary.)
Misc: hotel shuttle (\$15); Baggage fees (\$15 each way)
JHR \$150

Please select either option 1 or 2 below—Only one payee per travel reimbursement form.

- 1) Make check payable to the agency listed above. Under penalty of law, including applicable perjury laws, I hereby certify that this is an accurate accounting of my expenses, and I have already been reimbursed by another source.
- or
- 2) Make check payable to me. Under penalty of law, including applicable perjury laws, I hereby certify that I have not been, nor will I be, reimbursed for this travel by any other source.

Accounting Use Only			
GB	TC	DD	CA
Payee: <u>Kendall County SO</u>			
Check #:	Check Date:	Check Amt:	
	<u>3/6/2009</u>	<u>645.91</u>	
Cost Center	G/L Acct	Amount	
<u>512</u>	<u>5305</u>	<u>645.91</u>	

Richard A. Randall 2-24-09



IIR Travel Reimbursement Form

(See reverse side of form for instructions.)

IIR, Post Office Box 12729

Tallahassee, FL 32317

Phone: (850) 385-0600

Name: Richard A. Randall Purpose of Travel: CICC Meeting Wash. D.C.

Mailing Address: 1102 Cornell Ln. Yorkville, IL 60560

Agency: Kendall Co. Sheriff's Office Phone: 630-553-7500 E-Mail: R.Randall@Co.Kendall.il.us

Departure Date: 02/18/2009 Time: 12:00 ^{a.m.}/_{p.m.} Return Date: 02/22/2009 Time: 6:00 ^{a.m.}/_{p.m.}

Travel Dates:	02/18	2/22																			Total	
Location	From:	Yorkville IL	WASH D.C.																			
	To:	Chicago O.HARE	Chicago O.HARE																			
	To:	WASH D.C.	Yorkville IL																			
Vehicle Mileage																						0
Lodging*		239.31																				239.31
Per Diem		64.00																				64.00
Travel (Air/Rail/Bus)*	249.20																					249.20
Rental Vehicle*																						0.00
Taxi (Receipt required if over \$25)	24.00																					24.00
Vehicle Expenses @ .55 cents per mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Parking*	24.40																					24.40
Gas*																						0.00
Baggage	30.00	1.00																				30.00
Miscellaneous*	13.00																					13.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	427.91
Project Number (IIR Internal Use Only)																						Total Reimbursed

*Attach Original Receipts
Comments/Explanation of Unusual Expenses (Attach additional sheets if necessary.)

Please select either option 1 or 2 below—Only one payee per travel reimbursement form.

1) **Make check payable to the agency listed above.** Under penalty of law, including applicable perjury laws, I hereby certify that this is an accurate accounting of my expenses, and I have already been reimbursed by another source.

or

2) **Make check payable to me.** Under penalty of law, including applicable perjury laws, I hereby certify that I have not been, nor will I be, reimbursed for this travel by any other source.

Accounting Use Only		
GB	TC	DD
Payee:		
Check #:	Check Date:	Check Amt:
Cost Center	G/L Acct	Amount

Richard A. Randall 2-24-09