

541 RANDALL/RICHARD

133.00 02/25/10 14:00 8325 10063

Room Name
GD KENDAL SHERIFF

Rate Depart Time
02/21/10 16:49
Arrive Time

ACCT# GROUP

Type
27 PO BOX 334
YORKVILLE IL
60560-0334

PASSPORT: 8758

MR#: XXXXX9946

Room Clerk

Address

Payment

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
02/21	ROOM	931, 1		133.00
02/21	ROOM TAX	931, 1		9.31
02/21	OCC FEE	931, 1		3.00
02/21	ST/LCLTX	931, 1		7.98
02/21	PARKING	PARKING		21.00
02/21	PARK TAX	PARKING		2.52
02/22	ROOM	541, 1		133.00
02/22	ROOM TAX	541, 1		9.31
02/22	OCC FEE	541, 1		3.00
02/22	ST/LCLTX	541, 1		7.98
02/22	SPC RATE	LONG TER		15.00
02/22	PKG TAX	LONG TER		1.80
02/23	ROOM	541, 1		133.00
02/23	ROOM TAX	541, 1		9.31
02/23	OCC FEE	541, 1		3.00
02/23	ST/LCLTX	541, 1		7.98
02/24	MOVIES	MOVIE		13.99
02/24	ROOM	541, 1		133.00
02/24	ROOM TAX	541, 1		9.31
02/24	OCC FEE	541, 1		3.00
02/24	ST/LCLTX	541, 1		7.98

667.47

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
RRANDALL@CO.KENDALL.IL.US
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Handwritten signature: Day
Handwritten signature: J. Fischer

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

March Statement for activity from Feb 02, 2010 through Mar 02 2010
 KENDALL CO SHERIFF (CPN 000012442)

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

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

Account: [REDACTED]

Activity Summary

Credit and Payment Information

Previous Balance.....	\$2,620.63
Payments and Credits.....	\$2,620.63
Purchases, Advances & Other Debits.....	\$2,432.80
FINANCE CHARGES.....	\$0.00
New Balance.....	\$2,432.80

Credit Line.....	\$24,000.00
Available Credit.....	\$21,567.20
Minimum Payment Due (Current Month).....	\$25.00
Minimum Payment Due (Past Due).....	\$0.00
Total New Minimum Payment Due.....	\$25.00
Payment Due Date.....	Mar. 28, 2010

To reduce or avoid paying additional finance charges on your purchase balance, pay the total new balance of \$2,432.80 by 03/28/10. 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
02/08	02/06	0397	CONROY'S AMOCO NORTH OTTAWA IL.....	\$40.70
02/10	02/08	0906	PRAIRIE CAPITAL CONV C SPRINGFIELD IL.....	\$40.00
02/10	02/08	9933	SHELL OIL 51274160020 SPRINGFIELD IL.....	\$10.70
02/11	02/09	6803	PRAIRIE CAPITAL CONV C SPRINGFIELD IL.....	\$5.00
02/11	02/09	8720	PRESIDENT ABRAHAM LINC SPRINGFIELD IL.....	\$275.52
02/19	02/17	1221	UNITED AI0162103625837 ROSEMONT IL.....	\$467.40
			RANDALL/RICHAR 03/30/10 CHICAGO TO WAUSAU WAUSAU TO CHICAGO		
02/19	02/18	8969	TRAVEL INSURANCE POLIC 800-729-6021 VA.....	\$13.50
02/23	02/20	7318	UNITED AI0164514302275 CHICAGO IL.....	\$30.00
			RANDALL/RICHAR 02/21/10 XAA TO XAA		
03/01	02/24	3112	UNITED AI0164514629828 CHICAGO IL.....	\$30.00
			RANDALL/RICHAR 02/25/10 XAA TO XAA		
03/01	02/26	0972	MARRIOTT 33716 NEW ORL NEW ORLEANS LA.....	\$667.47 ←
			[REDACTED].....	\$1,296.38	



KENDALL COUNTY SHERIFF'S OFFICE
 1102 CORNELL LANE, YORKVILLE, ILLINOIS 60560
 PHONE (630) 553-7500 FAX (630) 553-0327

of Pages Faxed = 2

REQUEST FOR PUBLIC RECORDS
 Under the Illinois Freedom of Information Act

Requestor's Name Todd MILLIRON	Date of Request 9-27-2010
Requestor is Representing SELF	Telephone # with area code 630-533-9590
Address (Number and Street) 61 COTSWOLD DRIVE	Cell Phone # with area code
City State Zip YORKVILLE, IL. 60560	Email Address Tmilli5101@AOL.com
Case Number (if you don't know it, look in the book in lobby for police blotter by date)	Location of Incident
Type of Incident Request for Copies of ORIGINAL ITEMIZED RECEIPTS	Date and Time of Incident
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. Post Date 3-1-2010 Trans. Date 226 Ref. 0992 MARRIOTT NEW ORL. \$667.47	
Do you wish to inspect or receive a copy of the requested records? Inspect <input type="checkbox"/> Copy <input checked="" type="checkbox"/> Both <input type="checkbox"/>	
Is this request for a commercial purpose? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>(i.e., do you intend to sell the requested records or use the records in advertisement?) It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c))</small>	
Are you requesting a fee waiver? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140.6 (c))</small>	
Please complete this form and deliver directly to the FOIA Officer in the department for which the records are being sought. You must have and produce a photo ID when requesting the information.	
Signature of Requestor Todd MILLIRON	Date 9-27-2010
All requests take 3-5 business days to process after the report is approved. You must have and produce a photo ID when requesting information. A copy will be made and attached to your request.	
FOR OFFICE USE ONLY:	
Date and Time request was received:	Date and Time of response:
Request Forwarded to:	Copying Fee Received Date:
Amount \$	Cash
Check #:	FOIA Officer's Initials