



**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/EIAN FINANCIAL KENDALL COUNTY SHERIFF  
CENTRAL Billing Account CREDIT CARD STATEMENT FOR TIME PERIOD  
6-1-2007 TO 8-31-2007.

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 \_\_\_\_\_



**July Statement** for activity from Jun. 05, 2007 through Jul. 02, 2007  
 KENDALL CO SHERIFF (CPN 000012442)

**Inquiries: 1-866-552-8855**  
 BUS 28 01 Page 1 of 3

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

**Account:** [REDACTED]

**Activity Summary**

Previous Balance.....	\$3,181.58
Payments and Credits.....	\$3,231.58
Purchases, Advances & Other Debits.....	\$3,118.78
<b>FINANCE CHARGES</b> .....	\$0.00
<b>New Balance</b> .....	<b>\$3,068.78</b>

**Credit and Payment Information**

Credit Line.....	\$18,000.00
Available Credit.....	\$14,931.22
Minimum Payment Due (Current Month)...	\$31.00
Minimum Payment Due (Past Due).....	\$0.00
<b>Total New Minimum Payment Due</b> .....	<b>\$31.00</b>
<b>Payment Due Date</b> .....	<b>Jul. 27, 2007</b>

To reduce or avoid paying additional finance charges on your purchase balance, pay the total new balance of \$3,068.78 by 07/27/07. 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
06/06	06/05	0024	FBI NATIONAL ACADEMY A 302-644-4744 VA.....	\$50.00	CR
			MERCHANDISE/SERVICE RETURN		
06/07	06/06	0833	MCDONALD'S F17277 CHICAGO IL.....	\$1.32	
06/08	06/06	0456	HILTON HOTELS WSH NAT ARLINGTON VA.....	\$26.80	
06/11	06/08	9362	PARADIES WASH NAT'L WASHINGTON DC.....	\$2.25	
06/11	06/08	0147	FAMOUS FAMIGLIA WASHINGTON DC.....	\$14.53	
06/11	06/08	4100	HILTON HOTELS WASH NAT ARLINGTON VA.....	\$357.22	
06/11	05/30	7078	WASH METRO 00093351 ARLINGTON VA.....	\$15.00	
06/12	06/08	2826	O'HARE AIRPORT00101410 CHICAGO IL.....	\$52.00	
06/12	06/10	6653	HMS HOST - MIA-AIRPT # MIAMI FL.....	\$22.54	
06/13	06/11	6518	TIMOTHY BEACH RESORTS ST.KITTS KN.....	\$39.68	
06/13	06/11	4562	ST.KITTS MARRIOTT HOTE ST.KITTS KN.....	\$340.34	
06/18	06/15	0771	UNELLA'S NEVIS KN.....	\$27.44	
			71.60 E CARIBBEN DOL		
06/18	06/15	5904	CIAO ITALIAN RESTAURAN ST. KITTS KN.....	\$75.50	
06/20	06/18	6824	ST.KITTS MARRIOTT HOTE ST.KITTS KN.....	\$259.11	
<b>Total for account</b> [REDACTED].....				<b>\$1,183.73</b>	

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!**

KENDALL CO SHERIFF  
 CENTRAL BILLING ACCOUNT  
 ATTN:RICHARD A RANDALL  
 1102 CORNELL LN  
 YORKVILLE IL 60560-9597

1114EQ T64 PO

Your Account Number:	[REDACTED]
Total New Balance:	\$3,068.78
Minimum Payment Due:	\$31.00
Payment Due Date	Enter Amount of Payment Enclosed
Jul. 27, 2007	

Cardmember Service

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





July Statement for activity from Jun. 05, 2007 through Jul. 02, 2007  
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855  
 BUS 28 01 Page 2 of 3

**Transactions** TICHAVA,T Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
06/11	06/09	0204	SUNFIELD RESTAURANT YORKVILLE IL	\$123.11	-----
06/14	06/12	0374	AMOCO OIL 09781451 SENECA IL	\$46.00	-----
06/15	06/13	1286	SHAW'S SCHAUMBURG SCHAUMBURG IL	\$160.06	-----
06/18	06/14	0647	THE KENDALL PUB YORKVILLE IL	\$125.21	-----
06/28	06/26	8954	BLACKSTONE YORKVILLE IL	\$165.11	-----
<b>Total for account</b>				<b>\$619.49</b>	

**Transactions** SMITH,P Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
07/02	06/29	1636	INT'L ASSN OF CHI01 OF 703-8366767 VA	\$100.00	-----
<b>Total for account</b>				<b>\$100.00</b>	

**Transactions** KOSTER,SCOTT Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
07/02	06/28	9828	BENNIGANS 1413 NILES IL	\$36.85	-----
<b>Total for account</b>				<b>\$36.85</b>	

**Transactions** KING,SABRINA Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
06/27	06/25	7408	POST NET YORKVILLE IL	\$142.11	-----
<b>Total for account</b>				<b>\$142.11</b>	

**Transactions** RASSMUSSEN,KATHERINE A Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
06/14	06/12	9394	BENNIGANS 1417 SCHAUMBERG IL	\$20.86	-----
06/14	06/12	5628	JOE'S CRAB-SCHAUMBURG SCHAUMBURG IL	\$46.72	-----
06/14	06/12	3559	DOUBLETREE HOTELS CHI SCHAUMBURG IL	\$26.04	-----
06/14	06/13	0893	DELI TIME LLC CORP SCHAUMBURG IL	\$1.65	-----
06/14	06/13	0901	DELI TIME LLC CORP SCHAUMBURG IL	\$1.43	-----
06/15	06/13	6893	BAHAMA BREEZE 00030296 SCHAUMBERG IL	\$16.74	-----
06/15	06/13	6923	CORNER BAKERY 01T00783 SCHAUMBURG IL	\$17.90	-----
06/15	06/14	0744	DELI TIME LLC CORP SCHAUMBURG IL	\$3.52	-----
06/18	06/14	1377	DOUBLETREE HOTELS CHI SCHAUMBURG IL	\$372.78	-----
06/18	06/14	1633	DOUBLETREE HOTELS CHI SCHAUMBURG IL	\$425.75	-----
06/18	06/14	7010	BENNIGANS 1417 SCHAUMBERG IL	\$29.76	-----
07/02	06/29	0096	M AND B CAFE 47 YORKVILLE IL	\$23.45	-----
<b>Total for account</b>				<b>\$986.60</b>	

**Transactions** BILLING ACCOUNT ACTIVITY

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
06/18	06/18	0009	PAYMENT THANK YOU	\$3,181.58 CR	-----
<b>Total for account</b>				<b>\$3,181.58 CR</b>	



July Statement for activity from Jun. 05, 2007 through Jul. 02, 2007  
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855  
 BUS 28 01 Page 3 of 3

Rate Summary Balance Type	Balance By Type	Avg. Daily Balance	Daily Periodic Rate	Rate Type	Interest	Corresp APR	**APR** This Period	Grace Period
BALANCE TRANSFER	\$0.00	\$0.00	0.041753%	VARIABLE	\$0.00	15.24%	0.00%	N
PURCHASES	\$3,068.78	\$0.00	0.041753%	VARIABLE	\$0.00	15.24%	0.00%	Y
ADVANCES	\$0.00	\$0.00	0.066410%	VARIABLE	\$0.00	24.24%	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

End of Statement

KENDALL CO SHERIFF

**PAY BILLS WITH VISA!**  
**Visa.com/businessbillpay**

Manage your finances, easily and efficiently when you pay bills with your Visa Business card. You'll save valuable time and avoid hassles, like writing checks, while staying in complete control of your payments.

For more details, visit [visa.com/businessbillpay](http://visa.com/businessbillpay).

The creditor, issuer and service provider of your Visa Business card is Elan Financial Services.



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

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

SUNTRUST BANK  
TALLAHASSEE, FLORIDA 32301  
63-215/631

10070

DATE  
06/22/07

AMOUNT  
\$ 1,500.07

\*\*Fifteen Hundred And 07/100 Dollars\*\*\*\*\*

PAY  
TO THE  
ORDER  
OF

Kendall County Sheriff's Office  
Richard Randall  
1102 Cornell Lane  
Yorkville, IL 60560

*Viola Bodew*  
AUTHORIZED SIGNATURE

274  
279

⑈010570⑈



SECURITY FEATURES INCLUDED DETAILS ON BACK



# IIR Travel Reimbursement Form

(See reverse side of form for instructions.)

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

*Handwritten initials: BW*

*Handwritten date: R 6/18*

Name: Richard A. Randall Purpose of Travel: C.I.C.C. Mtng.  
 Agency: Kendall Co. Sheriff's Office Phone: 630-553-7500 E-mail: Randall@co.kendall.il.us  
 Mailing Address: 1102 Cornell Ln. Yorkville, IL. 60560  
 Departure Date: 06/06/07 Time: 8:30 <sup>a.m.</sup>/<sub>p.m.</sub> Return Date: 06/08/07 Time: 9:30 <sup>a.m.</sup>/<sub>p.m.</sub>

*Handwritten note in a circle: Arlington*

Travel Dates	06/06	06/07	06/08						
From:	Yorkville		Washington D.C.						
To:	Chicago OHARE		Chicago OHARE						
Location	Washington DC		Yorkville IL						
Car Mileage									Total
Lodging*	178.61	357.22	178.61						357.22
Per Diem	48.00	29.50	64.00				144.00		103.25
Travel (Air/Rail/Bus)*	234.80								234.80
Rental Car*									
Taxi (Receipt required if over \$25)									
Auto Expenses @ 44.5 cents per mile									
Parking*	52.00								52.00
Gas*									
Baggage Tips	12.00								12.00
Miscellaneous*									
<b>TOTAL</b>	<b>525.41</b>	<b>247.61</b>	<b>320.01</b>						<b>800.02</b>
Project Number (IIR Internal Use Only)	279	279	279						Total Reimbursed

*Handwritten notes:*  
 #279  
 6.18.07  
 JHR (6/18/07)

\*Attach 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 be, reimbursed for this travel by any other source.

Signature: [Handwritten Signature] Date: 06/08/07

Accounting Use Only		
GB	TC	DD
Payee:	Kendall Co, SO	
Check #:	Check Date:	Check Amt:
10570	6/22/07	1500.07
Cost Center	G/L Acct	Amount
279	5305	800.02
274	5305	700.05



# 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: CCCC Meeting White House

Agency: Kendall County Sheriff's Office Phone: 630-553-7500 x1111 E-mail: Rrandall@co.kendall.il.

Mailing Address: 1102 Cornell Ln Yorkville, IL 60560

Departure Date: 05/30/07 Time: 10:15 <sup>a.m.</sup>/<sub>p.m.</sub> Return Date: 05/31/2007 Time: 6:00 <sup>a.m.</sup>/<sub>p.m.</sub>

Travel Dates	5/30/07		5-31-07																		Total
From:	Yorkville, IL		WASH. D.C.																		
To:	Chicago O'HARE		Chicago O'HARE																		
Location	Washington D.C.		Yorkville IL																		
Car Mileage																					
Lodging*	148.84		64.00																		148.84
Per Diem 48.00	44.25		44.25																		112.00
Travel (Air/Rail/Bus)*	383.81																				383.81
Rental Car*																					
Taxi (Receipt required if over \$25)	15.00																				15.00
Auto Expenses @ 44.5 cents per mile																					
Parking*	22.40																				22.40
Gas*																					
Baggage Tips	18.00																				18.00
Miscellaneous*																					
<b>TOTAL</b>	636.05		64.00																		700.05
Project Number (IIR Internal Use Only)	274																				Total Reimbursed

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

6-12-07  
RWR  
DATA 06/12/07

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.

Signature: [Signature] Date: 6/01/07

GB	TC	DD
Payee: <u>Kendall Co. SO</u>		
Check #:	Check Date:	Check Amt:
Cost Center	G/L Acct	Amount
<u>274</u>	<u>5305</u>	<u>700.05</u>



# 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: C.I.C.C. Mtg.  
 Agency: Kendall P. Sheriff's Office Phone: 688-553 7500 E-mail: Randall@kps.kendall.fl.us  
 Mailing Address: 1102 Cornell Ln. Yorkville, IL 60560  
 Departure Date: 06/06/07 Time: 8:30 <sup>a.m.</sup>/<sub>p.m.</sub> Return Date: 06/08/07 Time: 9:30 <sup>a.m.</sup>/<sub>p.m.</sub>

Travel Dates	06/06	06/07	06/08									Total
From:	Yorkville, IL		Washington D.C.									
To:	Chicago, ILL		Chicago, ILL									
To:	Washington D.C.		Yorkville, IL									
Location												
Car Mileage												
Lodging*	357.22											357.22
Per Diem	29.50	64.00	9.75									103.25
Travel (Air/Rail/Bus)*	234.50											234.50
Rental Car*												
Taxi (Receipt required if over \$25)												
Auto Expenses @ 44.5 cents per mile												
Parking*	52.00											52.00
Gas*												
Baggage Tips	12.00											12.00
Miscellaneous*												
<b>TOTAL</b>												
Project Number (IIR Internal Use Only)												Total Reimbursed

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.

Signature: [Signature] Date: 06/08/07

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





**August Statement** for activity from Jul. 03, 2007 through Aug. 02, 2007  
 KENDALL CO SHERIFF (CPN 000012442)

**Inquiries: 1-866-552-8855**  
 BUS 28 01 Page 1 of 2

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

Account: [REDACTED]

**Activity Summary**

Previous Balance .....	\$3,068.78
Payments and Credits .....	\$3,068.78
Purchases, Advances & Other Debits .....	\$1,305.52
<b>FINANCE CHARGES</b> .....	\$0.00
<b>New Balance</b> .....	<b>\$1,305.52</b>

**Credit and Payment Information**

Credit Line .....	\$18,000.00
Available Credit .....	\$16,694.48
Minimum Payment Due (Current Month) ...	\$14.00
Minimum Payment Due (Past Due) .....	\$0.00
<b>Total New Minimum Payment Due</b> .....	<b>\$14.00</b>
<b>Payment Due Date</b> .....	<b>Aug. 27, 2007</b>

To reduce or avoid paying additional finance charges on your purchase balance, pay the total new balance of \$1,305.52 by 08/27/07. 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
07/10	07/09	0791	HAMBURGER HAMLET 44 CR ARLINGTON VA .....	\$20.72	-----
07/11	07/09	6500	ELI'S CHEESECAKE B1Q63 CHICAGO IL .....	\$10.64	-----
07/11	07/09	1768	CAFE ITALIA ARLINGTON VA .....	\$16.13	-----
07/11	07/10	0375	PHILADELPHIA MIKE'S ARLINGTON VA .....	\$7.18	-----
07/11	07/10	0065	FOX & HOUND # 65078 ARLINGTON VA .....	\$17.00	-----
07/13	07/11	8695	HILTON CRYSTAL CITY @ ARLINGTON VA .....	\$361.97	-----
07/13	07/11	0528	SAM'S BREWHOUSE FREDERICK MD .....	\$4.31	-----
07/13	07/11	1772	HILTON CRSTL CTY ARP F ARLINGTON VA .....	\$18.30	-----
07/24	07/22	0885	DENNY'S RESTAURANT TUSCOLA IL .....	\$16.86	-----
07/25	07/24	0226	ILLINOIS SHERIFFS' 217-753-2372 IL .....	\$250.00	-----
<b>Total for account</b> [REDACTED] .....				<b>\$723.11</b>	

**Transactions TICHAVAT**

Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
07/05	07/02	0122	AMOCO OIL 09781451 SENECA IL .....	\$42.90	-----
07/10	07/09	0133	JIMMY JOHNS #462 Q21 YORKVILLE IL .....	\$21.88	-----
07/12	07/10	8810	ROSATI'S OF YORKVILLE, YORKVILLE IL .....	\$15.57	-----
07/13	07/11	0062	GIANNIS DELICATESSEN YORKVILLE IL .....	\$13.02	-----
07/13	07/12	0074	SUNFIELD RESTAURANT YORKVILLE IL .....	\$33.23	-----
07/23	07/19	0519	CASEY MORANS CHICAGO IL .....	\$94.85	-----
07/27	07/25	0121	AMOCO OIL 09781451 SENECA IL .....	\$44.75	-----

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!**

KENDALL CO SHERIFF  
 CENTRAL BILLING ACCOUNT  
 ATTN: RICHARD A RANDALL  
 1102 CORNELL LN  
 YORKVILLE IL 60560-9597

1265EQ T61 P0



Your Account Number:	[REDACTED]
Total New Balance:	\$1,305.52
Minimum Payment Due:	\$14.00
Payment Due Date:	Aug. 27, 2007
Enter Amount of Payment Enclosed	

Cardmember Service

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





August Statement for activity from Jul. 03, 2007 through Aug. 02, 2007  
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855  
 BUS 28 01 Page 2 of 2

**Transactions TICHAVA, T** Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
07/30	07/27	0387	AMOCO OIL 09781451 SENECA IL.....	\$21.60	-----
08/02	07/31	0679	IEMA CONFERENCE REGIST 888-2177382 IL.....	\$148.75	-----
<b>Total for account</b>				<b>\$436.55</b>	

**Transactions RASSMUSSEN, KATHERINE A** Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
07/03	06/29	0035	NEXT STAR COMMUNICATIO 7706140316 GA.....	\$79.20	-----
07/09	07/06	3639	ART'S FOOD MART SANDWICH IL.....	\$11.95	-----
07/16	07/12	5109	FOX BEND RESTAURANT OSWEGO IL.....	\$18.61	-----
07/16	07/13	0022	JIMMY JOHNS #462 Q21 YORKVILLE IL.....	\$36.10	-----
<b>Total for account</b>				<b>\$145.86</b>	

**Transactions BILLING ACCOUNT ACTIVITY**

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
07/16	07/16	0090	PAYMENT THANK YOU.....	\$3,068.78 CR	-----
<b>Total for account</b>				<b>\$3,068.78 CR</b>	



Balance Type	Balance By Type	Avg. Daily Balance	Daily Periodic Rate	Rate Type	Interest	Corresp APR	***APR*** This Period	Grace Period
BALANCE TRANSFER	\$0.00	\$0.00	0.041753%	VARIABLE	\$0.00	15.24%	0.00%	N
PURCHASES	\$1,305.52	\$0.00	0.041753%	VARIABLE	\$0.00	15.24%	0.00%	Y
ADVANCES	\$0.00	\$0.00	0.066410%	VARIABLE	\$0.00	24.24%	0.00%	N

**Important Messages**

Keep your business information safe! Protect yourself from Identity Theft and Credit Card Fraud by doing the following things: make transactions with companies you know and trust, get offer details and promises in writing, check your bills and financial statements carefully, don't provide personal information to others unless you have a reason to trust them and educate yourself on fraud and identity theft.

The FTC has published a 21-page free booklet: "Take Charge: Fighting Back Against Identity Theft." For a copy, call 1-877-IDTHEFT or visit [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft).

**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](http://myaccountaccess.com)



**THE INSTITUTE FOR INTERGOVERNMENTAL  
RESEARCH, INC.**  
OPERATING ACCOUNT  
P.O. BOX 12729  
TALLAHASSEE, FL 32317

SUNTRUST BANK  
TALLAHASSEE, FLORIDA 32301  
63-215/631

**10837**

\*\*Eight Hundred Fifty-eight And 62/100 Dollars\*\*\*\*\*

DATE	AMOUNT
07/27/07	\$ 858.62

PAY  
TO THE  
ORDER  
OF

Kendall County Sheriff's Office  
Richard Randall  
1102 Cornell Lane  
Yorkville, IL 60560

*Richard Randall*  
AUTHORIZED SIGNATURE

279

⑆010837⑆



# IIR Travel Reimbursement Form

(See reverse side of form for instructions.)

*KNA* R 7/23/07

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

Name: Richard A. Randall Purpose of Travel: G.W.I.G. Meeting

Agency: [Redacted] 630-553-7506 x1111 E-mail: Rrandall@C.Kendall.com

Mailing Address: 1102 Cornell Ln. Yorkville, IL 60560

Departure Date: 07/09/2007 Time: 9:00 <sup>a.m.</sup>/<sub>p.m.</sub> Return Date: 07/11/2007 Time: 10:00 <sup>a.m.</sup>/<sub>p.m.</sub>

Travel Dates	07/9/07	07/10/07	07/11/07							Total
From:	Yorkville IL		WASH. D.C.							
To:	Chicago O'HARE		Chicago O'HARE							
To:	WASH. D.C.		Yorkville IL							
Location										
Car Mileage										
Lodging*	178.61	178.61	14.00							357.22
Per Diem	48.00	54.00	59.08				176.00			437.08
Travel (Air/Rail/Bus)*	279.80									279.80
Rental Car*										
Taxi (Receipt required if over \$25)										
Auto Expenses @ 44.5 cents per mile										
Parking*	33.60									33.60
Gas*										
Baggage Tips	12.00									12.00
Miscellaneous*										858.62
<b>TOTAL</b>	<b>552.01</b>	<b>242.61</b>	<b>64.00</b>							<b>858.62</b>
Project Number (IIR Internal Use Only)	279	279	279							Total Reimbursed

\*Attach Receipts

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

#279 7.20.07  
GWT  
DAR 07/20/07

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.

Signature: [Signature] Date: 07/13/07

Accounting Use Only

GB	TC	DD
Payee:	Kendall Co. SO	
Check #:	Check Date:	Check Amt:
		858.62
Cost Center	G/L Acct	Amount
279	5305	858.62



**THE INSTITUTE FOR INTERGOVERNMENTAL  
RESEARCH, INC.**  
OPERATING ACCOUNT  
P.O. BOX 12729  
TALLAHASSEE, FL 32317

ST. TRUST BANK  
TALLAHASSEE, FLORIDA 32301  
63-215/631

**10837**

\*\*Eight Hundred Fifty-eight And 62/100 Dollars\*\*\*\*\*

DATE	AMOUNT
07/27/07	\$ 858.62

PAY  
TO THE  
ORDER  
OF

Kendall County Sheriff's Office  
Richard Randall  
1102 Cornell Lane  
Yorkville, IL 60560

[REDACTED]

*Justin Randall*  
AUTHORIZED SIGNATURE

279





September Statement for activity from Aug. 03, 2007 through Sep. 04, 2007  
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855  
 BUS 18 01 Page 1 of 3

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

Account: 4 [REDACTED]

**Activity Summary**

Previous Balance .....	\$1,305.52
Payments and Credits .....	\$1,305.52
Purchases, Advances & Other Debits .....	\$2,659.23
<b>FINANCE CHARGES .....</b>	<b>\$0.00</b>
<b>New Balance .....</b>	<b>\$2,659.23</b>

**Credit and Payment Information**

Credit Line .....	\$18,000.00
Available Credit .....	\$15,340.77
Minimum Payment Due (Current Month) ...	\$27.00
Minimum Payment Due (Past Due) .....	\$0.00
<b>Total New Minimum Payment Due.....</b>	<b>\$27.00</b>
<b>Payment Due Date .....</b>	<b>Sep. 29, 2007</b>

To reduce or avoid paying additional finance charges on your purchase balance, pay the total new balance of \$2,659.23 by 09/29/07. 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
08/07	08/06	1887	JEWEL-OSCO #3102 YORKVILLE IL.....	\$89.05	-----
08/09	08/07	2442	SPEEDWAY 7113 Q64 YORKVILLE IL.....	\$11.72	-----
08/13	08/11	0202	MORRIS 66 10006773 MORRIS IL.....	\$45.30	-----
08/16	08/14	6524	HOTEL PERE MARQUETTE PEORIA IL.....	\$280.98	-----
08/23	08/21	1606	UNITED AI0162163305698 ROSEMONT IL.....	\$313.80	-----
			RANDALL/RICHAR 09/26/07 CHICAGO TO WAUSAU WAUSAU TO CHICAGO		
08/31	08/29	4101	MID-AMERICAN CELLULAR 630-5539090 IL .....	\$26.76	-----
<b>Total for account [REDACTED] .....</b>				<b>\$767.61</b>	

**Transactions TICHAVA,T**

Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
08/09	08/07	4363	ELMER'S DOG HOUSE 630-8441115 IL.....	\$58.25	-----
08/10	08/08	0035	GIANNIS DELICATESSEN YORKVILLE IL.....	\$15.73	-----
08/17	08/16	0307	AMOCO OIL 09781451 SENECA IL.....	\$24.90	-----
08/21	08/19	0443	AMOCO OIL 09781451 SENECA IL.....	\$32.40	-----
<b>Total for account [REDACTED] .....</b>				<b>\$131.28</b>	

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!**

KENDALL CO SHERIFF  
 CENTRAL BILLING ACCOUNT  
 ATTN:RICHARD A RANDALL  
 1102 CORNELL LN  
 YORKVILLE IL 60560-9597

1142EQ T62 P0



Your Account Number:	[REDACTED]
Total New Balance:	\$2,659.23
Minimum Payment Due:	\$27.00
Payment Due Date	Enter Amount of Payment Enclosed
Sep. 29, 2007	[REDACTED]

Cardmember Service

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





September Statement for activity from Aug. 03, 2007 through Sep. 04, 2007  
 KENDALL CO SHERIFF (CPN 000012442)

Inquiries: 1-866-552-8855  
 BUS 18 01 Page 2 of 3

**Transactions SMITH, P** Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
08/21	08/20	0068	INTL ASSN OF CHIEF OF 703-8366767 VA.....	\$220.00	-----
08/22	08/20	0250	UNITED AI0167070261523 SAN ANTONIO TX.....	\$193.80	-----
			SMITH/PHIL 09/14/07 OHARE TO NEW ORLEANS NEW ORLEANS TO OHARE		
08/22	08/20	6578	TRAVELOCITY.COM 800-256-9089 TX.....	\$6.00	-----
08/27	08/24	9951	ROSATI'S OF YORKVILLE, YORKVILLE IL.....	\$27.35	-----
08/31	08/29	2151	AMERICAN 0017072566310 ATLANTA GA.....	\$99.40	-----
			SMITH/PHIL 10/12/07 OHARE TO NEW ORLEANS		
08/31	08/30	8177	EXPEDIA*SERVICE FEES 800-367-3476 NV.....	\$5.00	-----
<b>Total for account</b>				<b>\$551.55</b>	

*Training*

**Transactions KOSTER, SCOTT** Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
08/09	08/07	0380	Dominicks Stor00019570 OSWEGO IL.....	\$61.67	-----
08/16	08/14	4314	admin@dopedog.com 93-7711476 OH.....	\$216.40	-----
<b>Total for account</b>				<b>\$278.07</b>	

**Transactions KING, SABRINA** Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
08/06	08/05	0771	CHEVY'S CHAMPAIGN IL.....	\$23.38	-----
08/07	08/06	5617	STEAK-N-SHAKE#0204 Q99 CHAMPAIGN IL.....	\$9.49	-----
08/08	08/06	0035	THE SPAGHETTI SHOP 217-3529560 IL.....	\$6.91	-----
08/08	08/07	0116	BOB EVANS REST #0095 CHAMPAIGN IL.....	\$9.72	-----
08/09	08/07	3142	RED LOBSTER US00062265 CHAMPAIGN IL.....	\$21.10	-----
08/10	08/08	1672	CHINATOWN BUFFET CHAMPAIGN IL.....	\$17.29	-----
08/13	08/10	6726	COMFORT INNS CHAMPAIGN CHAMPAIGN IL.....	\$368.25	-----
08/13	08/09	6761	BUFFALO WILD WINGS SAV SAVOY IL.....	\$10.64	-----
<b>Total for account</b>				<b>\$466.78</b>	

**Transactions RASSMUSSEN, KATHERINE A** Credit Limit \$5000

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
08/06	08/02	2076	MICHAELS #1604 DEKALB IL.....	\$104.68	-----
08/06	08/03	0160	THE STONEFIRE REST YORKVILLE IL.....	\$37.83	-----
08/08	08/07	0228	JEWEL-OSCO #3102 YORKVILLE IL.....	\$16.61	-----
08/14	08/13	1717	MYR*MYRON MANUFACTURIN 201-843-6796 NJ.....	\$208.87	-----
08/21	08/20	0158	JIMMY JOHNS #462 Q21 YORKVILLE IL.....	\$40.36	-----
08/24	08/22	8776	ROSATI'S OF YORKVILLE, YORKVILLE IL.....	\$39.51	-----
08/27	08/25	0804	OLD NAVY #6592 DEKALB IL.....	\$16.08	-----
<b>Total for account</b>				<b>\$463.94</b>	

*write check  
Mistake*

**Transactions BILLING ACCOUNT ACTIVITY**

Post Date	Trans Date	Ref. Nbr	Description of Transaction	Amount	Notation
08/17	08/17	0112	PAYMENT THANK YOU.....	\$1,305.52 CR	-----
<b>Total for account</b>				<b>\$1,305.52 CR</b>	



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 BUS 18 01 Page 3 of 3

<b>Rate Summary</b>	<b>Balance</b>	<b>Avg. Daily</b>	<b>Daily</b>	<b>Rate</b>	<b>Corresp</b>	<b>***APR***</b>	<b>Grace</b>
<b>Balance Type</b>	<b>By Type</b>	<b>Balance</b>	<b>Periodic Rate</b>	<b>Type</b>	<b>Interest</b>	<b>APR This Period</b>	<b>Period</b>
BALANCE TRANSFER	\$0.00	\$0.00	0.041753%	VARIABLE	\$0.00	15.24%	0.00% N
PURCHASES	\$2,659.23	\$0.00	0.041753%	VARIABLE	\$0.00	15.24%	0.00% Y
ADVANCES	\$0.00	\$0.00	0.066410%	VARIABLE	\$0.00	24.24%	0.00% N

**Important Messages**

If you exceed your Credit Limit, we may assess an Overlimit Fee. Please review your Cardmember Agreement for more information on Account fees.

**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](http://myaccountaccess.com)

End of Statement

KENDALL CO SHERIFF

**See the biggest NFL games of the season with inside access!**

The Visa Inside Pass promotion gives you a chance for exclusive access inside the NFL Playoffs, Super Bowl and the Pro Bowl. Find out more by visiting [visa.com/NFL](http://visa.com/NFL) through December 15, 2007.

**Use your Visa Business card between now and December 15, 2007 to enter.**

Or, register at [visa.com/NFL](http://visa.com/NFL) for a chance to win exclusive access to the NFL. The issuer, creditor and service provider of your Visa Business card is Elan Financial Services.



ANDREW G. RASSMUSSEN  
KATHERINE A. RASSMUSSEN

70-442/711  
570073464

5107

DATE

9/5/00

PAY TO THE  
ORDER OF

*Elan Financial*  
*Sixteen & 08/100*

\$ 16.08

DOLLARS



MEMO

*[Handwritten signature]*

MP

© DELUXE WALLET OR DUPLICATE SAFETY PAPER



# IIR Travel Reimbursement Form

(See reverse side of form for instructions.)

IIR, Post Office Box 12729

Tallahassee, FL 32317

Phone: (850) 385-0600

*Handwritten initials: BW*

*Handwritten: R 10/10/07*

Name: Richard A. Randall Purpose of Travel: CICC MEETING

Agency: Kendall County Sheriff's Office Phone: 630-553-7500 E-mail: R.Randall@co.kendall.il.us

Mailing Address: 1102 Cornell Ln. Yorkville, IL 60560

Departure Date: 09/26/2007 Time: 8:00 <sup>a.m.</sup>/<sub>p.m.</sub> Return Date: 09/27/2007 Time: 11:30 <sup>a.m.</sup>/<sub>p.m.</sub>

*Handwritten: Alexandria*

Travel Dates	09/26	09/27								Total
From:	Yorkville	WASH. D.C.								
To:	CHICAGO SHARE	CHICAGO SHARE								
Location	WASHINGTON D.C.	Yorkville IL								
Car Mileage										
Lodging*		216.48								216.48
Per Diem	48.00	59.00	64.00						112.00	123.00
Travel (Air/Rail/Bus)*		313.80								313.80
Rental Car*										
Taxi (Receipt required if over \$25)										
Auto Expenses @ 44.5 cents per mile										
Parking*		22.40								22.40
Gas*										
Baggage Tips		19.00	<i>(several tips)</i>							19.00
Miscellaneous*										
<b>TOTAL</b>	48.00	635.68							683.68	674.68
Project Number (IIR Internal Use Only)	279	279								Total Reimbursed

\*Attach Receipts

Comments/Explanation of Unusual Expenses (Attach additional sheets if necessary): *#279 JWA 10.10.07*

*JWR 10/10/07*

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.

Signature: *[Signature]* Date: 10/04/07

Accounting Use Only		
GB	TC	DD
Payee:	<u>Kendall Co SO.</u>	
Check #:	Check Date:	Check Amt:
		<u>683.68</u>
Cost Center	G/L Acct	Amount
<u>279</u>	<u>5305</u>	<u>683.68</u>

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

INVOICE NO.

DATE: 10/19/07

**11457**

10/10/07 9/26 ALEXANDRIA

AMOUNT  
683.68

AMOUNT PAID  
683.68

MEMO: Exp Reim - Richard A. Randall

TOTAL PAID \$ 683.68