NCPERS Group Life Ins.
c/o Member Benefits, Inc.
PO Box 17605
Jacksonville, FL 32245

NCPERS GROUP LIFE INSURANCE MONTHLY BILLING STATEMENT

D04018800000597_CRE

TWP OF MAHOMET
ATTN: AARON WHEELER
704 E FRANKLIN
PO BOX 492
MAHOMET IL 61853-0492

Please send payment to:
NCPERS Group Life Ins.
c/o Member Benefits
PO Box 17605
Jacksonville, FL 32245

INVOICE DATE: NOVEMBER 1, 2024
PREMIUM FOR MONTH OF: 12/2024
DUE DATE: DECEMBER 10, 2024

BILLING: 3836122024
UNIT NUMBER: [redacted]
SYSTEM: IMRF

This statement is for November payroll deductions.
Premiums are due by the 10th of the Premium Month.

OPEN INVOICE SUMMARY

Invoice Number	Coverage Period	Total Due	Total Paid	Open Balance
3836112024	11/1/2024 - 11/30/2024	$32.00	$0.00	$32.00
3836122024	12/1/2024 - 12/31/2024	$32.00	$0.00	$32.00
TOT		**$64.00**	**$0.00**	**$64.00**

IMPORTANT INFORMATION

To expedite enrollment changes, please email your changes to ncpers@memberbenefits.com.
Access the NCPERS Life Insurance Resource Page at ncpers.memberbenefits.com/resources.

CURRENT CHARGES

CODES: A = Add | T = Terminated Employment | V = Voluntary Cancellation | M = Medical Leave | R = Retired

MEMBER NAME	ID	PREMIUM	CODE	COMMENT
CHRISTIE, PAUL G	[redacted]	$16.00		
DOENITZ, CHRIS A	[redacted]	$16.00		
TOT		**$32.00**		

Date Rec.
Code 5-
Account # [redacted]
Amount 16.-
Signature

GROUP CONTACT INFORMATION

☐ KEEP MY CURRENT CONTACT INFORMATION

Contact Name: AARON WHEELER
Phone Number: (217) 586-5757
Email Address:

☐ UPDATE MY CONTACT INFORMA

Contact Name:
Phone Number:
Email Address:

FLIP-N-Seal Snow Removal

Date: December 4, 2024
[redacted]

To

Mahomet Township Building
Mahomet, Il ,61853

Salesperson	Job	Payment Terms	Due Date
Nic DiFilippo	Township	Due upon Receipt	

Qty	Description	Date	Line Total
1	Per Snow Removal Township Building		$30
1	Per Salt walk and steps		$25
	Subtotal		
	Sales Tax		
		Total	$55

Date Rec.

Code 5-6020

Account # [redacted]

Amount 55.—

Signature

Make all checks payable to Nic DiFilippo

Thank you for your business!

FLIP-N-SEAL Snow Removal 409 Fox Run Drive Mahomet IL 61853 Phone 217-493-0837 ndifilippo@ms.k12.il.us

Invoice

Champaign Multimedia Group dba The

P.O. Box 616
West Frankfort, IL 62896

Phone: 217-351-5252
Fax: 217-351-5291
URL: www.news-gazette.com

Mahomet Township
PO BOX 492
Mahomet, IL 61853

Acct #: [redacted]
Phone: (217)586-5757
Date: 11/07/2024
Ad #: 01115787
Salesperson: NG0041 Ad Taker: NG0066

Class: C599

Ad Notes:

Sort Line: Notice of Caucus Republican

Description	Start	Stop	Ins.	Cost/Day	Amount
AFF Affidavit Fee					2.00
3NG The News Gazette	11/15/2024	11/15/2024	1	66.00	66.00
3OL Online - News Gazette	11/15/2024	11/15/2024	1	0.00	0.00

Date Rec.__________

Code 5-6042

Account # [redacted]

Amount 68.-

Signature__________

Ad Text:

NOTICE OF CAUCUS
NOTICE IS HEREBY GIVEN that on December 3, 2024, a caucus of the Republican Party in the Township of Mahomet, Champaign County, Illinois (60ILCS 1/45-10), will be held at Lincoln Trail Elementary School cafeteria, 102 East State St., Mahomet, Illinois commencing at 7:00 pm for the purpose of nominating Republican candidates for the following offices:
Supervisor
Highway Commissioner

[redacted]

Payment Reference:

Total:	68.00
Tax:	0.00
Net:	68.00
Prepaid:	0.00
Total Due	**68.00**

Invoice

Champaign Multimedia Group dba The

P.O. Box 616
West Frankfort, IL 62896

Phone: 217-351-5252
Fax: 217-351-5291
URL: www.news-gazette.com

Mahomet Township
PO BOX 492
Mahomet, IL 61853

Acct #: [redacted]
Phone: (217)586-5757
Date: 11/07/2024
Ad #: 01115775
Salesperson: NG0041 Ad Taker: NG0066

Class: C599
Ad Notes:
Sort Line: Notice of Caucus Democratic

Description	Start	Stop	Ins.	Cost/Day	Amount
AFF Affidavit Fee					2.00
3NG The News Gazette	11/15/2024	11/15/2024	1	20.40	20.40
3OL Online - News Gazette	11/15/2024	11/15/2024	1	0.00	0.00

Date Rec.__________
Code 5-6042
Account # [redacted]
Amount 22.40
Signature__________

Ad Text:

NOTICE OF CAUCUS
NOTICE IS HEREBY GIVEN THAT NO CAUCUS of the Democratic Party, in the Township of Mahomet, Champaign Couty, Illinois will not be held. The Democratic Precinct Committee People of Mahomet Township have declined to hold a Democratic Caucus for township positions for April 1, 2025 general election.

Mahomet Township
Board of Trustees

[redacted]

Payment Reference:

Total:	22.40
Tax:	0.00
Net:	22.40
Prepaid:	0.00
Total Due	**22.40**

Area Garbage Service

P. O. Box 408
Mahomet, IL. 61853

Date
12/1/2024

217-586-4085

To:
Mahomet Township P. O. Box 492 Mahomet, IL. 61853

Amount Due	Amount Enc.
$38.50	

Date	Transaction	Amount	Balance
10/31/2024	Balance forward		0.00
11/01/2024	Monthly service November --- November Hauling $38.50	38.50	38.50
11/18/2024	PMT #9423. On account - Thank you	-38.50	0.00
12/01/2024	December --- monthly hauling $38.50	38.50	38.50

Date Rec. 11-18-24

Code 5-6070

Account # DC

Amount 38.50

Signature

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
38.50	0.00	0.00	0.00	0.00	$38.50

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued	11/14/2024
Amount Due	$221.12
Due Date	Jan 13, 2025
Last Payment	$276.19

Payment received. Thank you.

Account Number [redacted]
Customer Name MAHOMET TOWNSHIP
Service Address 512 E MAIN ST
MAHOMET, IL 61853

Current Charge Summary for Statement 11/14/2024

Total Electric Charge	$128.10
Total Gas Charge	$93.02
Subtotal Current Charges	**$221.12**
Total Amount Due	**$221.12**

Important Account Messages

The current billed amount of $221.12 is due on Jan 13, 2025.

Electric Usage History in Kilowatt Hours (kWh)

	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
kWh	578	555	698	1184	1196	1283	1142	1387	1656	817	893	963	626
Average Monthly Temperature	52°	40°	34°	33°	44°	48°	61°	70°	77°	74°	71°	68°	54°

Average Daily Electric Use (kWh)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	20.87 kWh
LAST MONTH	31.06 kWh
LAST YEAR	18.06 kWh

Gas Usage History in Therms

	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Therms	29	99	169	122	57	37	6	5	4	4	5	4	16
Average Monthly Temperature	53°	40°	34°	33°	44°	48°	61°	70°	77°	74°	71°	68°	55°

Average Daily Gas Use (Therms)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	0.50 Therms
LAST MONTH	0.14 Therms
LAST YEAR	1.00 Therms

00075 2340538 000296 000595 0003/0004
INTERNAL USE ONLY

See page 2 for account messages and tips from Ameren Illinois.

Keep this portion for your records.

Please detach stub and return this portion with your payment.

Ameren ILLINOIS

See reverse side if your address has changed and for details on other ways to pay your bill.

Account Number [redacted]
Amount Due $221.12
Due Date 01/13/2025
Amount Enclosed ____________

Date Rec. 11-18
Code 5-6070
Account # [redacted]
Amount 221.12
Signature ____________

MAHOMET TOWNSHIP
PO BOX 492
MAHOMET, IL 61853-0492

AMEREN ILLINOIS
P.O. BOX 88034
CHICAGO, IL 60680-1034

[redacted]

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued 11/14/2024
Amount Due $221.12
Due Date Jan 13, 2025

Account Number	[redacted]
Customer Name	MAHOMET TOWNSHIP
Service Address	512 E MAIN ST MAHOMET, IL 61853

Payment Details

	DATE	AMOUNT
Payment Received	November 6, 2024	$276.19

Electric Service Non Residential Billing Detail - Rate Zone III   10/13/2024 - 11/12/2024 (30 days)

Electric Meter Read for 10/13/2024 - 11/12/2024 (30 days)

READ TYPE	METER NUMBER	CURRENT METER READ	PREVIOUS METER READ	READ DIFFERENCE	MULTIPLIER	USAGE
Total kWh	72664936	61841.0000 Actual	61215.0000 Actual	626.0000	1.0000	626.0000

Usage Summary

Total kWh	626.0000	Non-Summer kWh	626.0000

	CHARGE DESCRIPTION	USAGE	UNIT	RATE	CHARGE
Electric Delivery	Customer Charge				$23.77
Ameren Illinois	Meter Charge				$7.63
DS-2 Small General Delivery	Distribution Delivery Charge Non-Summer	626.00	kWh	@ $ 0.03063000	$19.17
Service	Electric Deferred Income Tax Adjustment	$44.69		@ -2.730000%	$-1.22
	Delivery Service Cost Adjustment	$44.69		@ 9.800000%	$4.38
				Electric Delivery	**$53.73**
Electric Supply	Purchased Electric Non-Summer	626.00	kWh	@ $ 0.06717000	$42.05
Ameren Illinois	Purchased Electricity Adjustment	626.00	kWh	@ $-0.00133200	$-0.83
BGS-2 Basic Generation	Supply Cost Adjustment	626.00	kWh	@ $ 0.00113000	$0.71
Service	Transmission Service Charge	626.00	kWh	@ $ 0.02021000	$12.65
				Electric Supply	**$54.58**
State and Local Taxes and Other Mandated Charges	Customer Generation Charge				$1.33
	Clean Energy Assistance Charge	626.00	kWh	@ $ 0.00189000	$1.18
	Coal to Solar and Energy Storage Charge*	626.00	kWh	@ $ 0.00002000	$0.01
	Renewable Energy Adjustment*	626.00	kWh	@ $ 0.00458000	$2.87
	EDT Cost Recovery	626.00	kWh	@ $ 0.00125310	$0.78
	Electric Environmental Adjustment	626.00	kWh	@ $ 0.00056700	$0.35
	Energy Efficiency Programs Charge	626.00	kWh	@ $ 0.00617000	$3.86
	Energy Transition Assistance Charge*	626.00	kWh	@ $ 0.00072000	$0.45
	Utility-Owned Solar and Storage Adjustment*	626.00	kWh	@ $ 0.00008400	$0.05
	Mahomet Municipal Tax				$3.52
	Mahomet Infrastructure Mtce Fee				$3.32
	Illinois State Electricity Excise Tax				$2.07
				Total Taxes and Other Charges	**$19.79**

*Includes mandated charges and programs, and other changes resulting from the 2021 state energy law.

Total Electric Charges **$128.10**

00075 2340538 000299 000597 0004/0004

FRONTIER

MAHOMET TOWNSHIP

Your Monthly Invoice

Account Summary

New Charges Due Date	**12/16/24**
Billing Date	11/22/24
Account Number	[redacted]
PIN	[redacted]
Previous Balance	101.31
Payments Received Thru 11/08/24	-101.31
Thank you for your payment!	
Balance Forward	.00
New Charges	105.32
Total Amount Due	**$105.32**

Date Rec. ______________________

Code ______ 5-6071 ______

Account # [redacted]

Amount ______ 105.32 ______

Signature ______________________

FRONTIER P.O. Box 211579
Eagan, MN 55121-2879

6790 0004 NO RP 22 11242024 NNNNNNYN 01 000877 0004

MAHOMET TOWNSHIP ASSESSOR
PO BOX 492
MAHOMET IL 61853-0492

PAYMENT STUB

Total Amount Due	**$105.32**
New Charges Due Date	12/16/24
Account Number	[redacted]
Amount Enclosed	$ ________

Mail Payment To:

FRONTIER
P.O. BOX 740407
CINCINNATI, OH 45274-0407

[redacted]

FRONTIER

MAHOMET TOWNSHIP

Date of Bill 11/22/24
Account Number [redacted]

CURRENT BILLING SUMMARY

Local Service from 11/22/24 to 12/21/24

Qty Description [redacted]	Charge
Basic Charges	
Business Line - Measured	29.00
Carrier Cost Recovery Surcharge	13.99
Multi-Line Federal Subscriber Line Charge	9.20
Access Recovery Charge Multi-Line Business	3.00
Frontier Roadwork Recovery Fee	2.25
Local Measured Service	.30
IL State & Local Excise Tax	8.72
FTR LD USF Surcharge	5.01
Federal USF Recovery Charge	4.36
IL State 911 Surcharge	1.50
IL Universal Service Fund	.84
IL Telecom Infrastructure Maint Fee	.32
IL State Public Utilities Tax	.03
IL Telecom Relay Surcharge	.02
IL State Public Utilities Tax-Incremental	.01
Total Basic Charges	**78.55**
Non Basic Charges	
Federal Primary Carrier Multi Line Charge	14.99
Other Charges-Detailed Below	3.00
FTR LD USF Surcharge	5.37
IL State & Local Excise Tax	3.04
IL Telecom Infrastructure Maint Fee	.09
IL Universal Service Fund	.08
Total Non Basic Charges	**26.57**
Toll/Other	
Frontier -Detailed Below	.18
IL State & Local Excise Tax	.02
Total Toll/Other	**.20**

TOTAL 105.32

MEASURED CALL DETAIL for [redacted]

BUS USS CLASS B EAS

Type of Call	Number of Calls	Additional Minutes	Charge
Dial Day	6	6	.30
Dial Evening			.00
Dial Night			.00
	Less Allowance for 31 Days		.00

Subtotal .30

** ACCOUNT ACTIVITY **

Qty Description	Order Number	Effective Dates	
1 Usage Sensitive Repeat Dial-Bus		11/22	3.00
[redacted]		Subtotal	3.00

Subtotal 3.00

DETAIL OF USAGE SENSITIVE CHARGES

Usg Sensitive Rpt Dial-Bu 1 activation 3.00 per activation 3.00
Max Charge: 15.00

Total for [redacted] 3.00

Detail of Frontier Charges

Toll charged to 217/586-1938

Ref #	Date	Time	Min	*Type	Place and Number Called	Charge
1	NOV 08	2:40P	1.0	DS	RANTOUL IL (217)892-4133	.18
[redacted]					Subtotal	.18

CUSTOMER TALK

If your bill reflects that you owe a Balance Forward, you must make a payment immediately in order to avoid collection activities. You must pay a minimum of $105.32 by your due date to avoid disconnection of your local service. All other charges should be paid by your due date to keep your account current.

Staples

2005 N. Prospect Ave
Champaign, IL 61822
217-373-8490

Sale

Store: 367 Register: 3
Date: 10/9/24 Time: 11:12 AM
Transaction: 27125 Cashier: 3012603

Qty	Item	Price	Amount
	STAPLES 8.5X14 20/		
1	718103026925	14.49	14.49
	STAPLES 8.5X14 20/		
1	718103026925	14.49	14.49
	STAPLES 8.5X14 20/		
1	718103026925	14.49	14.49
	STAPLES 8.5X14 20/		
1	718103026925	14.49	14.49

Subtotal 57.96
ILLINOIS 9% 5.22

Total 63.18

US Debit USD$63.18
Card No. : [redacted]
Chip Read
Auth No. : 000323
Mode.: Issuer
AID : A0000000042203
TVR.: 8000048000
TAD.: 0110601001220000000000000000000000F
TSI.: 6800
ARC.: 3030

Verified By PIN

Staples,
the working and learning store.
Discover every tool to take on tomorrow
including products, services
and inspiration that help you
unlock what is possible.

THANK YOU FOR SHOPPING AT
STAPLES!

aT113J61161 3J6C4AYF69a

Customer Copy

Earn points and save
with Easy Rewards
Here's how it works:
Every 200 points - $1
1000 points - $5
2000 points - $10
Redeem and save today!

Did you know
We'll beat any print quote.
Visit staples.com/pricematch
In store only.

Print more, save more! Get $20 off $100, $50 off $200 or $150 off $500 on your print purchase. Ends 11/2/24. Get started at staples.com/print

Date Rec.

Code 5-6095

Account # Direct Debit

Amount 63.18

Signature

Kelly's Accounting Service, Inc.
310 W Washington St
P.O. Box 17
Monticello, IL 61856

Invoice

Date	Invoice #
11/20/2024	76807

Bill To
Mahomet Township
512 E Main St
Mahomet, IL 61853

Terms	Due Date
Net 30	12/20/2024

Description	Amount
Accounting Services/Payroll Processing - October 2024	**1,300.00**

Date Rec.
Code 5-6115
Account # Oct
Amount 650.—
Signature

Any balance past 30 days will accrue a 1% interest charge added monthly. Customer shall be responsible for all costs of collection of this account including reasonable attorney's fees and court costs.

Total **$1,300.00**

THANK YOU!

Balance Due **$1,300.00**

Telephone: 217-762-5509 Fax: 217-762-4209 KELLY@KELLYSACCOUNTING.COM www.kellysaccounting.com

Peoria Office
227 N.E. Jefferson
Peoria, IL 61602
Telephone: (309) 674-1133
Fax: (309) 674-6503

QJ | QUINN JOHNSTON

Springfield Office
400 S. 9th Street, Suite 102
Springfield, IL 62701
Telephone: (217) 753-1133
Fax: (217) 753-1180

December 6, 2024

IRS #37-1053375

Mahomet Township
P.O. Box 492
Mahomet, IL 91853

Date Rec. 12-9-24
Code 5-6120
Account # [redacted]
Amount 5992.—
Signature

Invoice # 219539

Re: Mahomet Township
Our File No. 900-101900845 - APC

For Services Rendered Through December 1, 2024

Fees

Date	Atty	Description	Task	Hours	Amount
11/05/24	MAK	Review and analyze issues [redacted] e-mail to Aaron Wheeler re same		0.80	160.00
11/05/24	MAK	Review and research issues [redacted] - e-mail to Aaron Wheeler		1.30	260.00
11/06/24	MAK	E-mail from Aaron - analyze issues re same		0.50	100.00
11/07/24	NM	Receipt and review of FOIA request to Mahomet Township and correspondence with Christi.		0.50	85.00
11/07/24	MAK	Phone conference with [redacted] re same		0.50	100.00
11/07/24	MAK	Research [redacted] - email to Aaron Wheeler re same		1.50	300.00
11/11/24	NM	Review and analysis of document production and preparation of response to [redacted] FOIA Request.		1.50	255.00
11/11/24	MAK	Phone conference re [redacted]		0.30	60.00
11/12/24	MAK	Review FOIA Response		0.30	60.00
11/13/24	MAK	E-mails re [redacted] - research issues and prepare for same		0.80	160.00
11/13/24	MAK	Travel to and from Mahomet - analyze meeting issues - participate in meeting - conference with Board Members - conference with Township Supervisor		3.90	780.00
11/14/24	NM	Receipt and review of FOIA requests and [redacted] regarding requests.		0.50	85.00
11/18/24	NM	Receipt review and redaction of [redacted]		2.00	340.00
11/18/24	NM	Receipt and review of [redacted] analyze same		0.30	51.00
11/18/24	NM	Draft and revise response to FOIA request from [redacted]		1.50	255.00

Date	Atty	Description	Task	Hours	Amount
		[redacted]			
11/18/24	NM	Email correspondence with Christi regarding [redacted]		0.20	34.00
11/18/24	NM	Receipt, review, and analysis of FOIA request from [redacted]		0.50	85.00
11/19/24	NM	Receipt and review of documents for FOIA, correspondence with [redacted] and draft response to FOIA request from [redacted]		1.10	187.00
11/19/24	MAK	Review FOIA Responses to Brian Anderson		0.40	80.00
11/22/24	NM	Email correspondence with [redacted] regarding FOIA response.		0.20	34.00
11/25/24	MAK	Review FOIA Response		0.30	60.00
			Total Fees		**3,531.00**

Services Summary

		Hours	Rate	Amount
Michael A. Kraft	Sr. Partner	10.60	200.00	2,120.00
Noah Miller	Associate	8.30	170.00	1,411.00
	Totals	**18.90**		**3,531.00**

Total Fees and Costs	**3,531.00**
Total This Invoice	**3,531.00**
Past Due Balance	2,461.00
Total Amount Due	**5,992.00**

Peoria Office
227 N.E. Jefferson
Peoria, IL 61602
Telephone: (309) 674-1133
Fax: (309) 674-6503

QJ | QUINN JOHNSTON

Springfield Office
400 S. 9th Street, Suite 102
Springfield, IL 62701
Telephone: (217) 753-1133
Fax: (217) 753-1180

November 12, 2024

IRS #37-1053375

Mahomet Township
P.O. Box 492
Mahomet, IL 91853

Invoice # 218774

Re:Mahomet Township
Our File No. 900-101900845 - APC

For Services Rendered Through November 1, 2024

Fees

Date	Atty	Description	Task	Hours	Amount
10/02/24	NM	Correspondence with Christi at Mahomet Township - draft letter to [redacted]		1.00	170.00
10/02/24	NM	Correspondence with Aaron Wheeler at Mahomet Township - draft of letter to [redacted]		1.00	170.00
10/02/24	MAK	Review FOIA Responses		0.30	60.00
10/03/24	MAK	E-mails re [redacted]		0.50	100.00
10/04/24	MAK	Analyze issues for [redacted] - e-mails re same		0.50	100.00
10/09/24	MAK	Prepare for and attend Board Meeting - travel to and from meeting - conference with Aaron		3.40	680.00
10/10/24	NM	Review and redaction of [redacted] and emails with Christi.		1.40	238.00
10/10/24	MAK	E-mails with Aaron Wheeler re [redacted] - review same - e-mail from Brian Anderson		0.80	160.00
10/14/24	NM	Receipt and review of [redacted]		0.30	51.00
10/14/24	NM	Receipt, review, and response to [redacted] FOIA request.		1.60	272.00
10/14/24	MAK	Emails re [redacted] - review FOIA Response and documents		1.00	200.00
10/21/24	MAK	E-mail from Aaron - initial research of issues		0.50	100.00
10/24/24	MAK	Research issues for Aaron Wheeler		0.80	160.00
			Total Fees		**2,461.00**

Services Summary

	Hours	Rate	Amount

			Hours	Rate	Amount
Michael A. Kraft	Sr. Partner		7.80	200.00	1,560.00
Noah Miller	Associate		5.30	170.00	901.00
		Totals	**13.10**		**2,461.00**

Total Fees and Costs	**2,461.00**
Total This Invoice	**2,461.00**
Past Due Balance	5,188.00
Total Amount Due	**7,649.00**

Your PO Box fee is due by the LAST DAY OF THIS MONTH.

Your PO Box will be closed if the fee is not paid by the due date. If the fee is not paid within 10 days after the due date, **a late payment charge will apply.** You may make payment by any of the convenient options noted on the inside top portion of this envelope.

Make checks or money orders payable to **"U.S. Postal Service."** If the bank returns your check, or if payment is not received by the due date, your PO Box service will be suspended **until all associated charges** are paid.

Please disregard this notice if payment has been made.

Thank you.

☐ Annual

☐ Semiannual

$ __________ Amount

Box #492 61853
MAHOMET TOWNSHIP
6 Months: $36.00 12 Months: $72.00
Due Date: 12/31/2024

Post Office Box Service Fee Due

Notice 32-B, September 2010 | PSN 7610-03-000-8332

Change to PO Box Use: ☐ **Business Use** ☐ **Residential Use**

Date Rec. ________

Code 5-6205

Account # [redacted]

Amount 72.—

Signature ________

Health Alliance
3310 Fields South Dr.
Champaign, IL 61822

Premium Invoice

Sent 11/13/24

Health Alliance™

Account ID: [redacted]

Mail to:

Shereth A Doenitz
125 COUNTY ROAD 2300 N
MAHOMET IL 61853-8902

200106

Invoice Information

INVOICE NUMBER: 45433-026

Current Month Premium:	[redacted]
Previous Balance:	
Retro-Active Transactions:	$0.00
Payment Received:	[redacted]
Current Balance Due:	

Payment due by
12/1/2024

See following pages for statement details →

Questions?

If you would like to speak to a customer service representative, please call (866) 247-3296 .

To review and pay online:

www.healthalliance.org

Pay by check:

Make checks payable to Health Alliance Medical Plans

Important Information

Please do not send messages to Health Alliance with your payment. Payments are processed electronically, and your message will not be received. Instead, please call the number on the back of your ID card or send your message to Health Alliance, 3310 Field South, Champaign, IL 61822.

Note: Depending on how you pay your premium, you may be asked to reenter your payment information. If you are currently enrolled in Autopay, no further action is needed.

Date Rec'd 11-29-24

Code 5-6535

Acct # [redacted]

Amount $ 1214.32

Signature

Detach this portion and return with your payment

AMOUNT ENCLOSED

[redacted]

INVOICE NUMBER: 45433-026

$

Payment Due

[redacted]

Payment due by 12/1/2024

Check #

Health Alliance™

Shereth A Doenitz

Mail To
Health Alliance Medical Plans
9865 Reliable Parkway
Chicago, IL 60686-0098

[redacted]

Current Month Activity

Plan: POS HSA 7100 ELITE BRONZE
Subscriber: Doenitz, Shereth A.

Member/Reason	Relationship	DOB	Member ID	Date	Amount
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Doenitz, Christian A.	Spouse	[redacted]		12/01/2024	1,214.32
				Total:	[redacted]

Invoice

J & N Lawncare and Landscaping, Inc

601 E. Main St. Ste 118
Mahomet, IL 61853
217-369-7693

Date	Invoice #
11/30/2024	23073

Bill To
Mahomet Township Cemeteries 521 E. Main St Mahomet, IL 61853

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	November mowing	4,202.00	4,202.00
1	Leaf removal and limb pickup at Bryant and Middletown cemeteries	6,300.00	6,300.00

Date Rec.________

Code 8-6020

Account # [redacted]

Amount 10,502.–

Signature________

	Total	$10,502.00

verizon business
PO BOX 489
NEWARK, NJ 07101-0489

Manage Your Account	Account Number	Date Due
b2b.verizonwireless.com		11/23/24

Change your address at
http://sso.verizonenterprise.com

Invoice Number	9977669709

MAHOMET TOWNSHIP CEMETARY 00212181
2270 COUNTY ROAD 0 E P103
MAHOMET, IL 61853-8903

Quick Bill Summary

Oct 02 – Nov 01

Previous Balance *(see back for details)*	$53.66
Payment – Thank You	–$53.66
Balance Forward	**$.00**
Monthly Charges	$51.35
Usage and Purchase Charges	
Voice	$.00
Messaging	$.00
Data	$.00
Surcharges and Other Charges & Credits	$.52
Taxes, Governmental Surcharges & Fees	$1.79
Total Current Charges	**$53.66**

Date P

Code 8-6040

Accour # [redacted]

Amount 53.66

Signature

Total Charges Due by November 23, 2024 **$53.66**

Pay from phone	Pay on the Web	Questions:
#PMT (#768)	At b2b.verizonwireless.com	1.800.922.0204 or *611 from your phone

verizon business

Bill Date November 01, 2024
Account Number [redacted]
Invoice Number 9977669709

MAHOMET TOWNSHIP CEMETARY
2270 COUNTY ROAD 0 E
MAHOMET, IL 61853-8903

Total Amount Due

Deducted from bank account on 11/21/24
DO NOT MAIL PAYMENT

$53.66

PO BOX 16810
NEWARK, NJ 07101-6810

[redacted]

verizon business

Overview of Lines

Lines Charges	Page Number	Monthly Charges	Usage and Purchase Charges	Equipment Charges	Surcharges and Other Charges and Credits	Taxes, Governmental Surcharges and Fees	Third-Party Charges (includes Tax)	Total Charges	Voice Plan Usage	Messaging Usage	Data Usage	Voice Roaming	Messaging Roaming	Data Roaming
217-202-1909 Paul Christie	4	$51.35	—	—	$.52	$1.79	—	$53.66	167	1,144	.579GB	—	—	—
Total Current Charges		**$51.35**	**$0.00**	**$.00**	**$.52**	**$1.79**	**$.00**	**$53.66**						

verizon business

Invoice Number	Account Number	Date Due	Page
9977669709	[redacted]	11/23/24	4 of 5

Summary for Paul Christie: [redacted]

Your Plan

4G NW UNL Min&MSG+Email&Data
$65.00 monthly charge
Unlimited monthly minutes

UNL Text Messaging
Unlimited M2M Text
Unlimited Text Message

Email & Web Unlimited
Unlimited monthly gigabyte

Beginning on 12/12/22:
21% Access Discount

M2M National Unlimited
Unlimited monthly Mobile to Mobile

UNL Night & Weekend Min
Unlimited monthly OFFPEAK

UNL Picture/Video MSG
Unlimited monthly Picture & Video

Have more questions about your charges? Get details for usage charges at b2b.verizonwireless.com.

Monthly Charges

4G NW UNL Min&MSG+Email&Data	11/02 – 12/01	65.00
21% Access Discount	11/02 – 12/01	–13.65
		$51.35

Usage and Purchase Charges

Voice		Allowance	Used	Billable	Cost
Calling Plan (10/02 – 11/01)	*minutes*	unlimited	167	--	--
Mobile to Mobile (10/02 – 11/01)	*minutes*	unlimited	144	--	--
Night/Weekend (10/02 – 11/01)	*minutes*	unlimited	20	--	--
Total Voice					$.00

Messaging		Allowance	Used	Billable	Cost
Text (10/02 – 11/01)	*messages*	unlimited	536	--	--
Unlimited M2M Text (10/02 – 11/01)	*messages*	unlimited	490	--	--
Picture & Video – Sent (10/02 – 11/01)	*messages*	unlimited	40	--	--
Picture & Video – Rcv'd (10/02 – 11/01)	*messages*	unlimited	78	--	--
Total Messaging					$.00

Data		Allowance	Used	Billable	Cost
Gigabyte Usage(10/02 – 11/01)	*gigabytes*	unlimited	.579	--	--
Total Data					$.00

Total Usage and Purchase Charges **$.00**

Surcharges

Fed Universal Service Charge	.33
Regulatory Charge	.19
	$.52

Taxes, Governmental Surcharges and Fees

IL State 911 Fee	1.50
IL Telecom Relay Srvc Fee	.02
IL State Telecom Excise Tax	.27
	$1.79

Total Current Charges for [redacted] **$53.66**

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued	11/14/2024
Amount Due	$35.61
Due Date	Jan 13, 2025
Last Payment	$35.53

Payment received. Thank you.

Account Number [redacted]
Customer Name MAHOMET TOWNSHIP
Service Address 203 E DUNBAR ST UNIT 1/2
MAHOMET, IL 61853

Current Charge Summary for Statement 11/14/2024

Total Electric Charge	$35.61
Total Amount Due	**$35.61**

Important Account Messages

The current billed amount of $35.61 is due on Jan 13, 2025.

Electric Usage History in Kilowatt Hours (kWh)

	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
kWh	7	6	9	14	30	11	41	37	44	33	25	6	7
Average Monthly Temperature	52°	40°	34°	33°	44°	49°	61°	70°	77°	74°	71°	68°	54°

Average Daily Electric Use (kWh)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	0.23 kWh
LAST MONTH	0.19 kWh
LAST YEAR	0.22 kWh

68703 13073
00075 2340539 000296 000591 0001/0004
INTERNAL USE ONLY

Date Rec. 11-18
Code 8-6070
Account # [redacted]
Amount 35.61

See page 2 for account messages and tips from Ameren Illinois.

Keep this portion for your records.

Please detach stub and return this portion with your payment.

Ameren ILLINOIS

See reverse side if your address has changed and for details on other ways to pay your bill.

Account Number	[redacted]
Amount Due	$35.61
Due Date	01/13/2025
Amount Enclosed	

[redacted]
********AUTO**ALL FOR AADC 618
MAHOMET TOWNSHIP
PO BOX 492
MAHOMET, IL 61853-0492

AMEREN ILLINOIS
P.O. BOX 88034
CHICAGO, IL 60680-1034

[redacted]

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued	11/14/2024
Amount Due	$35.61
Due Date	Jan 13, 2025

Account Number	[redacted]
Customer Name	MAHOMET TOWNSHIP
Service Address	203 E DUNBAR ST UNIT 1/2
	MAHOMET, IL 61853

Payment Details

	DATE	AMOUNT
Payment Received	November 6, 2024	$35.53

Electric Service Non Residential Billing Detail - Rate Zone III — 10/13/2024 - 11/12/2024 (30 days)

Electric Meter Read for 10/13/2024 - 11/12/2024 (30 days)

READ TYPE	METER NUMBER	CURRENT METER READ	PREVIOUS METER READ	READ DIFFERENCE	MULTIPLIER	USAGE
Total kWh	72551347	2767.0000 Actual	2760.0000 Actual	7.0000	1.0000	7.0000

Usage Summary

Total kWh	7.0000	Non-Summer kWh	7.0000

	CHARGE DESCRIPTION	USAGE	UNIT	RATE	CHARGE
Electric Delivery	Customer Charge				$23.77
Ameren Illinois	Meter Charge				$7.63
DS-2 Small General Delivery	Distribution Delivery Charge Non-Summer	7.00	kWh	@ $ 0.03063000	$0.21
Service	Electric Deferred Income Tax Adjustment	$24.96		@ -2.730000%	$-0.68
	Delivery Service Cost Adjustment	$24.96		@ 9.800000%	$2.45
				Electric Delivery	**$33.38**
Electric Supply	Total Energy Charge ($/kWh)	7.00	kWh	@ $ 0.09970000	$0.70
Energy Harbor					
Fixed Rate $.0997					
				Electric Supply	**$0.70**
State and Local Taxes and Other Mandated Charges	Customer Generation Charge				$1.33
	Clean Energy Assistance Charge	7.00	kWh	@ $ 0.00189000	$0.01
	Renewable Energy Adjustment*	7.00	kWh	@ $ 0.00458000	$0.03
	EDT Cost Recovery	7.00	kWh	@ $ 0.00125310	$0.01
	Energy Efficiency Programs Charge	7.00	kWh	@ $ 0.00617000	$0.04
	Energy Transition Assistance Charge*	7.00	kWh	@ $ 0.00072000	$0.01
	Mahomet Municipal Tax				$0.04
	Mahomet Infrastructure Mtce Fee				$0.04
	Illinois State Electricity Excise Tax				$0.02
				Total Taxes and Other Charges	**$1.53**

*Includes mandated charges and programs, and other changes resulting from the 2021 state energy law.

Total Electric Charges $35.61

Details From Your Electric Supplier

Energy Harbor
www.energyharbor.com
888.254.6359

00075 2340538 000297 000593 0002/0004

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued	11/15/2024
Amount Due	$80.86
Due Date	Jan 14, 2025
Last Payment	$80.12

Payment received. Thank you.

Account Number	[redacted]
Customer Name	MAHOMET TOWNSHIP CEMETE
Service Address	502 N LOMBARD ST MAHOMET, IL 61853

Current Charge Summary for Statement 11/15/2024

Total Electric Charge	$80.86
Total Amount Due	**$80.86**

Important Account Messages

The current billed amount of $80.86 is due on Jan 14, 2025.

Electric Usage History in Kilowatt Hours (kWh)

	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
kWh	136	138	160	120	109	107	86	81	86	81	101	103	118
Average Monthly Temperature	51°	40°	33°	34°	45°	49°	61°	70°	77°	74°	71°	67°	54°

Average Daily Electric Use (kWh)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	3.93 kWh
LAST MONTH	3.55 kWh
LAST YEAR	4.25 kWh

68703 13073
00897 2340918 001794 003587 0001/0002
INTERNAL USE ONLY

Date Rec. 11-18

Code 8-6070

Account # [redacted]

mount 80.84

Si ture

See page 2 for account messages and tips from ~~Ameren~~ Illinois.

Keep this portion for your records.

Please detach stub and return this portion with your payment.

Ameren ILLINOIS

See reverse side if your address has changed and for details on other ways to pay your bill.

Account Number	[redacted]
Amount Due	$80.86
Due Date	01/14/2025
Amount Enclosed	

[redacted]

******AUTO**SCH 5-DIGIT 61764
MAHOMET TOWNSHIP CEMETE
PO BOX 492
MAHOMET, IL 61853-0492

AMEREN ILLINOIS
P.O. BOX 88034
CHICAGO, IL 60680-1034

[redacted]

Ameren ILLINOIS

AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued	11/15/2024
Amount Due	$80.86
Due Date	Jan 14, 2025

Account Number [redacted]
Customer Name MAHOMET TOWNSHIP CEMETE
Service Address 502 N LOMBARD ST
MAHOMET, IL 61853

Payment Details

	DATE	AMOUNT
Payment Received	November 6, 2024	$80.12

Electric Service Non Residential Billing Detail - Rate Zone III 10/14/2024 - 11/13/2024 (30 days)

Electric Meter Read for 10/14/2024 - 11/13/2024 (30 days)

READ TYPE	METER NUMBER	CURRENT METER READ	PREVIOUS METER READ	READ DIFFERENCE	MULTIPLIER	USAGE
Total kWh	71859152	5783.0000 Actual	5665.0000 Actual	118.0000	1.0000	118.0000

Usage Summary

Total kWh	118.0000	Non-Summer kWh	118.0000

	CHARGE DESCRIPTION	USAGE	UNIT	RATE	CHARGE
Electric Delivery	Customer Charge				$23.77
Ameren Illinois	Meter Charge				$7.63
DS-2 Small General Delivery Service	Distribution Delivery Charge Non-Summer	118.00	kWh	@ $ 0.03063000	$3.61
	Electric Deferred Income Tax Adjustment	$28.50		@ -2.730000%	$-0.78
	Delivery Service Cost Adjustment	$28.50		@ 9.800000%	$2.79
				Electric Delivery	**$37.02**
Electric Supply	Total Energy Charge ($/kWh)	118.00	kWh	@ $ 0.09994000	$11.79
Energy Harbor					
9.994 cents per kWh					
				Electric Supply	**$11.79**
State and Local Taxes and Other Mandated Charges	Customer Generation Charge				$1.33
	Clean Energy Assistance Charge	118.00	kWh	@ $ 0.00189000	$0.22
	Renewable Energy Adjustment*	118.00	kWh	@ $ 0.00458000	$0.54
	EDT Cost Recovery	118.00	kWh	@ $ 0.00125310	$0.15
	Electric Environmental Adjustment	118.00	kWh	@ $ 0.00056700	$0.07
	Energy Efficiency Programs Charge	118.00	kWh	@ $ 0.00617000	$0.73
	Energy Transition Assistance Charge*	118.00	kWh	@ $ 0.00072000	$0.08
	Utility-Owned Solar and Storage Adjustment*	118.00	kWh	@ $ 0.00008400	$0.01
	Illinois State Electricity Excise Tax				$0.39
				Total Taxes and Other Charges	**$3.52**

Total Electric Charges $52.33

*Includes mandated charges and programs, and other changes resulting from the 2021 state energy law.

Details From Your Electric Supplier

Energy Harbor
www.energyharbor.com
888.254.6359

00897 2340919 001795 003589 0002/0002