

Deliver to Lindsay
Mahomet 61853

All

Search Amazon

Hello, Lindsay
Account & ListsReturns
& Orders

0

All Medical Care Buy Again Livestreams Household, Health & Baby Care Shop By Interest Gift Cards

Your Account > Your Orders > Order Details

Shop Winter Sale

Order Details

Ordered on January 7, 2024 Order# 112-9540713-2694645

View or Print Invoice

Shipping Address

Lindsay Ann Brotherton

United States

change

Payment method

VISA Visa ending in

Amazon gift card
balance

Apply gift card balance

You have a balance of \$175.73 in your
account

Apply

Order Summary

Item(s) Subtotal:	\$8.95
Shipping & Handling:	\$0.00
Total before tax:	\$8.95
Estimated tax to be collected:	\$0.67
Gift Card Amount:	-\$9.62
Grand Total:	\$0.00

Arriving Tuesday



KUKEO 16 Roll Transparent Tape Refills, 3/4-Inch x 1000 Inch Clear Tape, 1 Inch Core, Clear Tape Refill Rolls for Gift Wrapping, Home, School Office Supplies
Sold by: KUKEO
\$8.95

Condition: New

Add gift option

Buy it again

Track package

Change Payment Method

Cancel items

Archive order

Date Rec. 1-17-24

Code 5-6096

Account # Lindsey Brotherton

Amount 9.62

Signature

Mahomet Township Assessor

Mileage Dates

3-11-23 - 12-28-23

Viewing 191

County 1 @34miles

Other _____

Total 225miles

L. Brotherton

1-16-24

Date Rec. 1-17-24

Code 5-6200

Account # Lindsey Brotherton

Amount 147.38

Signature _____

dean's GRAPHICS

Invoice #D0054988

PO:

Order Title: Open grave banner

Contact: Brandon Christie

Ordered Date: 01/08/2024

Invoice Date: 01/10/2024

Payment Due Date: 02/09/2024

Payment terms: NET 30

Bill To:

Mahomet Township
2270 CR 00 E
Mahomet IL 61853
ATTN: Paul Christie
(p) (217) 202-1909

Remit Payment To:

Dean's Graphics
3103 Research Road
Champaign IL 61822
accounting@deans-graphics.com
Phone: 217-363-1390

Ship to:

Dean's Graphics Inc.
3103 Research Road
Champaign IL 61822

Product	Description	QTY	Unit Price	Ext. Price
13oz. Vinyl banner - Standard	8ft x 10ft - 13oz. vinyl banner with standard hems & grommets (Vinyl Banner)	1	\$315.00	\$315.00
SHIPPING	Customer Pickup - Shipping Charges for Dean's Graphics Inc., 3103 Research Road, Champaign, IL 61822, US:	1	\$0.00	\$0.00

Special Notes and Instructions

Subtotal	\$315.00
Shipping Total	\$0.00
Tax Total	\$0.00
Payments	\$0.00
Pay this amount	
Balance Due	\$315.00

Date Rec'd

1-10-24

Con'd

8-6055

A/c

D0054988

Amount \$

315.-

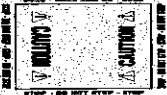
Signature

January 10, 2024

Order Number D0054988
Order Title Open grave banner
PO Number
Customer Name Mahomet Township

Shipping Destination:
Dean's Graphics Inc.
3103 Research Road
Champaign IL 61822
Attention To: Paul Christie

Shipped Date 01/10/2024

Image	Shipping QTY.	Product Description	Product Dimension	Box
	1	D0054988_OPEN_GRAVE_BANNE R.jpg	Width: 98.5 Height: 122.5	BOX #1 L:1 x W:1 H:1 Wt:1



PO BOX 489
NEWARK, NJ 07101-0489

Manage Your Account	Account Number	Date Due
b2b.verizonwireless.com		01/24/24
Change your address at http://sso.verizonenterprise.com	Invoice Number	9953121186

Quick Bill Summary

Dec 02 -- Jan 01



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

05323735

P112

Date Rec'd

1-13-24

Code

8-6040

Acct #

Pd by Debit
53161

Amount \$

Signature

Previous Balance (see back for details)	\$107.20
Payments - Thank You	-\$107.20
Balance Forward	\$0.00
Monthly Charges	\$81.35
Usage and Purchase Charges	
Voice	\$0.00
Messaging	\$0.00
Data	\$0.00
Surcharges and Other Charges & Credits	\$0.47
Taxes, Governmental Surcharges & Fees	\$1.79
Total Current Charges	\$53.61

Total Charges Due by January 24, 2024

\$53.61

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



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

Bill Date

January 01, 2024

Account Number

Invoice Number

9953121186

Total Amount Due

Deducted from bank account on 01/21/24
DO NOT MAIL PAYMENT

\$53.61

PO BOX 16810
NEWARK, NJ 07101-6810



00000005361000000053614

Invoice Number

Account Number

Date Due Page

9953121186

01/24/24 3 of 5

Overview of Lines

Line	Charge	Page Number	Monthly Charges	Usage and Purchase Charges	Equipment Charges	Surcharges and Other Credits	Taxes, Governmental and Fees	Third-Party Charges (includes Tax)	Total Charges	Voice Plan Usage	Messaging Usage	Data Usage	Voice Roaming	Messaging Roaming	Data Roaming
		4	\$51.35	—	—	\$4.47	\$1.79	—	\$53.61	170	1,331	329GB	—	—	—
Total Current Charges			\$51.35	\$0.00	\$0.00	\$4.47	\$1.79	\$0.00	\$53.61						

Summary for Paul Christie:
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

01/02 - 02/01

65.00

21% Access Discount

01/02 - 02/01

-13.65

\$51.35
Usage and Purchase Charges

Voice		Allowance	Used	Billable	Cost
Calling Plan	minutes	unlimited	170	---	---
Mobile to Mobile	minutes	unlimited	141	---	---
Night/Weekend	minutes	unlimited	130	---	---
Total Voice					\$0.00

Messaging		Allowance	Used	Billable	Cost
Text	messages	unlimited	602	---	---
Unlimited M2M Text	messages	unlimited	545	---	---
Picture & Video - Sent	messages	unlimited	51	---	---
Picture & Video - Rcv'd	messages	unlimited	133	---	---
Total Messaging					\$0.00

Data		Allowance	Used	Billable	Cost
Gigabyte Usage	gigabytes	unlimited	929	---	---
Total Data					\$0.00

Total Usage and Purchase Charges
\$0.00
Surcharges

Fed Universal Service Charge

.31

Regulatory Charge

.16

\$0.47
Taxes, Governmental Surcharges and Fees

IL State 911 Fee

1.50

IL Telecom Relay Svc Fee

.02

IL State Telecom Excise Tax

.27

\$1.79
Total Current Charges for
\$53.61



PO BOX 489
NEWARK, NJ 07101-0489

Manage Your Account	Account Number	Date Due
b2b.verizonwireless.com		Past Due
Change your address at: http://sso.verizonenterprise.com	Invoice Number	9950648006

Quick Bill Summary

Nov 02 - Dec 01

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

00395112
P110

Previous Balance (see back for details)	\$53.60
No Payment Received	\$0.00
Balance Forward Due Immediately	\$53.60
Monthly Charges	\$51.35
Usage and Purchase Charges	
Voice	\$0.00
Messaging	\$0.00
Data	\$0.00
Surcharges and Other Charges & Credits	\$0.47
Taxes, Governmental Surcharges & Fees	\$1.78
Total Current Charges Due by December 24, 2023	\$53.60

Date Rec'd

12-13-23

Code

8-6040

Acct #

9950648006

Amount \$

53.60

Signature

Debit

Total Amount Due

\$107.20

Pay from phone
#PMT (#768)

Pay on the Web
At b2b.verizonwireless.com

Questions:

1.800.922.0204 or *611 from your phone



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

Bill Date
Account Number
Invoice Number

December 01, 2023

9950648006

Total Amount Due

Make check payable to Verizon Wireless.
Please return this remit slip with payment.

\$107.20

\$.

PO BOX 16810
NEWARK, NJ 07101-6810



5360000000107204

Invoice Number

Account Number

Date Due Page

9950648006

Past Due 3 of 5

Overview of Lines

Lines Charges	Page Number	Monthly Charges	Usage and Purchase Charges	Equipment Charges	Surcharges and Other Credits	Taxes, Governmental and Fees	Third-Party Charges (includes Tax)	Total Charges	Voice Plan Usage	Messaging Usage	Data Usage	Voice Roaming	Messaging Roaming	Data Roaming
Paul Christie	4	\$51.35	\$0.00	\$0.00	\$4.7	\$1.78	\$0.00	\$53.60	152	1,183	340GB	—	—	—
Total Current Charges		\$51.35	\$0.00	\$0.00	\$4.7	\$1.78	\$0.00	\$53.60						

Summary for Paul Christie:
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

12/02 - 01/01 65.00

21% Access Discount

12/02 - 01/01 -13.65

\$51.35
Usage and Purchase Charges

Voice	Allowance	Used	Billable	Cost
Calling Plan	minutes unlimited	152	--	--
Mobile to Mobile	minutes unlimited	119	--	--
Night/Weekend	minutes unlimited	43	--	--
Total Voice				\$0.00

Messaging	Allowance	Used	Billable	Cost
Text	messages unlimited	538	--	--
Unlimited M2M Text	messages unlimited	507	--	--
Picture & Video - Sent	messages unlimited	29	--	--
Picture & Video - Rcv'd	messages unlimited	109	--	--
Total Messaging				\$0.00

Data	Allowance	Used	Billable	Cost
Gigabyte Usage	gigabytes unlimited	340	--	--
Total Data				\$0.00

Total Usage and Purchase Charges
\$0.00
Surcharges

Fed Universal Service Charge

.31

Regulatory Charge

.16

\$0.47
Taxes, Governmental Surcharges and Fees

IL State 911 Fee

1.50

IL Telecom Relay Svc Fee

.02

IL State Telecom Excise Tax

.26

\$1.78
Total Current Charges for
\$53.60

J & N Lawncare and Landscaping, Inc

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

Invoice

Date	Invoice #
11/30/2023	22896

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	November mowing and trimming of cemeteries and township building on Main St.	2,020.00	2,020.00
1	Leaf cleanup at Bryant Cemetery	1,575.00	1,575.00
1	Leaf cleanup at Middletown Cemetery	3,825.00	3,825.00
	Initial leaf cleanup done so leaves could be picked up my Village of Mahomet. When the rest of the leaves fall the cleanup will be finished at all cemeteries.		
Date Rec. <u>12-13-24</u> Code <u>8-6020</u> Account # <u>22896</u> Amount <u>7420.00</u> Signature <u>[Signature]</u>			
Total			\$7,420.00



MAHOMET TOWNSHIP
Account Number: XXXX XXXX XXXX

Billing Questions:
800-367-7576

Website:
www.cardaccount.net

Send Billing Inquiries To:
Card Service Center, PO Box 569120, Dallas, TX 75356

FISHER NATIONAL BANK Credit Card Account Statement
November 11, 2023 to December 11, 2023

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	\$231.77
- Payments	\$39.72
- Other Credits	\$0.00
+ Purchases	\$313.98
+ Cash Advances	\$0.00
+ Fees Charged	\$0.00
+ Interest Charged	\$8.23
= New Balance	\$514.26
Account Number	XXXX XXXX XXXX
Credit Limit	\$5,000.00
Available Credit	\$4,299.00
Statement Closing Date	December 11, 2023
Days in Billing Cycle	31

PAYMENT INFORMATION

New Balance: \$514.26
Minimum Payment Due: \$25.00
Payment Due Date: January 5, 2024

Date Rec. 12-20-23

Code 5-6870

Account #

Amount 322.21

Signature

MESSAGES

PROTECT YOURSELF FROM SCAMMERS!

We will never call, text, or email and ask you for your personal information. Some scammers will call and pretend to be from the Card Service Center. We will never call or text you and ask for sensitive information such as account or card number information, passwords or user names, or social security numbers. Please DO NOT give out that information.

If you feel pressured or concerned about a phone call, please hang up and call us at 800-367-7576 (the phone number located on the back of your credit card). Our Card Service Center team is always glad to check and can verify the information.

Please see reverse side of page 1 for important information.

5762 0001 BHH 001 7 6 231211 0

PAGE 1 of 2

15 1127 4543 V85 D1A3576Z

2399

FISHER NATIONAL BANK
1550 N BROWN RD 150
LAWRENCEVILLE GA 30043



Account Number: XXXX XXXX XXXX

New Balance: \$514.26

Minimum Payment Due: \$25.00

Payment Due Date: January 5, 2024

Please use enclosed envelope to remit payment.

Amount Enclosed: \$

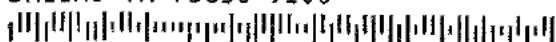
☐ Indicate name or address change on reverse side and check here.

Make Check Payable to:

CARD SERVICE CENTER
PO BOX 569100
DALLAS TX 75356-9100

MAHOMET TOWNSHIP
512 E MAIN ST
MAHOMET IL 61853

2399



2500000514268



MAHOMET TOWNSHIP
Account Number: XXXX XXXX XXXX

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
11/21	11/21	8559081A5EHM6ZWH6	PAYMENT - THANK YOU	\$39.72-
			TOTAL XXXXXXXXXXXX	\$39.72-
11/11	11/12	55432869V5SHFGS5G	NORTON *AP1494600143 NORTON.COM/CC AZ	\$127.49
11/11	11/12	55310209W6007ZFNX	PAVLOV MEDIA INC CHAMPAIGN IL DAVID PARSONS	\$186.49
			TOTAL XXXXXXXXXXXX	\$313.98

INTEREST CHARGE CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	19.49% (v)	\$506.91	31	\$8.23
Cash Advances	19.49% (v)	\$0.00	31	\$0.00

(v) - variable

To avoid additional interest charges, pay your New Balance in full on or before the Payment Due Date.

Exciting news! Go online today and check out the all-new enhancements to the Card Service Center website. E-statements, additional payment options, links to Preferred Points website, and other helpful sites. Visit us today at www.cardaccount.net to enroll your credit card account(s) on the newly enhanced website.

Thank you for the opportunity to serve your credit card needs. Should your future plans include travel, please contact us at 1-800-357-7576.

Please see reverse side of page 1 for important information.



Invoice Date:	Invoice Number:	Due Date:
11/01/2023	INV24451	11/11/2023

PO Box 25 | Champaign, IL 61824

Bill To:

Mahomet Township Office
512 E. Main St
Mahomet IL 61853
United States

Site Address:

Mahomet Township Office
512 E. Main St
Mahomet IL 61853
United States - Mahomet Township Office

Description	Quantity	Rate	Amount
Plus 50 50 mbps download/25 mbps upload	1.00	\$ 109.99	\$ 109.99
PBX Base Package	1.00	\$ 15.00	\$ 15.00
PBX Base Package Discount	1.00	\$ -2.25	\$ -2.25
Call Path	1.00	\$ 20.00	\$ 20.00
Call Path Discount	1.00	\$ -3.00	\$ -3.00
Extension	3.00	\$ 10.00	\$ 30.00
Extension Discount	3.00	\$ -1.50	\$ -4.50
Location	1.00	\$ 2.00	\$ 2.00
Location Discount	1.00	\$ -0.30	\$ -0.30
Ported Phone Number	1.00	\$ 3.00	\$ 3.00
Ported Phone Number Discount	1.00	\$ -0.45	\$ -0.45
IL 911 Surcharge	5.00	\$ 1.50	\$ 7.50

Do you have a question about your bill?

Call us at 217-353-3024 or email us at AR@PavlovMedia.com

Questions about a past due balance?

Call us at 217-353-3014 or email us at AR@PavlovMedia.com

Other questions?

Call us at 888-799-7249 or email us at customersupport@ccgfiber.com

Subtotal	\$ 176.99
Tax	\$ 9.50
Total	\$ 186.49

Customer Name:	Account Number:	Invoice Number:	Invoice Date:	Amount Due:
Mahomet Township Office	164406	INV24451	11/01/2023	\$ 186.49

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



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

January 11, 2024

IRS #37-1053375

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

Date Rec. 1-12-24
Code 5-6050
Account # 211096
Amount 2635.75
Signature [Handwritten Signature]

Invoice # 211096

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

For Services Rendered through January 1, 2024

Fees					
Date	Atty	Description	Task	Hours	Amount
12/01/23	MAK	Research [REDACTED]		2.20	440.00
12/06/23	TAE	Review and analyze [REDACTED] recordings, email township, email Attorney General		1.00	170.00
12/08/23	TAE	Continue working on Brian Anderson Public Access Bureau request for review		0.50	85.00
12/13/23	MAK	Prepare for and attend Board Meeting - travel to and from Mahomet - research [REDACTED]		3.30	660.00
12/15/23	TAE	Draft and provide response to AG's request for review on Brian Anderson FOIA request		1.30	221.00
12/20/23	TAE	Draft official response regarding Brian Anderson FOIA., send to AG Teresa Kim		1.00	170.00
12/22/23	TAE	Draft response to Brian Anderson FOIA Request (.8) heavily redact documents produced by Township (2.7)		3.50	595.00
Total Fees					2,341.00

Disbursements					
Date	Description	Task	Units	Rate	Amount
09/13/23	Travel Expenses; Travel - MAK - Mahomet		150	0.66	98.25
11/08/23	Travel Expenses; Travel - MAK - Mahomet		150	0.66	98.25
12/13/23	Travel Expenses; Travel - MAK - Mahomet		150	0.66	98.25
Total Disbursements					294.75

I.D. 900-101900845
Re: Mahomet Township

January 11, 2024
Invoice 211096
Page 2

Services Summary

		Hours	Rate	Amount
Michael A. Kraft	Sr. Partner	5.50	200.00	1,100.00
Tyler A. Eathington	Associate	7.30	170.00	1,241.00
	Totals	12.80		2,341.00

Total Fees and Costs **2,635.75**

Total This Invoice **2,635.75**

Past Due Balance 3,073.00

Total Amount Due **5,708.75**

PLEASE REMIT PAYMENT TO PEORIA OFFICE



12163 Prichard Farm Road
Maryland Heights, MO 63043
P. 1-888-352-8892
F. 1-573-659-7824
www.gfidigital.com

CONTRACT INVOICE

PLEASE REMIT ALL PAYMENTS TO:
PO BOX 775010
St Louis, MO 63177-5010

Invoice Number: 2721034
Invoice Date: 12/12/2023
Account Number: [REDACTED]
Balance Due: \$5.22

Bill To: Mahomet Township Office
512 E Main St
Mahomet, IL 61853-7427

Customer: Mahomet Township Office
[REDACTED]

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
[REDACTED]	30 Days	1/11/2024	\$ 5.22	\$ 5.22
Invoice Remarks				
Contract Number	Contact	Contract Amount	P.O. Number	Start Date
20072-02		\$ 5.22		1/12/2018
Contract Remarks				

Summary:

Contract base rate charge for this billing period

\$0.00

Contract overage charge for the 11/12/2023 to 12/11/2023 overage period

\$5.22 **

**See overage details below

\$5.22

Detail:

Equipment included under this contract

Ricoh/B/W MP305SPF

Number	Serial Number	Base Adj.	Location
CW151	G586PA00142	\$0.00	Mahomet Township Office Mahomet, IL 61853-9105 This is located in her home.

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B\W	B\W	11,028	11,237		209	0	209	0.024970	\$5.22
									\$5.22

Date Rec. 12-18-23

Code 5-6055

Account # [REDACTED]

Amount 5.22

Signature [Signature]

A late charge of 1.5% per month with a minimum charge of \$5.00 will be assessed on all past due invoices.

If you have any questions regarding this invoice
or to make a payment.

Please contact us

PLEASE REMIT ALL PAYMENTS to:

PO BOX 775010

St. Louis, MO 63177-5010

Thank you for your Business

Invoice SubTotal	\$5.22
Tax:	\$0.00
Invoice Total	\$5.22
Balance Due:	\$5.22

877-434-0012 Ext 3900

AR@GFI Digital.com



Heart Technologies, Inc.
3105 N Main Street
East Peoria, IL 61611
(309) 427-7000

Bill To:
Mahomet Township Attn: Maintenance Work 512 E. Main Street Mahomet, 61853 United States

Date	Invoice
01/04/2024	67395
Account	
MAHTOW	

Terms	Due Date	PO Number	Reference	
Net 15 days	01/19/2024		Monthly Billing for January	E99985561

Agreement Type	Quantity	Price	Amount
Agreement Managed Services & Backup (Remote)			\$320.00
RMM Endpoint Agent	2.00	\$0.00	\$0.00
Endpoint Detection & Response	2.00	\$0.00	\$0.00
Secure Internet Gateway & Content Filtering	2.00	\$0.00	\$0.00
Microsoft 365 Account Backup	9.00	\$0.00	\$0.00
Microsoft 365 Advanced Threat Defense	9.00	\$0.00	\$0.00
Managed Backup Service-Datto (Cloud Continuity)	2.00	\$0.00	\$0.00
ThreatLocker Endpoint Security Platform	2.00	\$0.00	\$0.00
Total Agreement Type:			\$320.00
Make checks payable to Heart Technologies, Inc. We accept the following Credit Cards : American Express, Master Card, and Visa. A 4% fee will be charged and collected on all invoices paid by credit card.			
Invoice Subtotal:			\$320.00
Sales Tax:			\$0.00
Invoice Total:			\$320.00
Payments:			\$0.00
Credits:			\$0.00
Balance Due:			\$320.00

Connecting People to Information

Date Rec. 1-9-24

Code 5-6055

Account # 67395

Amount 320.-

Signature [Signature]

**Personal Property Replacement Tax
Mahomet Township/Library**

Fiscal Year
2023-2024

Warrant Date	Warrant Amount	Multiplier .3495	Amount to Library	
12/5/2023	621.63		\$217.26	
1/3/2024	1374.63		\$480.43	
			\$697.69	TOTAL

Date Rec.

1-12-24

Code

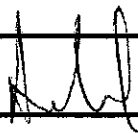
5-6480

Account #

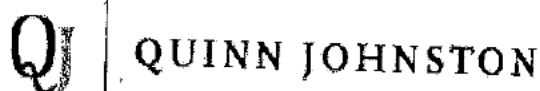
Mahomet Public Library District

\$697.69

Signature



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



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

December 7, 2023

IRS #37-1053375

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

Date Rec. 12-8-23

Code 5-6080

Account # 210273

Amount 3073.00

Signature [Handwritten Signature]

Invoice # 210273

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

For Services Rendered Through December 1, 2023

Fees						
Date	Atty	Description	Task	Hours	Amount	
11/03/23	MAK	E-mails with opposing counsel re pending Motions - review Bambenek pleadings		0.70	140.00	
11/06/23	MAK	E-mails with Bambenek counsel - receipt, review and analysis of [REDACTED] ent		1.50	300.00	
11/08/23	MAK	Prepare for and attend Board Meeting - analyze issues re [REDACTED] travel to and from Mahomet		2.80	560.00	
11/10/23	MAK	Receipt and review of Brian Anderson FOIA Request - e-mail from Aaron re [REDACTED]		0.60	120.00	
11/14/23	TAE	Begin preparing response to Brian Anderson FOIA request and PAC review, redact Brian Anderson FOIA request documents		1.50	255.00	
11/15/23	TAE	Continue redacting documents for PAC response and FOIA request from Brian Anderson		1.20	204.00	
11/16/23	MAK	Research issues for [REDACTED] begin draft of [REDACTED]		1.40	280.00	
11/16/23	TAE	Continue preparing response and redacting documents for Brian Anderson FOIA request		1.00	170.00	
11/17/23	MAK	Review PAC Review response and related documents		0.60	120.00	
11/17/23	MAK	Review FOIA Response to Brian Anderson		0.40	80.00	
11/17/23	MAK	Research [REDACTED] research a [REDACTED] Bambenek [REDACTED]		0.90	180.00	
11/17/23	TAE	Finalize draft of [REDACTED]		3.20	544.00	

PLEASE REMIT PAYMENT TO PEORIA OFFICE

QUINN JOHNSTON

I.D. 900-101900845

Re: Mahomet Township

December 7, 2023

Invoice 210273

Page 2

Date	Atty	Description	Task	Hours	Amount
		Bureau request for review (1.5)			
11/20/23	MAK	Review notes - e-mails with Aaron re May 10 Board Meeting		0.40	80.00
11/28/23	MAK	Review PAC Review letter and issues		0.20	40.00
Total Fees					3,073.00

Services Summary

		Hours	Rate	Amount
Michael A. Kraft	Sr. Partner	9.50	200.00	1,900.00
Tyler A. Eathington	Associate	6.90	170.00	1,173.00
Totals		16.40		3,073.00

Total Fees and Costs	3,073.00
-----------------------------	-----------------

Total This Invoice	3,073.00
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Past Due Balance	22,765.25
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Total Amount Due	25,838.25
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PLEASE REMIT PAYMENT TO PEORIA OFFICE



Certified Public Accountants and Consultants

1701 Broadmoor, Suite 200 Champaign, IL 61821
Ph.: (217) 351-2073

Invoice No.: 1223598

Account No.: [REDACTED] Mahomet Township

Date: 11/30/2023

Mahomet Township
512 E. Main Street
Mahomet, IL 61853

Accounting services for August, September and October 2023

Current Amount Due \$ 4,500.00

Date Rec. 1-10-24
Code 5-6050
Account # 1223598
Amount 2250.-
Signature [Signature]

0 - 30	31 - 60	61 - 90	91 - 120	Over 120	Balance
4,500.00	0.00	0.00	0.00	0.00	4,500.00

DUE AND PAYABLE WITHIN 10 DAYS OF RECEIPT
FINANCE CHARGE WILL BE ADDED TO PAST DUE ACCOUNTS IN ACCORDANCE WITH STATE FINANCE CHARGE LAW

PAY ONLINE AT <https://kempercpa.com/pay>
TELL US ABOUT YOUR EXPERIENCE AT <http://feedback.kempercpa.com>

Date Rec. 1-4-24
Code 5-6070
Account # [REDACTED]
Amount Alb. 00
Signature Alb

VILLAGE OF MAHOMET
503 E. MAIN STREET
P.O. Box 259

Mahomet
ILLINOIS
61853

First Class Mail
US Postage Paid
Permit 14

FROM 11/01/2023 TO 11/30/2023 BILLING DATE 01/02/2024 PREY. BALANCE .00

SERVICE ADDRESS 512 E MAIN ST

PREVIOUS READ	PRESNT READING	USAGE	SERVICE	AMOUNT
808	808		WATER	5.00
			SEWER	5.00
			PENALTY WATER	

RETURN SERVICE REQUESTED

AMOUNT DUE	ACCOUNT NUMBER
\$11.00	[REDACTED]
DUE DATE	AFTER DUE DATE
01/20/2024	\$12.00

SIGN-UP FOR DIRECT DEBIT

RETURN THIS STUB WITH PAYMENT

DUE DATE 01/20/2024 AMOUNT DUE \$11.00 PENALTY DATE 1/21/2024 PENALTY BILL 12.00

MAHOMET TOWNSHIP
512 E MAIN ST
P O BOX 492
MAHOMET IL 61853-0492

Acct: 10-2960-00



MAHOMET TOWNSHIP

RETURN THIS STUB WITH PAYMENT

\$12.00	01/20/2024
AFTER DUE DATE	DUE DATE
[REDACTED]	\$11.00
ACCOUNT NUMBER	AMOUNT DUE

SIGN-UP FOR DIRECT DEBIT

PREVIOUS READ	PRESNT READING	USAGE	SERVICE	AMOUNT
808	808		WATER	5.00
			SEWER	5.00
			PENALTY WATER	

RETURN SERVICE REQUESTED

FROM 11/01/2023 TO 11/30/2023 BILLING DATE 01/02/2024 PREY. BALANCE .00

SERVICE ADDRESS 512 E MAIN ST

VILLAGE OF MAHOMET
503 E. MAIN STREET
P.O. Box 259

Mahomet
ILLINOIS
61853

First Class Mail
US Postage Paid
Permit 14



AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued 12/15/2023
Amount Due \$72.58
Due Date Feb 13, 2024
Last Payment \$72.30
Payment received. Thank you.

Account Number [REDACTED]
Customer Name MAHOMET TOWNSHIP CEMETE
Service Address 502 N LOMBARD ST
MAHOMET, IL 61553

Current Charges Summary for Statement 12/15/2023
Total Electric Charge \$72.58
Total Amount Due \$72.58

Important Account Messages
The current billed amount of \$72.58 is due on Feb 13, 2024.
The rules and regulations of the Illinois Commerce Commission governing business practices of the utility are available at AmerenIllinois.com.

Electric Usage History (kWh) and Average Monthly Temperature

112	148	120	109	104	87	80	86	82	94	103	136	138
DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
37°	32°	33°	40°	49°	57°	68°	74°	75°	73°	65°	51°	40°

Average Daily Electric Use (kWh)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	4.60 kWh
LAST MONTH	4.25 kWh
LAST YEAR	3.73 kWh

Date Rec. 12-18-23
Code 8-6070
Account # [REDACTED]
Amount 72.58
Signature [Signature]

See page 2 for account messages and tips from Ameren Illinois. Keep this portion for your records. Page 1 of 6
Please detach stub and return this portion with your payment.



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

Account Number [REDACTED]
Amount Due \$72.58
Due Date 02/13/2024
Amount Enclosed _____

001532 2253494 0001 092139 202
MAHOMET TOWNSHIP CEMETE
PO BOX 492
MAHOMET, IL 61553-0492

AMEREN ILLINOIS
PO BOX 88034
CHICAGO IL 60688-1034

90700000 0089129678507 000000072580 000000072580

63714 51249 13073
01532 2253494 000181 006321 0007/0003
INTERNAL USE ONLY



AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued 12/15/2023
Amount Due \$72.56
Due Date Feb 13, 2024

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

Payment Details

Payment Received DATE December 11, 2023 AMOUNT \$72.30

Electric System Non-Residential Billing Detail - Rate Zone III

11/13/2023 - 12/13/2023 (30 days)

Electric Meter Read for 11/13/2023 - 12/13/2023 (30 days)

READ TYPE	METER NUMBER	CURRENT METER READ	PREVIOUS METER READ	READ DIFFERENCE	MULTIPLIER	USAGE
Total kWh	71859152	4642.0000 Actual	4514.0000 Actual	128.0000	1.0000	128.0000

Usage Summary

Total kWh	128.0000 Non-Summer kWh	128.0000
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Smart Meter

	CHARGE DESCRIPTION	USAGE UNIT	RATE	CHARGE
Electric Delivery	Customer Charge			\$20.04
Ameren Illinois	Meter Charge			\$7.66
DS-2 Small General Delivery Service	Distribution Delivery Charge Non-Summer	128.00 kWh	@ \$ 0.02915000	\$3.73
	Electric Deferred Income Tax Adjustment	\$26.99	@ -0.710000%	\$-0.19
	Electric Delivery			\$31.24

Electric Supply	Total Energy Charge (\$/kWh)	128.00 kWh	@ \$ 0.09980000	\$12.77
Energy Harbor				
Fixed Rate \$0.0998				
	Electric Supply			\$12.77

State and Local Taxes and Other Mandated Charges	Customer Generation Charge			\$0.94
	Clean Energy Assistance Charge	128.00 kWh	@ \$ 0.00183000	\$0.23
	Renewable Energy Adjustment*	128.00 kWh	@ \$ 0.00459000	\$0.59
	EDT Cost Recovery	128.00 kWh	@ \$ 0.00133750	\$0.17
	Electric Environmental Adjustment	128.00 kWh	@ \$ 0.00115450	\$0.15
	Energy Efficiency Programs Charge	128.00 kWh	@ \$ 0.00484000	\$0.62
	Energy Transition Assistance Charge*	128.00 kWh	@ \$ 0.00072000	\$0.09
	Illinois State Electricity Excise Tax			\$0.42
	Total Taxes and Other Charges			\$3.21

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

Total Electric Charges \$47.22

Details From Your Electric Supplier

Energy Harbor
www.energyharbor.com
888.254.6359

01532 2253654 003162 005323 300216003





AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued	12/15/2023
Amount Due	\$72.58
Due Date	Feb 13, 2024

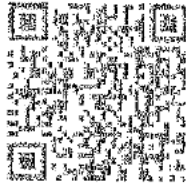
Account Number [REDACTED]
Customer Name MAHOMET TOWNSHIP CEMETE
Service Address 502 N LOMBARD ST
MAHOMET, IL 61853



Details From Your Electric Supplier

Energy Harbor
www.energyharbor.com
888.254.6358

If you have any questions regarding your Energy Supply charges, please contact the Electric Supplier listed above.



Looking for a New Year's Resolution?



How about making your building as energy-efficient as you can with help from the Ameren Illinois Energy Efficiency Program? Visit AmerenIllinoisSavings.com/Business to get started on your 2024 resolution.

01532 2253594 003163 006325 000510003





AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued 12/14/2023
Amount Due \$29.41
Due Date Feb 12, 2024

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

Last Payment \$29.57
Payment received. Thank you.

Current Charge Summary for Statement 12/14/2023

Total Electric Charge \$29.41
Total Amount Due \$29.41

Important Account Messages

The current billed amount of \$29.41 is due on Feb 12, 2024.

The rules and regulations of the Illinois Commerce Commission governing business practices of the utility are available at AmerenIllinois.com.

Electric Usage History in Kilowatt Hours (kWh)

7	29	13	30	44	28	8	26	44	43	7	7	6
DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
37°	32°	33°	40°	48°	67°	68°	74°	76°	73°	65°	52°	40°

Average Monthly Temperatures

Average Daily Electric Use (kWh)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	0.20 kWh
LAST MONTH	0.22 kWh
LAST YEAR	0.23 kWh

Date Rec. 12-18
Code B-6070
Account # [REDACTED]
Amount 29.41
Signature [Signature]

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

Keep this portion for your records.

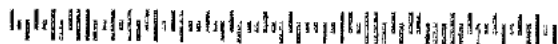
Page 1 of 4

Please detach stub and return this portion with your payment.

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



Account Number [REDACTED]
Amount Due \$29.41
Due Date 02/12/2024
Amount Enclosed



>000265 2253640 0001 092139 20Z

*****AUTO**ALL FOR AADC 618

MAHOMET TOWNSHIP
PO BOX 492
MAHOMET, IL 61853-0492



AMEREN ILLINOIS
PO BOX 88034
CHICAGO IL 60680-1034

10700000 0037234128108 000000029410 000000029410

66714 61249 13073
00265 2253640 001053 002105 00010004
INTERNAL USE ONLY



AmerenIllinois.com
Customer Service 1.800.232.7477

Statement Issued 12/14/2023
Amount Due \$29.41
Due Date Feb 12, 2024

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	December 11, 2023	\$29.57

Electric Service Non-Residential Billing Detail Rate Zone III

11/12/2023 - 12/12/2023 (30 days)

Electric Meter Read for 11/12/2023 - 12/12/2023 (30 days)

READ TYPE	METER NUMBER	CURRENT METER READ	PREVIOUS METER READ	READ DIFFERENCE	MULTIPLIER	USAGE
Total kWh	72551347	2510.0000 Actual	2504.0000 Actual	6.0000	1.0000	6.0000

Usage Summary

Total kWh	6.0000 Non-Summer kWh	6.0000
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Smart Meter

	CHARGE DESCRIPTION	USAGE	UNIT	RATE	CHARGE
Electric Delivery	Customer Charge				\$20.04
Ameren Illinois	Meter Charge				\$7.68
DS-2 Small General Delivery	Distribution Delivery Charge Non-Summer	6.00	kWh	@ \$ 0.02915000	\$0.17
Service	Electric Deferred Income Tax Adjustment	\$23.27		@ -0.710000%	\$-0.17
	Electric Delivery				\$27.70

Electric Supply	Total Energy Charge (\$/kWh)	6.00	kWh	@ \$ 0.09960000	\$0.60
Energy Harbor					
Fixed Rate \$0.0996				Electric Supply	\$0.60

State and Local Taxes and Other Mandated Charges	Customer Generation Charge				\$0.94
	Clean Energy Assistance Charge	6.00	kWh	@ \$ 0.00183000	\$0.01
	Renewable Energy Adjustment*	6.00	kWh	@ \$ 0.00458000	\$0.03
	EDT Cost Recovery	6.00	kWh	@ \$ 0.00133750	\$0.01
	Electric Environmental Adjustment	6.00	kWh	@ \$ 0.00115450	\$0.01
	Energy Efficiency Programs Charge	6.00	kWh	@ \$ 0.00484000	\$0.03
	Mahomet Municipal Tax				\$0.03
	Mahomet Infrastructure Mlce Fee				\$0.03
	Illinois State Electricity Excise Tax				\$0.02
	Total Taxes and Other Charges				\$1.11

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

Total Electric Charges \$29.41

00265 2253640 001054 002107 00020004





AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued 12/14/2023
Amount Due \$245.20
Due Date Feb 12, 2024
Last Payment \$196.82
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 12/14/2023

Total Electric Charge	\$110.80
Total Gas Charge	\$134.40
Subtotal Current Charges	\$245.20
Total Amount Due	\$245.20



Important Account Messages

The current billed amount of \$245.20 is due on Feb 12, 2024.

The rules and regulations of the Illinois Commerce Commission governing business practices of the utility are available at AmerenIllinois.com.

Electric Usage History in Kilowatt Hours (kWh)

738	865	705	600	608	596	638	929	1251	1108	805	578	656
DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
37°	32°	33°	40°	48°	57°	68°	74°	76°	73°	65°	52°	40°

Average Monthly Temperature

Average Daily Electric Use (kWh)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	18.50 kWh
LAST MONTH	18.06 kWh
LAST YEAR	24.60 kWh

Gas Usage History in Therms

168	228	178	136	102	35	5	4	4	4	5	29	99
DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
36°	32°	33°	40°	48°	57°	68°	74°	76°	73°	65°	53°	40°

Average Monthly Temperature

Average Daily Gas Use (Therms)

TIME PERIOD	AVG. DAILY USE
CURRENT MONTH	3.00 Therms
LAST MONTH	1.00 Therms
LAST YEAR	4.79 Therms

00265 2259640 001055 002105 0003/0004
INTERNAL USE ONLY

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

Keep this portion for your records.

Page 1 of 4

Please detach stub and return this portion with your payment.

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

Date Rec. 12-18-23
Code 5-6070
Account # [REDACTED]
Amount 245.20
Signature [Signature]
Account Number [REDACTED]
Amount Due \$245.20
Due Date 02/12/2024
Amount Enclosed [REDACTED]



MAHOMET TOWNSHIP
PO BOX 492
MAHOMET, IL 61853-0492

AMEREN ILLINOIS
PO BOX 88034
CHICAGO IL 60680-1034

9040000 00 [REDACTED] 00245200 00245200 00245200



AmerenIllinois.com
Customer Service 1.800.232.2477

Statement Issued 12/14/2023
Amount Due \$245.20
Due Date Feb 12, 2024

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

Payment Details

	DATE	AMOUNT
Payment Received	December 11, 2023	\$196.82

Electric Service (Non-Residential Billing Detail - Rate Zone III)

11/12/2023 - 12/12/2023 (30 days)

Electric Meter Read for 11/12/2023 - 12/12/2023 (30 days)

READ TYPE	METER NUMBER	CURRENT METER READ	PREVIOUS METER READ	READ DIFFERENCE	MULTIPLIER	USAGE
Total kWh	72664936	49996.0000 Actual	49441.0000 Actual	555.0000	1.0000	555.0000

Usage Summary

Total kWh	555.0000 Non-Summer kWh	555.0000
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Smart Meter

	CHARGE DESCRIPTION	USAGE	UNIT	RATE	CHARGE
Electric Delivery	Customer Charge				\$20.04
Ameren Illinois	Meter Charge				\$7.66
DS-2 Small General Delivery	Distribution Delivery Charge Non-Summer	555.00	kWh	@ \$ 0.02915000	\$16.18
Service	Electric Deferred Income Tax Adjustment	\$40.01		@ -0.710000%	\$-0.28
	Electric Delivery				\$43.60

Electric Supply	Purchased Electric Non-Summer	555.00	kWh	@ \$ 0.07485000	\$41.54
Ameren Illinois	Purchased Electricity Adjustment	555.00	kWh	@ \$-0.00466400	\$-2.59
BGS-2 Basic Generation	Supply Cost Adjustment	555.00	kWh	@ \$ 0.00021000	\$0.12
Service	Transmission Service Charge	555.00	kWh	@ \$ 0.02032000	\$11.27
	Electric Supply				\$50.34

State and Local Taxes and Other Mandated Charges	Customer Generation Charge				\$0.94
	Clean Energy Assistance Charge	555.00	kWh	@ \$ 0.00183000	\$1.02
	Renewable Energy Adjustment*	555.00	kWh	@ \$ 0.00468000	\$2.54
	EDT Cost Recovery	555.00	kWh	@ \$ 0.00133750	\$0.74
	Electric Environmental Adjustment	555.00	kWh	@ \$ 0.00115450	\$0.64
	Energy Efficiency Programs Charge	555.00	kWh	@ \$ 0.00481000	\$2.69
	Energy Transition Assistance Charge*	555.00	kWh	@ \$ 0.00072000	\$0.40
	Mahomet Municipal Tax				\$3.12
	Mahomet Infrastructure Mitce Fee				\$2.84
	Illinois State Electricity Excise Tax				\$1.83
	Total Taxes and Other Charges				\$18.85

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

Total Electric Charges \$118.80

00265 2233840 001055 002111 00040004



Area Garbage Service

P. O. Box 408

Mahomet, IL. 61853

Statement

Date

1/2/2024

217-586-4085

To:

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

Payment Due January 25th

Amount Due

Amount Enc.

\$31.50

Date	Transaction	Amount	Balance
09/30/2023	Balance forward		0.00
10/01/2023	--- October Hauling \$31.50	31.50	31.50
10/23/2023	PMT #9319. On account - Thank you	-31.50	0.00
10/27/2023	Monthly service November	31.50	31.50
	--- November Hauling \$31.50		
11/13/2023	PMT #9335. On account - Thank you	-31.50	0.00
11/27/2023	December	31.50	31.50
	--- monthly hauling \$31.50		
12/12/2023	PMT #9342. On account - Thank you	-31.50	0.00
01/01/2024	January	31.50	31.50
	--- monthly service \$31.50		
Date Rec. <u>12-20-23</u>			
Code <u>5-6070</u>			
Account # _____			
Amount <u>31.50</u>			
Signature <u>[Signature]</u>			

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
31.50	0.00	0.00	0.00	0.00	\$31.50

**Securitas
Technology**

Securitas Technology Corporation
3800 Tabs Drive
Uniontown, OH 44685

Securitas Technology**Recurring Invoice**

MDG2023 00003621 00



MAHOMET TOWNSHIP
ACCOUNTS PAYABLE
PO BOX 492
MAHOMET, IL 61853

Your Invoice at a Glance

Invoice #	7001391614
Date	12/15/2023
Invoice Amount	\$149.64
Customer Acct. ID	
Master Contract	
PO # (if applicable)	
Total Pages	1 of 1

Federal Tax ID # 20 - 104495

Recurring Services Invoice Detail

SITE ID#	DESCRIPTION OF SERVICE	PERIOD OF SERVICE	AMOUNT	SALES TAX	TOTAL
200131087	512 E MAIN ST, MAHOMET, IL 61853 Location # Monitoring Services - Fire Alarm Monitoring	1/1/2024-3/31/2024	\$149.64	\$0.00	\$149.64

Date Rec. 12-23-23
Code 5-6070
Account # [REDACTED]
Amount 149.64
Signature [Signature]

Securitas Technology is initiating a rate increase on recurring monthly services effective on your January 2024 invoice or next billing cycle. Price adjustments reflect incremental costs associated with the current inflationary operating environment. For questions please call 855-331-0359, option #1.

Sub Total	\$149.6
Tax Amount	\$0.0
Total Invoice Amount (USD)	\$149.6

TERMS: Due Upon Receipt

Cut Here and Return With Payment

Remittance**BY CHECK**

Mail To:

Securitas Technology Corporation
PO Box 643731
Pittsburgh, PA 15264-3731

ELECTRONIC

Remittance Email	CashApplication@securitases.com
Bank Name	PNC Bank NA
Routing #	
Beneficiary Name	Securitas Technology Corporation
Beneficiary Account	
Swift	PNOOUS33
Account Type	Checking

ONLINE PAYMENT & INVOICE MANAGEMENT NOW AVAILABLEBILL PAY & ENROLLMENT <https://www2.payerexpress.com/ebp/SECURITASES/>**Inquiries**

For Questions and Account Changes:

Billing Inquiries 844-737-2455
Service Request 844-750-TECH (844-750-8324)
Email Collections@securitases.com

Visit us at www.securitastechnology.com.**Your Invoice at a Glance**

Invoice #	7001391614
Date	12/15/2023
Invoice Amount	\$149.64
Customer Acct. ID	

NCPERS Group Life Ins.
c/o Member Benefits, Inc.
10739 Deerwood Park Blvd, Suite 200-B
Jacksonville, FL 32256-4838

NCPERS GROUP LIFE INSURANCE MONTHLY BILLING STATEMENT

D03568620000596_CRE

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

Make check payable to:
NCPERS Group Life Ins.
c/o Member Benefits
10739 Deerwood Park Blvd, #200-B
Jacksonville, FL 32256-4838

INVOICE DATE: DECEMBER 1, 2023
PREMIUM FOR MONTH OF: 01/2024
DUE DATE: JANUARY 10, 2024

BILLING: 3836012024
UNIT NUMBER: 
SYSTEM: IMRF

This statement is for December 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
3836012024	1/1/2024-1/31/2024	\$32.00	\$0.00	\$32.00
TOT		\$32.00	\$0.00	\$32.00

NOTE: To expedite enrollment changes, please email your changes to ncpers@memberbenefits.com.

CURRENT CHARGES

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

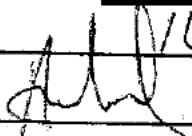
MEMBER NAME	ID	PREMIUM	CODE	COMMENT
CHRISTIE, PAUL G		\$16.00		
DOENITZ, CHRIS A		\$16.00		
TOT		\$32.00		

Date Rec. 12-20-23

Code 5-2420

Account # 

Amount 116.5

Signature 

GROUP CONTACT INFORMATION

☐ KEEP MY CURRENT CONTACT INFORMATION

Contact Name: AARON WHEELER

Phone Number: 

Email Address:

☐ UPDATE MY CONTACT INFORMATION

Contact Name:

Phone Number:

Email Address:

TOTAL PREMIUM SUBMITTED: _____





FRONTIER

Important Information

Avoid account suspension by paying your past-due balance immediately. Log in to frontier.com or use the MyFrontier app for latest balances and due dates.

Rec. 1-4-24
 Code 5-6071
 Account # [REDACTED]
 Amount 105.61
 Signature [Signature]

MAHOMET TOWNSHIP

Page 1 of 4

Your Monthly Invoice

Account Summary

New Charges Due Date

1/16/24

Billing Date

12/22/23

Account Number

PIN

Previous Balance

91.67

Payment not received by 12/22/23

.00

Balance Forward, due immediately

91.67

New Charges

105.61

Total Amount Due

\$197.28

ANYTIME, ANYWHERE SUPPORT

Our new MyFrontier® app makes it easy to manage your account, make a payment, track your orders and get support on the go.

frontier.com/resources/myfrontier-mobile-app

WAYS TO PAY YOUR BILL



[frontier.com/
signupforautopay](http://frontier.com/signupforautopay)



800-801-6652



Google Play



App Store

MyFrontier app



FRONTIER

P.O. Box 211579

Eagan, MN 55121-2879

6790 0004 NO RP 22 12212023 NNNNNNYYN 01 001039 0004

MAHOMET TOWNSHIP ASSESSOR
 PO BOX 492
 MAHOMET IL 61853-0492



PAYMENT STUB

Total Amount Due

\$197.28

New Charges Due Date

1/16/24

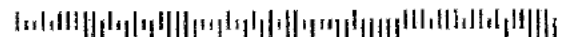
Account Number

Amount Enclosed

\$

Mail Payment To:

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



000197285

Date of Bill
Account Number

12/22/23

CURRENT BILLING SUMMARY

Local Service from 12/22/23 to 01/21/24

Qty Description

Charge

Basic Charges

Business Line - Measured	21.00
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	1.25
Other Charges-Detailed Below	15.38
IL State & Local Excise Tax	7.47
FTR LD USF Surcharge	4.83
Federal USF Recovery Charge	4.21
IL State 911 Surcharge	1.50
IL Universal Service Fund	.57
IL Telecom Infrastructure Maint Fee	.28
IL State Public Utilities Tax	.04
IL Telecom Relay Surcharge	.02
IL State Public Utilities Tax-Incremental	.02
Total Basic Charges	82.76

Non Basic Charges

Federal Primary Carrier Multi Line Charge	14.99
FTR LD USF Surcharge	5.17
IL State & Local Excise Tax	2.62
IL Telecom Infrastructure Maint Fee	.07
Total Non Basic Charges	22.85

TOTAL 105.61

** ACCOUNT ACTIVITY **

Qty Description

Order Number Effective Dates

1 Late Payment Fee	12/22	15.38
	Subtotal	15.38

Subtotal 15.38

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 \$197.28 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.

14720049-2004-74

Health Alliance
3310 Fields South Dr.
Champaign, IL 61822



FROM: MAHOMET

Sent: 12/22/23

Account ID: [REDACTED]

14720040 2485-HAL 904 1-3 2



SHERETH A DOENITZ
125 COUNTY ROAD 2300 N
MAHOMET, IL 61853-8902



Invoice NUMBER: 45433-015

Current Balance: \$0.00

Next Payment Due:

1/1/2024

Payment Received:

Current Balance:

\$0.00

Payment due by
1/1/2024

See following pages for statement details -

QUESTIONS?

Call to review your bill: 866-247-3296

Pay by check:

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

www.healthalliance.org

Make checks payable to Health
Alliance Medical Plans

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

1-2-24

Code

5-6535

Acct #

[REDACTED]

Amount \$

1214.32

Detach this portion and return with your payment

Signature

[Signature]

AMOUNT ENCLOSED

(Acct # [REDACTED])

Invoice NUMBER: 45433-015

\$

Payment Due

Payment due by 1/1/2024

Check #

Shereth A Doenitz



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

000675798

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	04/23/1961	[REDACTED]	01/01/2024	1,214.32
Total:					[REDACTED]