



12 South Center Street
Bensenville, IL 60106

Office: 630.350.3404
Fax: 630.350.3438
www.bensenville.il.us

VILLAGE BOARD

President

Frank DeSimone

Board of Trustees

Rosa Cammona

Ann Franz

Marie J. Frey

McLane Lomax

Nicholas Panicola Jr.

Armando Perez

Village Clerk

Nancy Quinn

Village Manager

Evan K. Summers

February 10, 2021

Mr. Paul De Michele
17W275 Rodeck Lane
Bensenville, Illinois 60106

Re: Freedom of Information Act request Received January 27, 2021

Dear Mr. De Michele,

Thank you for writing to the Village of Bensenville with your request for information pursuant to the Freedom of Information Act ("FOIA"), 5 ILCS 140/1 *et seq.* Your FOIA request seeks the following:

1. The dollar amount of Village-paid IMRF and health insurance premium for J. Caracci, E. Summers, S. Viger, [and] M. Ribando for 2019 and 2020, and copies of W-2s when available;
2. Dollar amount of any deferred compensation for Caracci, Summers, Viger, and Ribando for 2019 and 2020; and
3. Copies of any credit-card statements for 2019 and 2020 for Village Manager (exclude advertising).

In written correspondence to you on or around February 3, 2021, the Village extended its time frame for response to your FOIA request by five (5) business days. The requested records required examination and evaluation by personnel having the necessary competence and discretion to determine if they are exempt from disclosure under Section 7 of FOIA or should be revealed only with appropriate deletions. 5 ILCS 140/3(e)(v).

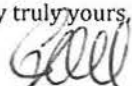
Your FOIA request is hereby granted in part and denied in part as follows. The attached records are being provided to you at no charge. Account numbers, personal financial information, and other unique identifiers have been withheld as exempt from disclosure pursuant to Section 7(1)(b) of FOIA. 5 ILCS 140/7(1)(b).

You have the right to have the partial denial of your FOIA request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. 5 ILCS 140/9.5(a). You may file your Request for Review with the PAC by writing to:

Ms. Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

You also have the right to seek judicial review of the partial denial of your FOIA request by filing a lawsuit in the State circuit court. 5 ILCS 140/11.

Very truly yours,


Corey Williamsen
Freedom of Information Officer
Village of Bensenville



12 South Center Street
Bensenville, IL 60106

Office: 630.350.3404
Fax: 630.350.3438
www.bensenville.il.us

VILLAGE BOARD

President
Frank DeSimone

Board of Trustees
Rosa Carmona
Ann Franz
Marie T. Frey
McLane Lomax
Nicholas Panicola Jr.
Armando Perez

Village Clerk
Nancy Dunne

Village Manager
Evan K. Summers

February 3, 2021

Mr. Paul De Michele
17W275 Rodeck Lane
Bensenville, Illinois 60106

Re: Freedom of Information Act Request
Dated January 26, 2021

Dear Mr. De Michele:

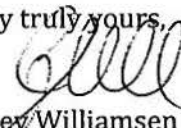
I am pleased to help you with your January 26, 2021 Freedom of Information Act ("FOIA"). Your request was received by the Village of Bensenville on January 27, 2021. You requested copies of the items indicated below:

- "1. The dollar amount of Village Paid IMRD and health Insurance Premium for J. Caracci, E. Summers, S. Viger, M. Ribando for 2019 and 2020. Copies of W-2 when available (2nd request).*
- 2. Dollar amount of any deferred compensation for Caracci, Summers, Viger and Ribando for 2019 and 2020.*
- 3. Copies of any credit card statements for 2019 and 2020 for Village Manager (exclude advertising)."*

The Village needs to consult with the Village Attorney to determine whether any of the records you have requested are exempt from disclosure under Section 7 of the FOIA or should be revealed only with appropriate deletions. Therefore, pursuant to Section 3(e)(v) of FOIA, 5 ILCS 140/3(e)(v), the Village is extending the time it has to respond to your request by an additional five (5) business days. The Village will respond to your request on or before February 10, 2021.

Please let me know if you have any questions.

Very truly yours,


Corey Williamsen
Freedom of Information Officer
Village of Bensenville

INSURANCE PREMIUMS FOR 2019-2020					
7/1/19 - 6/30/20					
			EMPLOYEE		VILLAGE
	TOTAL		PER PAY		PER PAY
BCBS PPO	<u>PREMIUM</u>	<u>EMPLOYEE</u>	<u>PERIOD</u>	<u>VILLAGE</u>	<u>PERIOD</u>
Employee				654.16	\$ 327.08
Employee/Spouse				1,791.79	\$ 895.90
Employee/Child				1,579.74	\$ 789.87
Family				1,942.32	\$ 971.16
Medicare/Single				523.74	\$ 261.87
Medicare EE & spo				1,047.46	\$ 523.73
			EMPLOYEE		VILLAGE
	TOTAL		PER PAY		PER PAY
BCBS HMO	<u>PREMIUM</u>	<u>EMPLOYEE</u>	<u>PERIOD</u>	<u>VILLAGE</u>	<u>PERIOD</u>
Employee				570.72	\$ 285.36
Employee/Spouse				1,074.83	\$ 537.41
Employee/Child				1,140.16	\$ 570.08
Family				1,644.36	\$ 822.18
Medicare employee				432.05	\$ 216.02
Medicare EE & Non Med				1,002.77	\$ 501.39
			EMPLOYEE		VILLAGE
	TOTAL		PER PAY		PER PAY
Metlife Dental	<u>PREMIUM</u>	<u>EMPLOYEE</u>	<u>PERIOD</u>	<u>VILLAGE</u>	<u>PERIOD</u>
Single				41.79	\$ 20.90
Family				41.79	\$ 20.90

INSURANCE PREMIUMS FOR 2020-2021						
7/1/20 - 6/30/21						
				EMPLOYEE		VILLAGE
	TOTAL			PER PAY		PER PAY
<u>BCBS PPO</u>	<u>PREMIUM</u>	<u>EMPLOYEE</u>	<u>PERIOD</u>	<u>VILLAGE</u>	<u>PERIOD</u>	
Employee					668.55	334.28
Employee/Spouse					1831.21	915.60
Employee/Child					1614.50	807.25
Family					1985.06	992.53
Medicare/Single					535.27	267.64
Medicare EE & spouse					1070.51	535.25
	TOTAL			EMPLOYEE		VILLAGE
	PER PAY			PER PAY		PER PAY
<u>BCBS HMO</u>	<u>PREMIUM</u>	<u>EMPLOYEE</u>	<u>PERIOD</u>	<u>VILLAGE</u>	<u>PERIOD</u>	
Employee					576.99	288.49
Employee/Spouse					1086.65	543.32
Employee/Child					1152.69	576.35
Family					1662.45	831.22
Medicare employee					436.80	218.40
Medicare EE & Non Medicare					1013.80	506.90
	TOTAL			EMPLOYEE		VILLAGE
	PER PAY			PER PAY		PER PAY
<u>Metlife Dental</u>	<u>PREMIUM</u>	<u>EMPLOYEE</u>	<u>PERIOD</u>	<u>VILLAGE</u>	<u>PERIOD</u>	
Single					42.25	21.13
Family					42.25	21.13

Copy B - For Employee's Federal Income Tax Return		2020		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 77877.16	2 Federal income tax withheld 14678.76		
b Employer ID number 36-6005794	3 Social security wages 81810.22	4 Social security tax withheld 5072.23		
	5 Medicare wages and tips 81810.22	6 Medicare tax withheld 1186.25		
c Employer's name, address, and ZIP code Village Of Bensenville 12 S Center Bensenville, IL 60106				
d Control number B9156 447				
e Employee's name, address, and ZIP code MARY F RIBANDO [REDACTED]				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a C	13 Statutory employee		Retirement plan	3rd-party sick pay
12b DD			X	
12c	14 Other			
12d				
N/A		N/A		N/A
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
N/A	N/A	N/A		

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return		2020		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 77877.16	2 Federal income tax withheld 14678.76		
b Employer ID number 36-6005794	3 Social security wages 81810.22	4 Social security tax withheld 5072.23		
	5 Medicare wages and tips 81810.22	6 Medicare tax withheld 1186.25		
c Employer's name, address, and ZIP code Village Of Bensenville 12 S Center Bensenville, IL 60106				
d Control number B9156 447				
e Employee's name, address, and ZIP code MARY F RIBANDO [REDACTED]				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a C	13 Statutory employee		Retirement plan	3rd-party sick pay
12b DD			X	
12c	14 Other			
12d				
IL	3660057940008	77877.16	3852.99	
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
N/A	N/A	N/A		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B - For Employee's Federal Income Tax Return		2020		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 124524.49	2 Federal income tax withheld 16203.15		
b Employer ID number 36-6005794	3 Social security wages 130628.36	4 Social security tax withheld 8098.96		
	5 Medicare wages and tips 130628.36	6 Medicare tax withheld 1894.09		
c Employer's name, address, and ZIP code Village Of Bensenville 12 S Center Bensenville, IL 60106				
d Control number B9156 251				
e Employee's name, address, and ZIP code SCOTT R VIGER [REDACTED]				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a C	13 Statutory employee	Retirement plan	3rd-party sick pay	
12b DD		X		
12c	14 Other	[REDACTED]		
12d				
N/A	N/A	N/A		
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return		2020		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 124524.49	2 Federal income tax withheld 16203.15		
b Employer ID number 36-6005794	3 Social security wages 130628.36	4 Social security tax withheld 8098.96		
	5 Medicare wages and tips 130628.36	6 Medicare tax withheld 1894.09		
c Employer's name, address, and ZIP code Village Of Bensenville 12 S Center Bensenville, IL 60106				
d Control number B9156 251				
e Employee's name, address, and ZIP code SCOTT R VIGER [REDACTED]				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a C	13 Statutory employee	Retirement plan	3rd-party sick pay	
12b DD		X		
12c	14 Other	[REDACTED]		
12d				
IL	3660057940008	124524.49	6159.71	
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B - For Employee's Federal Income Tax Return		2020		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 175970.84	2 Federal income tax withheld 27216.46		
b Employer ID number 36-6005794	3 Social security wages 137700.00	4 Social security tax withheld 8537.40		
	5 Medicare wages and tips 200687.64	6 Medicare tax withheld 2916.17		
c Employer's name, address, and ZIP code Village Of Bensenville 12 S Center Bensenville, IL 60106				
d Control number B9156 900				
e Employee's name, address, and ZIP code EVAN SUMMERS [REDACTED]				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a C	13 Statutory employee	Retirement plan	3rd-party sick pay	
12b DD		X		
12c G	14 Other	[REDACTED]		
12d				
N/A	N/A	N/A		
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
N/A	N/A	N/A		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return		2020		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 175970.84	2 Federal income tax withheld 27216.46		
b Employer ID number 36-6005794	3 Social security wages 137700.00	4 Social security tax withheld 8537.40		
	5 Medicare wages and tips 200687.64	6 Medicare tax withheld 2916.17		
c Employer's name, address, and ZIP code Village Of Bensenville 12 S Center Bensenville, IL 60106				
d Control number B9156 900				
e Employee's name, address, and ZIP code EVAN SUMMERS [REDACTED]				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a C	13 Statutory employee	Retirement plan	3rd-party sick pay	
12b DD		X		
12c G	14 Other	[REDACTED]		
12d				
IL	3660057940008	175970.84	8583.03	
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
N/A	N/A	N/A		

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy B - For Employee's Federal Income Tax Return		2020		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 133137.71	2 Federal income tax withheld 17837.17		
b Employer ID number 36-6005794	3 Social security wages 137700.00	4 Social security tax withheld 8537.40		
	5 Medicare wages and tips 159817.20	6 Medicare tax withheld 2317.34		
c Employer's name, address, and ZIP code Village Of Bensenville 12 S Center Bensenville, IL 60106				
d Control number B9156 617				
e Employee's name, address, and ZIP code JOSEPH M CARACCI [REDACTED]				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a C	13 Statutory employee Retirement plan 3rd-party sick pay			
12b G	X			
12c	14 Other			
12d				
N/A		N/A		N/A
15 State Employer's State ID#		16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.		19 Local income tax		20 Locality name
N/A		N/A		N/A

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return		2020		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 133137.71	2 Federal income tax withheld 17837.17		
b Employer ID number 36-6005794	3 Social security wages 137700.00	4 Social security tax withheld 8537.40		
	5 Medicare wages and tips 159817.20	6 Medicare tax withheld 2317.34		
c Employer's name, address, and ZIP code Village Of Bensenville 12 S Center Bensenville, IL 60106				
d Control number B9156 617				
e Employee's name, address, and ZIP code JOSEPH M CARACCI [REDACTED]				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans			
12a C	13 Statutory employee Retirement plan 3rd-party sick pay			
12b G	X			
12c	14 Other			
12d				
IL	3660057940008	133137.71	6576.78	
15 State Employer's State ID#		16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.		19 Local income tax		20 Locality name
N/A		N/A		N/A

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

VOB Payroll YTD

From: 01/11/2019 Through: 12/27/2019

Village Of Bensenville (B9156)

<u>Last First MI</u>	<u>Job Title - Current</u>	<u>Deferred Comp</u>
SUMMERS, EVAN	VILLAGE MANAGER	10,608.00

VOB Payroll YTD

From: 01/10/2020 Through: 12/24/2020

Village Of Bensenville (B9156)

<u>Last First MI</u>	<u>Pay Group - Current</u>	<u>Job Title - Current</u>	<u>Deferred Comp</u>
SUMMERS, EVAN	VHBIWEEK	VILLAGE MANAGER	11,138.40



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60105-2130

***N0000133

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 01-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$589.82
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
12/05	12/06	IL MUNICIPAL LEAGUE 2175251220 IL ***** MEMO ITEM *****	\$55.00
12/11	12/11	READYREFRESH BY NESTLE 800-274-5282 CA ***** MEMO ITEM *****	\$44.75
12/11	12/12	DOLLAR TREE BENSENVILLE IL ***** MEMO ITEM *****	\$70.00
12/12	12/13	WALGREENS #9024 BENSENVILLE IL ***** MEMO ITEM *****	\$35.00
12/12	12/13	SAMS CLUB #8487 ADDISON IL ***** MEMO ITEM *****	\$242.68
12/18	12/20	JEWEL-OSCO #3495 BENSENVILLE IL ***** MEMO ITEM *****	\$15.49
12/19	12/20	JOEY C'S DELI BENSENVILLE IL ***** MEMO ITEM *****	\$136.90



Capital One, N.A.
Corporate Card Statement



Page 1 of 1

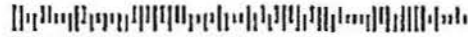


CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

V# 1587
reg 20190581

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60100-2130

***0000350

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 02-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$120.90
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

(See reverse side for billing and other important information)

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 059-8110

Transaction Detail

Trans Date	Post Date	Description	Amount
01/11	01/11	READYREFRESH BY NESTLE 800-274-5282 CA ***** MEMO ITEM *****	\$37.50
02/02	02/04	DAILYHERALD ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99
02/04	02/05	VISTAPRINT VISTAPRINT.COM 866-8938743 MA ***** MEMO ITEM *****	\$63.41

*** ATTENTION ***

Your total finance charge paid for 2018 was \$0.00.



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

V# 1587
ref 2019 1004

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

***0000052

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number xxx-xxx-xxx-6211
Statement Date 03-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$251.07
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 64012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
(See reverse side for billing and other important information) FAX Number (866) 959-8110

Transaction Detail

Trans Date	Post Date	Description	Amount
02/08	02/11	OTC BRANDS, INC. OMAHA NE MEMO ITEM	\$47.88 ✓
02/12	02/12	READYREFRESH BY NESTLE 800-274-5282 CA MEMO ITEM	\$43.42 ✓
02/13	02/13	ASTI ITALIAN DELI BENSENVILLE IL MEMO ITEM	\$128.74 ✓
03/02	03/04	PARKINGMETERS 87724279 CHICAGO IL MEMO ITEM	\$11.04 ✓
03/01	03/04	DAILYHERALD *ONLINE 8474274333 IL MEMO ITEM	\$19.99 ✓

*** ATTENTION ***

Your total finance charge paid for 2018 was \$0.00.



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



25:0050 - 030712 - 2001 - 0301 - 7

CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

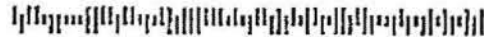
#1587

reg 20191401

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

RECEIVED APR 15 2019



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

**N0000323

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 04-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$3.73
Purchases and Debits \$836.18
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31906-4012
Account Inquiry Telephone: 1-855-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
03/12	03/12	READYREFRESH BY NESTLE 800-274-5282 CA ***** MEMO ITEM *****	\$43.42
03/19	03/20	MAMA MARIAS PIZZERIA BENSENVILLE IL ***** MEMO ITEM *****	\$67.50
03/19	03/21	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$24.99
03/20	03/21	IL MUNICIPAL LEAGUE 2175251220 IL ***** MEMO ITEM *****	\$25.00
03/22	03/25	CHICAGO TRIB SUBSCRIPT 3125467900 TX ***** MEMO ITEM *****	\$115.71
03/25	03/26	USPS PO 1606600106 BENSENVILLE IL ***** MEMO ITEM *****	\$6.85
03/25	03/27	PAR-A-DICE HOTEL 7023882646 IL ***** MEMO ITEM *****	\$342.72
		4347569485 ARRIVAL: 03/19/19	
03/28	03/29	DOLLAR TREE BENSENVILLE IL ***** MEMO ITEM *****	\$50.00
03/28	04/01	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$140.00
04/01	04/03	DAILYHERALD *ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99
04/03	04/04	VISTAPR*VISTAPRINT.COM 866-8636743 MA ***** MEMO ITEM *****	\$3.73 CR



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



CAPITAL ONE CARD SERVICES
CORPORATE CARD
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60103-2130

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

V# 1587

reg 2019 1795

RECEIVED MAY 13 2019

***0000123

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 05-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$287.49
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
04/10	04/11	USPS PO 1606600106 BENSENVILLE IL	\$6.85
		MEMO ITEM	
04/11	04/11	READYREFRESH BY NESTLE 800-274-5282 CA	\$43.42
		MEMO ITEM	
04/12	04/15	DOLLAR TREE BENSENVILLE IL	\$9.00
		MEMO ITEM	
04/12	04/15	DOLLAR TREE BENSENVILLE IL	\$40.00
		MEMO ITEM	
04/15	04/18	USPS PO 1606600106 BENSENVILLE IL	\$6.85
		MEMO ITEM	
04/25	04/25	ASTI ITALIAN DELI BENSENVILLE IL	\$95.17
		MEMO ITEM	
04/30	05/01	USPS PO 1606600106 BENSENVILLE IL	\$6.85
		MEMO ITEM	
05/02	05/02	VISTAPR*VISTAPRINT.COM 866-8936743 MA	\$28.78
		MEMO ITEM	
05/01	05/03	DAILYHERALD *ONLINE 8474274393 IL	\$19.99
		MEMO ITEM	
05/01	05/03	OTC BRANDS, INC. OMAHA NE	\$31.58
		MEMO ITEM	



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



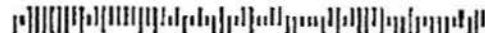
CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

V# 1587
req 20192251

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

RECEIVED JUN 17 2019



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60105-2130

***0000030

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 06-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$520.51
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160 0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 34012
COLUMBUS GA 31906-4012
Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

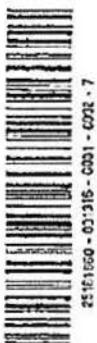
Trans Date	Post Date	Description	Amount
05/06	05/07	DOLLAR TREE BENSENVILLE IL ***** MEMO ITEM *****	\$3.00
05/13	05/14	USPS PO 160000106 BENSENVILLE IL ***** MEMO ITEM *****	\$8.85
05/15	05/15	READYREFRESH BY NESTLE 800-274-5282 CA ***** MEMO ITEM *****	\$43.42
-05/14-	-05/16-	HOBBY-LOBBY #0177 3CHAUMBURG IL ***** MEMO ITEM *****	\$5.97
05/14	05/16	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$84.62
05/17	05/20	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$59.49
05/21	05/21	EDIBLE ARRANGEMENTS 8773037048 CT ***** MEMO ITEM *****	\$20.58
05/21	05/21	ASTI ITALIAN DELI BENSENVILLE IL ***** MEMO ITEM *****	\$61.58
05/21	05/22	MAMA MARIAS PIZZERIA BENSENVILLE IL ***** MEMO ITEM *****	\$73.60
05/21	05/23	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$25.48
05/14	05/24	DOLLAR TREE SCHAUMBURG IL ***** MEMO ITEM *****	\$6.00
05/28	05/30	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$34.93
06/01	06/03	DAILYHERALD *ONLINE 8474274393 IL ***** MEMO ITEM *****	\$19.99



Capital One, N.A.
Corporate Card Statement

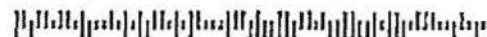


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CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

RECEIVED JUL 15 2019

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

req 20192924

***T0000260

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 07-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$20.51
Purchases and Debits \$1,421.20
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 559-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
06/08	06/10	ASTI ITALIAN DELI BENSENVILLE IL ***** MEMO ITEM *****	\$97.76
06/11	06/13	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$34.95
06/13	06/13	READYREFRESH BY NESTLE 800-274-5282 CA ***** MEMO ITEM *****	\$52.91
06/13	06/13	ASTI ITALIAN DELI BENSENVILLE IL ***** MEMO ITEM *****	\$105.06
06/13	06/14	USPS PO 1606600106 BENSENVILLE IL ***** MEMO ITEM *****	\$6.65
06/18	06/19	MAMA MARIAS PIZZERIA BENSENVILLE IL ***** MEMO ITEM *****	\$52.65
06/19	06/20	DISCOUNTMUGS.COM 8005691980 FL ***** MEMO ITEM *****	\$91.80
06/18	06/20	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$23.97
06/21	06/24	WHITE PINES GOLF CLUB BENSENVILLE IL ***** MEMO ITEM *****	\$34.95
06/21	06/24	GREEN STREET GRILLE BENSENVILLE IL ***** MEMO ITEM *****	\$50.00
06/26	06/27	INTERNATION 2029623680 DC ***** MEMO ITEM *****	\$720.00
06/27	06/28	WM SUPERCENTER #5442 ADDISON IL ***** MEMO ITEM *****	\$2.16
06/28	07/01	VISTAPRINT VISTAPRINT.COM 888-8938743 MA ***** MEMO ITEM *****	\$50.38



Account Number [REDACTED]
Statement Date 07-05-19

VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE

**Transaction Detail**

Trans- Date	Post Date	Description	Amount
07/02	07/03	DUNKIN #302934 Q35 BENSENVILLE IL ***** MEMO ITEM *****	\$20.51 CR
07/02	07/03	DUNKIN #302934 Q35 BENSENVILLE IL ***** MEMO ITEM *****	\$66.86
07/02	07/03	DUNKIN #302934 Q35 BENSENVILLE IL ***** MEMO ITEM *****	\$10.79
07/02	07/03	DAILYHERALD *ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99



Capital One, N.A.
Corporate Card Statement



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CAPITAL ONE CARD SERVICES
CORPORATE CARD
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

••N0000070

Please write corrections to
Name/Address above, if necessary

RECEIVED AUG 12 2019

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 08-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$528.11
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31906-4012
Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
07/11	07/11	READYREFRESH BY NESTLE 800-274-5262 CA MEMO ITEM	\$52.91
07/23	07/23	ASTI ITALIAN DELI BENSENVILLE IL MEMO ITEM	\$91.96
07/24	07/25	IL MUNICIPAL LEAGUE 2175251220 IL MEMO ITEM	\$180.00
07/28	07/29	VISTAPR*VISTAPRINT.COM 866-8936743 MA MEMO ITEM	\$65.23
07/26	07/29	VISTAPR*VISTAPRINT.COM 866-8936743 MA MEMO ITEM	\$13.76
07/30	07/30	ASTI ITALIAN DELI BENSENVILLE IL MEMO ITEM	\$99.24
07/30	07/31	DICK'S CLOTHING&SPORTS SCHLAUMBURG IL MEMO ITEM	\$5.00
08/01	08/05	DAILYHERALD *ONLINE 8474274333 IL MEMO ITEM	\$19.99



Capital One, N.A.
Corporate Card Statement



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CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

V# 1587

ADref 2093487

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

RECEIVED SEP 12 2019



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

***N0000026

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 09-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$621.45
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31903-4012

(See reverse side for billing and other important information)

Account Inquiry Telephone: 1-856-772-4497
FAX Number (665) 659-8110

Transaction Detail

Trans Date	Post Date	Description	Amount
08/12	08/12	READYREFRESH BY NESTLE 800-274-5282 CA MEMO ITEM	\$8.00
08/13	08/15	JEWEL-OSCO # 3485 BENSENVILLE IL MEMO ITEM	\$85.88
08/14	08/15	IL MUNICIPAL LEAGUE 2175251220 IL MEMO ITEM	\$290.00
08/21	08/22	DICK'S CLOTHING&SPORT LOMBARD IL MEMO ITEM	-\$10.00
08/26	08/27	CHICAGO TRIB SUBSCRIPT 3125467900 TX MEMO ITEM	\$207.48
09/01	09/03	DAILYHERALD *ONLINE 8474274333 IL MEMO ITEM	\$19.89



Capital One, N.A.
Corporate Card Statement



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CAPITAL ONE CARD SERVICES
CORPORATE CARD
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

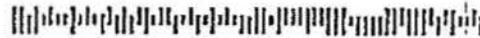
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Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

10/20193885

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

RECEIVED OCT 15 2019



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60108-2130

***0000176

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 10-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$586.38
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31906-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
09/10	09/11	WWW COSTCO COM 800-955-2282 WA ***** MEMO ITEM *****	\$80.00
09/13	09/13	READYREFRESH BY NESTLE 800-274-5282 CA ***** MEMO ITEM *****	\$36.93
09/22	09/24	HILTON HOTELS CHICAGO CHICAGO IL ***** MEMO ITEM *****	\$375.46
09/26	09/26	3824585 ANNUAL MEMBERSHIP FEE ***** MEMO ITEM *****	\$19.00
09/27	09/30	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$75.00
10/01	10/03	DAILYHERALD *ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99

Jan



Capital One, N.A.
Corporate Card Statement

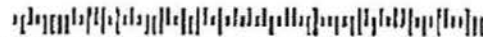


Page 1 of 2



CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

V# 1587
req 2019 4443

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

RECEIVED NOV 14 2019

Please write corrections to
Name/Address above, if necessary

***T0000224

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 11-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$1.06
Purchases and Debits \$1,309.24
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 64012
COLUMBUS GA 31906-4012
Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
10/04	10/07	US SERVICES STANDARD C ATLANTA GA MEMO ITEM	\$48.57
10/10	10/11	FLSBANNERS COM 920-7433353 WI MEMO ITEM	\$140.85
10/11	10/14	DUNKIN #302934 Q35 BENSENVILLE IL MEMO ITEM	\$37.96
10/11	10/14	JEWEL-OSCO #3495 BENSENVILLE IL MEMO ITEM	\$58.95
10/15	10/15	READYREFRESH BY NESTLE 800-274-5282 CA MEMO ITEM	\$8.00
10/15	10/16	SAMSClub #6187 ADDISON IL MEMO ITEM	\$79.22
10/17	10/16	GREEN STREET GRILLE BENSONVILLE IL MEMO ITEM	\$30.00
10/19	10/21	READYREFRESH BY NESTLE 800-274-5282 CA MEMO ITEM	\$1.06 CR
10/17	10/21	TWO CHEFS CAFE AND CAT BENSENVILLE IL MEMO ITEM	\$20.00
10/23	10/24	FOREST AWARDS AND ENGR 630-585-2242 IL MEMO ITEM	\$137.50
10/24	10/26	GG *ALLIANCE AGAINST I SCHAUMBURG IL MEMO ITEM	\$340.00
10/28	10/29	MAMA MARIAS PIZZERIA BENSENVILLE IL MEMO ITEM	\$70.58
10/29	10/30	MAMA MARIAS PIZZERIA BENSENVILLE IL MEMO ITEM	\$60.00



Account Number [REDACTED]
Statement Date 11-05-19

VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE

Transaction Detail

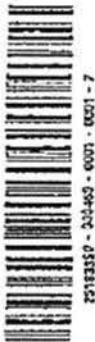
Trans Date	Post Date	Description	Amount
10/28	10/30	JEWEL-OSCO # 3405 BENSENVILLE IL ***** MEMO ITEM *****	\$76.93
10/29	10/30	CRAINS CHIC SUBSCRIP 677-8121590 MI ***** MEMO ITEM *****	\$119.00
11/01	11/04	DS SERVICES STANDARD C ATLANTA GA ***** MEMO ITEM *****	\$61.67
11/02	11/04	DAILYHERALD ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.89



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

W#1587

VEN 20194862

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

RECEIVED DEC 16 2019

***0000140

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 12-05-19
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$595.77
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012
Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 659-8110

(See reverse side for billing and other important information)

Transaction Detail

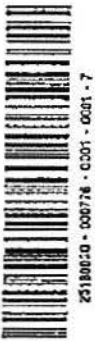
Trans Date	Post Date	Description	Amount
11/02	11/06	THE GALLERY COLLECTION AR@PRUDENTPUB NJ ***** MEMO ITEM *****	\$312.80
11/06	11/07	TLF THE VILLAGE FLOWER BENSENVILLE IL ***** MEMO ITEM *****	\$125.00
11/21	11/22	SAMS CLUB #6467 ADDISON IL ***** MEMO ITEM *****	\$84.82
11/21	11/22	WAL-MART #5442 ADDISON IL ***** MEMO ITEM *****	\$10.50
11/23	12/02	CS-SERVICES STANDARD-C ATLANTA GA ***** MEMO ITEM *****	\$42.65
12/01	12/03	DAILYHERALD *ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 00100-2130

***0000243

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

V#1587

12920194958

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 01-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$087.40
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31906-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
12/07	12/09	DUNKIN #302834 Q35 BENSENVILLE IL MEMO ITEM	\$42.97
12/10	12/11	CVS/PHARMACY #04995 BENSENVILLE IL MEMO ITEM	\$50.00
12/10	12/11	DOLLAR TREE BENSENVILLE IL MEMO ITEM	\$70.00
12/11	12/12	WALGREENS #9024 BENSENVILLE IL MEMO ITEM	\$16.83
12/10	12/12	JEWEL-OSCO # 3495 BENSENVILLE IL MEMO ITEM	\$66.98
12/11	12/13	JEWEL-OSCO # 3495 BENSENVILLE IL MEMO ITEM	\$114.90
12/13	12/18	ASTI ITALIAN DELI BENSENVILLE IL MEMO ITEM	\$114.88
12/18	12/19	MAMA MARIAS PIZZERIA BENSENVILLE IL MEMO ITEM	\$125.00
12/17	12/19	JEWEL-OSCO # 3495 BENSENVILLE IL MEMO ITEM	\$27.49
12/20	12/23	USPS PO 1606600108 BENSENVILLE IL MEMO ITEM	\$5.85
12/19	12/23	JEWEL-OSCO # 3495 BENSENVILLE IL MEMO ITEM	\$32.43
01/01	01/03	DAILYHERALD *ONLINE 8474274333 IL MEMO ITEM	\$18.99



Capital One, N.A.
Corporate Card Statement



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CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60108-2130

RECEIVED FEB 14 2020

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

V# 1587
Y# 20200611

***0000092

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 02-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$203.52
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
01/20	01/21	DOLLAR TREE BENSENVILLE IL ***** MEMO ITEM *****	\$50.00
01/20	01/22	JEWEL-OSCO # 3485 BENSENVILLE IL ***** MEMO ITEM *****	\$50.00
01/24	01/27	DS SERVICES STANDARD C ATLANTA GA ***** MEMO ITEM *****	\$42.35
02/01	02/03	DAILY HERALD*ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99
01/31	02/03	VISTAPR*VISTAPRINT.COM 866-8936743 MA ***** MEMO ITEM *****	\$41.18

*** ATTENTION ***

Your total finance charge paid for 2019 was \$0.00.



Capital One, N.A.
Corporate Card Statement



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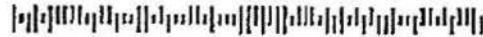
CAPITAL ONE CARD SERVICES
CORPORATE CARD
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

V# 1587

12/20200982

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

***H0000145

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 03-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$618.91
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (666) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
02/06	02/07	VISTAPR'VISTAPRINT.COM 856-8935743 MA ***** MEMO ITEM *****	\$355.49
02/11	02/12	BENSENVILLE CHAMBER 6303278095 IL ***** MEMO ITEM *****	\$110.00
02/11	02/12	ASTI ITALIAN DELI BENSENVILLE IL ***** MEMO ITEM *****	\$37.94
02/18	02/20	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$25.49
02/27	02/28	DOLLAR TREE BENSENVILLE IL ***** MEMO ITEM *****	\$50.00
02/27	03/02	JEWEL-OSCO # 3495 BENSENVILLE IL ***** MEMO ITEM *****	\$50.00
03/01	03/03	DAILY HERALD'ONLINE 0474274333 IL ***** MEMO ITEM *****	\$19.99

*** ATTENTION ***

Your total finance charge paid for 2019 was \$0.00.



Capital One, N.A.
Corporate Card Statement



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CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
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NEW ORLEANS LA 70160-0024

VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

***NO00023**

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 04-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$67.44
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31906-1012
Account Inquiry Telephone 1-800-772-4497
FAX Number (800) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
03/11	03/12	USPS PO 1006500100 BENSENVILLE IL MEMO ITEM	\$10.00
03/20	03/23	DS SERVICES STANDARD C ATLANTA GA MEMO ITEM	\$16.00
04/02	04/03	DAILY HERALD ONLINE 8474274333 IL MEMO ITEM	\$11.44



Capital One, N.A.
Corporate Card Statement



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CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

req 20201677

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

**NDD000JL*

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 05-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$24.98
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012
Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
04/17	04/20	DS SERVICES STANDARD C ATLANTA GA ***** MEMO ITEM *****	\$4.89
05/02	05/04	DAILY HERALD*ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99

New



Capital One, N.A.
Corporate Card Statement



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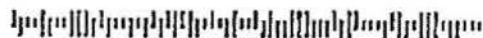
CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

V# 1587

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

AD REQ 2020 2039

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

**N0000191

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 06-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$24.98
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 958-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
05/15	05/18	DS SERVICES STANDARD C ATLANTA GA	\$4.99
		***** MEMO ITEM *****	
06/02	06/03	DAILY HERALD*ONLINE 8474274333 IL	\$19.99
		***** MEMO ITEM *****	

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Capital One, N.A.
Corporate Card Statement



Page 1 of 1



CAPITAL ONE CARD SERVICES
CORPORATE CARD
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CAPITAL ONE, N.A.
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NEW ORLEANS LA 70160-0024

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

req 20202220



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

***NOOD0149

Please write corrections to
Name/Address above, if necessary

RECEIVED JUL 13 2020

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 07-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$24.98
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBIUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-6110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
06/12	06/15	WATER - COFFEE DELIVER ATLANTA GA MEMO ITEM	\$4.99
07/02	07/03	DAILY HERALD ONLINE 8474274333 IL MEMO ITEM	\$19.99



Capital One, N.A.
Corporate Card Statement



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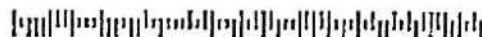
CAPITAL ONE CARD SERVICES
CORPORATE CARD
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

V# 1587

AD Reg 20202673

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

***00000096

RECEIVED AUG 14 2020

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 08-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$104.91
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone:

FAX Number

1-866-772-4497

(866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
07/10	07/13	WATER - COFFEE DELIVER ATLANTA GA ***** MEMO ITEM *****	\$24.92
07/23	07/24	WWW COSTCO COM 800-955-2292 WA ***** MEMO ITEM *****	\$60.00
08/02	08/03	DAILY HERALD*ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



CAPITAL ONE CARD SERVICES
CORPORATE CARD
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

V#1587

veq20203036

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

RECEIVED SEP 22 2020



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

**N0000221

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 09-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$140.33
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
08/07	08/10	WATER - COFFEE DELIVER ATLANTA GA ***** MEMO ITEM *****	\$31.87
08/14	08/17	WWW COSTCO COM 800-955-2292 WA ***** MEMO ITEM *****	\$38.53
08/25	08/26	SQ *GIVE SUNSHINE GOSQ.COM CA ***** MEMO ITEM *****	\$49.99
09/02	09/03	DAILY HERALD*ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

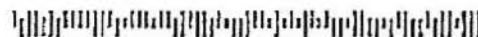
V#1587

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

10/2020 3305

RECEIVED OCT 16 2020



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

**8000037

Please write corrections to
Name/Address above if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 10-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.54
Purchases and Debits \$185.05
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
09/04	09/07	WWW COSTCO COM 800-855-2292 WA ***** MEMO ITEM *****	\$0.54 CR
09/04	09/07	WATER - COFFEE DELIVER ATLANTA GA ***** MEMO ITEM *****	\$31.87
09/08	09/09	CHICAGO TRIB SUBSCRIPT 3125467900 TX ***** MEMO ITEM *****	\$95.76
09/28	09/28	ANNUAL MEMBERSHIP FEE ***** MEMO ITEM *****	\$18.00
10/02	10/05	WATER - COFFEE DELIVER ATLANTA GA ***** MEMO ITEM *****	\$18.43
10/02	10/05	DAILY HERALD ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99



Capital One, N.A.
Corporate Card Statement



Page 1 of 1



CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 00024
NEW ORLEANS LA 70160-0024

CAPITAL ONE, N.A.
P.O. BOX 00024
NEW ORLEANS LA 70160-0024

VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

V#1587

AD req 20203879

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

RECEIVED NOV 18 2020

***00000001

Please write corrections to
Name/Address above, if necessary

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 11-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$817.18
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 00024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012
Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 859-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
10/12	10/13	CRAINS CHIC SUBSCRIP 877-8121590 MI MEMO ITEM	\$139.00
10/21	10/21	EDIBLE ARRANGEMENTS 8773837848 GA MEMO ITEM	\$53.99
10/23	10/28	MCDONALD'S F38138 BENSENVILLE IL MEMO ITEM	\$60.00
10/30	10/30	ULINE *SHIP SUPPLIES 800-295-5510 WI MEMO ITEM	\$144.28
10/30	11/02	WATER - COFFEE DELIVER ATLANTA GA MEMO ITEM	\$24.92
10/30	11/02	ILLINOIS FIRE AND POLI GLEN ELLYN IL MEMO ITEM	\$375.00
11/02	11/03	DAILY HERALD ONLINE 8474274333 IL MEMO ITEM	\$19.99



Capital One, N.A.
Corporate Card Statement



Page 1 of 1

CAPITAL ONE CARD SERVICES
CORPORATE CARD
PO BOX 60024
NEW ORLEANS LA 70160-0024

Account Number [REDACTED]
Payment Due N/A
New Balance N/A
Minimum Payment N/A

CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024



VILLAGE MANAGERS OFFICE
VILLAGE OF BENSENVILLE
12 S CENTER ST
BENSENVILLE IL 60106-2130

***0000176

Please write corrections to
Name/Address above, if necessary

RECEIVED DEC 20 2020

Please Detach and Return With Your Payment

Account Summary

Account Number [REDACTED]
Statement Date 12-05-20
Credit Line \$20,000.00
Available Credit N/A
Minimum Payment N/A
Payment Due Date N/A

Balance Summary

Previous Balance N/A
Credits \$0.00
Purchases and Debits \$1,928.39
Cash Advances \$0.00
Overlimit Fees N/A
Late Payment Charge N/A
FINANCE CHARGE N/A
New Balance N/A

Important Contact Information

Payment Address: CAPITAL ONE, N.A.
P.O. BOX 60024
NEW ORLEANS LA 70160-0024

Dispute Resolution Address: CAP ONE COMMERCIAL
MASTERCARD
P.O. BOX 84012
COLUMBUS GA 31908-4012

Account Inquiry Telephone: 1-866-772-4497
FAX Number (866) 959-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
11/27	11/30	WATER - COFFEE DELIVER ATLANTA GA ***** MEMO ITEM *****	\$18.43
12/01	12/02	COSTCO ONLINE RX 800-955-2292 WA ***** MEMO ITEM *****	\$389.97
12/02	12/03	DAILY HERALD*ONLINE 8474274333 IL ***** MEMO ITEM *****	\$19.99
12/03	12/04	IL MUNICIPAL LEAGUE 2175251220 IL ***** MEMO ITEM *****	\$1,500.00