BENSENVILLE
VILLAGE CLERK'S OFFICE

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 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

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VILLAGE CLERK'S OFFICE

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Village Clerk
Nancy Dunn

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

[redacted]

INSURANCE PREMIUMS FOR 2019-2020					
	7/1/19 - 6/30/20				
			EMPLOYEE		VILLAGE
	TOTAL		PER PAY		PER PAY
BCBS PPO	PREMIUM	EMPLOYEE	PERIOD	VILLAGE	PERIOD
Employee	[redacted]			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	PREMIUM	EMPLOYEE	PERIOD	VILLAGE	PERIOD
Employee	[redacted]			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	PREMIUM	EMPLOYEE	PERIOD	VILLAGE	PERIOD
Single	[redacted]			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
BCBS PPO		PREMIUM	EMPLOYEE	PERIOD	VILLAGE	PERIOD
Employee		[redacted]			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
				EMPLOYEE		VILLAGE
		TOTAL		PER PAY		PER PAY
BCBS HMO		PREMIUM	EMPLOYEE	PERIOD	VILLAGE	PERIOD
Employee		[redacted]			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
				EMPLOYEE		VILLAGE
		TOTAL		PER PAY		PER PAY
Metlife Dental		PREMIUM	EMPLOYEE	PERIOD	VILLAGE	PERIOD
Single		[redacted]			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.	2 Federal income tax withheld
[redacted]	77877.16	14678.76
b Employer ID number	3 Social security wages	4 Social security tax withheld
36-6005794	81810.22	5072.23
	5 Medicare wages and tips	6 Medicare tax withheld
	81810.22	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	

		13 Statutory employee	Retirement plan	3rd-party sick pay
12a C	[redacted]		X	
12b DD	[redacted]	14 Other	[redacted]	
12c				
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 — Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service

Copy 2 - For Employee's State Income Tax Return [IL]

2020 OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	77877.16	14678.76
b Employer ID number	3 Social security wages	4 Social security tax withheld
36-6005794	81810.22	5072.23
	5 Medicare wages and tips	6 Medicare tax withheld
	81810.22	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 Socia security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	

		13 Statutory employee	Retirement plan	3rd-party sick pay
12a C	[redacted]		X	
12b DD	[redacted]	14 Other	[redacted]	
12c				
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

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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.	2 Federal income tax withheld
[redacted]	124524.49	16203.15
b Employer ID number	3 Social security wages	4 Social security tax withheld
36-6005794	130628.36	8098.96
	5 Medicare wages and tips	6 Medicare tax withheld
	130628.36	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	[redacted]	13 Statutory employee	Retirement plan	3rd-party sick pay
12b DD	[redacted]		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.	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
This information is being furnished to the Internal Revenue Service

Copy 2 - For Employee's State Income Tax Return [IL]

2020 OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	124524.49	16203.15
b Employer ID number	3 Social security wages	4 Social security tax withheld
36-6005794	130628.36	8098.96
	5 Medicare wages and tips	6 Medicare tax withheld
	130628.36	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	[redacted]	13 Statutory employee	Retirement plan	3rd-party sick pay
12b DD	[redacted]		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.	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

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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.	2 Federal income tax withheld
[redacted]	175970.84	27216.46
b Employer ID number	3 Social security wages	4 Social security tax withheld
36-6005794	137700.00	8537.40
	5 Medicare wages and tips	6 Medicare tax withheld
	200687.64	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	[redacted]	13 Statutory employee:	Retirement plan: X / 3rd-party sick pay:
12b DD	[redacted]	14 Other	[redacted]
12c G	[redacted]		
12d			

15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax
N/A	N/A	N/A
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
This information is being furnished to the Internal Revenue Service

Copy 2 - For Employee's State Income Tax Return [IL] — **2020** — OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	175970.84	27216.46
b Employer ID number	3 Social security wages	4 Social security tax withheld
36-6005794	137700.00	8537.40
	5 Medicare wages and tips	6 Medicare tax withheld
	200687.64	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	[redacted]	13 Statutory employee:	Retirement plan: X / 3rd-party sick pay:
12b DD	[redacted]	14 Other	[redacted]
12c G	[redacted]		
12d			

15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax
IL 3660057940008	175970.84	8583.03
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

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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.	2 Federal income tax withheld
[redacted]	133137.71	17837.17
b Employer ID number	3 Social security wages	4 Social security tax withheld
36-6005794	137700.00	8537.40
	5 Medicare wages and tips	6 Medicare tax withheld
	159817.20	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	[redacted]	13 Statutory employee	Retirement plan	3rd-party sick pay
12b G	[redacted]		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.	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
This information is being furnished to the Internal Revenue Service

Copy 2 - For Employee's State Income Tax Return [IL]

2020 OMB No. 1545-0008

a Employee's social security number	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	133137.71	17837.17
b Employer ID number	3 Social security wages	4 Social security tax withheld
36-6005794	137700.00	8537.40
	5 Medicare wages and tips	6 Medicare tax withheld
	159817.20	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	[redacted]	13 Statutory employee	Retirement plan	3rd-party sick pay
12b G	[redacted]		X	
12c		14 Other	[redacted]	
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

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

VOB Payroll YTD

From: 01/11/2019 Through: 12/27/2019
Village Of Bensenville (B9156)

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

User: sguest[P30]
Run Date: 2/1/2021 Run Time: 8:20 AM
Paylocity Corporation

VOB Payroll YTD

From: 01/10/2020 Through: 12/24/2020
Village Of Bensenville (B9156)

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

User: sguest[P30]
Run Date: 2/1/2021 Run Time: 8:20 AM
Paylocity Corporation

Capital One, N.A.
Corporate Card Statement

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

V# 1587
rec 2018
5012

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

**N0000131

Please write corrections to Name/Address above, if necessary

[redacted]

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	$599.82
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 #6487 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

Capital One, N.A.
Corporate Card Statement

mastercard.

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

VH: 1587
req 20190581

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

Please write corrections to Name/Address above, if necessary

[redacted]

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

Account Inquiry Telephone: 1-866-772-4497

FAX Number (866) 059-8110

(See reverse side for billing and other important information)

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	VISTAPR*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

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

VH 1587
reg 20191004

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

**N0000052

Please write corrections to Name/Address above, if necessary

[redacted]

Please Detach and Return With Your Payment

Account Summary

Account Number	xxxx-xxxx-xxxx-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 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
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	PARKINGMETER5 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

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

VH#1587
req 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

[redacted]

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 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
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 ********** 4347569485 ARRIVAL: 03/19/19	$342.72
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 866-8936743 MA ********** MEMO ITEM **********	$3.73 CR

Capital One

Capital One, N.A.
Corporate Card Statement

mastercard.

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

req 20191795

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

RECEIVED MAY 13 2019

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

**N0000123

Please write corrections to Name/Address above, if necessary

[redacted]

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 ********** MEMO ITEM **********	$6.85
04/11	04/11	READYREFRESH BY NESTLE 800-274-5262 CA ********** MEMO ITEM **********	$43.42
04/12	04/15	DOLLAR TREE BENSENVILLE IL ********** MEMO ITEM **********	$8.00
04/12	04/15	DOLLAR TREE BENSENVILLE IL ********** MEMO ITEM **********	$40.00
04/15	04/18	USPS PO 1606600106 BENSENVILLE IL ********** MEMO ITEM **********	$6.85
04/25	04/25	ASTI ITALIAN DELI BENSENVILLE IL ********** MEMO ITEM **********	$95.17
04/30	05/01	USPS PO 1606600106 BENSENVILLE IL ********** MEMO ITEM **********	$6.85
05/02	05/02	VISTAPR*VISTAPRINT.COM 866-8936743 MA ********** MEMO ITEM **********	$28.78
05/01	05/03	DAILYHERALD *ONLINE 8474274333 IL ********** MEMO ITEM **********	$19.99
05/01	05/03	OTC BRANDS, INC. OMAHA NE ********** MEMO ITEM **********	$31.58

Capital One, N.A.
Corporate Card Statement

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 60106-2130

**0000050

Please write corrections to Name/Address above, if necessary

[redacted]

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 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
05/06	05/07	DOLLAR TREE BENSENVILLE IL ********** MEMO ITEM **********	$3.00
05/13	05/14	USPS PO 1600000105 BENSENVILLE IL ********** MEMO ITEM **********	$6.85
05/15	05/15	READYREFRESH BY NESTLE 800-274-5282 CA ********** MEMO ITEM **********	$43.42
05/14	05/16	HOBBY-LOBBY #0177 SCHAUMBURG 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 0773037048 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 **********	$5.00
05/28	05/30	JEWEL-OSCO # 3495 BENSENVILLE IL ********** MEMO ITEM **********	$34.93
06/01	06/03	DAILYHERALD *ONLINE 8474274333 IL ********** MEMO ITEM **********	$19.99

Capital One, N.A.
Corporate Card Statement

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

RECEIVED JUL 15 2019

req 20192924

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

**T0000280

Please write corrections to Name/Address above, if necessary

[redacted]

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 **********	$6.85
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 BENSONVILLE IL ********** MEMO ITEM **********	$50.00
06/26	06/27	INTERNATION 2029623590 DC ********** MEMO ITEM **********	$720.00
06/27	06/28	WM SUPERCENTER #5442 ADDISON IL ********** MEMO ITEM **********	$2.16
06/28	07/01	VISTAPR*VISTAPRINT.COM 866-8936743 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 **********	$66.96
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

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

VH1587
req 20193118

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

**N0000070

Please write corrections to Name/Address above, if necessary

RECEIVED AUG 12 2019

[redacted]

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 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
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 **********	$91.98
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&SPORTI SCHAUMBURG IL ********** MEMO ITEM **********	$5.00
08/01	08/05	DAILYHERALD *ONLINE 8474274333 IL ********** MEMO ITEM **********	$19.99

Capital One, N.A.
Corporate Card Statement

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

V# 1587

AD req 2019 3487

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

**N0000086

Please write corrections to Name/Address above, if necessary

[redacted]

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 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
08/12	08/12	READYREFRESH BY NESTLE 800-274-5282 CA ********** MEMO ITEM **********	$8.00
08/13	08/15	JEWEL-OSCO # 3495 BENSENVILLE IL ********** MEMO ITEM **********	$85.88
08/14	08/15	IL MUNICIPAL LEAGUE 2175251220 IL ********** MEMO ITEM **********	$250.00
08/21	08/22	DICK'S CLOTHING&SPORTI 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 **********	$19.99

Capital One, N.A.
Corporate Card Statement

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

V# 1587
Reg 20193885

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 OCT 15 2019

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

**N0000174

Please write corrections to Name/Address above, if necessary

[redacted]

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 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
09/10	09/11	WWW COSTCO COM 800-955-2292 WA ********** MEMO ITEM **********	$50.00
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 ********** 3924585 ARRIVAL: 09/22/19	$375.46
09/26	09/26	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

Capital One, N.A.
Corporate Card Statement

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

VF# 1587
req 20194443

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 NOV 14 2019

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

**T0000224

Please write corrections to Name/Address above, if necessary

[redacted]

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 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
10/04	10/07	DS 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 **********	$37.98
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 #6487 ADDISON IL ********** MEMO ITEM **********	$79.22
10/17	10/18	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 630-595-2242 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 # 3495 BENSENVILLE IL ********** MEMO ITEM **********	$76.93
10/29	10/30	CRAINS CHIC SUBSCRIP 877-8121590 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 **********	$19.99

CapitalOne

Capital One, N.A.
Corporate Card Statement

mastercard.

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

VH 1587
req20194862

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 DEC 16 2019

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

**N0000140

Please write corrections to Name/Address above, if necessary

[redacted]

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) 959-8110

(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
11/29	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

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

RECEIVED JAN 10 2020

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

V# 1587
Ye920194958

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

**N0000243

Please write corrections to Name/Address above, if necessary

[redacted]

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	$987.40
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 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
12/07	12/09	DUNKIN #302934 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 **********	$114.98
12/13	12/16	ASTI ITALIAN DELI BENSENVILLE IL ********** MEMO ITEM **********	$114.88
12/16	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 1606600106 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

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

RECEIVED FEB 14 2020

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

VH 1587
Ref 20200611

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

25160162 - 003549 - 0031 - 0001 - 7

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

**N0000092

Please write corrections to Name/Address above, if necessary

[redacted]

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 # 3495 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

Capital One, N.A.
Corporate Card Statement

mastercard.

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

V# 1587

r#920200982

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

**N0000149

Please write corrections to Name/Address above, if necessary

[redacted]

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	$648.91
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 (866) 859-8110

(See reverse side for billing and other important information)

Transaction Detail

Trans Date	Post Date	Description	Amount
02/06	02/07	VISTAPR*VISTAPRINT.COM 866-8936743 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 8474274333 IL ********** MEMO ITEM **********	$19.99

*** ATTENTION ***

Your total finance charge paid for 2019 was $0.00.

CapitalOne

Capital One, N.A.
Corporate Card Statement

mastercard

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

N000023

Please write corrections to name/address above, if necessary

[redacted]

Please Detach and Return With Your Payment

Account Summary

Account Number	[redacted]
Statement Date	04-03-20
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 31908-4012
		Account Inquiry Telephone	1-800-772-4497
(See reverse side for billing and other important information)		*FAX Number*	(800) 959-8110

Transaction Detail

Trans Date	Post Date	Description	Amount
03/11	03/12	USPS PO 1600500100 BENSENVILLE IL ********** MEMO ITEM **********	$10.90
03/20	03/23	DS SERVICES STANDARD C ATLANTA GA ********** MEMO ITEM **********	$56.54
04/02	04/03	DAILY HERALD ONLINE 8474274333 IL ********** MEMO ITEM **********	$19.90

Capital One

Capital One, N.A.
Corporate Card Statement

mastercard.

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

Rec'd 20201677

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

Please write corrections to Name/Address above, if necessary

[redacted]

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 **********	$4.99
05/02	05/04	DAILY HERALD*ONLINE 8474274333 IL ********** MEMO ITEM **********	$19.99

Capital One

Capital One, N.A.
Corporate Card Statement

mastercard

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

VH 1587

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

KD Rec'd 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

[redacted]

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) 959-8110

(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 ********** MEMO ITEM **********	$4.99
06/02	06/03	DAILY HERALD*ONLINE 8474274333 IL ********** MEMO ITEM **********	$19.99

Capital One, N.A.
Corporate Card Statement

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

Req 20202220

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

**N0000149

RECEIVED JUL 13 2020

Please write corrections to Name/Address above, if necessary

[redacted]

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
COLUMBUS 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

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

V#1587

AD Req 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

RECEIVED AUG 14 2020

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

Please write corrections to Name/Address above, if necessary

[redacted]

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: 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
07/10	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

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

req20203036

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

RECEIVED SEP 2 2 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

[redacted]

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	$140.38
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 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

Capital One, N.A.
Corporate Card Statement

mastercard.

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

Y09202033O5

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

RECEIVED OCT 16 2020

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

**A0000037

Please write corrections to Name/Address above, if necessary

[redacted]

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 800-955-2292 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 **********	$39.00
10/02	10/05	WATER - COFFEE DELIVER ATLANTA GA ********** MEMO ITEM **********	$16.43
10/02	10/05	DAILY HERALD*ONLINE 8474274333 IL ********** MEMO ITEM **********	$19.99

Capital One, N.A.
Corporate Card Statement

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

V#1587
AD req 20203879

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 NOV 10 2020

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

**N0000001

Please write corrections to Name/Address above, if necessary

[redacted]

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 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
10/12	10/13	CRAINS CHIC SUBSCRIP 877-8121590 MI ********** MEMO ITEM **********	$139.00
10/21	10/21	EDIBLE ARRANGEMENTS 8773637848 GA ********** MEMO ITEM **********	$53.99
10/23	10/26	MCDONALD'S F36138 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

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

**N0000176

Please write corrections to Name/Address above, if necessary

RECEIVED DEC 2 3 2020

[redacted]

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