CITY OF AURORA
E911 FUND REIMBURSEMENT
SUMMARY OF ELIGIBLE EXPENDITURES
FOR THE PERIOD 12/1/2025 THROUGH 12/31/2025

EXPENDITURES:

SALARY & BENEFITS	506,509.91
PHONE MAINTENANCE CONTRACT	
LANGUAGE SERVICES	
TRAINING	
OTHER EQUIPMENT	
COMPUTER SOFTWARE	
COMPUTER HARDWARE	
COMPUTER MAINTENANCE CONTRACT	60,210.00
COMPUTER NETWORK EQUIPMENT	
CONSULTING SERVICES	
OPERATING COSTS	60,210.00
TOTAL	**566,719.91**

E911 Surcharge Revenues
December

Sum of AMOUNT	Column Labels	
Row Labels	Aurora	Naperville
E911 SURCHARGE		
2025		
12/18/2025	199,338.96	243,550.33
Grand Total	**199,338.96**	**243,550.33**

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mployee		Social Security	Hourly Rate	Gross Pay	With Hold	Net Pay	Advance Out	Paid Back	Dir Dep	Check Amount	Check Number
DJAS, DAVID		6854	32.9200	4138.91	1675.36	2463.55	.00	.00	2463.55	.00	
	BEN		GROUP TERM LIFE INSURANCE		.01		EMPLOYER HEALTH INS. COST		817.43		
	BEN		CITY SHARE-MEDICARE 1.45		55.88		CITY SHARE- IMRF TIER 2		404.37		
	BEN		CITY SHARE-SOC SEC 6.20		238.93		CITY SHARE-WORKERS COMP		157.71	1674.33	BEN
			IMPUTED INCOME		.51						
OMAN, RICHARD T		7183	32.1100	8689.83	3403.78	5286.05	.00	.00	5286.05	.00	
Regular	HR$	80.000	REGULAR HOURS WORKED		2644.80	22.000	FLOAT HOLI-CONT SFT		1090.98		
	HR$	44.000	HOLIDAY MONEY 2024		1454.64	27.000	OT 1.5-PD		1338.93		
	HR$	.900	PREP TIME 1.5 RATE		44.64	32.000	OT DBL-PD		2115.84	8689.83	HR$
	ABT		PENSION-IMRF TIER 2		366.33		OAP PLAN C-E+SPOUSE		209.99		
	ABT		DENTAL-E+1		37.90					614.22	ABT
	TAX		TAX-MEDICARE		122.42		TAX-SOCIAL SECURITY		523.44		
	TAX		TAX-FEDERAL INCOME		1659.04		TAX-STATE INCOME		399.78	2704.68	TAX
	DED		LIFE INS-VOL EMPLOYEE		16.15		HOSP INDEMNITY - E+SPOUSE		13.65		
	DED		AD&D INS -EMPLOYEE		3.46		AD&D INS -SPOUSE		.69		
	DED		CRIT ILL INS-EMPLOYEE		11.35		CRIT ILL INS-SPOUSE		3.78		
	DED		ACCDNT LIFE E+SPOUSE		8.02		DUES-3298/F.T.		27.78	84.88	DED
	BEN		GROUP TERM LIFE INSURANCE		.01		EMPLOYER HEALTH INS. COST		839.96		
	BEN		CITY SHARE-MEDICARE 1.45		122.42		CITY SHARE- IMRF TIER 2		795.32		
	BEN		CITY SHARE-SOC SEC 6.20		523.44		CITY SHARE-WORKERS COMP		302.40	2583.55	BEN
			IMPUTED INCOME		.68						
PESCU, ALEXIS J		7421	31.3900	.00	.00	.00	.00	.00	.00	.00	
	HR$	80.000	SICK/FAM-LV/UNPAID							.00	HR$
RNER, JILLIAN D		6378	48.8500	7868.40	2975.73	4892.67	.00	.00	4892.67	.00	
Regular	HR$	51.000	REGULAR HOURS WORKED		2539.80	16.000	HOLI-DESIGNATED/TIME		796.80		
	HR$	5.000	WORKED-PAY LATER			13.000	PD-NO WORK/TRADE DAY		647.40		
	HR$	12.000	OT 1.5-PD		896.40	30.000	OT DBL-PD		2988.00	7868.40	HR$
	ABT		PENSION-IMRF TIER 1		354.08		WELLNESS CREDIT		10.00-		
	ABT		DENTAL-E+F		50.24		OAP PLAN C-E+C(S)-ASA/EXE		167.99	562.31	ABT
	TAX		TAX-MEDICARE		111.12		TAX-SOCIAL SECURITY		475.15		
	TAX		TAX-FEDERAL INCOME		1142.03		TAX-STATE INCOME		361.82	2090.12	TAX
	DED		LIFE INS-VOL EMPLOYEE		30.00		LIFE INS-VOL SPOUSE		2.19		
	DED		LIFE INS-VOL CHILD		.30		HOSP INDEMNITY - EMPLOYEE		6.54		
	DED		AD&D INS -EMPLOYEE		6.65		AD&D INS -SPOUSE		.69		
	DED		AD&D INS -CHILD		.14		CRIT ILL INS-EMPLOYEE		8.35		
	DED		CRIT ILL INS-SPOUSE		4.18		CRIT ILL INS-CHILD		1.78		
	DED		ACCDNT LIFE E+FAMILY		12.48		C.U.-POLICE		250.00	323.30	DED
	BEN		GROUP TERM LIFE INSURANCE		.01		EMPLOYER HEALTH INS. COST		671.97		
	BEN		CITY SHARE-MEDICARE 1.45		111.12		CITY SHARE- IMRF TIER 1		768.74		
	BEN		CITY SHARE-SOC SEC 6.20		475.15		CITY SHARE-WORKERS COMP		232.57	2259.56	BEN
			IMPUTED INCOME		3.47						
*** Division Totals *****				142956.10	57855.34	85100.76	.00	.00	85100.76	.00	
	HR$	1356.170	REGULAR HOURS WORKED		55081.02		BONUS/STIPEND		500.00		
	HR$	124.500	COMP TIME PAID CIV.		5153.28	18.000	COMP TIME USED CIV.		970.56		
	HR$	72.000	HOLI-DESIGNATED/TIME		4070.16	12.000	DEATH LEAVE		406.44		
	HR$	24.000	FLOAT HOLI		1087.92	96.000	FLOAT HOLI-CONT SFT		5461.17		
	HR$	35.334	FINAL PTO PAYOFF		1063.91	133.000	HOLIDAY MONEY 2024		4640.67		

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ıployee		Social Security	Hourly Rate	Gross Pay	With Hold	Net Pay	Advance Out	Paid Back	Dir Dep	Check Amount	Check Number
	HR$	18.000	SICK ON OVERTIME			196.500	WORKED-PAY LATER				
	HR$		OUT OF JOB CLASS		232.00	20.000	PERSONAL DAYS			1410.60	
	HR$	235.000	PTO-VA,FH,PD		11124.79	214.500	PD-NO WORK/TRADE DAY			9403.02	
	HR$		SALARY ADJUSTMENT		.02-	12.330	SICK/FAM-LV/PAID			490.27	
	HR$	88.000	SICK/FAM-LV/UNPAID			24.000	SICK SELF			812.88	
	HR$	20.000-	SICK SELF-EXEC/FIRE		1410.60-	19.000	TRAINING EMPLOYEE			826.80	
	HR$	244.780	OT 1.5-PD		15630.02	13.600	PREP TIME 1.5 RATE			765.89	
	HR$	294.100	OT DBL-PD		22562.87	16.000	HOLIDAY TIME 2024			682.32	
	HR$	29.110	OT 1.5-BANK			24.000	HOLIDAY TIME 2025			984.32	
	HR$	25.860	OT DBL-BANK								141950.29 HR$
	ADD		LANG TRANS 3298,1514, ASA		240.00		LONGEVITY 1.0%			121.26	
	ADD		LONGEVITY 1.5%		84.16		LONGEVITY 2.0%			438.98	
	ADD		LONGEVITY 2.5%		121.41						1005.81 ADD
	ABT		OAP PLAN C-EMPLOYEE		353.96		OAP PLAN C-E+SPOUSE			419.98	
	ABT		OAP PLAN C-E+FAMILY		293.99		WELLNESS CREDIT			30.00-	
	ABT		HMO PLAN C-EMPLOYEE		349.35		HMO PLAN C-E+CHILD(S)			132.08	
	ABT		HMO PLAN C-E+SPOUSE		137.64		HMO PLAN C-E+FAMILY			817.44	
	ABT		PENSION-IMRF TIER 1		2645.43		PENSION-IMRF TIER 2			2840.56	
	ABT		DC-WADDELL & REED		600.00		DC-I.P.P.F.A.			200.00	
	ABT		DC-NATIONWIDE		70.00		#125-CHILD CARE			192.30	
	ABT		#125-MEDICAL		280.00		DENTAL-E			190.39	
	ABT		DENTAL-E+1		113.70		DENTAL-E+F			552.64	
	ABT		VISION E+C		17.76		VISION E			26.64	
	ABT		VISION E+F		93.24		VISION E+S			22.20	
	ABT		OAP PLAN C-E ASA/EXEC/NON		83.99		OAP PLAN C-E+C(S)-ASA/EXE			335.98	
	ABT		HMO PLAN C-E+F-ASA/EXEC/N		408.72						11147.99 ABT
	TAX		TAX-FEDERAL INCOME		20948.09		TAX-STATE INCOME			6565.88	
	TAX		TAX-MEDICARE		2004.15		TAX-SOCIAL SECURITY			8569.47	38087.59 TAX
	DED		LIFE INS-VOL EMPLOYEE		267.14		LIFE INS-NCPERS			8.00	
	DED		LIFE INS-VOL SPOUSE		10.15		LIFE INS-VOL CHILD			2.10	
	DED		DUES-3298/F.T.		583.38		HOSP INDEMNITY - EMPLOYEE			19.62	
	DED		HOSP INDEMNITY - E+SPOUSE		13.65		HOSP INDEMNITY E+FAMILY			37.04	
	DED		AD&D INS -EMPLOYEE		31.70		AD&D INS -SPOUSE			2.84	
	DED		AD&D INS -CHILD		.56		CRIT ILL INS-EMPLOYEE			75.70	
	DED		CRIT ILL INS-SPOUSE		26.62		CRIT ILL INS-CHILD			8.90	
	DED		C.U.-POLICE		3240.50		ACCDNT LIFE EMPLOYEE			23.25	
	DED		ACCDNT LIFE E+SPOUSE		8.02		ACCDNT LIFE E+CHILD			9.11	
	DED		ACCDNT LIFE E+FAMILY		74.88		SHIFT OVERPAY REPAYMENT			25.00	
	DED		VOLUNTARY IMRF TIER 1		3510.33		VOLUNTARY IMRF TIER 2			641.27	8619.76 DED
	BEN		GROUP TERM LIFE INSURANCE		.26		EMPLOYER HEALTH INS. COST			13596.54	
	BEN		CITY SHARE-MEDICARE 1.45		2004.15		CITY SHARE- IMRF TIER 1			5743.49	
	BEN		CITY SHARE- IMRF TIER 2		6167.15		CITY SHARE-SOC SEC 6.20			8569.47	
	BEN		CITY SHARE-WORKERS COMP		5750.02						
			IMPUTED INCOME		53.37						
											41831.08 BEN

27 Employees 27 Checks

** Department Totals ****			2746028.30	1028471.79	1717556.51	.00	.00	1713009.14	4547.37	
HR$	21595.880	REGULAR HOURS WORKED	1207409.51		ACTING CMDR/CHIEF			1958.58		
HR$		ACTING LT.	4918.32	5.000	ADMIN LEAVE NO PAY					
HR$	80.000	ADMIN LEAVE WITH PAY	4832.80		BONUS/STIPEND			1500.00		

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Employee Name / escription	Employee Number	--- Current --- Qty	Current Amount	---- M-T-D ----- Qty	M-T-D Amount	---- Q-T-D ----- Qty	Q-T-D Amount	---- Y-T-D ----- Qty	Y-T-D Amount
WHALEN, TRACIE	1656								
cs-HOLIDAY MONEY 2025		.000	.00	.000	.00	.000	.00	36.000	1861.92
SICK ON OVERTIME		.000	.00	.000	.00	.000	.00	20.000	.00
LIGHT DUTY		.000	.00	.000	.00	.000	.00	543.500	28109.82
WORKED-PAY LATER		.000	.00	.000	.00	.000	.00	159.010	.00
PTO-PREV YR		.000	.00	.000	.00	.000	.00	32.000	1655.04
PD-NO WORK/TRADE DAY		.000	.00	.000	.00	.000	.00	144.000	7447.68
SICK FAMILY EXCUSED		.000	.00	.000	.00	.000	.00	25.330	1310.07
SICK FAMILY		.000	.00	.000	.00	.000	.00	26.000	1344.72
SICK/FAM-LV/PAID		.000	.00	.000	.00	.000	.00	8.000	413.76
SICK SELF		.000	.00	.000	.00	.000	.00	11.250	581.85
TRAINING EMPLOYEE		.000	.00	.000	.00	.000	.00	18.000	930.96
OT 1.5-PD		.000	.00	.000	.00	.000	.00	396.000	30721.68
PREP TIME 1.5 RATE		.000	.00	.000	.00	.000	.00	7.700	597.52
OT DBL-PD		.000	.00	.000	.00	.000	.00	9.000	930.96
HOLIDAY TIME 2024		.000	.00	.000	.00	.000	.00	30.000	1551.60
OT 1.5-BANK		.000	.00	.000	.00	.000	.00	34.000	.00
HOLIDAY TIME 2025		.000	.00	.000	.00	.000	.00	8.000	413.76
ld-LONGEVITY 2.5%			.00		.00		.00		2662.67
3T-PENSION-IMRF TIER 1			.00		.00		.00		4912.63
HEALTH PREPAID HMO			.00		.00		.00		6030.29
WELLNESS CREDIT			.00		.00		.00		60.00-
HMO PLAN C-E+FAMILY			.00		.00		.00		2314.35
DENTAL-E+F			.00		.00		.00		602.88
DENTAL PREPAID			.00		.00		.00		761.95
ax-TAX-MEDICARE			.00		.00		.00		1445.04
TAX-SOCIAL SECURITY			.00		.00		.00		6178.82
TAX-FEDERAL INCOME			.00		.00		.00		14383.74
TAX-STATE INCOME			.00		.00		.00		4689.90
ed-VOLUNTARY IMRF TIER 1			.00		.00		.00		2437.01
LIFE INS-VOL EMPLOYEE			.00		.00		.00		90.84
DUES-3298/F.T.			.00		.00		.00		332.37
en-GROUP TERM LIFE INSURANCE			.00		.00		.00		.12
EMPLOYER HEALTH INS. COST			.00		.00		.00		10626.59
CITY SHARE-MEDICARE 1.45			.00		.00		.00		1445.04
CITY SHARE- IMRF TIER 1			.00		.00		.00		10665.85
CITY SHARE-SOC SEC 6.20			.00		.00		.00		6178.82
CITY SHARE-WORKERS COMP			.00		.00		.00		4321.83
********** Division Totals **********									
en-GROSS			144631.01		287587.11		796279.69		3432059.59
NET			85440.52		170541.28		471449.94		2007462.60
cs-REGULAR HOURS WORKED		1614.420	67545.62	2970.590	122626.64	9491.080	394702.04	40578.350	1679907.13
ADMIN LEAVE NO PAY		.000	.00	.000	.00	.000	.00	32.000	.00
BONUS/STIPEND		.000	.00	.000	500.00	.000	1000.00	.000	2000.00
COMP/FAMILY LEAVE		.000	.00	.000	.00	.000	.00	104.000	3498.00
COMP TIME PAID CIV.		43.000	2183.75	167.500	7337.03	340.170	14336.39	759.170	31661.26
COMP TIME USED CIV.		33.500	1806.32	51.500	2776.88	63.450	3421.22	91.950	4936.49

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Employee Name Employee Number

escription	--- Current --- Qty	Amount	---- M-T-D ----- Qty	Amount	---- Q-T-D ----- Qty	Amount	---- Y-T-D ----- Qty	Amount
********** Division Totals **********								
x-MEDICARE ADDITIONAL		.00		.00		.00		.00
TAX-SOCIAL SECURITY		8676.10		17245.57		47586.16		204045.52
d-LIFE INS-VOL EMPLOYEE		265.16		532.30		1600.86		7034.50
LIFE INS-NCPERS		8.00		16.00		48.00		208.00
LIFE INS-VOL SPOUSE		10.15		20.30		60.90		263.90
LIFE INS-VOL CHILD		2.03		4.13		12.53		54.53
DUES-3298/F.T.		555.60		1138.98		3528.06		15367.35
HEALTH PREPAID HMO YEAR 2		.00		.00		.00		10337.64
HOSP INDEMNITY - EMPLOYEE		18.90		38.52		117.00		536.96
HOSP INDEMNITY - E+SPOUSE		13.59		27.24		81.84		559.59
HOSP INDEMNITY E+FAMILY		36.96		74.00		222.16		685.16
AD&D INS -EMPLOYEE		30.96		62.66		189.46		825.28
AD&D INS -SPOUSE		2.84		5.68		17.04		73.84
AD&D INS -CHILD		.53		1.09		3.33		14.53
CRIT ILL INS-EMPLOYEE		75.70		151.40		454.20		1968.20
CRIT ILL INS-SPOUSE		26.62		53.24		159.72		692.12
CRIT ILL INS-CHILD		8.90		17.80		53.40		204.70
C.U.-POLICE		3240.50		6481.00		19443.00		75173.00
DENTAL PREPAID - YEAR 2		.00		.00		.00		1306.20
ACCDNT LIFE EMPLOYEE		23.25		46.50		139.50		624.10
ACCDNT LIFE E+SPOUSE		8.02		16.04		48.12		328.82
ACCDNT LIFE E+CHILD		9.11		18.22		54.66		236.86
ACCDNT LIFE E+FAMILY		74.88		149.76		449.28		1759.68
SHIFT OVERPAY REPAYMENT		25.00		50.00		150.00		650.00
VOLUNTARY IMRF TIER 1		4196.79		7707.12		21522.54		98791.96
VOLUNTARY IMRF TIER 2		878.96		1520.23		4532.32		26572.23
n-GROUP TERM LIFE INSURANCE		.27		.53		1.59		6.94
EMPLOYER HEALTH INS. COST		13260.57		26857.11		81243.27		357344.19
CITY SHARE-MEDICARE 1.45		2029.10		4033.25		11129.03		47720.29
CITY SHARE- IMRF TIER 1		6298.06		12041.55		33681.05		154383.27
CITY SHARE- IMRF TIER 2		5493.69		11660.84		36142.74		172956.31
CITY SHARE-SOC SEC 6.20		8676.10		17245.57		47586.16		204045.52
CITY SHARE-WORKERS COMP		6224.29		11974.31		33447.05		145701.50

28 Current Employees
6 Terminated Employees

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Employee Name / escription	Employee Number	--- Current --- Qty	Current Amount	---- M-T-D ----- Qty	M-T-D Amount	---- Q-T-D ----- Qty	Q-T-D Amount	---- Y-T-D ----- Qty	Y-T-D Amount
WHALEN, TRACIE	1656								
rs-FINAL SICK PAYOFF		.000	.00	.000	.00	.000	.00	58.410	3020.97
FINAL PTO PAYOFF		.000	.00	.000	.00	.000	.00	233.334	12068.03
HOLIDAY MONEY 2023		.000	.00	.000	.00	.000	.00	4.000	206.88
HOLIDAY MONEY 2024		.000	.00	.000	.00	.000	.00	75.000	3879.00
HOLIDAY MONEY 2025		.000	.00	.000	.00	.000	.00	36.000	1861.92
SICK ON OVERTIME		.000	.00	.000	.00	.000	.00	20.000	.00
LIGHT DUTY		.000	.00	.000	.00	.000	.00	543.500	28109.82
WORKED-PAY LATER		.000	.00	.000	.00	.000	.00	159.010	.00
PTO-PREV YR		.000	.00	.000	.00	.000	.00	32.000	1655.04
PD-NO WORK/TRADE DAY		.000	.00	.000	.00	.000	.00	144.000	7447.68
SICK FAMILY EXCUSED		.000	.00	.000	.00	.000	.00	25.330	1310.07
SICK FAMILY		.000	.00	.000	.00	.000	.00	26.000	1344.72
SICK/FAM-LV/PAID		.000	.00	.000	.00	.000	.00	8.000	413.76
SICK SELF		.000	.00	.000	.00	.000	.00	11.250	581.85
TRAINING EMPLOYEE		.000	.00	.000	.00	.000	.00	18.000	930.96
OT 1.5-PD		.000	.00	.000	.00	.000	.00	396.000	30721.68
PREP TIME 1.5 RATE		.000	.00	.000	.00	.000	.00	7.700	597.52
OT DBL-PD		.000	.00	.000	.00	.000	.00	9.000	930.96
HOLIDAY TIME 2024		.000	.00	.000	.00	.000	.00	30.000	1551.60
OT 1.5-BANK		.000	.00	.000	.00	.000	.00	34.000	.00
HOLIDAY TIME 2025		.000	.00	.000	.00	.000	.00	8.000	413.76
id-LONGEVITY 2.5%			.00		.00		.00		2662.67
3T-PENSION-IMRF TIER 1			.00		.00		.00		4912.63
HEALTH PREPAID HMO			.00		.00		.00		6030.29
WELLNESS CREDIT			.00		.00		.00		60.00-
HMO PLAN C-E+FAMILY			.00		.00		.00		2314.35
DENTAL-E+F			.00		.00		.00		602.88
DENTAL PREPAID			.00		.00		.00		761.95
ax-TAX-MEDICARE			.00		.00		.00		1445.04
TAX-SOCIAL SECURITY			.00		.00		.00		6178.82
TAX-FEDERAL INCOME			.00		.00		.00		14383.74
TAX-STATE INCOME			.00		.00		.00		4689.90
ed-VOLUNTARY IMRF TIER 1			.00		.00		.00		2437.01
LIFE INS-VOL EMPLOYEE			.00		.00		.00		90.84
DUES-3298/F.T.			.00		.00		.00		332.37
en-GROUP TERM LIFE INSURANCE			.00		.00		.00		.12
EMPLOYER HEALTH INS. COST			.00		.00		.00		10626.59
CITY SHARE-MEDICARE 1.45			.00		.00		.00		1445.04
CITY SHARE- IMRF TIER 1			.00		.00		.00		10665.85
CITY SHARE-SOC SEC 6.20			.00		.00		.00		6178.82
CITY SHARE-WORKERS COMP			.00		.00		.00		4321.83
********** Division Totals **********									
en-GROSS			152022.39		439609.50		948302.08		3584081.98
NET			96281.01		266822.29		567730.95		2103743.61
rs-REGULAR HOURS WORKED		1283.000	50739.89	4253.590	173366.53	10774.080	445441.93	41861.350	1730647.02
ADMIN LEAVE NO PAY		32.000	.00	32.000	.00	32.000	.00	64.000	.00

p/Dv/Act: 35 37 421 POLICE-E911 CENTER

Employee Name / escription	Employee Number --- Current ---- Qty	Amount	---- M-T-D ----- Qty	Amount	---- Q-T-D ----- Qty	Amount	---- Y-T-D ----- Qty	Amount
********** Division Totals **********								
ot-OAP PLAN C-E ASA/EXEC/NON		.00		167.98		503.94		2183.74
OAP PLAN C-E+C(S)-ASA/EXE		.00		671.96		2015.88		8735.48
HMO PLAN C-E+F-ASA/EXEC/N		.00		817.44		2452.32		11035.44
ax-TAX-FEDERAL INCOME		24126.94		66408.31		134659.71		484546.20
TAX-STATE INCOME		7145.27		20304.01		43370.69		161615.79
TAX-MEDICARE		2179.79		6213.04		13308.82		49900.08
MEDICARE ADDITIONAL		.00		.00		.00		.00
TAX-SOCIAL SECURITY		8925.70		26171.27		56511.86		212971.22
ed-LIFE INS-VOL EMPLOYEE		.00		532.30		1600.86		7034.50
LIFE INS-NCPERS		.00		16.00		48.00		208.00
LIFE INS-VOL SPOUSE		.00		20.30		60.90		263.90
LIFE INS-VOL CHILD		.00		4.13		12.53		54.53
DUES-3298/F.T.		527.82		1666.80		4055.88		15895.17
HEALTH PREPAID HMO YEAR 2		.00		.00		.00		10337.64
HOSP INDEMNITY - EMPLOYEE		.00		38.52		117.00		536.96
HOSP INDEMNITY - E+SPOUSE		.00		27.24		81.84		559.59
HOSP INDEMNITY E+FAMILY		.00		74.00		222.16		685.16
AD&D INS -EMPLOYEE		.00		62.66		189.46		825.28
AD&D INS -SPOUSE		.00		5.68		17.04		73.84
AD&D INS -CHILD		.00		1.09		3.33		14.53
CRIT ILL INS-EMPLOYEE		.00		151.40		454.20		1968.20
CRIT ILL INS-SPOUSE		.00		53.24		159.72		692.12
CRIT ILL INS-CHILD		.00		17.80		53.40		204.70
C.U.-POLICE		2015.50		8496.50		21458.50		77188.50
DENTAL PREPAID - YEAR 2		.00		.00		.00		1306.20
ACCDNT LIFE EMPLOYEE		.00		46.50		139.50		624.10
ACCDNT LIFE E+SPOUSE		.00		16.04		48.12		328.82
ACCDNT LIFE E+CHILD		.00		18.22		54.66		236.86
ACCDNT LIFE E+FAMILY		.00		149.76		449.28		1759.68
SHIFT OVERPAY REPAYMENT		25.00		75.00		175.00		675.00
VOLUNTARY IMRF TIER 1		3883.68		11590.80		25406.22		102675.64
VOLUNTARY IMRF TIER 2		1060.95		2581.18		5593.27		27633.18
en-GROUP TERM LIFE INSURANCE		.27		.80		1.86		7.21
EMPLOYER HEALTH INS. COST		.00		26857.11		81243.27		357344.19
CITY SHARE-MEDICARE 1.45		2179.79		6213.04		13308.82		49900.08
CITY SHARE- IMRF TIER 1		6066.70		18108.25		39747.75		160449.97
CITY SHARE- IMRF TIER 2		4747.01		16407.85		40889.75		177703.32
CITY SHARE-SOC SEC 6.20		8925.70		26171.27		56511.86		212971.22
CITY SHARE-WORKERS COMP		6148.44		18122.75		39595.49		151849.94

27 Current Employees
7 Terminated Employees

PREPARED 01/06/2026, 18:43:11 ACCOUNT ACTIVITY LISTING

PROGRAM GM360L

FISCAL YEAR: 2025

DEC 2025

ACCOUNT NUMBER SELECTION

FROM: 211-0000-400.00-00 TO: 211-9999-999.99-99

TYPE: S (O-ONLY, R-RANGE, S-SELECTIVE)

TRANSACTION SELECTION

TYPES... AJ X CR X BA TF X EN AP X

DATE RANGE...FROM: 0/00/0000 TO: 99/99/9999

PERIOD...FROM: 12 TO: 12

POSTING DATE RANGE...FROM: 0/00/0000 TO: 99/99/9999

SUPPRESS PRINTING OF ACCOUNTS WITHOUT TRANSACTIONS (N/Y): Y

PRINT DEBIT/CREDIT COLUMNS, SUPPRESS BUDGET . . . (N/Y): Y

PRINT ENCUMBRANCE . . . . . (N/Y): N

PAGE BREAK BY FUND: N

PAGE BREAK BY ACCOUNT: N

PAGE BREAK BY DPT/DIV: N

USE CURRENT BUDGET FOR ESTIM/APPROP TOTAL: N

GROUP NBR	PO NBR	ACCTG PER.	CD	----TRANSACTION---- DATE	NUMBER	DESCRIPTION	DEBITS	CREDITS	CURRENT BALANCE
FUND 211 WIRELESS 911 SURCHARGE									
211-3537-421.38-13 REPAIRS & MTCE. SERVICES / EQUIPMENT-TELEPHONE									
8202	300049	12/25	AP	12/02/25	0035524	INTRADO LIFE & SAFETY SOLUTIO	20,070.00		
		MAINTENANCE CONTRACTS							
8064	300049	12/25	AP	11/19/25	0501274	INTRADO LIFE & SAFETY SOLUTIO	20,070.00		
		MAINTENANCE CONTRACTS							
8061	300049	12/25	AP	11/03/25	0501274	INTRADO LIFE & SAFETY SOLUTIO	20,070.00		
		MAINTENANCE CONTRACTS							
						ACCOUNT TOTAL	60,210.00	.00	60,210.00
						FUND TOTAL	60,210.00	.00	60,210.00
						GRAND TOTAL	60,210.00	.00	60,210.00

Computer maintenance