

**CITY OF AURORA
E911 FUND REIMBURSEMENT
SUMMARY OF ELIGIBLE EXPENDITURES
FOR THE PERIOD 9/1/2025 THROUGH 11/30/2025**

EXPENDITURES:

SALARY & BENEFITS	900,909.64
 PHONE MAINTENANCE CONTRACT	
LANGUAGE SERVICES	3,051.18
TRAINING	
OTHER EQUIPMENT	
COMPUTER SOFTWARE	
COMPUTER HARDWARE	
COMPUTER MAINTENANCE CONTRACT	100,350.00
COMPUTER NETWORK EQUIPMENT	
CONSULTING SERVICES	
OPERATING COSTS	103,401.18
 TOTAL	 1,004,310.82

E911 Surcharge Revenues

9/1/2025-11/30/2025

Sum of AMOUNT	Column Labels	
Row Labels	Aurora	Naperville
E911 SURCHARGE		
2025		
9/16/2025	193,278.15	243,369.72
10/7/2025	196,541.18	241,585.53
11/12/2025	199,551.96	245,004.22
Grand Total	589,371.29	729,959.47

2025 SALARY RECAP

CITY OF AURORA
E911 LABOR COSTSFOR REPORTING PURPOSES
(AMOUNTS INCLUDED IN THE TOTAL COSTS)

PY PERIOD DATES	PAID DATE		CITY OF AURORA E911 LABOR COSTS				FOR REPORTING PURPOSES (AMOUNTS INCLUDED IN THE TOTAL COSTS)			
			GROSS WAGES	MEDICARE	IMRF	FICA	911 MANAGER SALARY			
							GROSS WAGES	MEDICARE	IMRF	FICA
5/31/25 TO 6/13/25	6/18/2025	PAY PERIOD 13	117,020.55	1,629.68	11,432.90	6,968.24	6,006.40	83.30	586.83	356.17
6/14/25 TO 6/27/25	7/3/2025	PAY PERIOD 14	129,319.30	1,808.44	12,634.49	7,732.72	5,506.40	76.19	537.98	325.79
6/28/25 TO 7/11/25	7/17/2025	PAY PERIOD 15	145,791.59	2,046.89	14,243.84	8,752.14	5,506.40	76.05	537.98	325.17
7/12/25 TO 7/25/25	7/31/2025	PAY PERIOD 16	134,840.12	1,885.80	13,173.90	8,063.46	5,506.40	76.05	537.98	325.17
7/26/25 TO 8/8/25	8/14/2025	PAY PERIOD 17	133,552.12	1,867.79	13,048.02	7,986.37	5,506.40	76.19	537.98	325.79
8/9/25 TO 8/22/25	8/28/2025	PAY PERIOD 18	129,286.06	1,805.81	12,631.24	7,721.40	5,642.40	78.02	551.26	333.62
			923,499.32	12,913.54	90,225.87	55,216.57	39,180.80	541.99	3,827.99	2,317.50
Q3 REIMBURSEMENT REQUEST						1,081,855.30				
8/23/25 TO 9/5/25	9/11/2025	PAY PERIOD 19	130,004.78	1,816.69	12,701.48	7,767.87	5,642.40	78.17	551.26	334.24
9/6/25 TO 9/19/25	9/25/2025	PAY PERIOD 20	133,479.33	1,866.64	13,040.94	7,981.56	5,642.40	78.02	551.26	333.62
9/20/25 TO 10/3/25	10/9/2025	PAY PERIOD 21	124,439.15	1,734.53	12,157.70	7,416.58	5,642.40	78.17	551.26	334.24
10/4/25 TO 10/17/25	10/23/2025	PAY PERIOD 22	125,883.78	1,755.04	12,176.77	7,504.28	6,142.40	85.27	600.11	364.62
10/18/25 TO 10/31/25	11/6/2025	PAY PERIOD 23	127,656.58	1,781.17	10,788.43	7,616.04	5,642.40	78.17	551.26	334.24
11/1/25 TO 11/14/25	11/20/2025	PAY PERIOD 24	130,713.07	1,825.04	10,998.50	7,803.69	5,642.40	78.02	551.26	333.62
			772,176.69	10,779.11	71,863.82	46,090.02	34,354.40	475.82	3,356.41	2,034.58
Q4 REIMBURSEMENT REQUEST						900,909.64				

2025 SALARY RECAP

CITY OF AURORA
E911 LABOR COSTSFOR REPORTING PURPOSES
(AMOUNTS INCLUDED IN THE TOTAL COSTS)

PY PERIOD DATES	PAID DATE		CITY OF AURORA E911 LABOR COSTS				FOR REPORTING PURPOSES (AMOUNTS INCLUDED IN THE TOTAL COSTS)			
			GROSS WAGES	MEDICARE	IMRF	FICA	GROSS WAGES	MEDICARE	IMRF	FICA
11/16/24 TO 11/29/24	12/5/2024	PAY PERIOD 25	153,900.71	2,162.31	12,685.28	9,245.71	5,794.40	80.84	527.29	345.66
11/30/24 TO 12/13/24	12/19/2024	PAY PERIOD 26	158,911.05	2,232.95	12,586.71	8,538.48	5,294.40	73.44	481.79	314.04
12/14/24 TO 12/27/24	1/2/2025	PAY PERIOD 1	149,370.69	2,093.48	14,593.55	8,951.41	5,506.40	76.19	537.98	325.79
12/28/24 TO 1/10/25	1/16/2025	PAY PERIOD 2	184,981.17	2,454.48	18,072.67	10,494.99	5,506.40	76.05	537.98	325.17
1/11/25 TO 1/24/25	1/30/2025	PAY PERIOD 3	131,350.58	1,835.21	12,832.95	7,847.03	5,506.40	76.05	537.98	325.17
1/25/25 TO 2/7/25	2/13/2025	PAY PERIOD 4	119,058.27	1,658.61	11,632.02	7,092.13	5,506.40	76.19	537.98	325.79
2/8/25 TO 2/21/25	2/27/2025	PAY PERIOD 5	122,226.32	1,704.92	11,941.51	7,290.09	5,781.72	80.04	564.87	342.24
			1,019,798.79	14,141.96	94,344.69	59,459.84	38,896.12	538.80	3,725.87	2,303.86
Q1 REIMBURSEMENT REQUEST						1,187,745.28				
2/22/25 TO 3/7/25	3/13/2025	PAY PERIOD 6	119,239.04	1,662.48	11,649.65	7,108.47	6,006.40	83.44	586.83	356.79
3/8/25 TO 3/21/25	3/27/2025	PAY PERIOD 7	111,989.54	1,556.78	10,941.39	6,656.53	5,506.40	76.05	537.98	325.17
3/22/25 TO 4/4/25	4/10/2025	PAY PERIOD 8	118,607.47	1,649.70	11,587.96	7,053.90	5,506.40	76.19	537.98	325.79
4/5/25 TO 4/18/25	4/24/2025	PAY PERIOD 9	114,889.25	1,598.80	11,224.67	6,836.30	5,506.40	76.05	537.98	325.17
4/19/25 TO 5/2/25	5/8/2025	PAY PERIOD 10	120,276.16	1,674.63	11,751.00	7,160.57	5,506.40	76.19	537.98	325.79
5/3/25 TO 5/16/25	5/22/2025	PAY PERIOD 11	123,416.36	1,621.12	12,057.77	6,931.66	5,506.40	76.05	537.98	325.17
			708,417.82	9,763.51	69,212.44	41,747.43	33,538.40	463.97	3,276.73	1,983.88
Q2 REIMBURSEMENT REQUEST						829,141.20				
5/17/25 TO 5/30/25	6/5/2025	PAY PERIOD 12	133,689.58	1,869.13	13,061.48	7,992.24	5,506.40	76.19	537.98	325.79

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

Employee Name	Employee Number	--- Current ---		---- M-T-D ----		---- Q-T-D ----		---- Y-T-D ----	
Description		Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount

* WHALEN, TRACIE	1656								
Hrs-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
Add-LONGEVITY 2.5%			.00		.00		.00		2662.67
ABT-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
Tax-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
Ded-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
Ben-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 *****

Ben-GROSS	130004.78		130004.78		802793.97		2502300.57
NET	76381.81		76381.81		475616.38		1457044.07
Hrs-REGULAR HOURS WORKED	1442.000	61653.28	1442.000	61653.28	9255.690	380990.52	29505.770
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000

Prepared 9/09/25, 13:17:26
Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 9/11/25

Page 964
Pay Period 19
8/23/25 to 09/05/25

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

Employee Name	Employee Number	--- Current ---	---- M-T-D ----	---- Q-T-D ----	---- Y-T-D ----	
Description	Qty	Amount	Qty	Amount	Qty	Amount

***** Division Totals *****

Tax-TAX-SOCIAL SECURITY	7767.87	7767.87	48023.96	148477.80
Ded-LIFE INS-VOL EMPLOYEE	267.14	267.14	1602.84	5166.50
LIFE INS-NCPERS	8.00	8.00	40.00	152.00
LIFE INS-VOL SPOUSE	10.15	10.15	60.90	192.85
LIFE INS-VOL CHILD	2.10	2.10	12.60	39.90
DUES-3298/F.T.	583.38	583.38	3528.06	11255.91
HEALTH PREPAID HMO YEAR 2	.00	.00	.00	10337.64
HOSP INDEMNITY - EMPLOYEE	19.62	19.62	117.72	400.34
HOSP INDEMNITY - E+SPOUSE	13.65	13.65	109.20	464.10
HOSP INDEMNITY E+FAMILY	37.04	37.04	185.20	425.96
AD&D INS -EMPLOYEE	31.70	31.70	190.20	604.12
AD&D INS -SPOUSE	2.84	2.84	17.04	53.96
AD&D INS -CHILD	.56	.56	3.36	10.64
CRIT ILL INS-EMPLOYEE	75.70	75.70	454.20	1438.30
CRIT ILL INS-SPOUSE	26.62	26.62	159.72	505.78
CRIT ILL INS-CHILD	8.90	8.90	49.84	142.40
C.U.-POLICE	3290.50	3290.50	19068.00	52439.50
DENTAL PREPAID - YEAR 2	.00	.00	.00	1306.20
ACCDNT LIFE EMPLOYEE	23.25	23.25	139.50	461.35
ACCDNT LIFE E+SPOUSE	8.02	8.02	64.16	272.68
ACCDNT LIFE E+CHILD	9.11	9.11	54.66	173.09
ACCDNT LIFE E+FAMILY	74.88	74.88	424.32	1235.52
SHIFT OVERPAY REPAYMENT	25.00	25.00	150.00	475.00
VOLUNTARY IMRF TIER 1	3740.93	3740.93	21833.66	73802.45
VOLUNTARY IMRF TIER 2	798.58	798.58	5886.13	21197.85
Ben-GROUP TERM LIFE INSURANCE	.26	.26	1.60	5.08
EMPLOYER HEALTH INS. COST	13260.57	13260.57	79424.88	262840.35
CITY SHARE-MEDICARE 1.45	1816.69	1816.69	11231.42	34724.62
CITY SHARE- IMRF TIER 1	5883.55	5883.55	33867.50	115133.98
CITY SHARE- IMRF TIER 2	6817.93	6817.93	44565.47	129340.87
CITY SHARE-SOC SEC 6.20	7767.87	7767.87	48023.96	148477.80
CITY SHARE-WORKERS COMP	5091.21	5091.21	31540.88	106903.27

26 Current Employees
5 Terminated Employees

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

Description	Employee Name		Employee Number		M-T-D		Q-T-D		Y-T-D	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
* WHALEN, TRACIE			1656							
Hrs-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		
Add-LONGEVITY 2.5%		.00		.00		.00		2662.67		
ABT-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		
Tax-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		
Ded-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		
Ben-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 *****

Ben-GROSS		133479.33		263484.11		936273.30		2635779.90
NET		78968.59		155350.40		554584.97		1536012.66
Hrs-REGULAR HOURS WORKED	1581.500	67068.00	3023.500	128721.28	10837.190	448058.52	31087.270	1285205.09
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000	.00
BONUS/STIPEND	.000	.00	.000	.00	.000	.00	.000	1000.00
COMP/FAMILY LEAVE	.000	.00	56.000	1896.72	104.000	3498.00	104.000	3498.00
COMP TIME PAID CIV.	30.000	1236.30	30.000	1236.30	185.000	7579.47	419.000	17324.87
COMP TIME USED CIV.	12.000	647.04	12.000	647.04	28.500	1515.27	28.500	1515.27
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	318.620	12110.77

Prepared 9/23/25, 13:56:57
Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 9/25/25

Page 974
Pay Period 20
9/06/25 to 09/19/25

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

Employee Name	Employee Number	--- Current ---	---- M-T-D ----	---- Q-T-D ----	---- Y-T-D ----	
Description	Qty	Amount	Qty	Amount	Qty	Amount

***** Division Totals *****

Ded-LIFE INS-VOL CHILD	2.10		4.20		14.70		42.00
DUES-3298/F.T.	583.38		1166.76		4111.44		11839.29
HEALTH PREPAID HMO YEAR 2	.00		.00		.00		10337.64
HOSP INDEMNITY - EMPLOYEE	19.62		39.24		137.34		419.96
HOSP INDEMNITY - E+SPOUSE	13.65		27.30		122.85		477.75
HOSP INDEMNITY E+FAMILY	37.04		74.08		222.24		463.00
AD&D INS -EMPLOYEE	31.70		63.40		221.90		635.82
AD&D INS -SPOUSE	2.84		5.68		19.88		56.80
AD&D INS -CHILD	.56		1.12		3.92		11.20
CRIT ILL INS-EMPLOYEE	75.70		151.40		529.90		1514.00
CRIT ILL INS-SPOUSE	26.62		53.24		186.34		532.40
CRIT ILL INS-CHILD	8.90		17.80		58.74		151.30
C.U.-POLICE	3290.50		6581.00		22358.50		55730.00
DENTAL PREPAID - YEAR 2	.00		.00		.00		1306.20
ACCDNT LIFE EMPLOYEE	23.25		46.50		162.75		484.60
ACCDNT LIFE E+SPOUSE	8.02		16.04		72.18		280.70
ACCDNT LIFE E+CHILD	9.11		18.22		63.77		182.20
ACCDNT LIFE E+FAMILY	74.88		149.76		499.20		1310.40
SHIFT OVERPAY REPAYMENT	25.00		50.00		175.00		500.00
VOLUNTARY IMRF TIER 1	3466.97		7207.90		25300.63		77269.42
VOLUNTARY IMRF TIER 2	842.06		1640.64		6728.19		22039.91
Ben-GROUP TERM LIFE INSURANCE	.27		.53		1.87		5.35
EMPLOYER HEALTH INS. COST	13260.57		26521.14		92685.45		276100.92
CITY SHARE-MEDICARE 1.45	1866.64		3683.33		13098.06		36591.26
CITY SHARE- IMRF TIER 1	5568.24		11451.79		39435.74		120702.22
CITY SHARE- IMRF TIER 2	7472.70		14290.63		52038.17		136813.57
CITY SHARE-SOC SEC 6.20	7981.56		15749.43		56005.52		156459.36
CITY SHARE-WORKERS COMP	5351.18		10442.39		36892.06		112254.45

27 Current Employees
5 Terminated Employees

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

Employee Name	--- Current ---		---- M-T-D ----		---- Q-T-D ----		---- Y-T-D ----	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
* WHALEN, TRACIE	1656							
Hrs-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
Add-LONGEVITY 2.5%		.00		.00		.00		2662.67
ABT-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
Tax-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
Ded-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
Ben-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 *****

Ben-GROSS	124439.15		124439.15		124439.15		2760219.05
NET	73714.82		73714.82		73714.82		1609727.48
Hrs-REGULAR HOURS WORKED	1690.080	70355.69	1690.080	70355.69	1690.080	70355.69	1355560.78
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000

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

Employee Name	Employee Number	--- Current ---	---- M-T-D ----	---- Q-T-D ----	---- Y-T-D ----
Description	Qty	Amount	Qty	Amount	Qty Amount

***** Division Totals *****

Tax-TAX-MEDICARE	1734.53	1734.53	1734.53	38325.79
MEDICARE ADDITIONAL	.00	.00	.00	.00
TAX-SOCIAL SECURITY	7416.58	7416.58	7416.58	163875.94
Ded-LIFE INS-VOL EMPLOYEE	267.14	267.14	267.14	5700.78
LIFE INS-NCPERS	8.00	8.00	8.00	168.00
LIFE INS-VOL SPOUSE	10.15	10.15	10.15	213.15
LIFE INS-VOL CHILD	2.10	2.10	2.10	44.10
DUES-3298/F.T.	611.16	611.16	611.16	12450.45
HEALTH PREPAID HMO YEAR 2	.00	.00	.00	10337.64
HOSP INDEMNITY - EMPLOYEE	19.62	19.62	19.62	439.58
HOSP INDEMNITY - E+SPOUSE	13.65	13.65	13.65	491.40
HOSP INDEMNITY E+FAMILY	37.04	37.04	37.04	500.04
AD&D INS -EMPLOYEE	31.70	31.70	31.70	667.52
AD&D INS -SPOUSE	2.84	2.84	2.84	59.64
AD&D INS -CHILD	.56	.56	.56	11.76
CRIT ILL INS-EMPLOYEE	75.70	75.70	75.70	1589.70
CRIT ILL INS-SPOUSE	26.62	26.62	26.62	559.02
CRIT ILL INS-CHILD	8.90	8.90	8.90	160.20
C.U.-POLICE	3240.50	3240.50	3240.50	58970.50
DENTAL PREPAID - YEAR 2	.00	.00	.00	1306.20
ACCDNT LIFE EMPLOYEE	23.25	23.25	23.25	507.85
ACCDNT LIFE E+SPOUSE	8.02	8.02	8.02	288.72
ACCDNT LIFE E+CHILD	9.11	9.11	9.11	191.31
ACCDNT LIFE E+FAMILY	74.88	74.88	74.88	1385.28
SHIFT OVERPAY REPAYMENT	25.00	25.00	25.00	525.00
VOLUNTARY IMRF TIER 1	3223.12	3223.12	3223.12	80492.54
VOLUNTARY IMRF TIER 2	808.64	808.64	808.64	22848.55
Ben-GROUP TERM LIFE INSURANCE	.27	.27	.27	5.62
EMPLOYER HEALTH INS. COST	13596.54	13596.54	13596.54	289697.46
CITY SHARE-MEDICARE 1.45	1734.53	1734.53	1734.53	38325.79
CITY SHARE- IMRF TIER 1	5019.08	5019.08	5019.08	125721.30
CITY SHARE- IMRF TIER 2	7138.62	7138.62	7138.62	143952.19
CITY SHARE-SOC SEC 6.20	7416.58	7416.58	7416.58	163875.94
CITY SHARE-WORKERS COMP	5325.11	5325.11	5325.11	117579.56
27 Current Employees				
5 Terminated Employees				

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

Employee Name		Employee Number							
		--- Current ---		---- M-T-D ----		---- Q-T-D ----		---- Y-T-D ----	
Description	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	
* WHALEN, TRACIE	1656								
Tax-TAX-FEDERAL INCOME		.00		.00		.00		14383.74	
TAX-STATE INCOME		.00		.00		.00		4689.90	
Ded-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	
Ben-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 *****

Ben-GROSS		125883.78		250322.93		250322.93		2886102.83	
NET		74192.84		147907.66		147907.66		1683920.32	
Hrs-REGULAR HOURS WORKED	1697.750	71286.06	3387.830	141641.75	3387.830	141641.75	34475.100	1426846.84	
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000	.00	
BONUS/STIPEND	.000	500.00	.000	500.00	.000	500.00	.000	1500.00	
COMP/FAMILY LEAVE	.000	.00	.000	.00	.000	.00	104.000	3498.00	
COMP TIME PAID CIV.	60.000	2597.58	107.000	4448.46	107.000	4448.46	526.000	21773.33	
COMP TIME USED CIV.	2.750	148.28	2.750	148.28	2.750	148.28	31.250	1663.55	
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	318.620	12110.77	
HOLI-DESIGNATED/TIME	.000	.00	.000	.00	.000	.00	336.000	18668.40	
DEATH LEAVE	.000	.00	.000	.00	.000	.00	24.000	1166.64	
TARDY/LATE - NO PAY	.000	.00	.000	.00	.000	.00	2.420	.00	
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	331.000	15578.89	
FLOAT HOLI	38.000	1748.22	78.000	3761.58	78.000	3761.58	597.330	27563.65	
FLOAT HOLI-CONT SFT	2.000-	153.99-	4.000-	307.98-	4.000-	307.98-	458.000	25466.73	
FMLA TRACKING ONLY	.000	.00	8.000	.00	8.000	.00	437.400	.00	
FH PAID OFF-PREVIOUS YEAR	.000	.00	.000	.00	.000	.00	10.500	578.83	
FINAL SICK PAYOFF	.000	.00	.000	.00	.000	.00	749.540	41413.10	
FINAL PTO PAYOFF	.000	.00	.000	.00	.000	.00	484.005	23557.22	
HOLIDAY MONEY 2023	.000	.00	.000	.00	.000	.00	93.000	3652.39	
HOLIDAY MONEY 2024	.000	.00	10.000	412.10	10.000	412.10	252.830	10166.75	
HOLIDAY MONEY 2025	.000	.00	.000	.00	.000	.00	76.000	3152.88	
SICK ON OVERTIME	16.000	.00	37.000	.00	37.000	.00	368.740	.00	
LIGHT DUTY	.000	.00	.000	.00	.000	.00	1218.830	53537.41	
MATERNITY/PATERNITY	.000	.00	.000	.00	.000	.00	48.000	1625.76	
WORKED-PAY LATER	191.000	.00	355.500	.00	355.500	.00	3615.250	.00	
OUT OF JOB CLASS	.000	174.00	.000	278.00	.000	278.00	.000	3398.72	
PRIOR YR. PTO CHANGE	.000	.00	.000	.00	.000	.00	2.000-	75.38-	
PERSONAL DAYS	.000	.00	.000	.00	.000	.00	45.000	3097.36	
PTO/FAMILY MEDICAL LEAVE	.000	.00	.000	.00	.000	.00	34.000	1110.26	
PTO-PREV YR	.000	.00	.000	.00	.000	.00	112.000	5197.84	
PTO-VA, FH, PD	64.000	2713.04	111.000	4578.71	111.000	4578.71	2254.000	97686.28	
PD-NO WORK/TRADE DAY	185.500	7456.84	390.920	16215.93	390.920	16215.93	3685.000	152667.18	
PTO PAID OFF-PRV YR	.000	.00	.000	.00	.000	.00	72.000	2872.92	

Prepared 10/21/25, 14:01:13
Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 10/23/25

Page 985
Pay Period 22
10/04/25 to 10/17/25

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

Employee Name	Employee Number	--- Current ---	--- M-T-D ---	--- Q-T-D ---	--- Y-T-D ---	
Description	Qty	Amount	Qty	Amount	Qty	Amount

***** Division Totals *****

Ben-CITY SHARE-MEDICARE 1.45	1755.04	3489.57	3489.57	40080.83
CITY SHARE- IMRF TIER 1	5202.76	10221.84	10221.84	130924.06
CITY SHARE- IMRF TIER 2	6974.01	14112.63	14112.63	150926.20
CITY SHARE-SOC SEC 6.20	7504.28	14920.86	14920.86	171380.22
CITY SHARE-WORKERS COMP	5281.32	10606.43	10606.43	122860.88
27 Current Employees				
5 Terminated Employees				

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

Description	Employee Number		M-T-D		Q-T-D		Y-T-D	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
* WHALEN, TRACIE	1656							
Tax-TAX-SOCIAL SECURITY		.00		.00		.00		6178.82
TAX-FEDERAL INCOME		.00		.00		.00		14383.74
TAX-STATE INCOME		.00		.00		.00		4689.90
Ded-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
Ben-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		1444.04
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 *****

Ben-GROSS		127656.58		127656.58		377979.51		3013759.41
NET		75880.54		75880.54		223788.20		1759800.86
Hrs-REGULAR HOURS WORKED	1528.370	63412.44	1528.370	63412.44	4916.200	205054.19	36003.470	1490259.28
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000	.00
BONUS/STIPEND	.000	.00	.000	.00	.000	500.00	.000	1500.00
COMP/FAMILY LEAVE	.000	.00	.000	.00	.000	.00	104.000	3498.00
COMP TIME PAID CIV.	32.670	1104.93	32.670	1104.93	139.670	5553.39	558.670	22878.26
COMP TIME USED CIV.	.000	.00	.000	.00	2.750	148.28	31.250	1663.55
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	318.620	12110.77
HOLI-DESIGNATED/TIME	.000	.00	.000	.00	.000	.00	336.000	18668.40
DEATH LEAVE	24.000	1056.24	24.000	1056.24	24.000	1056.24	48.000	2222.88
TARDY/LATE - NO PAY	.000	.00	.000	.00	.000	.00	2.420	.00
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	331.000	15578.99
FLOAT HOLI	36.000	1688.72	36.000	1688.72	114.000	5450.30	633.330	29252.37
FLOAT HOLI-CONT SFT	2.000-	153.99-	2.000-	153.99-	6.000-	461.97-	456.000	25312.74
FMLA TRACKING ONLY	.000	.00	.000	.00	8.000	.00	437.400	.00
FH PAID OFF-PREVIOUS YEAR	.000	.00	.000	.00	.000	.00	10.500	578.83
FINAL SICK PAYOFF	.000	.00	.000	.00	.000	.00	749.540	41413.10
FINAL PTO PAYOFF	.000	.00	.000	.00	.000	.00	484.005	23557.22
HOLIDAY MONEY 2023	.000	.00	.000	.00	.000	.00	93.000	3652.39
HOLIDAY MONEY 2024	8.000	270.96	8.000	270.96	18.000	683.06	260.830	10437.71
HOLIDAY MONEY 2025	.000	.00	.000	.00	.000	.00	76.000	3152.88
SICK ON OVERTIME	.000	.00	.000	.00	37.000	.00	368.740	.00
LIGHT DUTY	.000	.00	.000	.00	.000	.00	1218.830	53537.41
MATERNITY/PATERNITY	.000	.00	.000	.00	.000	.00	48.000	1625.76
WORKED-PAY LATER	252.000	.00	252.000	.00	607.500	.00	3867.250	.00
OUT OF JOB CLASS	.000	64.00	.000	64.00	.000	342.00	.000	3462.72
PRIOR YR. PTO CHANGE	.000	.00	.000	.00	.000	.00	2.000-	75.38-
PERSONAL DAYS	.000	.00	.000	.00	.000	.00	45.000	3097.36
PTO/FAMILY MEDICAL LEAVE	.000	.00	.000	.00	.000	.00	34.000	1110.26
PTO-PREV YR	.000	.00	.000	.00	.000	.00	112.000	5197.84
PTO-VA, FH, PD	74.000	3129.94	74.000	3129.94	185.000	7708.65	2328.000	100816.22
PD-NO WORK/TRADE DAY	242.000	9617.75	242.000	9617.75	632.920	25833.68	3927.000	162284.93

Prepared 11/05/25, 8:27:57
Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 11/06/25

Page 991
Pay Period 23
10/18/25 to 10/31/25

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

Employee Name	Employee Number	Current	M-T-D	Q-T-D	Y-T-D	
Description	Qty	Amount	Qty	Amount	Qty	Amount

***** Division Totals *****

Ben-EMPLOYER HEALTH INS COST	13596.54	13596.54	40789.62	316890.54
CITY SHARE-MEDICARE 1.45	1781.17	1781.17	5270.74	41862.00
CITY SHARE- IMRF TIER 1	5718.55	5718.55	15940.39	136642.61
CITY SHARE- IMRF TIER 2	5069.88	5069.88	19182.51	155996.08
CITY SHARE-SOC SEC 6.20	7616.04	7616.04	22536.90	178996.26
CITY SHARE-WORKERS COMP	5239.26	5239.26	15845.69	128100.14
27 Current Employees				
5 Terminated Employees				

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

Description	Employee Name		Employee Number		Current		M-T-D		Q-T-D		Y-T-D	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
* WHALEN, TRACIE			1656									
Tax-TAX-MEDICARE		.00		.00		.00		.00		1445.04		
TAX-SOCIAL SECURITY		.00		.00		.00		.00		6178.82		
TAX-FEDERAL INCOME		.00		.00		.00		.00		14383.74		
TAX-STATE INCOME		.00		.00		.00		.00		4689.90		
Ded-VOLUNTARY IMRF TIER 1		.00		.00		.00		.00		2437.01		
LIFE INS-VOL EMPLOYEE		.00		.00		.00		.00		90.84		
DUES-3298/F.T.		.00		.00		.00		.00		332.37		
Ben-GROUP TERM LIFE INSURANCE		.00		.00		.00		.00		.12		
EMPLOYER HEALTH INS. COST		.00		.00		.00		.00		10626.59		
CITY SHARE-MEDICARE 1.45		.00		.00		.00		.00		1445.04		
CITY SHARE- IMRF TIER 1		.00		.00		.00		.00		10665.85		
CITY SHARE-SOC SEC 6.20		.00		.00		.00		.00		6178.82		
CITY SHARE-WORKERS COMP		.00		.00		.00		.00		4321.83		

***** Division Totals *****

Ben-GROSS		130713.07		258369.65		508692.58		3144472.48
NET		77120.46		153001.00		300908.66		1836921.32
Hrs-REGULAR HOURS WORKED	1604.290	67021.21	3132.660	130433.65	6520.490	272075.40	37607.760	1557280.49
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000	.00
BONUS-STIPEND	.000	.00	.000	.00	.000	500.00	.000	1500.00
COMP/FAMILY LEAVE	.000	.00	.000	.00	.000	.00	104.000	3498.00
COMP TIME PAID CIV.	33.000	1445.97	65.670	2550.90	172.670	6999.36	591.670	24324.23
COMP TIME USED CIV.	9.200	496.06	9.200	496.06	11.950	644.34	40.450	2159.61
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	318.620	12110.77
HOLI-DESIGNATED/TIME	40.000	2265.52	40.000	2265.52	40.000	2265.52	376.000	20933.92
DEATH LEAVE	.000	.00	24.000	1056.24	24.000	1056.24	48.000	2222.88
TARDY/LATE - NO PAY	.000	.00	.000	.00	.000	.00	2.420	.00
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	331.000	15578.89
FLOAT HOLI	.000	.00	36.000	1688.72	114.000	5450.30	633.330	29252.37
FLOAT HOLI-CONT SFT	44.000	2202.39	42.000	2048.40	38.000	1740.42	500.000	27515.13
FMLA TRACKING ONLY	.000	.00	.000	.00	8.000	.00	437.400	.00
FH PAID OFF-PREVIOUS YEAR	.000	.00	.000	.00	.000	.00	10.500	578.83
FINAL SICK PAYOFF	.000	.00	.000	.00	.000	.00	749.540	41413.10
FINAL PTO PAYOFF	.000	.00	.000	.00	.000	.00	484.005	23557.22
HOLIDAY MONEY 2023	.000	.00	.000	.00	.000	.00	93.000	3652.39
HOLIDAY MONEY 2024	124.000	4560.72	132.000	4831.68	142.000	5243.78	384.830	14998.43
HOLIDAY MONEY 2025	.000	.00	.000	.00	.000	.00	76.000	3152.88
SICK ON OVERTIME	16.000	.00	16.000	.00	53.000	.00	384.740	.00
LIGHT DUTY	.000	.00	.000	.00	.000	.00	1218.830	53537.41
MATERNITY/PATERNITY	.000	.00	.000	.00	.000	.00	48.000	1625.76
WORKED-PAY LATER	242.250	.00	494.250	.00	849.750	.00	4109.500	.00
OUT OF JOB CLASS	.000	128.00	.000	192.00	.000	470.00	.000	3590.72
PRIOR YR. PTO CHANGE	.000	.00	.000	.00	.000	.00	2.000-	75.38-
PERSONAL DAYS	.000	.00	.000	.00	.000	.00	45.000	3097.36
PTO/FAMILY MEDICAL LEAVE	.000	.00	.000	.00	.000	.00	34.000	1110.26
PTO-PREV YR	.000	.00	.000	.00	.000	.00	112.000	5197.84
PTO-VA, FH, PD	8.000	281.20	82.000	3411.14	193.000	7989.85	2336.000	101097.42

Prepared 11/18/25, 14:53:20
Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 11/20/25

Page 993
Pay Period 24
11/01/25 to 11/14/25

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

Employee Name	Employee Number	--- Current ---	---- M-T-D ----	---- Q-T-D ----	---- Y-T-D ----	
Description	Qty	Amount	Qty	Amount	Qty	Amount

***** Division Totals *****

Ded-VOLUNTARY IMRF TIER 1	3611.23	7242.59	13815.42	91084.84
VOLUNTARY IMRF TIER 2	994.06	1516.88	3012.09	25052.00
Ben-GROUP TERM LIFE INSURANCE	.26	.52	1.06	6.41
EMPLOYER HEALTH INS. COST	13596.54	27193.08	54386.16	330487.08
CITY SHARE-MEDICARE 1.45	1825.04	3606.21	7095.78	43687.04
CITY SHARE- IMRF TIER 1	5699.11	11417.66	21639.50	142341.72
CITY SHARE- IMRF TIER 2	5299.39	10369.27	24481.90	161295.47
CITY SHARE-SOC SEC 6.20	7803.69	15419.73	30340.59	186799.95
CITY SHARE-WORKERS COMP	5627.05	10866.31	21472.74	133727.19
27 Current Employees				
5 Terminated Employees				

PREPARED 12/03/2025, 14:12:55

ACCOUNT ACTIVITY LISTING

PROGRAM GM360L

FISCAL YEAR: 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 EN AP X

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

PERIOD...FROM: 09 TO: 11

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	PO	ACCTG	----	TRANSACTION----					
NBR	NBR	PER.	CD	DATE	NUMBER	DESCRIPTION	DEBITS	CREDITS	CURRENT BALANCE
FUND 211 WIRELESS 911 SURCHARGE									
211-0000-819.01-01						TRANSFER TO OTHER FUNDS / GENERAL FUND			
6885		10/25	AJ	10/01/25	1027	MISC INTERFUND TRANSFERS QUARTER 4	312,500.00		
ACCOUNT TOTAL							312,500.00	.00	312,500.00
211-1280-419.38-03 REPAIRS & MTCE. SERVICES / EQUIPMENT-RADIOS									
5742	310960	09/25	AP	08/29/25	0034138	L3HARRIS TECHNOLOGIES INC	544,624.70		
MAINTENANCE CONTRACTS									
ACCOUNT TOTAL							544,624.70	.00	544,624.70
211-1280-419.38-05 REPAIRS & MTCE. SERVICES / BUILDING & GROUNDS									
6843	310987	10/25	AP	09/29/25	0034812	L3HARRIS TECHNOLOGIES INC	48,116.65		
KM CONTRACT GOODS & SERV									
ACCOUNT TOTAL							48,116.65	.00	48,116.65
211-1280-419.38-12 REPAIRS & MTCE. SERVICES / C.A.D.S.									
6137	310962	09/25	AP	08/29/25	0034368	TEQUITY PARTNERS, LLC/MARK43	43,728.54		
COMPUTERS									
PROJECT#: C151									
ACCOUNT TOTAL							43,728.54	.00	43,728.54
211-1280-419.50-50 OTHER SC-SPECIAL PROGRAMS / GRANT/OTHER									
7638	310192	11/25	AP	10/31/25	0035326	VOIANCE LANGUAGE SERVICES LLC	305.67		
PROFESSIONAL CONSULTING									
6955	310192	10/25	AP	09/30/25	0034888	VOIANCE LANGUAGE SERVICES LLC	77.97		
PROFESSIONAL CONSULTING									
7270	310363	11/25	AP	09/30/25	0034929	CYRACOM INTERNATIONAL, INC.	1,119.18		
PROFESSIONAL CONSULTING									
6666	310192	10/25	AP	08/31/25	0034608	VOIANCE LANGUAGE SERVICES LLC	207.69		
PROFESSIONAL CONSULTING									
6666	310192	10/25	AP	07/31/25	0034608	VOIANCE LANGUAGE SERVICES LLC	262.20		
PROFESSIONAL CONSULTING									
6666	310363	10/25	AP	06/30/25	0034475	CYRACOM INTERNATIONAL, INC.	1,078.47		
PROFESSIONAL CONSULTING									
ACCOUNT TOTAL							3,051.18	.00	3,051.18
211-3537-421.38-13 REPAIRS & MTCE. SERVICES / EQUIPMENT-TELEPHONE									
6133	300049	09/25	AP	09/16/25	0499622	INTRADO LIFE & SAFETY SOLUTIO	100,350.00		
MAINTENANCE CONTRACTS									
ACCOUNT TOTAL							100,350.00	.00	100,350.00

$\Sigma(A) = 636,469.89$

EMAIL
#3

EMAIL
#2

EMAIL
#1

(A)

(a)

(b)

(a)

(b)

Language
Services

computer maint.

$\Sigma(a) = 853.53$ Voiance

$\Sigma(b) = 2,197.65$ Cyracon

GROUP	PO	ACCTG	-----TRANSACTION-----						
NBR	NBR	PER.	CD	DATE	NUMBER	DESCRIPTION	DEBITS	CREDITS	CURRENT BALANCE
						FUND TOTAL	1,052,371.07	.00	1,052,371.07
						GRAND TOTAL	1,052,371.07	.00	1,052,371.07

TOTAL 1,052,371.07

less Transfers < 312,500.00 >

Supplemental Funds < 636,469.89 >
separate request

operating \$ 103,401.18