

**South Bay Cities Council of Governments**  
**February 09, 2026**



**To: Steering Committee**  
**Re: Invoices Submitted for Payment through January 2026**

	<u>Amount</u>	<u>Check #</u>
<b>Contractual Obligations &amp; Legal Services</b>		
AESC: Alternative Energy Systems Consulting, Inc.: Cool Roofs Feasibility Study - Dec '25	\$ 10,049.50	6716
Best Best & Krieger LLP (1 Invoice: Fiber-CA Telecommunications)	\$ 1,303.50	6718
CivicHome: Regional Housing Trust Consulting Services - Dec '25 (Revised invoice)	\$ 322.50	6726
CivicHome: Regional Housing Trust Consulting Services - Jan '26	\$ 3,237.50	6727
Cooperative Personnel Services/CPS HR Consulting: General HR and Classification & Compensation Study - Dec '25	\$ 2,550.00	6728
Dudek/Planning Principal Shannon Heffernan/Kelly Bray: Invoice for Dec '25	\$ 3,400.00	6729
Dudek/Planning Principal Shannon Heffernan/Kelly Bray: Invoice for Jan '26	\$ 3,700.00	6746
Eide Bailly: 3 Invoices: Routine Accounting Services; Homeless Services Finance Analyst; Additional Accounting Services - Jan '26	\$ 20,109.90	6730
Hazen & Sawyer: DCWMG Support Services: 5 Invoices for Dominguez Channel Services	\$ 92,519.20	6732
Jon Rodman: Lomita LTN Outreach, LTN, & General Admin - Jan '26	\$ 675.00	6733
Lackow Planning and Environmental Services, LLC: Rosemary Lackow - Jan '26	\$ 729.00	6734
Michael Bohlke: Metro Deputy Consultant - Jan '26	\$ 10,545.27	6736
Public Health Institute: 2 CivicSpark Fellows for FY2025-2026	\$ 31,354.17	6738
Siembab Corporation: LTN, SBFN, Metro Mobility Hubs, & Technical Advisory Services - Jan '26	\$ 5,720.00	6742
Studio One Eleven: REAP 2.0 Commercial Redevelopment - Jan '26	\$ 16,351.55	6743
TDG Engineering, Inc./Toole Design: Inv#LAX.00361_6R-Nov25 and LAX.00361_07-Dec25 - Caltrans Carson to the Sea Gap Study	\$ 49,248.09	6744
The Pun Group (FY2024-25 Audit - Final Billing)	\$ 1,900.00	6745
<b>Employee Benefits &amp; Operational Expenses</b>		
American Express: SBESC/SBCCOG Expenses - Jan '26	\$ 11,224.84	6717
California Choice Benefit Administrators: Medical Benefit Premiums for March '26	\$ 10,511.57	6719
Guardian Benefit Administrators: Dental & Vision Benefit Premiums - Feb '26	\$ 1,229.98	6731
Principal Life Insurance Company: Premiums for Feb '26	\$ 154.63	6737
Q Document Solutions, Inc.: Invoice #IN72822 for Printing & Overage Charges	\$ 281.33	6739
Sharp Electronics Corporation: 2 Invoices: Jan '26 Monthly IT & Phone Services	\$ 3,348.53	6741
<b>Homeless &amp; Housing Services</b>		
Catholic Charities of Los Angeles, Inc. (Sept 2025 Housing Focused Case Management Services)	\$ 15,123.10	6720
City of Gardena (Reimbursement for Sept 2025 Measure A Expenditures)	\$ 6,412.04	6721
City of Hawthorne (Reimbursement for Homeless Services: Sept 2025)	\$ 16,444.93	6722
City of Redondo Beach (Measure A - Sept 2025: Clear Recovery Invoice; Sept 2025: Motel & Single Room Occupancy Beds)	\$ 42,930.00	6723
City of Torrance (Sept 2025 Harbor Interfaith Services Reimbursement)	\$ 26,474.60	6725
SHARE: Self-Help and Recovery Exchange (Reimbursement for Sept 2025 Services)	\$ 39,874.93	6740
<b>2026 General Assembly</b>		
Westdrift Hotel, Manhattan Beach (General Assembly Venue Rental) - Payment #3 of 3	\$ 12,000.00	6735
<b>Miscellaneous</b>		
City of Rolling Hills - Refund for Check issued to SBCCOG in error on 12/23/2025	\$ 100.00	6724
Mileage Reimbursement Through 1/30/2026 for A. Ruiz	\$ 51.70	6714
Mileage Reimbursement Through 1/30/2026 for A. Aubley	\$ 212.05	6715
<b>GRAND TOTAL</b>	<b>\$ 440,089.41</b>	

**RECOMMENDATION**

All invoices are within budget. Therefore, it is recommended that they be approved for payment. Checks subject to release as cash available.

**APPROVED FOR PAYMENT**

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Bernadette Suarez, Chair



South Bay Cities Council of Governments (SBCCOG)  
 South Bay Cities Council of Governments  
 357 Van Ness Way, Suite 110  
 Torrance, CA 90501

Invoice number 22161-07  
 Date 01/07/2026  
 Due Date 02/06/2026

Project **SBCCOG Cool Roof Feasibility Study**

Professional Services Through 12/31/2025

NTE - \$120,056

**Invoice Summary**

Description	Contract Amount	Prior Billed	Current Billed	Remaining Budget
TASK 1. PROJECT MANAGEMENT & ADMIN.	18,509.00	16,760.25	1,093.50	655.25
TASK 2. STAKEHOLDER ENGAGEMENT	20,045.00	1,671.75	8,522.00	9,851.25
TASK 3. RESEARCH & LITERATURE REVIEW	17,791.00	17,650.50	0.00	140.50
TASK 4. FEASIBILITY ASSESSMENT & SITE PLAN	43,760.00	38,983.01	0.00	4,776.99
TASK 5. FINAL REPORT	19,951.00	18,879.00	434.00	638.00
<b>Total</b>	<b>120,056.00</b>	<b>93,944.51</b>	<b>10,049.50</b>	<b>16,061.99</b>

**TASK 1. PROJECT MANAGEMENT & ADMIN.**

**Labor Charges**

	Date	Hours	Rate	Billed Amount
Anthony W. Lee, Program Manager				
<i>Amendment Follow-up, Email Correspondences</i>	12/01/2025	0.25	243.00	60.75
<i>Project Schedule Review, Budget Review</i>	12/02/2025	0.25	243.00	60.75
<i>Project Schedule Review</i>	12/10/2025	0.25	243.00	60.75
<i>Email Correspondences</i>	12/15/2025	0.25	243.00	60.75
<i>Report Development, Project Schedule Review</i>	12/18/2025	0.50	243.00	121.50
<i>Email Correspondences, Report Development, Report Edit/Review</i>	12/19/2025	2.00	243.00	486.00
<i>Client Meeting, Email Correspondences</i>	12/22/2025	1.00	243.00	243.00
<b>Labor Charges Subtotal</b>		<b>4.50</b>		<b>1,093.50</b>

**TASK 2. STAKEHOLDER ENGAGEMENT**

**Labor Charges**

	Date	Hours	Rate	Billed Amount
Karen Leifheit, Senior Program Manager				
<i>QC/Edit/Comment on final presentations</i>	12/15/2025	1.50	254.00	381.00
<i>final QC - technical presentation</i>	12/16/2025	0.25	254.00	63.50
Allison Bially, Director				
<i>SBC COGS PPT review</i>	12/08/2025	1.25	287.00	358.75
<i>SBC COGS PPT review</i>	12/18/2025	0.50	287.00	143.50
<i>SBC COGS report review</i>	12/19/2025	0.75	287.00	215.25

**TASK 2. STAKEHOLDER ENGAGEMENT**

**Labor Charges**

	Date	Hours	Rate	Billed Amount
Antonio Corradini, Principal Engineer				
QC	12/15/2025	3.00	287.00	861.00
Anthony W. Lee, Program Manager				
<i>Internal Team Meeting - Presentation Development</i>	12/02/2025	1.00	243.00	243.00
<i>Presentation Slide Review, Internal Team Discussion</i>	12/05/2025	0.50	243.00	121.50
<i>Presentation Review, Internal Team Call</i>	12/08/2025	0.50	243.00	121.50
<i>Internal Team Meeting, Presentation Edit/Review</i>	12/15/2025	1.00	243.00	243.00
<i>Internal Team Discussions, Presentation Edit/Review</i>	12/18/2025	1.00	243.00	243.00
<i>Presentation Edit/Review, Internal Team Discussions</i>	12/19/2025	0.75	243.00	182.25
Kusum Gupta, Senior Engineer				
<i>Internal AESC Meeting to discuss PPT presentation</i>	12/02/2025	0.50	217.00	108.50
<i>Create General Power point Presentation</i>	12/08/2025	4.00	217.00	868.00
<i>Address comments from Allison     Conversation with Anthony Lee</i>	12/09/2025	2.00	217.00	434.00
<i>Conversation with Kevin and Anthony regarding PPT     comments from AESC internal review     Address Karen's comments on General PPT</i>	12/15/2025	1.00	217.00	217.00
<i>Address Karen's comments on Technical PPT     Add aerial view and solar info</i>	12/16/2025	1.50	217.00	325.50
<i>Revise PPT based on Eleanor's comments</i>	12/18/2025	3.00	217.00	651.00
<i>Monthly Check-in Meeting</i>	12/22/2025	1.00	217.00	217.00
Kevin Cruz, Staff Engineer				
<i>PowerPoint presentation guidelines meeting     Anthony/Kusum/Scott.</i>	12/02/2025	0.50	195.00	97.50
<i>PPT presentation.</i>	12/05/2025	7.25	195.00	1,413.75
<i>Meeting with Kusum/Anthony to go over QC comments     of presentation.</i>	12/15/2025	3.00	195.00	585.00
Scott Lin, Engineer				
<i>Meeting to discuss slide decks</i>	12/02/2025	0.50	171.00	85.50
<i>Cool Roof technical presentation</i>	12/05/2025	2.00	171.00	342.00
	Labor Charges Subtotal	38.25		8,522.00

**TASK 5. FINAL REPORT**

**Labor Charges**

	Date	Hours	Rate	Billed Amount
Kusum Gupta, Senior Engineer				
<i>Address QC comments from Eleanor</i>	12/04/2025	1.00	217.00	217.00
<i>Finalize report     Generate PDFs     Merge and create final submittal</i>	12/05/2025	1.00	217.00	217.00
	Labor Charges Subtotal	2.00		434.00

Invoice total **10,049.50**

Indian Wells  
(760) 568-2611  
Irvine  
(949) 263-2600  
Los Angeles  
(213) 617-8100  
Bend, OR  
(541) 382-3011



3390 University Avenue, 5th Floor, P.O. Box 1028, Riverside, CA 92502  
Phone: (951) 686-1450 | Fax: (951) 686-3083 | www.bbklaw.com  
Tax ID # 95-2157337

Ontario  
(909) 989-8584  
Sacramento  
(916) 325-4000  
San Diego  
(619) 525-1300  
Walnut Creek  
(925) 977-3300  
Washington DC  
(202) 785-0600

SOUTH BAY CITIES COUNCIL OF GOVERNMENTS  
ATTN: JACKI BACHARACH  
2355 CRENSHAW BLVD., SUITE 125  
TORRANCE, CA 90501  
\*SUBMITTED VIA EMAIL\*

February 3, 2026  
1052046  
MICHAEL JENKINS  
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### INVOICE SUMMARY

*For Professional Services Rendered Through January 31, 2026:*

Matter # 65280.00003

TELECOMMUNICATIONS

Current Fees:	\$	1,303.50
Total Current Billings For This Matter:	\$	<u>1,303.50</u>

**Invoice Due and Payable Upon Receipt**



# Invoice

Date	Invoice #
02/03/2026	2018-293

1 League #62335 - Irvine, CA 92602

Bill To
South Bay Cities Council of Governments Jacki Bacharach 357 Van Ness Way, Suite #110 Torrance, CA 90501

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Name	Date	Description	Qty	Rate	Amount
Adam SB	02/01/2026	Consulting services for the regional housing trust for January 2026	11	225.00	2,475.00
Grant SB	02/01/2026	Consulting services for the regional housing trust for January 2026	1.25	185.00	231.25
Amanda SB	02/01/2026	Consulting services for the regional housing trust for January 2026	4.25	125.00	531.25

<b>Total</b>	\$3,237.50
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Adam Eliason

<b>Project/Time entry</b>	<b>Start date</b>	<b>Time (decin</b>	<b>Currency USD</b>	<b>Amount USD</b>
<b>SBRHT - Task 1.2 Monthly Invoicing</b>		<b>2.750</b>		<b>618.75 USD</b>
Reviewed monthly invoice not to exceed amounts with actual expenditures to create a proposed amendment to contract.	01/06/2026	2.000	225.00	450.00 USD
Mtg with Jacki and David to discuss contract update and 2nd Amendment proposal.	01/06/2026	0.500	225.00	112.50 USD
Reviewed minutes of last monthly update meeting with the COG.	01/26/2026	0.250	225.00	56.25 USD
<b>SBRHT - Task 1.3 Monthly Meetings</b>		<b>2.500</b>		<b>562.50 USD</b>
Prepared agenda. Monthly meeting with SBCCOG staff and SCAG.	01/13/2026	1.500	225.00	337.50 USD
Update meeting with Grant to discuss tasks.	01/23/2026	0.250	225.00	56.25 USD
Jan SBCCOG meeting	01/26/2026	0.250	225.00	56.25 USD
Update mtg with just CH staff	01/27/2026	0.500	225.00	112.50 USD
<b>SBRHT - Task 1.5 REAP Metrics Data Collection &amp; Reporting</b>		<b>1.250</b>		<b>281.25 USD</b>
Reviewed SCAG materials in advance of mtg. Mtg with SCAG to clarify the REAP Metrics Submission process and forms.	01/27/2026	1.000	225.00	225.00 USD
Reviewed Metrics email and attachments to SCAG.	01/27/2026	0.250	225.00	56.25 USD
<b>SBRHT - Task 7.2 City Information Meetings &amp; Presentations</b>		<b>3.000</b>		<b>675.00 USD</b>
Prepared presentation slides on the differences between forming a trust and not forming one.	01/25/2026	1.500	225.00	337.50 USD
Finalized presentation slides on the differences between forming a trust and not forming one. Responded to email from Jacki.	01/26/2026	1.250	225.00	281.25 USD
Researched GCAHT and SGVRHT membership fees and emailed Jacki.	01/29/2026	0.250	225.00	56.25 USD
<b>SBRHT - Task 8.1 Jurisdiction Resolutions, Legislative Authorization, Board Formation</b>		<b>1.500</b>		<b>337.50 USD</b>
Reviewed and responded to emails regarding Council meeting plans for JPA.	01/05/2026	0.250	225.00	56.25 USD
Reviewed and responded to various emails re: City Council presentations.	01/27/2026	0.250	225.00	56.25 USD
Reviewed revised presentation for Trust and LACASHA to cities. Reviewed emails from COG.	01/28/2026	0.250	225.00	56.25 USD
Reviewed proposed language change for JPA re: city approvals prior to Trust funding commitment. Responded to Ronson and Jacki's email on membership dues other Trusts.	01/30/2026	0.750	225.00	168.75 USD
<b>Total</b>		<b>11.000</b>		<b>2 475.00 USD</b>

Grant Henninger

<b>Project/Time entry</b>	<b>Start date</b>	<b>Time (dec</b>	<b>Currency USD</b>	<b>Amount USD</b>
<b>South Bay Cities Council of Governments - 1.3 - Monthly Meetings</b>		<b>1.250</b>		<b>231.25 USD</b>
Monthly meeting with COG staff.	01/13/2026	1.250	185.00	231.25 USD
<b>Total</b>		<b>1.250</b>		<b>231.25 USD</b>

Amanda Grill

**SBRHT**

Task Number	Task	Date	Billable time	Pay Rate	Total Billed
Task 1.2 Monthly Invoicing	December Invoice	01/05/2026	0.5	\$125.00	\$62.50
Task 1.3 Monthly Meetings	January SBCCOG meeting (Attend meeting)	01/13/2026	1	\$125.00	\$125.00
	January SBCCOG meeting (Draft meeting minutes)	01/15/2026	0.75	\$125.00	\$93.75
	Meeting with SCAG & SBCCOG to discuss reporting plan (Resend discussion and approach document to SCAG)	01/15/2026	0.25	\$125.00	\$31.25
	January SBCCOG meeting (Follow on minute review. Share with committee.)	01/26/2026	0.25	\$125.00	\$31.25
	Update Mtgs with just CH Staff	01/27/2026	0.5	\$125.00	\$62.50
Task 1.5 REAP Metrics Data Collection and Reporting	Metric reporting strategy document-update (Incorporating new SCAG guidance, notification to SBCCOG)	01/20/2026	0.5	\$125.00	\$62.50
	SCAG webinar training on REAP metrics (Attend webinar. Follow up to SCAG PM for answers)	01/27/2026	0.5	\$125.00	\$62.50
Subtotals			4.25		\$531.25
<b>Total</b>			<b>4.25</b>		<b>\$531.25</b>

# Invoice

**Date** 01/30/26      **No.** 0019181

Billing Period 11/30/25 to 12/27/25

**Bill To**  
 South Bay Cities Council of Governments  
 David Leger  
 357 Van Ness Way, Suite 110  
 Torrance, CA 90501

<b>Prime Cont. No.</b>	<b>Other Contract</b>	<b>Funded Amount</b> 39,730	<b>Fund. Rem.</b> 20,647.50	<b>Project No.</b> E6700	<b>Due Date</b> 03/01/26
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Description	Current		Billing
	Rate	Hrs	
<b>Labor</b>			
26-01 South Bay Cities COG- Class and Comp Study			
Charlene Harris (Sr. Consultant)	\$130.00	4.00	\$520.00
Jacqueline Frost (Technician)	\$100.00	3.25	\$325.00
Kristin Morris (Project Manager)	\$180.00	5.50	\$990.00
Kristin Morris (Sr. Consultant)	\$130.00	5.00	\$650.00
	<b>Labor Subtotal</b>	<b>17.75</b>	<b>\$2,485.00</b>
	<b>Withholding</b>		<b>\$0.00</b>
	<b>Total</b>		<b>\$2,485.00</b>
	<b>Invoice Total</b>		<b>\$2,485.00</b>

**Timesheet Detail Report**  
**For period 11/30/25 to 12/27/25**

Job_No_Name	WBS_Code	Name	PLC	Hours	Date	Comments
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Jacqueline Frost	TECH	1.00	12/1/2025	Formatting
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	PM	2.00	12/1/2025	review Charlene's specs, leave comments, work with Admin on formatting
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	SRCON	2.25	12/1/2025	review specs, add language
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Charlene Harris	SRCON	3.50	12/2/2025	Work on draft class specs and report.
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Jacqueline Frost	TECH	1.50	12/2/2025	Formatting
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	PM	1.00	12/2/2025	start reviewing report, work with Admin on formatting
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	SRCON	1.50	12/2/2025	spec review and drafting
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Charlene Harris	SRCON	0.50	12/3/2025	Work on draft report and class specs.
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Jacqueline Frost	TECH	0.75	12/3/2025	formatting report
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	PM	1.00	12/3/2025	review report and org chart, chat with Charlene
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	SRCON	0.75	12/3/2025	spec review and drafting
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	PM	1.00	12/4/2025	final review, email, chats with Jackie and Charlene
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	SRCON	0.50	12/4/2025	Add level of supervision classes are under to specs
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	PM	0.25	12/19/2025	review invoice, update PMET, send check in email
E6700 South Bay Cities COG-Class and Comp Study	E6700-26-01	Kristin Morris	PM	0.25	12/23/2025	calendar holds, email with Kim

**Total** **17.75**



CPS HR Consulting  
 Lockbox#0134327  
 PO Box 884327  
 Los Angeles, CA 90088-4327  
 Tax ID: 68-0067209

# Invoice

**Date** 01/30/26      **No.** 0019216

Billing Period 11/30/25 to 12/27/25

**Bill To**  
 South Bay Cities Council of Governments  
 Kim Fuentes  
 357 Van Ness Way, Suite #110  
 Torrance, CA 90501

<b>Prime Cont. No.</b>	<b>Other Contract</b>	<b>Funded Amount</b> 20,000	<b>Fund. Rem.</b> 10,905.00	<b>Project No.</b> E6418	<b>Due Date</b> 03/01/26
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Description	Current		Billing
	Rate	Hrs	
<b>Labor</b>			
25-01 South Bay Cities COG- Ongoing HR Consultation			
Deborah Gutman (Sr. Consultant)	\$130.00	0.50	\$65.00
	<b>Labor Subtotal</b>	<b>0.50</b>	<b>\$65.00</b>
	<b>Withholding</b>		<b>\$0.00</b>
	<b>Total</b>		<b>\$65.00</b>
	<b>Invoice Total</b>		<b>\$65.00</b>

To pay by ACH/Credit Card, please visit <https://www.e-billexpress.com/ebpp/CPSHR/>

**Timesheet Detail Report**  
**For period 11/30/25 to 12/27/25**

Job_No_Name	WBS_Code	Name	PLC	Hours	Date	Comments
E6418 South Bay Cities COG-Ongoing HR Consultation	E6418-25-01	Deborah Gutman	SRCON	0.25	12/16/2025	email communication re: leave of absence
E6418 South Bay Cities COG-Ongoing HR Consultation	E6418-25-01	Deborah Gutman	SRCON	0.25	12/18/2025	prepare leave letter for employee and send
<b>Total</b>				<b>0.50</b>		

# DUDEK

687 South Coast Highway 101, Suite 110  
Encinitas, CA 92024  
T (760) 942-5147  
F (760) 632-0164

January 9, 2026  
Project No: 17714  
Invoice No: 202600047  
Due Date: February 8, 2026

Jacki Bacharach  
South Bay Cities Council of Governments  
(SBCCOG)  
2355 Crenshaw Blvd #125  
Torrance, CA 90501

Project Manager Kelly Bray

Project 17714 SBCCOG Professional Services Agreement

**Professional Services for the Period: December 1, 2025 to December 31, 2025**

Phase 04 Nov-Jan (2025-2026)

## Professional Personnel

		Hours	Rate	Amount
Senior Specialist II				
Bray, Kelly	12/2/2025	2.00	200.00	400.00
Bray, Kelly	12/3/2025	1.00	200.00	200.00
Bray, Kelly	12/4/2025	3.50	200.00	700.00
Bray, Kelly	12/8/2025	1.50	200.00	300.00
Bray, Kelly	12/9/2025	1.00	200.00	200.00
Bray, Kelly	12/12/2025	1.00	200.00	200.00
Bray, Kelly	12/15/2025	.50	200.00	100.00
Bray, Kelly	12/16/2025	4.50	200.00	900.00
Bray, Kelly	12/17/2025	2.00	200.00	400.00
Totals		17.00		3,400.00
<b>Total Labor</b>				<b>3,400.00</b>
			<b>Phase Total</b>	<b>\$3,400.00</b>
			<b>Total Project Invoice Amount</b>	<b>\$3,400.00</b>

## Outstanding Invoices

Number	Date	Balance
202510195	12/4/2025	8,100.00
<b>Total</b>		<b>8,100.00</b>

Please remit checks to the following lockbox account including Dudek project number and invoice number: DUDEK | P.O. Box 515569 | Los Angeles, CA 90051-4581  
If you would like to remit payment via ACH, please contact [accounting@dudek.com](mailto:accounting@dudek.com). **Dudek will never request changes to ACH payment instructions via email.**

**Billing Summary**

	<b>Current</b>	<b>Prior</b>	<b>Total</b>
Labor	3,400.00	83,900.00	87,300.00
<b>Totals</b>	<b>3,400.00</b>	<b>83,900.00</b>	<b>87,300.00</b>

<b>Contract Maximum:</b>	<b>141,000.00</b>
<b>Previous Billings Against Maximum:</b>	<b>83,900.00</b>
<b>Current Billings Against Maximum:</b>	<b>3,400.00</b>
<b>Balance After This Invoice:</b>	<b>53,700.00</b>

# DUDEK

687 South Coast Highway 101, Suite 110  
Encinitas, CA 92024  
T (760) 942-5147  
F (760) 632-0164

February 5, 2026  
Project No: 17714  
Invoice No: 202601055  
Due Date: March 7, 2026

Jacki Bacharach  
South Bay Cities Council of Governments  
(SBCCOG)  
2355 Crenshaw Blvd #125  
Torrance, CA 90501

Project Manager Kelly Bray

Project 17714 SBCCOG Professional Services Agreement

**Professional Services for the Period: January 1, 2026 to January 31, 2026**

Phase 04 Nov-Jan (2025-2026)

## Professional Personnel

		Hours	Rate	Amount
Senior Specialist II				
Bray, Kelly	1/5/2026	1.00	200.00	200.00
Bray, Kelly	1/6/2026	2.50	200.00	500.00
Bray, Kelly	1/8/2026	1.50	200.00	300.00
Bray, Kelly	1/9/2026	2.00	200.00	400.00
Bray, Kelly	1/13/2026	1.00	200.00	200.00
Bray, Kelly	1/14/2026	2.00	200.00	400.00
Bray, Kelly	1/15/2026	.50	200.00	100.00
Bray, Kelly	1/20/2026	1.50	200.00	300.00
Bray, Kelly	1/22/2026	2.50	200.00	500.00
Bray, Kelly	1/26/2026	1.00	200.00	200.00
Bray, Kelly	1/27/2026	1.00	200.00	200.00
Bray, Kelly	1/28/2026	1.50	200.00	300.00
Bray, Kelly	1/29/2026	.50	200.00	100.00
Totals		18.50		3,700.00
<b>Total Labor</b>				<b>3,700.00</b>
			<b>Phase Total</b>	<b>\$3,700.00</b>
			<b>Total Project Invoice Amount</b>	<b>\$3,700.00</b>

## Outstanding Invoices

Number	Date	Balance
202600047	1/9/2026	3,400.00
<b>Total</b>		<b>3,400.00</b>

Please remit checks to the following lockbox account including Dudek project number and invoice number: DUDEK | P.O. Box 515569 | Los Angeles, CA 90051-4581  
If you would like to remit payment via ACH, please contact [accounting@dudek.com](mailto:accounting@dudek.com). **Dudek will never request changes to ACH payment instructions via email.**

**Billing Summary**

	<b>Current</b>	<b>Prior</b>	<b>Total</b>
Labor	3,700.00	87,300.00	91,000.00
<b>Totals</b>	<b>3,700.00</b>	<b>87,300.00</b>	<b>91,000.00</b>

<b>Contract Maximum:</b>	<b>141,000.00</b>
<b>Previous Billings Against Maximum:</b>	<b>87,300.00</b>
<b>Current Billings Against Maximum:</b>	<b>3,700.00</b>
<b>Balance After This Invoice:</b>	<b>50,000.00</b>







605 3rd Street  
 Encinitas, CA 92024  
 T: (760) 942-5147  
 F: (760) 632-0164

**Metro Local Travel Network (LTN)**

Current Contract Term: 2/1/2025 - 1/31/2026

**BILL TO:**  
 South Bay Cities Council of Governments  
 357 Van Ness Way, Suite 110  
 Torrance, CA 90501

**DATE:** January Services  
**INVOICE #** 17716

DATE	TASK DESCRIPTION	SUBTASK	HOURS	RATE	AMOUNT
01/05/26	Check-ins and SBCCOG staff mtgs	Task 6 - Project Administration	1.00	\$ 200.00	\$ 200.00
01/06/26	Staff check ins and mtgs	Task 6 - Project Administration	2.50	\$ 200.00	\$ 500.00
01/09/26	Invoice prep	Task 6 - Project Administration	2.00	\$ 200.00	\$ 400.00
01/19/26	Project Coordination	Task 6 - Project Administration	1.00	\$ 200.00	\$ 200.00
01/20/26	Staff Coordination	Task 6 - Project Administration	1.50	\$ 200.00	\$ 300.00
01/26/26	Staff Coordination	Task 6 - Project Administration	1.00	\$ 200.00	\$ 200.00
01/27/26	Staff Coordination	Task 6 - Project Administration	0.50	\$ 200.00	\$ 100.00
				<b>Total</b>	<b>\$ 1,900.00</b>



PO Box 2545, Fargo, ND 58108-2545

### INVOICE

South Bay Cities Council of Governments  
2355 Crenshaw Blvd #125  
Torrance CA 90501

Client #: 269178  
Online Pay Code: ZE07XD  
Invoice #: EI01993169  
Invoice Total: \$7,200.00

Please return top portion with payment or [Make a Payment](#)

#### Invoice Is Due Upon Receipt

Financial Analyst Deliverables - January 2026  
• Monthly fee

	7,200.00
Invoice Total	<u>7,200.00</u>

---

<b>Date:</b> 1/29/2026	<b>Invoice#:</b> EI01993169	<b>South Bay Cities Council of Governments</b>	Page 1
<b>Pay by Mail – Lockbox Address for Checks only:</b>		<b>Pay Online:</b> <a href="http://www.eidebailly.com/paybill">www.eidebailly.com/paybill</a>	
Eide Bailly LLP		<b>Request bank information to pay by ACH:</b>	
PO Box 88678		Email: <a href="mailto:accountsreceivable@eidebailly.com">accountsreceivable@eidebailly.com</a>	
Milwaukee, WI 53288-8678			

**Monthly 1.0% Late Fee Accrued on Balances Over 30 Days Past Due**

(A processing fee will be applied to any payments made by credit card)



PO Box 2545, Fargo, ND 58108-2545

### INVOICE

South Bay Cities Council of Governments  
2355 Crenshaw Blvd #125  
Torrance CA 90501

Client #: 269178  
Online Pay Code: ZE07XD  
Invoice #: EI01993167  
Invoice Total: \$4,140.00

Please return top portion with payment or [Make a Payment](#)

#### Invoice Is Due Upon Receipt

Routine Accounting Services - January 2026  
Monthly Fee

	4,140.00
Invoice Total	<u>4,140.00</u>

---

<b>Date:</b> 1/29/2026	<b>Invoice#:</b> EI01993167	<b>South Bay Cities Council of Governments</b>	Page 1
<b>Pay by Mail – Lockbox Address for Checks only:</b>		<b>Pay Online:</b> <a href="http://www.eidebailly.com/paybill">www.eidebailly.com/paybill</a>	
Eide Bailly LLP		<b>Request bank information to pay by ACH:</b>	
PO Box 88678		Email: <a href="mailto:accountsreceivable@eidebailly.com">accountsreceivable@eidebailly.com</a>	
Milwaukee, WI 53288-8678			

**Monthly 1.0% Late Fee Accrued on Balances Over 30 Days Past Due**

(A processing fee will be applied to any payments made by credit card)



PO Box 2545, Fargo, ND 58108-2545

### INVOICE

South Bay Cities Council of Governments  
2355 Crenshaw Blvd #125  
Torrance CA 90501

Client #: 269178  
Online Pay Code: ZE07XD  
Invoice #: EI01993201  
Invoice Total: \$8,769.90

Please return top portion with payment or [Make a Payment](#)

#### Invoice Is Due Upon Receipt

Consulting Services - 2026 Additional Accting Services

<u>Staff</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Devin Sinner	16.50	284.00	4,686.00
Moro Cao	17.61	215.00	3,786.15
Sam Singery	0.25	339.00	84.75
Zach Ruffcorn	0.75	284.00	213.00
	<u>35.11</u>		<u>8,769.90</u>
		Invoice Total	<u>8,769.90</u>

<b>Date:</b> 1/29/2026	<b>Invoice#:</b> EI01993201	<b>South Bay Cities Council of Governments</b>	Page 1
<b>Pay by Mail – Lockbox Address for Checks only:</b>		<b>Pay Online:</b> <a href="http://www.eidebailly.com/paybill">www.eidebailly.com/paybill</a>	
Eide Bailly LLP		<b>Request bank information to pay by ACH:</b>	
PO Box 88678		Email: <a href="mailto:accountsreceivable@eidebailly.com">accountsreceivable@eidebailly.com</a>	
Milwaukee, WI 53288-8678			

**Monthly 1.0% Late Fee Accrued on Balances Over 30 Days Past Due**

(A processing fee will be applied to any payments made by credit card)



Hazen and Sawyer  
800 West 6<sup>th</sup> St., Suite 400  
Los Angeles, CA 90017

January 9, 2026

Lara Gerges  
South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110  
Torrance, CA 90501

Re: Invoice and Progress Report for the period of October 1 through November 30, 2025  
DCWMG Support Services: Task Order 9 FY 2025-2026 Wet Weather Monitoring Support  
Services  
Hazen Project Number: 20252-009  
Invoice Number: 20252-009-1

Dear Ms. Gerges:

Enclosed please find our invoice for the DCWMG Support Services: Task Order 9 FY 2025-2026 Wet  
Weather Monitoring Support Services project for work completed between October 1, 2025 and  
November 30, 2025. A summary of the work covered in this invoice is provided below and additional  
documentation is attached.

**Invoice Summary**

- Contract Amount: \$100,750.00
- Previous Invoices Billed: \$0.00
- This Invoice Amount Due Now: \$9,301.20
- Invoiced To Date: \$9,301.20
- Total Outstanding Invoices: \$9,301.20
- Contract Balance Remaining: \$91,448.80
- **Percent of budget spent: 9.2%**
- **Percent of work complete: 9.2%**

The following tasks were completed to date, including those conducted during this reporting period:

- Project initiation.
- General project management.
- Storm #1 sampling.

Very truly yours,



Paul Caswell  
Project Manager

Enclosures:

- Invoice Summary
- Invoice



Hazen and Sawyer  
 800 West 6<sup>th</sup> St., Suite 1400  
 Los Angeles, CA 90017

# INVOICE

December 22, 2025

Project No: 20252-009

Invoice No: 0000001

Lara Gerges  
 South Bay Cities Council of Governments  
 357 Van Ness Way  
 Suite 110  
 Torrance, CA 90501

**Invoice Total \$9,301.20**

Project 20252-009 DCWMG Support Services: Task Order 9 FY 2025-2026 Wet Weather Monitoring Support Services

**Professional Services from October 01, 2025 to November 30, 2025**

Task 001 Task 1: Wet Weather Monitoring Support

**Professional Personnel**

	Hours	Rate	Amount	
SENIOR ASSOCIATE				
Coryell, Jennifer	3.00	390.00	1,170.00	
PROJECT MANAGER				
Caswell, Paul	6.00	210.00	1,260.00	
Totals	9.00		2,430.00	
<b>Total Labor</b>				<b>2,430.00</b>

**Consultants**

Direct Expense - Subcontractors

11/6/2025	Rincon Consultants, Inc. (ACH) Inv # 69749, dated 11/5/25	6,544.00	
	<b>Total Consultants</b>	<b>1.05 times</b>	<b>6,544.00</b>

6,871.20

**Total this Task**

**\$9,301.20**

**Billing Limits**

	Current	Prior	To-Date
Total Billings	9,301.20	0.00	9,301.20
Limit			100,750.00
Remaining			91,448.80

**Total this Invoice \$9,301.20**



**Rincon Consultants, Inc**  
 2060 Knoll Dr Ste 102  
 Ventura, CA 93003  
 805-644-4455

Date: 11/05/2025  
 Project No: 23-15223

Hazen & Sawyer  
 Jennifer Coryell  
 800 West 6th Street, Suite 400  
 Los Angeles, CA 90017

Subject: Transmittal of Invoice # 69749 - Dominguez Channel CIMP Stormwater Monitoring

Dear Jennifer Coryell,

This letter accompanies Rincon Consultants' invoice for the Dominguez Channel CIMP Stormwater Monitoring for the period from 4/1/2025 through 10/31/2025. The invoice amount of \$6,544.00 brings our total amount billed to \$28,163.02 or approximately 57% of the total authorized budget of \$49,119.02

During this period, Rincon worked on the following tasks:

- Project Initiation
- Field Kick-off
- Storm #1 Sampling

**Outstanding Invoices: please note that you have an outstanding balance of \$6,544.00 for this project. The following invoices are outstanding:**

**Aging Summary**

Invoice Number	Invoice Date	Outstanding	Current	Over 30	Over 60	Over 90	Over 120
69749	11/05/2025	6,544.00	6,544.00				
	Total	6,544.00	6,544.00	0.00	0.00	0.00	0.00

We are committed to providing excellent environmental services and appreciate the opportunity to work with you. Please contact us if you have any questions about the invoice or the status of our progress.

Sincerely,  
 RINCON CONSULTANTS, INC.



**Rincon Consultants, Inc**  
 2060 Knoll Dr Ste 102  
 Ventura, CA 93003  
 805-644-4455

**INVOICE**

Invoice No:	69749
Invoice Date:	11/05/2025
Due Date:	11/20/2025

Hazen & Sawyer  
 Jennifer Coryell  
 800 West 6th Street, Suite 400  
 Los Angeles, CA 90017

Project Number: 23-15223  
 Project Name: Dominguez Channel CIMP Stormwater Monitoring  
 Hazen Job No.: 20252-005  
 Task Order 5: FY 2024-2025 Wet Weather Monitoring Support Services

Invoice Period from 4/1/2025 through 10/31/2025

Project Manager: Jonathan Bridgeman

Description	Unit / Basis	Number / Cost	Rate / Markup	Billed Amount
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**2024/2025 & 2025/2026 Wet Weather Monitoring**

<b>Professional Fees</b>				
Senior Principal	Hour	0.50	330.00	165.00
Director	Hour	0.75	318.00	238.50
Supervisor Planner I	Hour	0.75	282.00	211.50
Senior Environmental Scientist II	Hour	0.50	264.00	132.00
Senior Environmental Scientist I	Hour	7.25	246.00	1,783.50
Environmental Scientist III	Hour	0.50	203.00	101.50
Environmental Scientist II	Hour	9.50	180.00	1,710.00
Environmental Scientist I	Hour	9.50	160.00	1,520.00
Clerical/Billing Specialist	Hour	1.25	111.00	138.75
Professional Fees Totals				6,000.75

<b>Reimbursables</b>				
Standard Field Package	Day	2.00	114.00	228.00
<i>2 Field Packages 25/26 Wet Weather Monitoring</i>				
Vehicle Day Rate	Day	1.00	90.00	90.00
<i>10/14/25 1 Vehicle Day Rate</i>				
Reimbursables Totals				318.00

<b>Consultant</b>				
Consultant	ONSITE Environmental Services, Inc.	Cost	194.18	16.00 %
<i>ONSITE Environmental Services, Inc. Inv #9701</i>				
Consultant Totals				225.25

2024/2025 & 2025/2026 Wet Weather Monitoring Subtotal **6,544.00**

Invoice Total **6,544.00**

Description	Amount
Total This Invoice	\$6,544.00
Previous Billings	\$21,619.02
Total Billings	\$28,163.02
Total Budget	\$49,119.02
Remaining Budget	\$20,956.00
Remaining Budget %	42.66%

Thank you for selecting Rincon Consultants.

### REMITTANCE OPTIONS

#### ACH or Wire Transfer (Preferred):

**Bank Name:** Montecito Bank & Trust  
**Routing:** 122234783  
**Account:** 410121233  
**Swift:** MBTRUS62

**Email Remittance to:** ar@rinconconsultants.com  
ACH & Wire payments MUST be accompanied with remittance information.  
**Avoid email scams, verify any requested payment detail changes by calling our Accounts Receivable Team.**

#### Check:

**Rincon Consultants, Inc.**  
180 N. Ashwood Ave  
Ventura, CA 93003  
**Tax ID:** 77-0390093

**Invoice Summary**

Description	Contract Amount	Percent Complete	Prior Billed	Total Billed	Remaining	Remaining Percent	Current Billed
2024/2025 & 2025/2026 Wet Weather Monitoring	49,119.02	57.34	21,619.02	28,163.02	20,956.00	42.66	6,544.00
Total	49,119.02	57.34	21,619.02	28,163.02	20,956.00	42.66	6,544.00

# INVOICE

ONSITE Environmental Services,  
Inc.  
7642 Rhone Ln  
Huntington Beach, CA 92647

angela@onsite-environmental.net  
+1 (949) 771-4136



**Bill to**  
RINCON CONSULTANTS, INC.  
180 North Ashwood Ave  
Ventura, CA 93003

**Ship to**  
10000 IMPERIAL HWY  
DOWNEY, CA 90242

**Shipping info**  
Ship via: DELIVERY  
Ship date: 10/13/2025

**Invoice details**  
Invoice no.: 9701  
Terms: Net 30  
Invoice date: 10/26/2025  
Due date: 11/25/2025

Ordered By: JOATHAN BRIDGEMAN

#	Date	Product or service	SKU	Description	Qty	Rate	Amount
1.	10/14/2025	RR- HORIBA	RENTAL- HORIBA U52 CELL	RENTAL- HORIBA U52 W/FLOW	1	\$135.00	\$135.00

**Note to customer**  
THANK YOU FOR YOUR BUSINESS

Subtotal	\$135.00
Sales tax	\$14.18
Shipping	\$45.00
<b>Total</b>	<b>\$194.18</b>



Hazen and Sawyer  
800 West 6<sup>th</sup> St., Suite 400  
Los Angeles, CA 90017

January 9, 2026

Lara Gerges  
South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110  
Torrance, CA 90501

Re: Invoice and Progress Report for the period of October 1 through October 31, 2025  
Hazen As-Needed Services  
Hazen Project Number: 20252-006  
Invoice Number: 20252-006-4

Dear Ms. Gerges:

Enclosed please find our invoice for the Hazen As-Needed Services project for work completed between October 1, 2025 and October 31, 2025. A summary of the work covered in this invoice is provided below and additional documentation is attached.

**Invoice Summary**

- Contract Amount: \$40,000.00
- Previous Invoices Billed: \$14,970.00
- This Invoice Amount Due Now: \$1,650.00
- Invoiced To Date: \$16,620.00
- Total Outstanding Invoices: \$10,995.00
- Contract Balance Remaining: \$23,380.00
- **Percent of budget spent: 41.6%**
- **Percent of work complete: 41.6%**

The following tasks were completed to date, including those conducted during this reporting period:

- Development of CII managers presentation.
- Review and consultation of latest CII draft permit.
- Coordination with DCWVG and Regional Board.

Very truly yours,



Paul Caswell  
Project Manager

Enclosures:

- Invoice Summary
- Invoice



Hazen and Sawyer  
 800 West 6<sup>th</sup> St., Suite 1400  
 Los Angeles, CA 90017

# INVOICE

November 18, 2025

Invoice No: 20252-006 - 4

**Invoice Total \$1,650.00**

Lara Gerges  
 South Bay Cities Council of Governments  
 357 Van Ness Way  
 Suite 110  
 Torrance, CA 90501

Project 20252-006 Hazen As-Needed Services

**Professional Services from October 01, 2025 to October 31, 2025**

Task 001 As-Needed Services

**Professional Personnel**

	Hours	Rate	Amount	
SENIOR ASSOCIATE 2 Coryell, Jennifer	1.00	390.00	390.00	
PRINCIPAL ENGINEER Caswell, Paul	6.00	210.00	1,260.00	
Totals	7.00		1,650.00	
<b>Total Labor</b>				<b>1,650.00</b>
				<b>Total this Task \$1,650.00</b>

**Billing Limits**

	Current	Prior	To-Date	
Total Billings	1,650.00	14,970.00	16,620.00	
Limit			40,000.00	
Remaining			23,380.00	
				<b>Total this Invoice \$1,650.00</b>



Hazen and Sawyer  
800 West 6<sup>th</sup> St., Suite 400  
Los Angeles, CA 90017

January 9, 2026

Lara Gerges  
South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110  
Torrance, CA 90501

Re: Invoice and Progress Report for the period of October 1 through October 31, 2025  
DCWMG Support Services: Task Order 7 DCWMG Regional Project List, RAA, and WMP  
Update  
Hazen Project Number: 20252-007  
Invoice Number: 20252-007-3

Dear Ms. Gerges:

Enclosed please find our invoice for the DCWMG Support Services: Task Order 7 DCWMG Regional Project List, RAA, and WMP Update project for work completed between October 1, 2025 and October 31, 2025. A summary of the work covered in this invoice is provided below and additional documentation is attached.

**Invoice Summary**

- Contract Amount: \$407,000.00
- Previous Invoices Billed: \$88,291.50
- This Invoice Amount Due Now: \$11,811.00
- Invoiced To Date: \$100,102.50
- Total Outstanding Invoices: \$89,167.00
- Contract Balance Remaining: \$306,897.50
- **Percent of budget spent: 24.6%**
- **Percent of work complete: 24.6%**

The following tasks were completed to date, including those conducted during this reporting period:

- General project management.
- Further development and prioritization of project list.
- Presentation at the October DCWVG monthly meeting.

Very truly yours,



Paul Caswell  
Project Manager

Enclosures:

- Invoice Summary
- Invoice



Hazen and Sawyer  
 800 West 6<sup>th</sup> St., Suite 1400  
 Los Angeles, CA 90017

# INVOICE

November 18, 2025

Invoice No: 20252-007 - 3

Lara Gerges  
 South Bay Cities Council of Governments  
 357 Van Ness Way  
 Suite 110  
 Torrance, CA 90501

**Invoice Total \$11,811.00**

Project 20252-007 DCWMG Support Services: Task Order 7 DCWMG Regional Project List, RAA, and WMP Update

**Professional Services from October 01, 2025 to October 31, 2025**

Task 001 General Project Administration & Meeting

**Professional Personnel**

	Hours	Rate	Amount	
PRINCIPAL ENGINEER				
Caswell, Paul	1.00	210.00	210.00	
Totals	1.00		210.00	
<b>Total Labor</b>				<b>210.00</b>
				<b>Total this Task \$210.00</b>

Task 002 Develop Updated Project List and Project

**Professional Personnel**

	Hours	Rate	Amount	
PRINCIPAL ENGINEER				
Caswell, Paul	7.50	210.00	1,575.00	
ASSISTANT ENGINEER 1				
Becerra, Rebekah	47.00	150.00	7,050.00	
TECHNICIAN				
Aceves, Raul	31.00	96.00	2,976.00	
Totals	85.50		11,601.00	
<b>Total Labor</b>				<b>11,601.00</b>
				<b>Total this Task \$11,601.00</b>

**Billing Limits**

	Current	Prior	To-Date
Total Billings	11,811.00	88,291.50	100,102.50
Limit			407,000.00
Remaining			306,897.50

**Total this Invoice \$11,811.00**



Hazen and Sawyer  
800 West 6<sup>th</sup> St., Suite 400  
Los Angeles, CA 90017

January 9, 2026

Lara Gerges  
South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110  
Torrance, CA 90501

Re: Invoice and Progress Report for the period of November 1 through November 30, 2025  
DCWMG Support Services: Task Order 7 DCWMG Regional Project List, RAA, and WMP  
Update  
Hazen Project Number: 20252-007  
Invoice Number: 20252-007-4

Dear Ms. Gerges:

Enclosed please find our invoice for the DCWMG Support Services: Task Order 7 DCWMG Regional Project List, RAA, and WMP Update project for work completed between November 1, 2025 and November 30, 2025. A summary of the work covered in this invoice is provided below and additional documentation is attached.

**Invoice Summary**

- Contract Amount: \$407,000.00
- Previous Invoices Billed: \$100,102.50
- This Invoice Amount Due Now: \$63,042.00
- Invoiced To Date: \$163,144.50
- Total Outstanding Invoices: \$152,209.00
- Contract Balance Remaining: \$243,855.50
- **Percent of budget spent: 40.1%**
- **Percent of work complete: 40.1%**

The following tasks were completed to date, including those conducted during this reporting period:

- General project management.
- Development and prioritization of project lists.
- Further development and refinement of RAA analysis.

Very truly yours,



Paul Caswell  
Project Manager

Enclosures:

- Invoice Summary
- Invoice



Hazen and Sawyer  
 800 West 6<sup>th</sup> St., Suite 1400  
 Los Angeles, CA 90017

# INVOICE

December 22, 2025

Invoice No: 20252-007 - 4

Lara Gerges  
 South Bay Cities Council of Governments  
 357 Van Ness Way  
 Suite 110  
 Torrance, CA 90501

**Invoice Total \$63,042.00**

Project 20252-007 DCWMG Support Services: Task Order 7 DCWMG Regional Project List, RAA, and WMP Update

**Professional Services from November 01, 2025 to November 30, 2025**

Task 001 General Project Administration & Meeting

**Professional Personnel**

	Hours	Rate	Amount	
PRINCIPAL ENGINEER				
Caswell, Paul	1.00	210.00	210.00	
Totals	1.00		210.00	
<b>Total Labor</b>				<b>210.00</b>
				<b>Total this Task \$210.00</b>

Task 002 Develop Updated Project List and Project

**Professional Personnel**

	Hours	Rate	Amount	
PRINCIPAL ENGINEER				
Caswell, Paul	18.50	210.00	3,885.00	
ASSISTANT ENGINEER 1				
Becerra, Rebekah	36.50	150.00	5,475.00	
Guzman-Perez, Brixie	8.00	150.00	1,200.00	
TECHNICIAN				
Aceves, Raul	19.50	96.00	1,872.00	
Totals	82.50		12,432.00	
<b>Total Labor</b>				<b>12,432.00</b>
				<b>Total this Task \$12,432.00</b>

Task 003 Perform Updated RAA Analysis

**Consultants**

Direct Expense - Subcontractors				
12/8/2025	Paradigm Environmental, Inc.	Inv # 8058-25-HAS003-3, dated 12/5/25	48,000.00	
	<b>Total Consultants</b>	<b>1.05 times</b>	<b>48,000.00</b>	<b>50,400.00</b>
				<b>Total this Task \$50,400.00</b>

**Billing Limits**

	Current	Prior	To-Date	
Total Billings	63,042.00	100,102.50	163,144.50	
Limit			407,000.00	
Remaining			243,855.50	
				<b>Total this Invoice \$63,042.00</b>



Paradigm Environmental, Inc.  
3911 Blenheim Blvd., Suite 41E  
Fairfax, VA 22030

**TO:**  
Hazen and Sawyer  
800 West 6th Street, Suite 400  
Los Angeles, CA 90017  
Attn: Jennifer Coryell (jcoryell@hazenandsawyer.com)  
cc: pcaswell@hazenandsawyer.com

**Date of invoice:** 5 December 2025  
**Invoice number:** 8058-25-HAS003-3  
**Invoice sequence:** 3  
**Period covered:** 11/1/2025 - 11/30/2025  
**Approved Budget:** \$205,000.00  
**Budget Remaining:** \$64,000.00

**Task Order:** Task Order #7  
**Task:** DCWMG Regional Project List, Reasonable Analysis (RAA), and Watershed Management Program (WMP) Update  
**Hazen Job Number:** 20252-007

Description	Budget	% Complete	Previous	Current	Cumulative
Task 2: Develop Updated Project List and 2-3 Page Project Summary	\$45,000.00	100%	\$45,000.00	\$0.00	\$45,000.00
Task 3: Perform Updated Reasonable Assurance Analysis (RAA)	\$160,000.00	60%	\$48,000.00	\$48,000.00	\$96,000.00
<b>Total</b>	<b>\$205,000.00</b>	<b>69%</b>	<b>\$93,000.00</b>	<b>\$48,000.00</b>	<b>\$141,000.00</b>

**Amount Due:** \$48,000.00

**For direct bank payment (preferred method)**  
Bank of America Account  
Account #: 435037715276  
Routing #: 051000017 (paper & electronic)  
Routing #: 026009593 (wires)

**Queries**  
Direct queries to:  
Ryan Murphy  
[ryan.murphy@paradiqmh2o.com](mailto:ryan.murphy@paradiqmh2o.com)  
(703) 957-1908

This invoice is certified to be in accordance to the contract terms and for the work and period specified.

Ryan Murphy, Associate Director

# DCWVG Regional Project List, Reasonable Analysis (RAA), and Watershed Management Program (WMP) Update

Project# 20252-007, Task Order #7

November 1, 2025 through November 30, 2025

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## Summary of Progress in Reporting Period

### Task 2: Develop Updated Project List and 2-3 Page Project Summary

- None

### Task 3: Perform Updated Reasonable Assurance Analysis (RAA)

- Subtask 3.1: Watershed Model Characterization and Calibration
  - Developing presentation materials for discussing calibration approach and outcomes with DCWVG and agencies (in progress)
  - Developing presentation materials for discussing outcomes of the limiting pollutant analysis, pollutant load reduction summary, and critical condition analysis (in progress)
- Subtask 3.2: BMP Simulation and Optimization to Develop Implementation Recipe
  - Completed BMP design setup for WMMS2 SUSTAIN model
  - Completed BMP to BMP and subbasin routing scheme
  - Developing BMP sizing optimization and performance modeling in WMMS2 (in progress)



Hazen and Sawyer  
800 West 6<sup>th</sup> St., Suite 400  
Los Angeles, CA 90017

January 9, 2026

Lara Gerges  
South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110  
Torrance, CA 90501

Re: Invoice and Progress Report for the period of November 1 through November 30, 2025  
Hazen As-Needed Services  
Hazen Project Number: 20252-006  
Invoice Number: 20252-006-5

Dear Ms. Gerges:

Enclosed please find our invoice for the Hazen As-Needed Services project for work completed between November 1, 2025 and November 30, 2025. A summary of the work covered in this invoice is provided below and additional documentation is attached.

**Invoice Summary**

- Contract Amount: \$40,000.00
- Previous Invoices Billed: \$16,620.00
- This Invoice Amount Due Now: \$6,715.00
- Invoiced To Date: \$23,335.00
- Total Outstanding Invoices: \$17,710.00
- Contract Balance Remaining: \$16,665.00
- **Percent of budget spent: 58.3%**
- **Percent of work complete: 58.3%**

The following tasks were completed to date, including those conducted during this reporting period:

- Development of CII managers presentation.
- Review and consultation of latest CII draft permit.
- Coordination with DCWVG and Regional Board.

Very truly yours,



Paul Caswell  
Project Manager

Enclosures:

- Invoice Summary
- Invoice



Hazen and Sawyer  
 800 West 6<sup>th</sup> St., Suite 1400  
 Los Angeles, CA 90017

# INVOICE

December 22, 2025

Invoice No: 20252-006 - 5

**Invoice Total \$6,715.00**

Lara Gerges  
 South Bay Cities Council of Governments  
 357 Van Ness Way  
 Suite 110  
 Torrance, CA 90501

Project 20252-006 Hazen As-Needed Services

**Professional Services from November 01, 2025 to November 30, 2025**

Task 001 As-Needed Services

**Professional Personnel**

	Hours	Rate	Amount	
ASSOCIATE VICE PRESIDENT				
Jackson, Dennis	2.00	410.00	820.00	
SENIOR ASSOCIATE 2				
Coryell, Jennifer	6.50	390.00	2,535.00	
PRINCIPAL ENGINEER				
Caswell, Paul	16.00	210.00	3,360.00	
Totals	24.50		6,715.00	
<b>Total Labor</b>				<b>6,715.00</b>
				<b>Total this Task \$6,715.00</b>

**Billing Limits**

	Current	Prior	To-Date
Total Billings	6,715.00	16,620.00	23,335.00
Limit			40,000.00
Remaining			16,665.00

**Total this Invoice \$6,715.00**



Lackow Planning & Environmental - Rosemary Lackow.

7707 Westlawn Avenue Los Angeles Ca. 90045

February 3, 2026

South Bay Cities Council of Governments

357 Van Ness Way, Suite 110

Torrance, CA 90501

Billing for work for South Bay Cities Council of Governments - January 1-31- 2026

Hourly rate: \$36/ total budget not to exceed \$30,000 per 4th contract amendment (11/2025)

Description of activities: Task 1200 (Marketing and Outreach) - So Bay Watch Spring 2026; GA General Assembly 2026 Sponsor outreach

	Labor (19.25 hours) at \$36.hr	\$729.00
--	--------------------------------	----------

	<b>Total Due R Lackow (labor + expenses)</b>	<b>\$729.00</b>
--	--	-----------------

**Labor details**

DATE	DESCRIPTION OF ACTIVITY	TASK	HOURS
	<b>Task 1200 So Bay Watch Newsletter (Fall 2025)</b>	<b>1200</b>	
1/20/26	Reviewed Spring schedule	1200	1.00
		1200	
	<b>Subtotal Task 1200 SBW</b>	<b>1200</b>	<b>1.00</b>
	<b>Task GA - General Assembly</b>	<b>GA</b>	
1/5 - 1/8	sponsosr outreach/coordination : Transtech, West Basin, Contin Devel, SBAOR, LA Chargers, SBWIB, Cal Water, SCAG	GA	5.00
1/9/26	Outreach - County LA Supt Hahn	GA	0.50
1/12/26	research for GA print quote	GA	0.75
1/12/26	coordinate with Chevron re sponsorship	GA	0.75
1/12/26	outreach to Iteris, DRC leads	GA	1.00
1/14 - 1/16	outreach and coordinate with : Watson Land, West Basin, MWD, SBAOR, SBWIB	GA	2.50
1/14/26	update sponsor tracking, coorinate invoicing with DL	GA	1.00
1/15/26	updated email auto sign for GA	GA	0.75
1/16/26	coordinate media outeatch with CF	GA	0.50
1/20/26	followup with MWD, West Basin, ADF, Cal Water	GA	2.00
1/21 - 1/22	followup. Cont Dev/Mar Vent, LA Chargers, Sup Hahn, ADF	GA	2.00
1/22/26	followup all invoices, for publicity clearance	GA	0.75
1/23/26	Followup LA Rams, AQMD	GA	1.00
1/26/26	coordinate print samples for GA docs (to get print quote)	GA	0.75
1/27/26	coordinate with LA Chargers/Bolt re invoicing	GA	0.75
1/28/26	get print samples - take to printer, discuss (Marina Graphics Center)	GA	2.00
1/29 - 1/30	prep and emai out to all sponsors, invittaion to participate as Parking Sponsor	GA	5.00
	<b>Subtotal Task GA</b>	<b>GA</b>	<b>19.25</b>
	<b>Task 1000 admin - Misc</b>		
	<b>Subtotal Task 1000 Admin</b>	<b>1000</b>	<b>0.00</b>
	<b>Grand total hours (Newletter, GA)</b>		<b>20.25</b>
	<b>Receipts</b>		<b>\$0.00</b>

February 1, 2026

**TO: The Honorable James T. Butts  
Jackie Bacharach, Executive Director SBCCOG**

**FROM: Michael S. Bohlke, "Metro Deputy" (COG Consultant)  
9016 Cresta Drive  
Los Angeles, CA 90035**

**SUBJECT: January, 2026 INVOICE**

The following invoice is submitted for consulting services rendered as "Deputy" to the Southwest Corridor Representative to the Los Angeles County Metropolitan Transportation Authority Board of Directors for the month of January, 2026. The billing amount is \$10,545.27.

<b>Date</b>	<b>Activities</b>	<b>Hours</b>
<b>5</b>	Begin review of Metro Board reports; misc. emails, calls and texts	2
<b>6</b>	Continue reading Board reports; misc. emails, calls and texts	2
<b>7</b>	Special BSB FY27 Budget Development briefing cont. reading Board reports; misc. emails, calls and texts	4
<b>8</b>	Monthly Metro Committee Agendas BSB; misc. emails, calls and texts	4
<b>9</b>	Meeting with Inglewood City Mgr. and Metro staff re Metro MCP issues; Meeting with Metro Treasurer re Metro Bond financing procurement process; misc. emails, calls and texts	3
<b>12</b>	Meeting with SBCC E.D. and Councilmember Kali re Metro finance issues; begin Metro Committee Agendas prep; misc. emails, calls and texts	4
<b>13</b>	Continue Committee Agendas prep; discussion w/ SD2 re C Line FEIR; misc. emails, calls and texts	3
<b>14</b>	Olympics Special Board Meeting; Metro PPC and Construction Committees; misc. emails, calls and texts	6
<b>15</b>	Metro F&B, EMC and Ops Committees; discussion w/ SD4 re C Line FEIR; misc. emails, calls and texts	6
<b>16</b>	Lunch meeting w/ Metro special consultant re standing up Metro Police Force; misc. emails, calls and texts	2
<b>19</b>	MLK Holiday; misc. emails, calls and texts	
<b>20</b>	Prep notes for CEO monthly briefing; CEO briefing; begin prep for Metro Board meeting; discussion w/ Najarian Deputy re C Line; discussion w/ SD5 re C line; misc. emails, calls and texts	4
<b>21</b>	Continue Metro Board Agenda Prep; discussion re C line w/ Metro Chair's office; brief MJB re Board agenda and assorted discussions w/ Board offices; misc. emails, calls and texts	4
<b>22</b>	Metro Board Meeting; SBCC Board meeting; misc. emails, calls and texts	8
<b>23</b>	misc. emails, calls and texts	
<b>26</b>	Meeting w/ Metro Records Information Coordinator; misc. emails, calls and texts	1
<b>27</b>	WSCCOg Transportation Working Group; misc. emails, calls and texts	1
<b>28</b>	Lunch Meeting w/ Metro Sr. Exec. Officer re Grants Planning; misc. emails, calls and texts	3
<b>29</b>	Lunch meeting w/ SD1; misc. emails, calls and texts	2
<b>30</b>	; misc. emails, calls and texts	
	<b>Total Hours</b>	<b>61</b>

**Subject:** Re: PHI-CivicSpark November 2025 Invoice: SBCCOG  
**Date:** Monday, January 12, 2026 at 2:01:39 PM Pacific Standard Time  
**From:** Bill Sadler  
**To:** Lara Gerges  
**CC:** Justin Brosseau, Kim Fuentes, AR Department, Shawn Fujioka, David Leger, Jacki Bacharach, Christina Martinez  
**Attachments:** Outlook-l20mi4xc.png, Outlook-bhm4vrbt.png, Outlook-wfs4bbjc.png, Outlook-jbs2eahw.png, Outlook-utmwan1c.png, Outlook-rltqqwz2.png, Outlook-pa325m5q.png, Outlook-3rokibne.png, Outlook-h5qy40fm.png, Outlook-4bnoloy4.png, Outlook-fqtnmc33.png, Outlook-ekmfstwz.png, Outlook-xwtt1him.png, Outlook-z2syezqf.png, Outlook-cep5zjow.png

Hi Lara,

Following up on this, now that Moana is starting this week, the balance due will be \$31,354.17. I see the \$70K payment was received by PHI, so thank you for sending that one. Because the original invoice covers the additional amount, we are fine if you just want to issue another check for the remaining amount instead of issuing a new invoice, but let me know what you prefer.

Thanks,  
Bill

**Bill Sadler, JD, MURP**  
Executive Director



*CivicSpark is fiscally-sponsored by the Public Health Institute*

**Tel:** (847) 732-4007

**[civicsparkfellowship.org](http://civicsparkfellowship.org)**



On Tue, Dec 2, 2025 at 12:44 PM Bill Sadler <[bill@civicsparkfellowship.org](mailto:bill@civicsparkfellowship.org)> wrote:

Hi Lara,

Sounds good! We can sort out the amount for Meghan's time and the new fellow once we confirm if we get you another fellow (fingers crossed!). We will be on the lookout for a \$70,000 check in a few weeks.

Thanks,  
Bill

On Tue, Dec 2, 2025 at 12:04 PM Lara Gerges <[Lara@southbaycities.org](mailto:Lara@southbaycities.org)> wrote:

Hi Bill,

Thank you for your flexibility.

We will proceed with option 1 - a check for \$70,000 will be mailed on 12/8/2025.

We will follow up with you in early February so we can sort out billing for the third CivicSpark Fellow ahead of our 2/9/2026 Steering Committee meeting.

Lara Gerges | Administrative Officer  
South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110, Torrance, CA 90501  
(424) 271-4691 | [www.southbaycities.org](http://www.southbaycities.org) 

Upcoming Out of Office: 12/9/2025 - 1/5/2026

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**From:** Bill Sadler <[bill@civicsparkfellowship.org](mailto:bill@civicsparkfellowship.org)>  
**Sent:** Monday, December 1, 2025 2:46 PM  
**To:** Justin Brosseau <[justin@civicsparkfellowship.org](mailto:justin@civicsparkfellowship.org)>  
**Cc:** Kim Fuentes <[kim@southbaycities.org](mailto:kim@southbaycities.org)>; AR Department <[ardept@phi.org](mailto:ardept@phi.org)>; Shawn Fujioka <[shawn@southbaycities.org](mailto:shawn@southbaycities.org)>; David Leger <[davidl@southbaycities.org](mailto:davidl@southbaycities.org)>; Jacki Bacharach <[jacki@southbaycities.org](mailto:jacki@southbaycities.org)>; Lara Gerges <[Lara@southbaycities.org](mailto:Lara@southbaycities.org)>  
**Subject:** Re: PHI-CivicSpark November 2025 Invoice: SBCCOG

Hi Lara,

Regarding the invoice, there are few options since you may get another fellow:

Option 1: Pay the \$70,000 for the two other fellows, plus the prorated amount for Meghan's time through December, which would be 10 weeks in the fellowship. That comes to \$77,291.67. We could then invoice you again once the replacement fellow is confirmed for the additional amount, which would be \$24,062.50 (we are charging new partners \$26,500 for 8-month fellows but can discount it for you all since it is a replacement situation).

Option 2: Assuming you get a new fellow, pay in full for all three fellows but prorate the amount for Meghan's position to account for the 5-week gap between when she is leaving and when a new fellow would start on January 12. The amount would be \$101,354.17 instead of \$105,000.

In either case, we are OK if you just short pay us since you're on a tight turnaround and getting a revised invoice on our end may be tough before Wednesday. If you have other preferences, let us know.

Thanks,  
Bill

**Bill Sadler, JD, MURP**  
Executive Director



*CivicSpark is fiscally-sponsored by the Public Health Institute*

**Tel: (847) 732-4007**

**[civicsparkfellowship.org](http://civicsparkfellowship.org)**



On Mon, Dec 1, 2025 at 12:03 PM Justin Brosseau <[justin@civicsparkfellowship.org](mailto:justin@civicsparkfellowship.org)> wrote:

Hi all,

Bill and I just hopped a call and covered your needs at this point! Here is the breakdown:

- 1) I will be following up with Megan to get the offboarding PHI pieces going. Bill will also follow up explaining some AmeriCorps exit components.
- 2) We were going to follow up with you about if you wanted a replacement fellow too! This also affects what the invoice amount would be, so I will let Bill speak to that.
- 3) We just wrapped our 8 Month recruitment before the holiday...but we have a solid group that was interested in SoCal projects (which were limited). What I can do is re-open your routing list, add some candidates to it that were some of our top applicants that stated they could work in the region. If you are interested in a few, I can do a direct follow up with them before you reach out since we sent an email to the remaining routing pool that we are "closed". This will give them a heads up on the situation, and allow you all to be more efficient in your interview processes/outreach. I can put that together this afternoon, and include some more specific steps/timeline requirements in that email to you all. It would have to be VERY quick. We need to start PHI application processes ASAP, and PHI is actually closed for a week beginning the 19th. If it is something where you believe you can interview this week/Monday next week, we can likely make this happen. I feel we have some solid applicants who would jump at the chance to work with you all.

Let me know how this all sounds, and if it is a full "yes" from your end I can get on creating that list/providing that info for you!

Justin

**Justin Brosseau**

CivicSpark Deputy Program Director

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**[www.civicsparkfellowship.org](http://www.civicsparkfellowship.org)**



On Mon, Dec 1, 2025 at 11:43 AM Kim Fuentes <[kim@southbaycities.org](mailto:kim@southbaycities.org)> wrote:

Hi Justin, can you let us know if Civic Spark has any candidates that we could consider to fulfill Megan's term?

We would be interested in interviewing potential candidates

Thank you, Kim

Get [Outlook for iOS](#)

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**From:** Lara Gerges <[Lara@southbaycities.org](mailto:Lara@southbaycities.org)>  
**Sent:** Monday, December 1, 2025 10:17 AM  
**To:** Justin Brosseau <[justin@civicsparkfellowship.org](mailto:justin@civicsparkfellowship.org)>  
**Cc:** AR Department <[ardept@phi.org](mailto:ardept@phi.org)>; Bill Sadler <[bill@civicsparkfellowship.org](mailto:bill@civicsparkfellowship.org)>; Shawn Fujioka <[shawn@southbaycities.org](mailto:shawn@southbaycities.org)>; Kim Fuentes <[kim@southbaycities.org](mailto:kim@southbaycities.org)>; David Leger <[davidl@southbaycities.org](mailto:davidl@southbaycities.org)>  
**Subject:** Re: PHI-CivicSpark November 2025 Invoice: SBCCOG

Good morning Justin,

I hope you had a great Thanksgiving holiday.

We received notice from Meghan Hirsch that she will be ending her fellowship effective 12/12/2025. Could you please advise on how you would like us to proceed with our FY25-26 invoice? Specifically, do you prefer that we short pay it and expect a separate prorated invoice for Meghan's time with the SBCCOG?

Please let us know at your earliest convenience, as we will be printing our monthly checks this Wednesday, 12/3.

Thank you,

Lara Gerges | Administrative Officer  
South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110, Torrance, CA 90501  
(424) 271-4691 | [www.southbaycities.org](http://www.southbaycities.org)    

Upcoming Out of Office: 12/9/2025 - 1/5/2026

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**From:** Lara Gerges <[Lara@southbaycities.org](mailto:Lara@southbaycities.org)>  
**Sent:** Wednesday, November 26, 2025 11:54 AM  
**To:** Justin Brosseau <[justin@civicsparkfellowship.org](mailto:justin@civicsparkfellowship.org)>  
**Cc:** AR Department <[ardept@phi.org](mailto:ardept@phi.org)>; Bill Sadler <[bill@civicsparkfellowship.org](mailto:bill@civicsparkfellowship.org)>; Shawn Fujioka <[shawn@southbaycities.org](mailto:shawn@southbaycities.org)>  
**Subject:** Re: PHI-CivicSpark November 2025 Invoice: SBCCOG

Appreciate you getting this invoice over to us, Justin! It has been queued for payment on 12/8/2025.

Thank you, and hope you have a wonderful Thanksgiving holiday!

Lara Gerges | Administrative Officer  
South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110, Torrance, CA 90501  
(424) 271-4691 | [www.southbaycities.org](http://www.southbaycities.org)     

Upcoming Out of Office: 12/9/2025 - 1/5/2026

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**From:** Justin Brosseau <[justin@civicsparkfellowship.org](mailto:justin@civicsparkfellowship.org)>  
**Sent:** Wednesday, November 26, 2025 11:06 AM  
**To:** Shawn Fujioka <[shawn@southbaycities.org](mailto:shawn@southbaycities.org)>; Lara Gerges <[Lara@southbaycities.org](mailto:Lara@southbaycities.org)>  
**Cc:** AR Department <[ardept@phi.org](mailto:ardept@phi.org)>; Bill Sadler <[bill@civicsparkfellowship.org](mailto:bill@civicsparkfellowship.org)>  
**Subject:** PHI-CivicSpark November 2025 Invoice: SBCCOG

*Hey Shawn! We got these EOD yesterday, and I am OOO but wanted to at least get it started for you all! If there is an issue, follow up with Bill as he is in office today! - Justin*

Please find attached your **November 2025** Invoice from CivicSpark/PHI. Payment instructions are included within the invoice.

This invoice reflects the payment terms outlined in our contract: **Lump**

The invoice includes the information that you requested be included in your 25-26 Service Agreement/Amendment. If you used our template, the 25-26 Service Agreement on page 18 provided space for our partner's billing team to provide accurate billing requests for this invoice creation. If you did an amendment where this information needs to be updated, you used your own template or you weren't sure who the proper billing contacts/details would be when you fully executed the contract, please take the following steps:

1. Complete the Partner Billing Information Form ([Click Here for the Form](#))
2. Send to the CivicSpark Contracts Email ([civicsparkcontracts@phi.org](mailto:civicsparkcontracts@phi.org)), PHI AR Email, ([ardept@phi.org](mailto:ardept@phi.org)), and myself ([justin@civicsparkfellowship.org](mailto:justin@civicsparkfellowship.org)) with the subject in the following format:

**[Organization Name] 25-26 Billing Information Update**

Our PHI Invoice Team will then note this change, and in the future you will receive your invoices in the requested information. If these updates to the billing information are required, please allow a few days for our team to note this on your contract and create a new invoice.

Should you have any additional questions or require corrections, please feel free to reach out by replying to this email.

Thank you once again for your continued support of CivicSpark,

[www.civicsparkfellowship.org](http://www.civicsparkfellowship.org)



**Summary as of 1/31/2026**

	<b>Billed (on this invoice)</b>	<b>Overall Billed</b>
<b>LTN</b>	440.00	3,757.50
<b>SBFN</b>	2,035.00	12,797.50
<b>Metro - Mobility Hubs</b>	220.00	2,592.50
<b>REAP - Comm. Redev.</b>	-	330.00
<b>REAP - Housing Trust</b>	-	307.50
<b>Technical Advisory</b>	3,025.00	22,420.00
	<b>5,720.00</b>	<b>42,205.00</b>

**Overall Billed Percentage** **56.27%**



DATE	TASK DESCRIPTION	HOURS	RATE	AMOUNT
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# Siembab Corporation Invoice

Current Contract Term: 7/1/2025 - 6/30/2026

DATE: February 2, 2026  
 INVOICE # Jan-00  
 FOR: REAP - SCAG & Metro

**BILL TO:**

South Bay Cities Council of Governments  
 Attn: Lara Gerges  
 357 Van Ness Way, Suite 110  
 Torrance, CA 90501

Housing Trust \$ -  
 Mobility Hubs \$ 220.00  
 REAP - Comm. Redev. \$ -

DATE	TASK DESCRIPTION	HOURS	RATE	AMOUNT
01/08/26	REAP 2 Mobility Hubs, meet with consulting team to review progress	1.00	\$ 110.00	\$ 110.00
01/30/26	REAP 2 Commercial Redevelopment, meet with consulting to review progress	1.00	\$ 110.00	\$ 110.00
			<b>TOTAL</b>	<b>\$ 220.00</b>





**RDC-S111, Inc.**

245 E 3rd St  
Long Beach, CA  
90802

PO Box 22027  
Long Beach, CA  
90801-5027

**INVOICE**

RDCollaborative.com | Studio-111.com | FathomDS.com

South Bay Cities Council of Governments  
Shannon Heffernan\_  
20285 S. Western Ave., Suite #100  
Torrance, CA 90501

Invoice number 25163-00008  
Date 02/03/2026

Project **25163 REAP Commercial  
Redevelopment to Housing**

\*\*\* BEWARE OF WIRE FRAUD AND CYBER CRIME \*\*\*

Please use our secure payment platform for electronic payments at <https://www.gobillandpay.com/rdcs111>

Project Name: REAP Commercial Redevelopment to Housing  
Project Location: South Bay Region, Los Angeles, CA  
Project Number: 25163-01-000

Contract Amount: \$254,815

Billing Period:

S111 Hours Expended:

Amount Remaining:

**Invoice Summary**

Description	Contract Amount	Percent Complete	Prior Billed	Total Billed	Current Billed
<b>Task 1 Project Management</b>					
100 1.1 Kick-Off Meeting	5,560.00	100.00	5,560.00	5,560.00	0.00
1.2 Monthly Invoicing	4,210.00	24.05	962.50	1,012.50	50.00
1.3 Monthly Meetings	12,050.00	68.72	7,336.25	8,281.25	945.00
1.4 REAP Metrics and Reporting	11,240.00	49.53	4,530.00	5,567.50	1,037.50
Subtotal	33,060.00	61.77	18,388.75	20,421.25	2,032.50
<b>Task 2 Fit and Feasibility Studies</b>					
100 2.1 Meeting with Three Participating Cities	7,540.00	90.32	6,810.50	6,810.50	0.00
2.2 Parcel Fit and Feasibility Analysis	81,590.00	91.08	64,496.85	74,311.50	9,814.65
2.3 Developer Outreach and Follow-up Consultation	16,535.00	9.60	987.50	1,586.90	599.40
2.4 Underutilized Site Inventory and Analysis	24,620.00	86.52	21,095.00	21,300.00	205.00
2.5 Address Potential Challenges for Conversion	20,060.00	37.09	4,340.00	7,440.00	3,100.00
2.6 Stakeholder Outreach	14,990.00	2.67	0.00	400.00	400.00
Subtotal	165,335.00	67.65	97,729.85	111,848.90	14,119.05
<b>Task 3 Final Report, Presentation &amp; Analysis</b>					
3.1 Final Report, Presentation & Analysis	49,620.00	7.46	3,500.00	3,700.00	200.00
Subtotal	49,620.00	7.46	3,500.00	3,700.00	200.00
<b>EXP Expenses</b>	6,800.00	1.18	80.12	80.12	0.00
<b>Total</b>	<b>254,815.00</b>	<b>53.39</b>	<b>119,698.72</b>	<b>136,050.27</b>	<b>16,351.55</b>

**Task 1 Project Management**

**1.2 Monthly Invoicing**

**Consultant**

	Date	Cost Amount	Multiplier	Billed Amount
Other Consultant theworksLA				
	02/03/2026	50.00		50.00

2026-002

**1.3 Monthly Meetings**

**Professional Services**

	Date	Hours	Rate	Billed Amount
Staff 8 Shruti Shankar				
	01/30/2026	1.50	230.00	345.00
Staff 6 Jasmine Williams				
	01/30/2026	1.00	205.00	205.00
Professional Services subtotal		2.50		550.00

**Consultant**

	Date	Cost Amount	Multiplier	Billed Amount
Other Consultant Kosmont & Associates, Inc.				
	01/31/2026	395.00		395.00
Phase subtotal				945.00

2506.13-08

**1.4 REAP Metrics and Reporting**

**Professional Services**

	Date	Hours	Rate	Billed Amount
Staff 8 Shruti Shankar				
	01/27/2026	0.50	230.00	115.00
Staff 6 Jasmine Williams				
	01/05/2026	0.50	205.00	102.50
	01/09/2026	1.00	205.00	205.00
	01/15/2026	1.00	205.00	205.00
	01/20/2026	1.00	205.00	205.00
	01/23/2026	1.00	205.00	205.00
Professional Services subtotal		5.00		1,037.50
Phase subtotal				1,037.50
Task 1 Project Management subtotal				2,032.50

**Task 2 Fit and Feasibility Studies**

**2.2 Parcel Fit and Feasibility Analysis**

**Professional Services**

	Date	Hours	Rate	Billed Amount
Staff 12				
Alan W. Pullman	01/27/2026	1.00	290.00	290.00
Staff 8				
Shruti Shankar	01/02/2026	1.00	230.00	230.00
	01/05/2026	2.00	230.00	460.00
	01/13/2026	1.00	230.00	230.00
	01/15/2026	1.00	230.00	230.00
Staff 6				
David M. Nicholson	01/06/2026	0.25	205.00	51.25
	01/08/2026	1.00	205.00	205.00
	01/15/2026	0.16	205.00	32.80
	01/16/2026	0.25	205.00	51.25
	01/22/2026	1.25	205.00	256.25
	01/27/2026	0.25	205.00	51.25
Jasmine Williams	01/02/2026	1.00	205.00	205.00
	01/14/2026	1.00	205.00	205.00
	01/15/2026	1.00	205.00	205.00
	01/27/2026	0.50	205.00	102.50
Staff 3				
Raj Kachalia	01/02/2026	4.00	155.00	620.00
	01/05/2026	0.77	155.00	119.35
	01/06/2026	1.50	155.00	232.50
	01/08/2026	2.00	155.00	310.00
	01/12/2026	4.00	155.00	620.00
	01/13/2026	1.50	155.00	232.50
	01/15/2026	1.50	155.00	232.50
	01/21/2026	1.00	155.00	155.00
	01/22/2026	6.00	155.00	930.00
	01/23/2026	6.75	155.00	1,046.25
	01/27/2026	2.50	155.00	387.50
	<b>Professional Services subtotal</b>	<b>44.18</b>		<b>7,690.90</b>

**Consultant**

	Date	Cost Amount	Multiplier	Billed Amount
Other Consultant				
Kosmont & Associates, Inc.	01/31/2026	2,123.75		2,123.75
2506.13-08				
	<b>Phase subtotal</b>			<b>9,814.65</b>

**Task 2 Fit and Feasibility Studies**

**2.3 Developer Outreach and Follow-up Consultation**

**Professional Services**

	Date	Hours	Rate	Billed Amount
Staff 3 Raj Kachalia	01/05/2026	3.23	155.00	500.65

**Consultant**

	Date	Cost Amount	Multiplier	Billed Amount
Other Consultant Kosmont & Associates, Inc.  2506.13-08	01/31/2026	98.75		98.75
Phase subtotal				599.40

**2.4 Underutilized Site Inventory and Analysis**

**Professional Services**

	Date	Hours	Rate	Billed Amount
Staff 6 Jasmine Williams	01/12/2026	1.00	205.00	205.00

**2.5 Address Potential Challenges for Conversion**

**Professional Services**

	Date	Hours	Rate	Billed Amount
Staff 3 Raj Kachalia	01/26/2026	8.00	155.00	1,240.00
	01/28/2026	6.50	155.00	1,007.50
	01/30/2026	2.00	155.00	310.00
Professional Services subtotal				2,557.50

**Consultant**

	Date	Cost Amount	Multiplier	Billed Amount
Other Consultant Kosmont & Associates, Inc.  2506.13-08	01/31/2026	542.50		542.50
Phase subtotal				3,100.00

**2.6 Stakeholder Outreach**

**Consultant**

	Date	Cost Amount	Multiplier	Billed Amount
Other Consultant theworksLA  2026-002	02/03/2026	400.00		400.00

Task 2 Fit and Feasibility Studies subtotal 14,119.05

**Task 3 Final Report, Presentation & Analysis**

**3.1 Final Report, Presentation & Analysis**

**Consultant**

	Date	Cost Amount	Multiplier	Billed Amount
Other Consultant theworksLA				
2026-002	02/03/2026	200.00		200.00
Task 3 Final Report, Presentation & Analysis subtotal				200.00
Invoice total				<b>16,351.55</b>

Federal ID# 95-3384842

\*\*\* BEWARE OF WIRE FRAUD AND CYBER CRIME \*\*\*

Our most preferred payment method is via our secure payment platform for electronic payments at <https://www.gobillandpay.com/rdcs111>

For direct ACH payments:  
 Routing:122042807  
 Account:04579907  
 Please send remittance info to [kati.swartz@rdc-s111.com](mailto:kati.swartz@rdc-s111.com)

If your organization does not allow electronic payments:

For physical checks by US Mail, please send to:

PO Box 22027  
 Long Beach, CA 90801

Larger paper checks over \$10K, please send via trackable shipping method (Fedex, UPS) to:

245 E 3rd St  
 Long Beach, CA 90802

Contact us with any questions at 562-628-8000

\*\*\*ALWAYS CALL US AT OUR PUBLISHED NUMBERS TO CONFIRM ANY CHANGES TO PAYMENT INSTRUCTIONS\*\*\*



418 Bamboo Lane, Suite A  
Los Angeles, California 90012  
ph: 909.380.2902  
omaru@theworks.la | www.theworks.la

## INVOICE

**INVOICE #** 2026-002

**DATE** Feb 3, 2026

**TO**

Shruti Shankar, AICP, Int. Assoc. AIA  
Studio One Eleven  
245 E 3rd St  
Long Beach, CA 90802

**FOR** Data Visualization / Cartography

**S11 PROJECT NUMBER**

25163-01-000

**S11 PROJECT NAME**

REAP Commercial Redevelopment to Housing

<b>Task</b>	<b>Hours/Price</b>
1.2 Monthly Invoicing	\$50.00
2.6 Stakeholder Outreach	\$400.00
3.1 Final Report - Interactive Map Development	\$200.00
<b>Total</b>	<b>\$650.00</b>

If you have any questions concerning this invoice,  
contact Omar Ureta | 909.380.2902 | omaru@theworks.la



**Progress Report**

January 31, 2026

Project No: 2506.13  
 PO Number: 25163-01-000  
 Invoice No: 2506.13 - 08

Studio One Eleven  
 245 East Third Street  
 Long Beach, CA 90802

**Project: SBCCOG REAP 2.0**

Services through January 31, 2026

Task	Percent Complete	Task Budget	Previously Billed	Billed This Period	Billed to Date
1.1 Kick Off Meeting	100.00%	790.00	\$ 790.00	\$ -	\$ 790.00
1.2 Monthly Invoicing	50.00%	790.00	395.00	-	395.00
1.3 Monthly Meetings	70.00%	3,950.00	2,370.00	395.00	2,765.00
1.4 REAP Metrics & Reporting	60.00%	1,580.00	948.00	-	948.00
2.2 Parcel Fit	81.14%	28,750.00	21,204.20	2,123.75	23,327.95
2.3 Developer Outreach	55.00%	1,975.00	987.50	98.75	1,086.25
2.4 Underutilized Site Inventory	30.00%	3,450.00	1,035.00	-	1,035.00
2.5 Address Potential Challenges	45.00%	10,850.00	4,340.00	542.50	4,882.50
3.1 Final Deliverables	0.00%	7,550.00	-	-	-
Reimbursables			\$ 4,427.88	-	\$ 4,427.88
	<b>66.44%</b>	<b>\$ 59,685.00</b>	<b>\$ 36,497.58</b>	<b>\$ 3,160.00</b>	<b>\$ 39,657.58</b>

Notes:  
 Pro Forma work, Monthly Meetings

January 21, 2026

South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110  
Torrance, CA 90501  
Attention: Lara Gerges, cc Anne Tsai

RE: Carson to the Sea Study  
Toole Design Project Number: 02LAX.00361.00  
**Invoice No. 6**

Dear Ms. Gerges,

Please find enclosed our invoice for this project from November 29, 2025 through December 31, 2025. This invoice includes:

**Task 1: LTN Gap Route Segments: City Carson (62% complete)**

- Ongoing project management and monthly meetings
- Big data analysis and prioritization

**Task 2: Connecting Carson, Lomita and San Pedro: Corridor Planning Study (41% complete)**

- Final cut sheets
- Technical analysis memo

**Task 3: Stakeholder Engagement Initiatives (16% complete)**

- Engagement collateral and plan revisions

**Task 4: Draft, Final Report + Presentations (0% complete)**

- No activity during this period

**Upcoming Work**

- Recommendations: toolkit and policy review

If you have any questions regarding this invoice, please contact [accounts.receivable@tooledesign.com](mailto:accounts.receivable@tooledesign.com). If you have questions regarding our work, contact Malia Schilling, the project manager at [mschilling@tooledesign.com](mailto:mschilling@tooledesign.com) or 213.257.8680 x759.

Sincerely,



**Roger Pelayo** | Los Angeles Office Director, Toole Design Group, LLC

**TOOLE DESIGN**



Invoice Period: 11/29/2025 - 12/31/2025

Task	Budget	Current Invoice	Prior Billed	Billed to Date	Percent Complete	Budget Remaining
Task 1.0 - LTN Gap Route Segments: Carson	\$104,870.00	\$3,984.50	\$61,499.91	\$65,484.41	62%	\$39,385.59
Task 2.0 - Connecting Carson, Lomita, & San Pedro: Corridor Planning Study	\$75,911.00	\$14,208.00	\$16,538.50	\$30,746.50	41%	\$45,164.50
Task 3.0 - Stakeholder Engagement Initiatives	\$47,911.00	\$1,520.00	\$5,942.68	\$7,462.68	16%	\$40,448.32
Task 4.0 - Draft, Final Report + Presentations	\$64,144.00	\$0.00	\$0.00	\$0.00	0%	\$64,144.00
Direct Expenses	\$6,000.00	\$0.00	\$0.00	\$0.00	0%	\$6,000.00
	<b>\$298,836.00</b>	<b>\$19,712.50</b>	<b>\$83,981.09</b>	<b>\$103,693.59</b>	<b>35%</b>	<b>\$195,142.41</b>

TDG Engineering Inc  
 \*\*NEW MAILING ADDRESS\*\*  
 One Inventa Place  
 West Tower Suite 950  
 Silver Spring, Maryland 20910



South Bay Cities Council of Governments  
 357 Van Ness Way  
 Suite 110  
 Torrance, CA 90501

January 21, 2026  
 Project No: 02LAX.00361.00  
 Invoice No: LAX.00361\_07  
 Client Ref:

Project: South Bay Cities Local Travel Network  
**Professional Services through December 31, 2025**

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Task 00001 LTN Gap Route Segments: Carson

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Subtask 0001 Project Mangement

**Professional Personnel**

	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>	
Project Manager				
Schilling, Malia	6.00	202.00	1,212.00	
Deputy Project Manager				
Russell, Adam	1.50	170.00	255.00	
Totals	7.50		1,467.00	
<b>Total Labor</b>				<b>\$1,467.00</b>
				<b>Total this Subtask</b>
				<b>\$1,467.00</b>

---

Subtask 0002 Analysis of Connectivity Needs (Carson)

**Professional Personnel**

	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>	
Deputy Project Manager				
Russell, Adam	1.50	170.00	255.00	
Totals	1.50		255.00	
<b>Total Labor</b>				<b>\$255.00</b>

**Consultants**

Billable Consultant Expenses			1,242.50	
<b>Total Consultants</b>		<b>1.0 times</b>	<b>1,242.50</b>	<b>\$1,242.50</b>
				<b>Total this Subtask</b>
				<b>\$1,497.50</b>

---

Subtask 0003 Recommendations (Carson)

**Professional Personnel**

	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>	
Deputy Project Manager				
Russell, Adam	6.00	170.00	1,020.00	
Totals	6.00		1,020.00	
<b>Total Labor</b>				<b>\$1,020.00</b>

**Total this Subtask**      **\$1,020.00**

**Total this Task**      **\$3,984.50**

Task            00002            Connecting Carson, Lomita, San Pedro

Subtask        0001            Analysis of Connectivity (Lomita & San)

**Professional Personnel**

	Hours	Rate	Amount	
Project Engineer				
Mendoza, Maria Janessa	1.00	210.00	210.00	
Totals	1.00		210.00	
<b>Total Labor</b>				<b>\$210.00</b>

**Consultants**

Billable Consultant Expenses			11,815.00	
<b>Total Consultants</b>		<b>1.0 times</b>	<b>11,815.00</b>	<b>\$11,815.00</b>
				<b>Total this Subtask</b> <b>\$12,025.00</b>

Subtask        0002            Recommendations (Lomita & San Pedro)

**Professional Personnel**

	Hours	Rate	Amount	
Project Manager				
Schilling, Malia	6.00	202.00	1,212.00	
Deputy Project Manager				
Russell, Adam	3.50	170.00	595.00	
Engineering Lead I				
Witte, Adrian	1.00	256.00	256.00	
Intern				
Carrera, Nicole	1.50	80.00	120.00	
Totals	12.00		2,183.00	
<b>Total Labor</b>				<b>\$2,183.00</b>
				<b>Total this Subtask</b> <b>\$2,183.00</b>
				<b>Total this Task</b> <b>\$14,208.00</b>

Task            00003            Stakeholder Engagement Initiatives

Subtask        0001            Stakeholder Engagement

**Professional Personnel**

	Hours	Rate	Amount	
Project Manager				
Schilling, Malia	2.00	202.00	404.00	
Totals	2.00		404.00	
<b>Total Labor</b>				<b>\$404.00</b>
				<b>Total this Subtask</b> <b>\$404.00</b>

Subtask        0002            Micromobility Community Outreach

**Professional Personnel**

	Hours	Rate	Amount	
Project Manager				
Schilling, Malia	3.00	202.00	606.00	
Deputy Project Manager				
Russell, Adam	3.00	170.00	510.00	
Totals	6.00		1,116.00	
<b>Total Labor</b>				<b>\$1,116.00</b>
		<b>Total this Subtask</b>		<b>\$1,116.00</b>
		<b>Total this Task</b>		<b>\$1,520.00</b>

<b>Billing Limits</b>	<b>Current</b>	<b>Prior</b>	<b>To-Date</b>	
Total Billings	19,712.50	83,981.09	103,693.59	
Limit			298,836.35	
Remaining			195,142.76	
		<b>Total this Invoice</b>		<b>\$19,712.50</b>

**Outstanding Invoices**

Number	Date	Balance
LAX.00361_6R	1/16/2026	29,535.59
<b>Total</b>		<b>\$29,535.59</b>

# Billing Backup

Wednesday, January 21, 2026

TDG Engineering Inc

Invoice LAX.00361\_07 Dated  
1/21/2026

12:02:05 PM

Task 00001 LTN Gap Route Segments: Carson  
Subtask 0001 Project Mangement

## Professional Personnel

			Hours	Rate	Amount	
Project Manager						
Project Manager						
11213	35 - Schilling, Malia	12/4/2025	1.00	202.00	202.00	
11213	35 - Schilling, Malia	12/12/2025	1.50	202.00	303.00	
11213	35 - Schilling, Malia	12/17/2025	1.50	202.00	303.00	
11213	35 - Schilling, Malia	12/19/2025	1.00	202.00	202.00	
11213	35 - Schilling, Malia	12/26/2025	1.00	202.00	202.00	
Deputy Project Manager						
Deputy Project Manager						
11333	42 - Russell, Adam	12/12/2025	1.50	170.00	255.00	
Totals			7.50		1,467.00	
<b>Total Labor</b>						<b>\$1,467.00</b>
					<b>Total this Subtask</b>	<b>\$1,467.00</b>

Subtask 0002 Analysis of Connectivity Needs (Carson)

## Professional Personnel

			Hours	Rate	Amount	
Deputy Project Manager						
Deputy Project Manager						
11333	42 - Russell, Adam	12/5/2025	1.00	170.00	170.00	
11333	42 - Russell, Adam	12/19/2025	.50	170.00	85.00	
Totals			1.50		255.00	
<b>Total Labor</b>						<b>\$255.00</b>

## Consultants

### Billable Consultant Expenses

AP 00000010329	12/31/2025	☐ Fehr & Peers / Professional Services for the Period: November 29, 2025 to December 26, 2025	1,242.50			
5						
<b>Total Consultants</b>			<b>1.0 times</b>	<b>1,242.50</b>	<b>\$1,242.50</b>	
					<b>Total this Subtask</b>	<b>\$1,497.50</b>

Subtask 0003 Recommendations (Carson)

**Professional Personnel**

			Hours	Rate	Amount	
Deputy Project Manager						
Deputy Project Manager						
11333	42 - Russell, Adam	12/3/2025	.50	170.00	85.00	
11333	42 - Russell, Adam	12/5/2025	1.50	170.00	255.00	
11333	42 - Russell, Adam	12/12/2025	.50	170.00	85.00	
11333	42 - Russell, Adam	12/17/2025	1.00	170.00	170.00	
11333	42 - Russell, Adam	12/19/2025	1.00	170.00	170.00	
11333	42 - Russell, Adam	12/22/2025	1.50	170.00	255.00	
	Totals		6.00		1,020.00	
	<b>Total Labor</b>					<b>\$1,020.00</b>
				<b>Total this Subtask</b>		<b>\$1,020.00</b>
				<b>Total this Task</b>		<b>\$3,984.50</b>

Task	00002	Connecting Carson, Lomita, San Pedro
Subtask	0001	Analysis of Connectivity (Lomita & San)

**Professional Personnel**

			Hours	Rate	Amount	
Project Engineer						
Project Engineer						
11494	15 - Mendoza, Maria Janessa	12/9/2025	1.00	210.00	210.00	
	Totals		1.00		210.00	
	<b>Total Labor</b>					<b>\$210.00</b>

**Consultants**

Billable Consultant Expenses						
AP	00000010329	12/31/2025		Fehr & Peers / Professional Services for the Period: November 29, 2025 to December 26, 2025	11,815.00	
	5					
	<b>Total Consultants</b>			<b>1.0 times</b>	<b>11,815.00</b>	<b>\$11,815.00</b>
				<b>Total this Subtask</b>		<b>\$12,025.00</b>

Subtask	0002	Recommendations (Lomita & San Pedro)
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**Professional Personnel**

			Hours	Rate	Amount	
Project Manager						
Project Manager						
11213	35 - Schilling, Malia	12/4/2025	1.00	202.00	202.00	
11213	35 - Schilling, Malia	12/5/2025	1.50	202.00	303.00	
11213	35 - Schilling, Malia	12/9/2025	2.00	202.00	404.00	
11213	35 - Schilling, Malia	12/10/2025	1.50	202.00	303.00	
Deputy Project Manager						
Deputy Project Manager						
11333	42 - Russell, Adam	12/8/2025	1.50	170.00	255.00	
11333	42 - Russell, Adam	12/9/2025	2.00	170.00	340.00	

Engineering Lead I					
Engineering Lead I					
00102	5 - Witte, Adrian	12/9/2025	1.00	256.00	256.00
Intern					
Intern					
11615	80 - Carrera, Nicole	12/2/2025	1.50	80.00	120.00
	Totals		12.00		2,183.00
	<b>Total Labor</b>				<b>\$2,183.00</b>
				<b>Total this Subtask</b>	<b>\$2,183.00</b>
				<b>Total this Task</b>	<b>\$14,208.00</b>

-----  
Task            00003            Stakeholder Engagement Initiatives  
-----  
Subtask        0001            Stakeholder Engagement

**Professional Personnel**

			Hours	Rate	Amount
Project Manager					
Project Manager					
11213	35 - Schilling, Malia	12/17/2025	1.00	202.00	202.00
11213	35 - Schilling, Malia	12/19/2025	1.00	202.00	202.00
	Totals		2.00		404.00
	<b>Total Labor</b>				<b>\$404.00</b>
				<b>Total this Subtask</b>	<b>\$404.00</b>

-----  
Subtask        0002            Micromobility Community Outreach

**Professional Personnel**

			Hours	Rate	Amount
Project Manager					
Project Manager					
11213	35 - Schilling, Malia	12/4/2025	1.50	202.00	303.00
11213	35 - Schilling, Malia	12/11/2025	.50	202.00	101.00
11213	35 - Schilling, Malia	12/12/2025	1.00	202.00	202.00
Deputy Project Manager					
Deputy Project Manager					
11333	42 - Russell, Adam	12/4/2025	.50	170.00	85.00
11333	42 - Russell, Adam	12/10/2025	1.50	170.00	255.00
11333	42 - Russell, Adam	12/18/2025	1.00	170.00	170.00
	Totals		6.00		1,116.00
	<b>Total Labor</b>				<b>\$1,116.00</b>
				<b>Total this Subtask</b>	<b>\$1,116.00</b>
				<b>Total this Task</b>	<b>\$1,520.00</b>
				<b>Total this Project</b>	<b>\$19,712.50</b>
				<b>Total this Report</b>	<b>\$19,712.50</b>

January 5, 2026

Accounts Payable  
Toole Design Group, LLC  
8484 Georgia Avenue  
Suite 800  
Silver Spring, MD 20910

**RE: SBCCOG LTN Gap Study - Carson to the Sea - 02LAX.00361.00**

Dear Accounts Payable:

Enclosed is invoice number 191919 for \$13,057.50 dated January 5, 2026 for costs incurred from November 29, 2025 through December 26, 2025 for the above referenced project.

Tasks completed this period include the following:

- Continued development of cut sheet content and maps
- Summarized big data analysis
- Response to comments on prioritization methodology
- Conducted prioritization analysis

We appreciate the opportunity to assist you on this project. Please call if you have any questions.

Sincerely,

FEHR & PEERS

Emily Finkel  
Project Manager

LB25-0151.00

Accounts Payable  
 Toole Design Group, LLC  
 8484 Georgia Avenue  
 Suite 800  
 Silver Spring, MD 20910

January 05, 2026  
 Project No: LB25-0151.00  
 Invoice No: 191919  
 Project Manager: Emily Finkel

Project LB25-0151.00 SBCCOG LTN Gap Study - Carson to the Sea - 02LAX.00361.00

**Professional Services for the Period: November 29, 2025 to December 26, 2025**

Phase 01 Task 1: LTN Gap Route Segments: City of Carson

**Professional Personnel**

	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>	
Senior Associate II				
McCormick, Cullen	4.00	275.00	1,100.00	
Senior Project Accountant I				
Galindo, Alma	.75	190.00	142.50	
<b>Totals</b>	<b>4.75</b>		<b>1,242.50</b>	
<b>Total Labor</b>				<b>1,242.50</b>
				<b>Phase Total</b>
				<b>\$1,242.50</b>

Phase 02 Task 2: Connecting Carson, Lomita, and San Pedro: Corridor Planning Study

**Professional Personnel**

	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>	
Senior Associate II				
McCormick, Cullen	11.00	275.00	3,025.00	
Senior Associate I				
Finkel, Emily	3.00	285.00	855.00	
Associate I				
Reseigh, Sean	5.50	230.00	1,265.00	
Engineer/Planner II				
Mills, Mo	30.50	170.00	5,185.00	
Senior Project Accountant I				
Galindo, Alma	.25	190.00	47.50	
Intern				
Ando, Dylan	11.50	125.00	1,437.50	
<b>Totals</b>	<b>61.75</b>		<b>11,815.00</b>	
<b>Total Labor</b>				<b>11,815.00</b>
				<b>Phase Total</b>
				<b>\$11,815.00</b>

**TOTAL CURRENT INVOICE AMOUNT DUE: \$13,057.50**

	<b>Current Invoice</b>	<b>Prior Billed</b>	<b>Billed To Date</b>
<b>Billing Summary</b>	<b>13,057.50</b>	<b>54,230.00</b>	<b>67,287.50</b>

**Outstanding Invoices**

<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Balance</b>
190195	11/5/2025	16,652.50
191540	12/13/2025	6,215.00
<b>Total</b>		<b>22,867.50</b>

**ACH REMITTANCE INFO:**    **BANK: City National Bank**  
   **ACH ABA: 122016066**  
   **ACCOUNT: 682123753**

**IMPORTANT NOTICE:**    **Other than Fehr & Peers' invoices received from a known email address, any requests received by email to change or update our bank account details or to transfer funds electronically must be confirmed by a phone call to the number provided on our invoice.**

**We appreciate your cooperation in our attempt to reduce cybercrime and avoid theft.**

# Billing Backup

Monday, January 5, 2026

Fehr & Peers

Invoice 191919 Dated 1/5/2026

4:32:57 PM

Project LB25-0151.00 SBCCOG LTN Gap Study - Carson to the Sea - 02LAX.00361.00

Phase 01 Task 1: LTN Gap Route Segments: City of Carson

**Professional Personnel**

			Hours	Rate	Amount
Senior Associate II					
Senior Associate II					
31870	BILL - 1007 - McCormick, Cullen	12/18/2025	2.00	275.00	550.00
31870	BILL - 1007 - McCormick, Cullen	12/19/2025	2.00	275.00	550.00
Senior Project Accountant I					
Senior Project Accountant I					
2665	BILL - 1027 - Galindo, Alma	12/17/2025	.75	190.00	142.50
Totals			4.75		1,242.50
<b>Total Labor</b>					<b>1,242.50</b>
<b>Phase Total</b>					<b>\$1,242.50</b>

Phase 02 Task 2: Connecting Carson, Lomita, and San Pedro: Corridor Planning Study

**Professional Personnel**

			Hours	Rate	Amount
Senior Associate II					
Senior Associate II					
31870	BILL - 1007 - McCormick, Cullen	12/5/2025	1.00	275.00	275.00
31870	BILL - 1007 - McCormick, Cullen	12/8/2025	1.00	275.00	275.00
31870	BILL - 1007 - McCormick, Cullen	12/12/2025	1.00	275.00	275.00
31870	BILL - 1007 - McCormick, Cullen	12/15/2025	2.00	275.00	550.00
31870	BILL - 1007 - McCormick, Cullen	12/16/2025	4.00	275.00	1,100.00
31870	BILL - 1007 - McCormick, Cullen	12/17/2025	2.00	275.00	550.00
Senior Associate I					
Senior Associate I					
1937	BILL - 1006 - Finkel, Emily	12/4/2025	1.00	285.00	285.00
1937	BILL - 1006 - Finkel, Emily	12/8/2025	.50	285.00	142.50
1937	BILL - 1006 - Finkel, Emily	12/16/2025	.50	285.00	142.50

Due and Payable Upon Receipt

Project	LB25-0151.00	SBCCOG LTN Gap Study - Carson to the Sea			Invoice	191919
1937	BILL - 1006 - Finkel, Emily	12/22/2025	1.00	285.00	285.00	
Associate I						
Associate I						
2310	BILL - 1008 - Reseigh, Sean	12/5/2025	2.00	230.00	460.00	
2310	BILL - 1008 - Reseigh, Sean	12/8/2025	1.50	230.00	345.00	
2310	BILL - 1008 - Reseigh, Sean	12/9/2025	1.00	230.00	230.00	
2310	BILL - 1008 - Reseigh, Sean	12/16/2025	1.00	230.00	230.00	
Engineer/Planner II						
Engineer/Planner II						
2579	BILL - 1014 - Mills, Mo	12/1/2025	2.50	170.00	425.00	
2579	BILL - 1014 - Mills, Mo	12/1/2025	2.00	170.00	340.00	
2579	BILL - 1014 - Mills, Mo	12/3/2025	2.50	170.00	425.00	
2579	BILL - 1014 - Mills, Mo	12/4/2025	3.00	170.00	510.00	
2579	BILL - 1014 - Mills, Mo	12/5/2025	.50	170.00	85.00	
2579	BILL - 1014 - Mills, Mo	12/8/2025	4.00	170.00	680.00	
2579	BILL - 1014 - Mills, Mo	12/9/2025	3.00	170.00	510.00	
2579	BILL - 1014 - Mills, Mo	12/10/2025	3.00	170.00	510.00	
2579	BILL - 1014 - Mills, Mo	12/10/2025	3.00	170.00	510.00	
2579	BILL - 1014 - Mills, Mo	12/11/2025	.50	170.00	85.00	
2579	BILL - 1014 - Mills, Mo	12/12/2025	3.00	170.00	510.00	
2579	BILL - 1014 - Mills, Mo	12/16/2025	.50	170.00	85.00	
2579	BILL - 1014 - Mills, Mo	12/22/2025	1.00	170.00	170.00	
2579	BILL - 1014 - Mills, Mo	12/22/2025	1.00	170.00	170.00	
2579	BILL - 1014 - Mills, Mo	12/23/2025	.50	170.00	85.00	
2579	BILL - 1014 - Mills, Mo	12/23/2025	.50	170.00	85.00	
Senior Project Accountant I						
Senior Project Accountant I						
2665	BILL - 1027 - Galindo, Alma	12/17/2025	.25	190.00	47.50	
Intern						
Intern						
2739	BILL - 1033 - Ando, Dylan	12/8/2025	.50	125.00	62.50	
2739	BILL - 1033 - Ando, Dylan	12/9/2025	1.00	125.00	125.00	
2739	BILL - 1033 - Ando, Dylan	12/11/2025	4.00	125.00	500.00	
2739	BILL - 1033 - Ando, Dylan	12/12/2025	4.00	125.00	500.00	
2739	BILL - 1033 - Ando, Dylan	12/15/2025	1.00	125.00	125.00	

Due and Payable Upon Receipt

Project	LB25-0151.00	SBCCOG LTN Gap Study - Carson to the Sea			Invoice	191919
2739	BILL - 1033 - Ando, Dylan	12/16/2025	1.00	125.00	125.00	
	Totals		61.75		11,815.00	
	<b>Total Labor</b>					<b>11,815.00</b>
				<b>Phase Total</b>		<b>\$11,815.00</b>
				<b>Project Total</b>		<b>\$13,057.50</b>
				<b>Total this Report</b>		<b>\$13,057.50</b>

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Due and Payable Upon Receipt

January 16, 2026

South Bay Cities Council of Governments  
357 Van Ness Way, Suite 110  
Torrance, CA 90501  
Attention: Lara Gerges, cc Anne Tsai

RE: Carson to the Sea Study  
Toole Design Project Number: 02LAX.00361.00  
**Invoice No. 6R**

Dear Ms. Gerges,

Please find enclosed our invoice for this project from November 1, 2025 to November 28, 2025. This invoice includes:

**Task 1: LTN Gap Route Segments: City Carson (59% complete)**

- Ongoing project management and monthly meetings
- Segment and intersection data webmap
- Draft typology development

**Task 2: Connecting Carson, Lomita and San Pedro: Corridor Planning Study (22% complete)**

- Initial prioritization methodology
- Cut sheet development

**Task 3: Stakeholder Engagement Initiatives (12% complete)**

- Engagement collateral

**Task 4: Draft, Final Report + Presentations (0% complete)**

- No activity during this period

**Upcoming Work**

- Final existing conditions deliverables

If you have any questions regarding this invoice, please contact [accounts.receivable@tooledesign.com](mailto:accounts.receivable@tooledesign.com). If you have questions regarding our work, contact Malia Schilling, the project manager at [mschilling@tooledesign.com](mailto:mschilling@tooledesign.com) or 213.257.8680 x759.

Sincerely,

*Rogelio Pelayo*

**Roger Pelayo** | Los Angeles Office Director, Toole Design Group, LLC

**TOOLE DESIGN**



Invoice Period: 11/1/2025 - 11/28/2025

Task	Budget	Current Invoice	Prior Billed	Billed to Date	Percent Complete	Budget Remaining
Task 1.0 - LTN Gap Route Segments: Carson	\$104,870.00	\$17,550.91	\$43,949.00	\$61,499.91	59%	\$43,370.09
Task 2.0 - Connecting Carson, Lomita, & San Pedro: Corridor Planning Study	\$75,911.00	\$11,297.00	\$5,241.50	\$16,538.50	22%	\$59,372.50
Task 3.0 - Stakeholder Engagement Initiatives	\$47,911.00	\$687.68	\$5,255.00	\$5,942.68	12%	\$41,968.32
Task 4.0 - Draft, Final Report + Presentations	\$64,144.00	\$0.00	\$0.00	\$0.00	0%	\$64,144.00
Direct Expenses	\$6,000.00	\$0.00	\$0.00	\$0.00	0%	\$6,000.00
	<b>\$298,836.00</b>	<b>\$29,535.59</b>	<b>\$54,445.50</b>	<b>\$83,981.09</b>	<b>28%</b>	<b>\$214,854.91</b>

TDG Engineering Inc  
 \*\*NEW MAILING ADDRESS\*\*  
 One Inventa Place  
 West Tower Suite 950  
 Silver Spring, Maryland 20910



South Bay Cities Council of Governments  
 357 Van Ness Way  
 Suite 110  
 Torrance, CA 90501

January 16, 2026  
 Project No: 02LAX.00361.00  
 Invoice No: LAX.00361\_6R  
 Client Ref:

Project: South Bay Cities Local Travel Network  
**Professional Services through November 28, 2025**

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Task 00001 LTN Gap Route Segments: Carson

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Subtask 0001 Project Mangement

**Professional Personnel**

	Hours	Rate	Amount	
Project Manager				
Schilling, Malia	1.00	202.00	202.00	
Deputy Project Manager				
Russell, Adam	2.00	170.00	340.00	
Totals	3.00		542.00	
<b>Total Labor</b>				<b>\$542.00</b>

**Consultants**

Billable Consultant Expenses			3,586.41	
<b>Total Consultants</b>		<b>1.0 times</b>	<b>3,586.41</b>	<b>\$3,586.41</b>
		<b>Total this Subtask</b>		<b>\$4,128.41</b>

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Subtask 0002 Analysis of Connectivity Needs (Carson)

**Professional Personnel**

	Hours	Rate	Amount	
Project Manager				
Schilling, Malia	2.50	202.00	505.00	
Deputy Project Manager				
Russell, Adam	3.50	170.00	595.00	
Totals	6.00		1,100.00	
<b>Total Labor</b>				<b>\$1,100.00</b>

**Consultants**

Billable Consultant Expenses			11,727.50	
<b>Total Consultants</b>		<b>1.0 times</b>	<b>11,727.50</b>	<b>\$11,727.50</b>
		<b>Total this Subtask</b>		<b>\$12,827.50</b>

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Subtask 0003 Recommendations (Carson)

**Professional Personnel**

	Hours	Rate	Amount	
Deputy Project Manager				
Russell, Adam	3.50	170.00	595.00	
Totals	3.50		595.00	
<b>Total Labor</b>				<b>\$595.00</b>
		<b>Total this Subtask</b>		<b>\$595.00</b>
		<b>Total this Task</b>		<b>\$17,550.91</b>

Task 00002 Connecting Carson, Lomita, San Pedro

Subtask 0001 Analysis of Connectivity (Lomita & San)

**Professional Personnel**

	Hours	Rate	Amount	
Project Manager				
Schilling, Malia	8.50	202.00	1,717.00	
Deputy Project Manager				
Russell, Adam	4.50	170.00	765.00	
Totals	13.00		2,482.00	
<b>Total Labor</b>				<b>\$2,482.00</b>

**Consultants**

Billable Consultant Expenses			2,890.00	
<b>Total Consultants</b>		<b>1.0 times</b>	<b>2,890.00</b>	<b>\$2,890.00</b>
		<b>Total this Subtask</b>		<b>\$5,372.00</b>

Subtask 0002 Recommendations (Lomita & San Pedro)

**Professional Personnel**

	Hours	Rate	Amount	
Intern				
Carrera, Nicole	12.50	80.00	1,000.00	
Totals	12.50		1,000.00	
<b>Total Labor</b>				<b>\$1,000.00</b>

**Consultants**

Billable Consultant Expenses			4,925.00	
<b>Total Consultants</b>		<b>1.0 times</b>	<b>4,925.00</b>	<b>\$4,925.00</b>
		<b>Total this Subtask</b>		<b>\$5,925.00</b>
		<b>Total this Task</b>		<b>\$11,297.00</b>

Task 00003 Stakeholder Engagement Initiatives

Subtask 0002 Micromobility Community Outreach

**Professional Personnel**

	Hours	Rate	Amount	
Project Manager				
Schilling, Malia	.50	202.00	101.00	

Project	02LAX.00361.00	South Bay Cities Local Travel Network		Invoice	LAX.00361_6R
Deputy Project Manager					
	Russell, Adam	2.00	170.00	340.00	
	Totals	2.50		441.00	
	<b>Total Labor</b>				<b>\$441.00</b>
<b>Consultants</b>					
	Billable Consultant Expenses			246.68	
	<b>Total Consultants</b>		<b>1.0 times</b>	<b>246.68</b>	<b>\$246.68</b>
			<b>Total this Subtask</b>		<b>\$687.68</b>
			<b>Total this Task</b>		<b>\$687.68</b>
<b>Billing Limits</b>					
		<b>Current</b>	<b>Prior</b>	<b>To-Date</b>	
	Total Billings	29,535.59	54,445.50	83,981.09	
	Limit			298,836.35	
	Remaining			214,855.26	
			<b>Total this Invoice</b>		<b>\$29,535.59</b>

# Billing Backup

Friday, January 16, 2026

TDG Engineering Inc

Invoice LAX.00361\_6R Dated  
1/16/2026

12:38:45 PM

Task 00001 LTN Gap Route Segments: Carson  
Subtask 0001 Project Mangement

## Professional Personnel

			Hours	Rate	Amount
Project Manager					
Project Manager					
11213	35 - Schilling, Malia	11/25/2025	1.00	202.00	202.00
Deputy Project Manager					
Deputy Project Manager					
11333	42 - Russell, Adam	11/12/2025	2.00	170.00	340.00
Totals			3.00		542.00
<b>Total Labor</b>					<b>\$542.00</b>

## Consultants

Billable Consultant Expenses					
AP 00000010324	12/22/2025	4	Fehr & Peers / Professional Services November 01, 2025 - November 28, 2025		3,325.00
AP 00000010329	12/31/2025	3	CALSTART, Inc. / Professional Services 11/01/2025 - 10/30/2025		261.41
<b>Total Consultants</b>				<b>1.0 times</b>	<b>3,586.41</b>
					<b>\$3,586.41</b>
<b>Total this Subtask</b>					<b>\$4,128.41</b>

Subtask 0002 Analysis of Connectivity Needs (Carson)

## Professional Personnel

			Hours	Rate	Amount
Project Manager					
Project Manager					
11213	35 - Schilling, Malia	11/21/2025	1.50	202.00	303.00
11213	35 - Schilling, Malia	11/24/2025	1.00	202.00	202.00
Deputy Project Manager					
Deputy Project Manager					
11333	42 - Russell, Adam	11/11/2025	2.00	170.00	340.00
11333	42 - Russell, Adam	11/14/2025	.50	170.00	85.00
11333	42 - Russell, Adam	11/24/2025	1.00	170.00	170.00
Totals			6.00		1,100.00
<b>Total Labor</b>					<b>\$1,100.00</b>

**Consultants**

Billable Consultant Expenses

AP 00000010286	11/11/2025	<input type="checkbox"/> Fehr & Peers / Professional Services for the Period: September 27, 2025 to October 31, 2025	11,727.50
5			

**Total Consultants** **1.0 times** **11,727.50** **\$11,727.50**

**Total this Subtask** **\$12,827.50**

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 Subtask 0003 Recommendations (Carson)

**Professional Personnel**

			Hours	Rate	Amount	
Deputy Project Manager						
Deputy Project Manager						
11333	42 - Russell, Adam	11/4/2025	2.00	170.00	340.00	
11333	42 - Russell, Adam	11/7/2025	.50	170.00	85.00	
11333	42 - Russell, Adam	11/19/2025	1.00	170.00	170.00	
	Totals		3.50		595.00	
	<b>Total Labor</b>					<b>\$595.00</b>

**Total this Subtask** **\$595.00**

**Total this Task** **\$17,550.91**

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 Task 00002 Connecting Carson, Lomita, San Pedro

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 Subtask 0001 Analysis of Connectivity (Lomita & San)

**Professional Personnel**

			Hours	Rate	Amount	
Project Manager						
Project Manager						
11213	35 - Schilling, Malia	11/7/2025	1.00	202.00	202.00	
11213	35 - Schilling, Malia	11/10/2025	1.00	202.00	202.00	
11213	35 - Schilling, Malia	11/11/2025	.50	202.00	101.00	
11213	35 - Schilling, Malia	11/18/2025	2.00	202.00	404.00	
11213	35 - Schilling, Malia	11/19/2025	1.00	202.00	202.00	
11213	35 - Schilling, Malia	11/26/2025	2.00	202.00	404.00	
11213	35 - Schilling, Malia	11/28/2025	1.00	202.00	202.00	
Deputy Project Manager						
Deputy Project Manager						
11333	42 - Russell, Adam	11/10/2025	2.00	170.00	340.00	
11333	42 - Russell, Adam	11/18/2025	1.00	170.00	170.00	
11333	42 - Russell, Adam	11/21/2025	1.00	170.00	170.00	
11333	42 - Russell, Adam	11/26/2025	.50	170.00	85.00	
	Totals		13.00		2,482.00	
	<b>Total Labor</b>					<b>\$2,482.00</b>

**Consultants**

Billable Consultant Expenses

AP 00000010324	12/22/2025	☐ Fehr & Peers / Professional Services	2,890.00
4		November 01, 2025 - November 28, 2025	

**Total Consultants** **1.0 times** **2,890.00** **\$2,890.00**

**Total this Subtask** **\$5,372.00**

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 Subtask 0002 Recommendations (Lomita & San Pedro)

**Professional Personnel**

			Hours	Rate	Amount
Intern					
Intern					
11615	80 - Carrera, Nicole	11/4/2025	.50	80.00	40.00
11615	80 - Carrera, Nicole	11/5/2025	1.00	80.00	80.00
11615	80 - Carrera, Nicole	11/6/2025	1.00	80.00	80.00
11615	80 - Carrera, Nicole	11/7/2025	2.00	80.00	160.00
11615	80 - Carrera, Nicole	11/10/2025	2.00	80.00	160.00
11615	80 - Carrera, Nicole	11/11/2025	2.00	80.00	160.00
11615	80 - Carrera, Nicole	11/18/2025	1.00	80.00	80.00
11615	80 - Carrera, Nicole	11/19/2025	2.00	80.00	160.00
11615	80 - Carrera, Nicole	11/20/2025	1.00	80.00	80.00
	Totals		12.50		1,000.00
	<b>Total Labor</b>				<b>\$1,000.00</b>

**Consultants**

Billable Consultant Expenses

AP 00000010286	11/11/2025	☐ Fehr & Peers / Professional Services for	4,925.00
5		the Period: September 27, 2025 to	
		October 31, 2025	

**Total Consultants** **1.0 times** **4,925.00** **\$4,925.00**

**Total this Subtask** **\$5,925.00**

**Total this Task** **\$11,297.00**

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 Task 00003 Stakeholder Engagement Initiatives

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 Subtask 0002 Micromobility Community Outreach

**Professional Personnel**

			Hours	Rate	Amount
Project Manager					
Project Manager					
11213	35 - Schilling, Malia	11/3/2025	.50	202.00	101.00
Deputy Project Manager					
Deputy Project Manager					
11333	42 - Russell, Adam	11/3/2025	1.00	170.00	170.00
11333	42 - Russell, Adam	11/14/2025	.50	170.00	85.00
11333	42 - Russell, Adam	11/20/2025	.50	170.00	85.00
	Totals		2.50		441.00
	<b>Total Labor</b>				<b>\$441.00</b>

**Consultants**

Billable Consultant Expenses

AP 00000010323 12/22/2025	☐ CALSTART, Inc. / Professional	246.68
7	Services from 4/24/25- 10/31/25	

<b>Total Consultants</b>	<b>1.0 times</b>	<b>246.68</b>	<b>\$246.68</b>
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<b>Total this Subtask</b>	<b>\$687.68</b>
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<b>Total this Task</b>	<b>\$687.68</b>
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<b>Total this Project</b>	<b>\$29,535.59</b>
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<b>Total this Report</b>	<b>\$29,535.59</b>
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48 S. Chester Avenue  
Pasadena, CA 91106

**Invoice Number: 0014762**

Date	January 14, 2026
CALSTART FEIN	95-4375022
Agreement Number	02LAX.00361
Project Number	5025-017

Bill to:  
**00-TDG**  
TDG Engineering, Inc.  
8484 Georgia Avenue, Suite 800  
Silver Spring, MD 20910  
[mschilling@tealedesign.com](mailto:mschilling@tealedesign.com)

Contract Term	
From	To
04/24/2025	04/30/2027

Current Billing Period	
From	To
10/01/2025	10/31/2025

Description	Hours to Date	Prior Period Hours	Current Hours	Billing Rate	Billed-to-Date	Prior Month Billed-to-Date	Current Billing
Project Manager II	2.00	-	2.00	123.34	246.68	-	246.68
					-	-	-
<b>Subtotals</b>	2.00	-	2.00		246.68	-	246.68
				<b>Totals</b>	<b>\$ 246.68</b>	<b>\$ -</b>	<b>\$ 246.68</b>
					<b>Total Due</b>		<b>\$ 246.68</b>
<b>Contract Recap</b>					<b>Budget</b>	<b>Costs Incurred to Date</b>	<b>Budget Balance</b>
Task 1 - Project Management					1,884.00	-	1,884.00
Task 2 - Addressing Network Connectivity Gaps (City of Carson)					3,570.00	-	3,570.00
Task 3 - Addressing Network Connectivity Gaps (Lomita and San Pedro)					2,953.00	-	2,953.00
Task 4 - Community Engagement					21,899.00	246.68	21,652.32
					<b>\$ 30,306.00</b>	<b>\$ 246.68</b>	<b>\$ 30,059.32</b>



## **Summary of Work Performed**

### Summary of Work Performed – October

- Began developing LTN outreach and engagement collateral to support SBCCOG's Local Travel Network (LTN) engagement efforts.
- Developed a draft Engagement Work Plan to guide outreach strategy, activities, and sequencing.
- Conducted initial coordination meetings with SBCCOG staff to align engagement objectives, scope, and timeline.
- Identified and conducted outreach to potential venues for future community engagement and pop-up activities.
- Participated in meetings with SBCCOG to present the proposed engagement work plan.
- Met with Toole Design for internal coordination on engagement strategy and roles.



48 S. Chester Avenue  
Pasadena, CA 91106

Bill to:  
**00-TDG**  
**TDG Engineering, Inc.**  
8484 Georgia Avenue, Suite 800  
Silver Spring, MD 20910  
[mrs.chillino@xobtedesign.com](mailto:mrs.chillino@xobtedesign.com)

**Invoice Number: 0114812**

Date	December 12, 2025
CALSTART FEIN	95-4375022
Agreement Number	02LAX.00361
Project Number	5025-017

Contract Term	
From	To
04/24/2025	04/30/2027

Current Billing Period	
From	To
11/01/2025	11/30/2025

Description	Hours to Date	Prior Period Hours	Current Hours	Billing Rate	Billed-to-Date	Prior Month Billed-to-Date	Current Billing
Senior Accountant	1.25	-	1.25	159.79	199.74	-	199.74
Project Manager II	2.50	2.00	0.50	123.34	308.35	(246.68)	61.67
					-	-	-
<b>Subtotals</b>	<b>3.75</b>	<b>2.00</b>	<b>1.75</b>		<b>508.09</b>	<b>(246.68)</b>	<b>261.41</b>
						<b>Total Due</b>	<b>\$ 261.41</b>

Contract Recap	Budget	Costs Incurred to Date	Budget Balance
Task 1 - Project Management	1,884.00	199.74	1,684.26
Task 2 - Addressing Network Connectivity Gaps (City of Carson)	3,570.00	-	3,570.00
Task 3 - Addressing Network Connectivity Gaps (Lomita and San Pedro)	2,953.00	-	2,953.00
Task 4 - Community Engagement	21,899.00	308.35	21,590.65
	<b>\$ 30,306.00</b>	<b>\$ 508.09</b>	<b>\$ 29,797.91</b>

(5025-017 South Bay Cities Local Travel Network Study - Engagement and Corridor Planning LTN SBCCOG)

Employee	Emp. ID	Project	Task	Task Description	Date	Rate	Hours	
Hernandez, Cesar	1347	5025-017	500-730-012	Micromobility community outreach events SBCCOG	11/03/2025	1.	0.50	
			Sum					0.50
			Sum					0.50
Wang, Cynthia	1691	5025-017	500-730-009	Project Management SBCCOG	11/18/2025	1.	1.00	
				Project Management SBCCOG	11/19/2025	1.	0.25	
			Sum					1.25
			Sum					1.25
<b>Sum</b>							<b>1.75</b>	

## Summary of Work Performed – November

- Initiated development of LTN outreach and engagement collateral.
- Updated the Engagement Work Plan based on SBCCOG feedback and project discussions.
- Conducted outreach to potential venues and community locations for engagement activities.
- Attended coordination meetings with SBCCOG to review engagement approach and next steps.
- Participated in follow-up meetings with Toole Design to align on engagement materials and implementation planning.
- Provided ongoing coordination and support to advance outreach preparation and engagement readiness.

November 5, 2025

Accounts Payable  
Toole Design Group, LLC  
8484 Georgia Avenue  
Suite 800  
Silver Spring, MD 20910

**RE: SBCCOG LTN Gap Study - Carson to the Sea - 02LAX.00361.00**

Dear Accounts Payable:

Enclosed is invoice number 190195 for \$16,652.50 dated November 5, 2025 for costs incurred from September 27, 2025 through October 31, 2025 for the above referenced project.

Tasks completed this period include the following:

- Completed intersection data coding
- Completed and delivered segment and intersection data webmap
- Completed draft typology development and presented to client
- Continued cut sheet development
- Started big data analysis
- Started development of prioritization methodology
- Provided background data on draft typologies

We appreciate the opportunity to assist you on this project. Please call if you have any questions.

Sincerely,

FEHR & PEERS

Emily Finkel  
Project Manager

LB25-0151.00

Accounts Payable  
 Toole Design Group, LLC  
 8484 Georgia Avenue  
 Suite 800  
 Silver Spring, MD 20910

November 05, 2025  
 Project No: LB25-0151.00  
 Invoice No: 190195  
 Project Manager Emily Finkel

Project LB25-0151.00 SBCCOG LTN Gap Study - Carson to the Sea - 02LAX.00361.00

**Professional Services for the Period: September 27, 2025 to October 31, 2025**

Phase 01 Task 1: LTN Gap Route Segments: City of Carson

**Professional Personnel**

	Hours	Rate	Amount	
Senior Associate II				
McCormick, Cullen	20.00	275.00	5,500.00	
Associate I				
Reseigh, Sean	13.00	230.00	2,990.00	
Engineer/Planner II				
Di, Dylan	4.00	170.00	680.00	
Mills, Mo	11.50	170.00	1,955.00	
Senior Project Accountant I				
Galindo, Alma	1.00	190.00	190.00	
Project Coordinator				
Santos, Louanne	2.50	165.00	412.50	
<b>Totals</b>	<b>52.00</b>		<b>11,727.50</b>	
<b>Total Labor</b>				<b>11,727.50</b>
				<b>Phase Total</b>
				<b>\$11,727.50</b>

Phase 02 Task 2: Connecting Carson, Lomita, and San Pedro: Corridor Planning Study

**Professional Personnel**

	Hours	Rate	Amount	
Senior Associate I				
Finkel, Emily	7.50	285.00	2,137.50	
Engineer/Planner II				
Mills, Mo	12.00	170.00	2,040.00	
Project Coordinator				
Santos, Louanne	1.50	165.00	247.50	
Intern				
Ando, Dylan	4.00	125.00	500.00	
<b>Totals</b>	<b>25.00</b>		<b>4,925.00</b>	
<b>Total Labor</b>				<b>4,925.00</b>

Due and Payable Upon Receipt

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Project	LB25-0151.00	SBCCOG LTN Gap Study - Carson to the Sea	Invoice	190195
			<b>Phase Total</b>	<b>\$4,925.00</b>

**TOTAL CURRENT INVOICE AMOUNT DUE: \$16,652.50**

	<b>Current Invoice</b>	<b>Prior Billed</b>	<b>Billed To Date</b>
<b>Billing Summary</b>	<b>16,652.50</b>	<b>31,362.50</b>	<b>48,015.00</b>

**Outstanding Invoices**

<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Balance</b>
187923	8/7/2025	7,022.50
188814	9/10/2025	9,760.00
189297	9/30/2025	9,467.50
<b>Total</b>		<b>26,250.00</b>

**ACH REMITTANCE INFO:** **BANK: City National Bank**  
**ACH ABA: 122016066**  
**ACCOUNT: 682123753**

**IMPORTANT NOTICE:** Other than Fehr & Peers' invoices received from a known email address, any requests received by email to change or update our bank account details or to transfer funds electronically must be confirmed by a phone call to the number provided on our invoice.

**We appreciate your cooperation in our attempt to reduce cybercrime and avoid theft.**

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Due and Payable Upon Receipt

# Billing Backup

Wednesday, November 5, 2025

Fehr & Peers

Invoice 190195 Dated 11/5/2025

4:03:05 PM

Project LB25-0151.00 SBCCOG LTN Gap Study - Carson to the Sea - 02LAX.00361.00

Phase 01 Task 1: LTN Gap Route Segments: City of Carson

## Professional Personnel

			Hours	Rate	Amount
Senior Associate II					
Senior Associate II					
31870	BILL - 1007 - McCormick, Cullen	10/23/2025	8.00	275.00	2,200.00
31870	BILL - 1007 - McCormick, Cullen	10/24/2025	6.00	275.00	1,650.00
31870	BILL - 1007 - McCormick, Cullen	10/27/2025	6.00	275.00	1,650.00
Associate I					
Associate I					
2310	BILL - 1008 - Reseigh, Sean	9/29/2025	1.00	230.00	230.00
2310	BILL - 1008 - Reseigh, Sean	9/30/2025	2.00	230.00	460.00
2310	BILL - 1008 - Reseigh, Sean	10/6/2025	3.00	230.00	690.00
2310	BILL - 1008 - Reseigh, Sean	10/7/2025	1.00	230.00	230.00
2310	BILL - 1008 - Reseigh, Sean	10/8/2025	1.00	230.00	230.00
2310	BILL - 1008 - Reseigh, Sean	10/15/2025	1.00	230.00	230.00
2310	BILL - 1008 - Reseigh, Sean	10/20/2025	.50	230.00	115.00
2310	BILL - 1008 - Reseigh, Sean	10/21/2025	1.00	230.00	230.00
2310	BILL - 1008 - Reseigh, Sean	10/27/2025	.50	230.00	115.00
2310	BILL - 1008 - Reseigh, Sean	10/31/2025	2.00	230.00	460.00
Engineer/Planner II					
Engineer/Planner II					
2520	BILL - 1014 - Di, Dylan	10/21/2025	4.00	170.00	680.00
2579	BILL - 1014 - Mills, Mo	10/6/2025	1.00	170.00	170.00
2579	BILL - 1014 - Mills, Mo	10/7/2025	1.00	170.00	170.00
2579	BILL - 1014 - Mills, Mo	10/8/2025	1.00	170.00	170.00
2579	BILL - 1014 - Mills, Mo	10/9/2025	1.00	170.00	170.00
2579	BILL - 1014 - Mills, Mo	10/10/2025	.50	170.00	85.00
2579	BILL - 1014 - Mills, Mo	10/14/2025	1.00	170.00	170.00
2579	BILL - 1014 - Mills, Mo	10/15/2025	1.00	170.00	170.00

Due and Payable Upon Receipt

Project	LB25-0151.00	SBCCOG LTN Gap Study - Carson to the Sea			Invoice	190195
2579	BILL - 1014 - Mills, Mo	10/21/2025	.50	170.00	85.00	
2579	BILL - 1014 - Mills, Mo	10/24/2025	.50	170.00	85.00	
2579	BILL - 1014 - Mills, Mo	10/27/2025	2.50	170.00	425.00	
2579	BILL - 1014 - Mills, Mo	10/30/2025	1.50	170.00	255.00	
Senior Project Accountant I						
Senior Project Accountant I						
2665	BILL - 1027 - Galindo, Alma	10/1/2025	1.00	190.00	190.00	
Project Coordinator						
Project Coordinator						
2742	BILL - 1030 - Santos, Louanne	10/2/2025	1.00	165.00	165.00	
2742	BILL - 1030 - Santos, Louanne	10/29/2025	1.50	165.00	247.50	
Totals			52.00		11,727.50	
<b>Total Labor</b>						<b>11,727.50</b>
					<b>Phase Total</b>	<b>\$11,727.50</b>

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Phase                    02                    Task 2: Connecting Carson, Lomita, and San Pedro: Corridor Planning Study

**Professional Personnel**

			<b>Hours</b>	<b>Rate</b>	<b>Amount</b>
Senior Associate I					
Senior Associate I					
1937	BILL - 1006 - Finkel, Emily	9/29/2025	.50	285.00	142.50
1937	BILL - 1006 - Finkel, Emily	9/30/2025	1.50	285.00	427.50
1937	BILL - 1006 - Finkel, Emily	10/6/2025	1.00	285.00	285.00
1937	BILL - 1006 - Finkel, Emily	10/7/2025	1.00	285.00	285.00
1937	BILL - 1006 - Finkel, Emily	10/9/2025	.50	285.00	142.50
1937	BILL - 1006 - Finkel, Emily	10/15/2025	1.50	285.00	427.50
1937	BILL - 1006 - Finkel, Emily	10/20/2025	.50	285.00	142.50
1937	BILL - 1006 - Finkel, Emily	10/22/2025	.50	285.00	142.50
1937	BILL - 1006 - Finkel, Emily	10/24/2025	.50	285.00	142.50
Engineer/Planner II					
Engineer/Planner II					
2579	BILL - 1014 - Mills, Mo	10/6/2025	1.00	170.00	170.00
2579	BILL - 1014 - Mills, Mo	10/7/2025	1.50	170.00	255.00
2579	BILL - 1014 - Mills, Mo	10/8/2025	1.00	170.00	170.00
2579	BILL - 1014 - Mills, Mo	10/9/2025	1.00	170.00	170.00
2579	BILL - 1014 - Mills, Mo	10/10/2025	.50	170.00	85.00

Due and Payable Upon Receipt

Project	LB25-0151.00	SBCCOG LTN Gap Study - Carson to the Sea			Invoice	190195
2579	BILL - 1014 - Mills, Mo	10/14/2025	1.00	170.00	170.00	
2579	BILL - 1014 - Mills, Mo	10/15/2025	1.00	170.00	170.00	
2579	BILL - 1014 - Mills, Mo	10/21/2025	.50	170.00	85.00	
2579	BILL - 1014 - Mills, Mo	10/24/2025	.50	170.00	85.00	
2579	BILL - 1014 - Mills, Mo	10/27/2025	2.50	170.00	425.00	
2579	BILL - 1014 - Mills, Mo	10/30/2025	1.50	170.00	255.00	
Project Coordinator						
Project Coordinator						
2742	BILL - 1030 - Santos, Louanne	10/7/2025	.50	165.00	82.50	
2742	BILL - 1030 - Santos, Louanne	10/14/2025	.50	165.00	82.50	
2742	BILL - 1030 - Santos, Louanne	10/22/2025	.50	165.00	82.50	
Intern						
Intern						
2739	BILL - 1033 - Ando, Dylan	9/29/2025	3.00	125.00	375.00	
2739	BILL - 1033 - Ando, Dylan	9/30/2025	1.00	125.00	125.00	
Totals			25.00		4,925.00	
<b>Total Labor</b>						<b>4,925.00</b>
					<b>Phase Total</b>	<b>\$4,925.00</b>
					<b>Project Total</b>	<b>\$16,652.50</b>
					<b>Total this Report</b>	<b>\$16,652.50</b>

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Due and Payable Upon Receipt

December 13, 2025

Accounts Payable  
Toole Design Group, LLC  
8484 Georgia Avenue  
Suite 800  
Silver Spring, MD 20910

**RE: SBCCOG LTN Gap Study - Carson to the Sea - 02LAX.00361.00**

Dear Accounts Payable:

Enclosed is invoice number 191540 for \$6,215.00 dated December 13, 2025 for costs incurred from November 1, 2025 through November 28, 2025 for the above referenced project.

Tasks completed this period include the following:

- Completed O-D big data analysis
- Delivered draft cut sheets
- Response to comments and delivered updated typologies
- Delivered draft prioritization methodology
- Started development of cut sheet content

We appreciate the opportunity to assist you on this project. Please call if you have any questions.

Sincerely,

FEHR & PEERS

Emily Finkel  
Project Manager

LB25-0151.00

Accounts Payable  
 Toole Design Group, LLC  
 8484 Georgia Avenue  
 Suite 800  
 Silver Spring, MD 20910

December 13, 2025  
 Project No: LB25-0151.00  
 Invoice No: 191540  
 Project Manager: Emily Finkel

Project LB25-0151.00 SBCCOG LTN Gap Study - Carson to the Sea - 02LAX.00361.00

**Professional Services for the Period: November 01, 2025 to November 28, 2025**

Phase 01 Task 1: LTN Gap Route Segments: City of Carson

**Professional Personnel**

	Hours	Rate	Amount	
Senior Associate II				
McCormick, Cullen	8.00	275.00	2,200.00	
Engineer/Planner II				
Mills, Mo	5.50	170.00	935.00	
Senior Project Accountant I				
Galindo, Alma	1.00	190.00	190.00	
Totals	14.50		3,325.00	
<b>Total Labor</b>				<b>3,325.00</b>
				<b>Phase Total</b>
				<b>\$3,325.00</b>

Phase 02 Task 2: Connecting Carson, Lomita, and San Pedro: Corridor Planning Study

**Professional Personnel**

	Hours	Rate	Amount	
Engineer/Planner II				
Mills, Mo	17.00	170.00	2,890.00	
Totals	17.00		2,890.00	
<b>Total Labor</b>				<b>2,890.00</b>
				<b>Phase Total</b>
				<b>\$2,890.00</b>

**TOTAL CURRENT INVOICE AMOUNT DUE: \$6,215.00**

Billing Summary	Current Invoice	Prior Billed	Billed To Date
	6,215.00	48,015.00	54,230.00

**Outstanding Invoices**

Invoice Number	Invoice Date	Balance
188814	9/10/2025	9,760.00
189297	9/30/2025	9,467.50

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Project	LB25-0151.00	SBCCOG LTN Gap Study - Carson to the Sea	Invoice	191540
	190195	11/5/2025	16,652.50	
	<b>Total</b>		<b>35,880.00</b>	

**ACH REMITTANCE INFO:**    **BANK: City National Bank**  
**ACH ABA: 122016066**  
**ACCOUNT: 682123753**

**IMPORTANT NOTICE:**    **Other than Fehr & Peers' invoices received from a known email address, any requests received by email to change or update our bank account details or to transfer funds electronically must be confirmed by a phone call to the number provided on our invoice.**

**We appreciate your cooperation in our attempt to reduce cybercrime and avoid theft.**

# Billing Backup

Saturday, December 13, 2025

Fehr & Peers

Invoice 191540 Dated 12/13/2025

6:36:59 PM

Project LB25-0151.00 SBCCOG LTN Gap Study - Carson to the Sea - 02LAX.00361.00

Phase 01 Task 1: LTN Gap Route Segments: City of Carson

## Professional Personnel

			Hours	Rate	Amount	
Senior Associate II						
Senior Associate II						
31870	BILL - 1007 - McCormick, Cullen	11/3/2025	3.00	275.00	825.00	
31870	BILL - 1007 - McCormick, Cullen	11/4/2025	2.00	275.00	550.00	
31870	BILL - 1007 - McCormick, Cullen	11/6/2025	1.00	275.00	275.00	
31870	BILL - 1007 - McCormick, Cullen	11/7/2025	2.00	275.00	550.00	
Engineer/Planner II						
Engineer/Planner II						
2579	BILL - 1014 - Mills, Mo	11/4/2025	1.00	170.00	170.00	
2579	BILL - 1014 - Mills, Mo	11/5/2025	2.00	170.00	340.00	
2579	BILL - 1014 - Mills, Mo	11/6/2025	1.50	170.00	255.00	
2579	BILL - 1014 - Mills, Mo	11/24/2025	.50	170.00	85.00	
2579	BILL - 1014 - Mills, Mo	11/25/2025	.50	170.00	85.00	
Senior Project Accountant I						
Senior Project Accountant I						
2665	BILL - 1027 - Galindo, Alma	11/5/2025	1.00	190.00	190.00	
Totals			14.50		3,325.00	
<b>Total Labor</b>						<b>3,325.00</b>
<b>Phase Total</b>						<b>\$3,325.00</b>

Phase 02 Task 2: Connecting Carson, Lomita, and San Pedro: Corridor Planning Study

## Professional Personnel

			Hours	Rate	Amount	
Engineer/Planner II						
Engineer/Planner II						
2579	BILL - 1014 - Mills, Mo	11/4/2025	1.00	170.00	170.00	
2579	BILL - 1014 - Mills, Mo	11/5/2025	2.00	170.00	340.00	
2579	BILL - 1014 - Mills, Mo	11/6/2025	2.00	170.00	340.00	
2579	BILL - 1014 - Mills, Mo	11/13/2025	2.00	170.00	340.00	
2579	BILL - 1014 - Mills, Mo	11/14/2025	2.00	170.00	340.00	
2579	BILL - 1014 - Mills, Mo	11/17/2025	2.00	170.00	340.00	

Due and Payable Upon Receipt

Project	LB25-0151.00	SBCCOG LTN Gap Study - Carson to the Sea			Invoice	191540
2579	BILL - 1014 - Mills, Mo	11/18/2025	1.00	170.00	170.00	
2579	BILL - 1014 - Mills, Mo	11/19/2025	2.00	170.00	340.00	
2579	BILL - 1014 - Mills, Mo	11/20/2025	3.00	170.00	510.00	
	Totals		17.00		2,890.00	
	<b>Total Labor</b>					<b>2,890.00</b>
				<b>Phase Total</b>		<b>\$2,890.00</b>
				<b>Project Total</b>		<b>\$6,215.00</b>
				<b>Total this Report</b>		<b>\$6,215.00</b>

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Due and Payable Upon Receipt



South Bay Cities Council of Government

2355 Crenshaw Blvd., #125  
Torrance, CA 90501

Invoice Date: 01/31/2026

Invoice #: 115883

Client #: 20230322

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***For professional services rendered in connection with:***

The audit of the Organization for the year ended June 30, 2025

Final Billing \$ 1,900.00

Amount Due \$ 1,900.00

**INVOICES ARE DUE UPON RECEIPT**

If payment is not received within 30 days, a late fee is subjected to be applied to the amount  
Make checks payable to: The Pun Group, LLP

Go paperless! Send us your payment electronically:

Beneficiary Bank: Banc of California  
3 MacArthur Place, Santa Ana, CA 92707  
Routing/Transit Number: 122238200  
Beneficiary Name: The Pun Group LLP  
Account Number: 2030213078  
SWIFT/BIC Code: BCLFUS66XXX

6 Hutton Centre Drive, Suite 1200  
Santa Ana, CA 92707  
Tel: 949-777-8800 Fax: 949-777-8850  
ap@pungroup.com

**Business Gold Rewards**

SOUTH BAY CITY C O G

JACKI BACHARACH

Closing Date 02/02/26 Next Closing Date 03/02/26

Account Ending 6-64009

p. 1/11

Customer Care: 1-800-492-3344

TTY: Use Relay 711

Website: americanexpress.com

<b>New Balance</b>	<b>\$11,224.84</b>
<b>Minimum Payment Due</b>	<b>\$285.00</b>
<b>Payment Due Date</b>	<b>02/27/26</b>

**Membership Rewards® Points**

Available and Pending as of 12/31/25

**275,945**

For more details about Rewards, please visit [americanexpress.com/rewardsinfo](http://americanexpress.com/rewardsinfo)

**Account Summary****Pay In Full Portion**

Previous Balance	\$75.00
Payments/Credits	-\$75.00
New Charges	+\$0.00
Fees	+\$175.00
<b>New Balance =</b>	<b>\$175.00</b>

**Pay Over Time Portion**

Previous Balance	\$8,403.67
Payments/Credits	-\$8,403.67
New Charges	+\$11,049.84
Fees	+\$0.00
Interest Charged	+\$0.00
<b>New Balance =</b>	<b>\$11,049.84</b>
<b>Minimum Due</b>	<b>\$110.00</b>

**Account Total**

<b>Previous Balance</b>	<b>\$8,478.67</b>
Payments/Credits	-\$8,478.67
New Charges	+\$11,049.84
Fees	+\$175.00
Interest Charged	+\$0.00

<b>New Balance</b>	<b>\$11,224.84</b>
<b>Minimum Payment Due</b>	<b>\$285.00</b>

**Pay Over Time Limit** \$55,000.00**Available Pay Over Time Limit** \$43,950.16

Days in Billing Period: 31

**Late Payment Warning:** If you do not pay the Minimum Payment Due by the Payment Due Date of 02/27/26, you may have to pay a late fee of \$39.00 and your Pay Over Time APR may be increased to the Penalty APR of 29.99%.

**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Pay Over Time balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	23 years	\$31,036
\$427	3 years	\$15,377 (Savings = \$15,659)

If you would like information about credit counseling services, call 1-888-733-4139.

→ See page 2 for important information about your account.

→ Please refer to the **IMPORTANT NOTICES** section.

→ For information on your Pay Over Time feature and limit, please refer to the **Information on Pay Over Time** section.

↓ Please fold on the perforation below, detach and return with your payment ↓

**Payment Coupon**  
Do not staple or use paper clips

**Pay by Computer**  
[americanexpress.com/business](http://americanexpress.com/business)

**Pay by Phone**  
1-800-472-9297

**Account Ending 6-64009**Enter 15 digit account # on all payments.  
Make check payable to American Express.

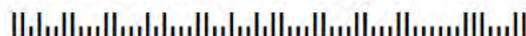
JACKI BACHARACH  
SOUTH BAY CITY C O G  
357 VAN NESS WAY  
STE 110  
TORRANCE CA 90501-1487

Payment Due Date  
**02/27/26**  
New Balance  
**\$11,224.84**  
Minimum Payment Due  
**\$285.00**

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS  
PO BOX 96001  
LOS ANGELES CA 90096-8000

\$ \_\_\_\_\_  
**Amount Enclosed**



0000349991726177298 001122484000028500 01 H



**Business Gold Rewards**  
 SOUTH BAY CITY C O G  
 JACKI BACHARACH  
 Closing Date 02/02/26

Account Ending 6-64009



**Customer Care & Billing Inquiries**  
 International Collect  
 Lost or Stolen Card  
 Large Print & Braille Statements

**1-800-678-0745**  
 1-336-393-1111  
 1-800-678-0745  
**1-800-678-0745**

**Hearing Impaired**

Online chat at [americanexpress.com](http://americanexpress.com) or use **Relay dial 711** and **1-800-678-0745**



**Website:** [americanexpress.com](http://americanexpress.com)

**Customer Care & Billing Inquiries**  
 P.O. BOX 981535  
 EL PASO, TX  
 79998-1535

**Payments**  
 PO BOX 96001  
 LOS ANGELES CA  
 90096-8000

**Payments and Credits**

**Summary**

	Pay In Full	Pay Over Time ♦	Total
<b>Payments</b>	-\$75.00	-\$8,403.67	-\$8,478.67
<b>Credits</b>	\$0.00	\$0.00	\$0.00
<b>Total Payments and Credits</b>	<b>-\$75.00</b>	<b>-\$8,403.67</b>	<b>-\$8,478.67</b>

**Detail**

\*Indicates posting date

Payments	Amount
01/14/26* JACKI BACHARACH PAYMENT RECEIVED - THANK YOU	-\$8,478.67

**New Charges**

**Summary**

	Pay In Full	Pay Over Time ♦	Total
DAVID LEGER 6-61104	\$0.00	\$2,645.87	\$2,645.87
LARA GERGES 6-61179	\$0.00	\$2,781.36	\$2,781.36
NATALIE CHAMPION 6-62201	\$0.00	\$1,677.86	\$1,677.86
ANDREYA MULLIGAN 6-62219	\$0.00	\$254.08	\$254.08
CHRISTINA MARTINEZ 6-61229	\$0.00	\$141.25	\$141.25
JANNA V JAIME 6-61252	\$0.00	\$3,549.42	\$3,549.42
<b>Total New Charges</b>	<b>\$0.00</b>	<b>\$11,049.84</b>	<b>\$11,049.84</b>

**Detail**

♦ - Pay Over Time activity



**DAVID LEGER**  
 Card Ending 6-61104

	Amount
01/06/26 Southwest Airlines SOUTHWEST AIRLINES (MASTE From: LOS ANGELES INTERN To: SACRAMENTO METROPO LOS ANGELES INTERN Ticket Number: 5262118764751 Passenger Name: LEGER/DAVID Document Type: PASSENGER TICKET DALLAS TX Carrier: WN Class: P Date of Departure: 01/14	\$326.96 ♦
01/13/26 JOES AIRPORT PARKING LAX 4700 8192279 90501 PARKING FEES LOS ANGELES CA	\$25.74 ♦
01/13/26 SOUTH BAY ASSOCIATION OF*SOUTH BAY ASS EBdzcLdTfuxDP2_Q90501 CHARITY ORGANIZATION DONAT LONG BEACH CA	\$85.00 ♦

**Detail Continued**

◆ - Pay Over Time activity

				<b>Amount</b>
01/23/26	STAPLES.COM 6951289127 905037 ORD 6951289127 ;REQ ANNE TSAI IT1 UPLOAD YOUR;UPI 77.5000;QTY1 IT2 ;UPI 0.0000;QTY FRT 0.00;HDL 0.00;ITM1	800-333-3330	MA	\$85.44 ◆
01/23/26	LENOVO UNITED STATES K870103757 90501- THINKPAD P16S GEN 3 INTEL 1Y PREMIER SUPPORT UPGRAD STANDARD SHIPPING AND HAN	855-253-6686	NC	\$1,464.82 ◆
01/28/26	ESRI Ecomm 8883774675 BUSINESS SERVICES-NOT ELSEWHERE CLASSIFI	REDLANDS	CA	\$360.00 ◆
01/29/26	ADOBE Adobe Systems 8004438158	SAN JOSE	CA	\$297.91 ◆



**LARA GERGES**

Card Ending 6-61179

				<b>Amount</b>
01/03/26	IN *RR FRANCHISING INC. 7142281934	BUENA PARK	CA	\$1,000.00 ◆
01/03/26	CONSTANT CONTACT 1101412072260 90501 CONSTANT-CONTACT	WALTHAM	MA	\$315.00 ◆
01/08/26	DNH*GODADDY#3987650984 4805058855 COM Domain Name Renewal - 1 Year recur ORG Domain Name Renewal - 1 Year recur NET Domain Name Renewal - 1 Year recur	Tempe	AZ	\$70.57 ◆
01/11/26	APPLE.COM/BILL RECORD STORE	INTERNET CHARGE	CA	\$2.99 ◆
01/15/26	TORRANCE DAILY BREEZE 310-540-4141	TORRANCE	CA	\$26.07 ◆
01/15/26	VSP*CALCHAMBER 000000365 DPO-29676618 90501-	SACRAMENTO	CA	\$51.74 ◆
01/17/26	GOOGLE *YOUTUBEPREMIUM DIGITAL GOODS: APPS	G.CO/HELPPAY#	CA	\$13.99 ◆
01/25/26	INTUIT QUICKBOOKS CL.INTUIT.COM	800-446-8848	CA	\$275.00 ◆
01/26/26	LOS ANGELES TIMES SUBSCRIPTIONS 800-252-9141	EL SEGUNDO	CA	\$52.00 ◆
01/27/26	WEBSTRACT INC 855-855-9866	UPLAND	CA	\$600.00 ◆
01/27/26	WEBSTRACT INC 855-855-9866	UPLAND	CA	\$230.00 ◆
01/28/26	WEBSTRACT INC 855-855-9866	UPLAND	CA	\$144.00 ◆



**NATALIE CHAMPION**

Card Ending 6-62201

				<b>Amount</b>
01/12/26	EZCATER*GREEN OLIVE CU 6J2TR7 90501	BOSTON	MA	\$390.95 ◆
01/12/26	STAPLES 01367 01367000575516 90255 ESSAY/DOCUMENT-CUSTOM EXPRESS GUARANTEE	HUNTINGTON PARK	CA	\$773.59 ◆
01/23/26	EZCATER*PICK UP STIX FHZYJC 90505	BOSTON	MA	\$513.32 ◆



**Detail Continued**

◆ - Pay Over Time activity

**Amount**



**ANDREYA MULLIGAN**  
 Card Ending 6-62219

**Amount**

01/06/26	RALPHS 8884373496 GROCERY STORES	TORRANCE	CA	\$119.74 ◆
01/13/26	BAGELS GALORE squareup.com/receipts	Rancho Palos Verdes	CA	\$92.54 ◆
01/13/26	SMART AND FINAL 306 306 310-832-4179	RANCHO PALOS	CA	\$36.80 ◆
01/14/26	SPECTRUM MOBILE CABLE SVC	855-707-7328	MO	\$5.00 ◆



**CHRISTINA MARTINEZ**  
 Card Ending 6-61229

**Amount**

01/04/26	SPECTRUM CABLE SVC	855-707-7328	MO	\$141.25 ◆
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**JANNA V JAIME**  
 Card Ending 6-61252

**Amount**

01/02/26	ORLANDO SENTINEL COMMUNI 407-420-5353	ORLANDO	FL	\$19.96 ◆
01/05/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$54.26 ◆
01/05/26	AMAZON.COM MERCHANDISE	AMZN.COM/BILL	WA	\$9.83 ◆
01/06/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$8.04 ◆
01/07/26	FedEx Office 0083 2150176781649480175024 110 lb. White 14 pt. Uncoated - Matte Fi Marketplace FedEx Ground (PFP)	Plano	TX	\$86.24 ◆
01/08/26	USPS PO 0578750291 001371799 8002758777	TORRANCE	CA	\$11.90 ◆
01/08/26	FTD* FTD.COM* FTD.COM 9075500 800-736-3383	CHICAGO	IL	\$88.39 ◆
01/10/26	TARGET 612-3044357	TORRANCE	CA	\$51.03 ◆
01/11/26	RALPHS 8884373496	TORRANCE	CA	\$14.99 ◆
01/12/26	TORRANCE GROCERY OUTLET 0000000033640 3104181798	TORRANCE	CA	\$25.61 ◆
01/12/26	USPS PO 0578750291 001371799 8002758777	TORRANCE	CA	\$167.90 ◆
01/13/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$176.39 ◆
01/13/26	EZCATER*MENDOCINO FARM 9J8U8U 90503	BOSTON	MA	\$525.10 ◆
01/13/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$13.22 ◆
01/14/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$54.40 ◆

**Detail Continued**

◆ - Pay Over Time activity

				<b>Amount</b>
01/14/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$61.45 ◆
01/14/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$22.43 ◆
01/15/26	LEASE SERVICES 888-308-4403	MOUNT LAUREL	NJ	\$716.42 ◆
01/20/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$31.78 ◆
01/21/26	AMAZON.COM MERCHANDISE	AMZN.COM/BILL	WA	\$16.86 ◆
01/21/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$17.63 ◆
01/21/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$719.46 ◆
01/25/26	PAVILIONS #2233 2233 800-898-4027	ROLLING HILLS	CA	\$17.27 ◆
01/26/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$89.26 ◆
01/26/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$17.63 ◆
01/28/26	RALPHS 8884373496	TORRANCE	CA	\$38.44 ◆
01/29/26	EZCATER*GREEN OLIVE CU ATPE1M 90248	BOSTON	MA	\$413.90 ◆
01/29/26	AMAZON MARKETPLACE NA PA MERCHANDISE	AMZN.COM/BILL	WA	\$79.63 ◆

**Fees**

			<b>Amount</b>
02/02/26	JACKI BACHARACH	ANNUAL FEE	\$175.00
<b>Total Fees for this Period</b>			<b>\$175.00</b>

**Interest Charged**

			<b>Amount</b>
<b>Total Interest Charged for this Period</b>			<b>\$0.00</b>

**About Trailing Interest**

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Card Member Agreement for details.

**2026 Fees and Interest Totals Year-to-Date**

		<b>Amount</b>
Total Fees in 2026		\$250.00
Total Interest in 2026		\$0.00



# Orlando Sentinel

407-420-5353 / [customerservice@orlandosentinel.com](mailto:customerservice@orlandosentinel.com)

## PAYMENT RECEIPT

*Customer Account #:*

*Subscriber's Name:* ANDREYA MULLIGAN

*Address:*

*Phone No. / Email:* 310-371-7222  
info@southbaycities.org

*Amount:* \$19.96

*Date Processed:* Friday, January 2, 2026

---

*Customer Service Advocate :* Julius Basallo

*Comments:* Active account

*Service Type:* Unlimited Digital Access

*Coverage:* January 2, 2026 – January 29, 2026

*Card/Check Used:* American Express Card ending in 1252

..End..



[Print](#)

**Billing Activity - Invoices**

**South Bay Cities COG**  
*Attn: Lara Gerges*  
2355 Crenshaw Blvd.  
Suite 125  
Torrance CA 90501  
US  
P: 310.371.7222 x211

**Today's Date:** 01/30/2026  
**User Name:** sbesc33

**Invoices from 12/30/2025 to 01/30/2026**

<b>Date</b>	<b>Description</b>	<b>Charge Amount</b>	<b>Credit Amount</b>
01/03/2026	Invoice #1767423750		\$315.00
	<b>Constant Contact - Plus</b>		
	15001-25000 Contacts	\$315.00	
	Highest contact count: 21859		
	From 12/03/2025 to 01/03/2026		

**Billing questions?** [Contact Support](#)

Constant Contact - 890 Winter St - Waltham, MA 02451 US

---

**Payment made to RR FRANCHISING INC.**

---

**From** BusinessServices <BusinessServices@intuit.com>  
**Date** Sat 1/3/2026 12:18 AM  
**To** Christina Martinez <christina@southbaycities.org>



**Thank you for your payment.**

Hello South Bay Cities Council of Governments,

Your payment to RR FRANCHISING INC. was successfully processed on Jan 03, 2026.

**Payment Details:**

Description	Monthly Service
Amount	\$1,000.00
Card type	American Express
Card number	....179
Date & time	01/03/2026 08:17 PST
Authorization Code	173132

No additional transfer fees or taxes apply.

Thank you,

*The Payments Team*

If you have questions or need further assistance, contact RR FRANCHISING INC. at [GABRIELA@VCSCALIFORNIA.COM](mailto:GABRIELA@VCSCALIFORNIA.COM).

This is an automated email. Please don't reply to this message.

Intuit Payments Inc (IPI) processes payments as an agent of the business. Payment processed by IPI constitutes payment to the business and satisfies your obligation to pay the business, including in connection with any dispute or case, in law or equity. Money movement services are provided by IPI pursuant to IPI's licenses (NMLS #1098819). IPI is located at 2700 Coast Avenue, Mountain View, CA 94043, 1-888-536-4801.

This message was sent regarding a payment, transaction, or other banking activity. Please note that if you have chosen not to receive promotional messages that choice does not apply to important message that could affect your service or software, or that are required by law.

Intuit respects your privacy. To learn more, read our [Privacy statement](#)

December 16, 2025  
Invoice Number: 2464159121625  
Account Number: **8448 30 001 2464159**  
Security Code: XXXXXXXXXX  
Service At: 357 VAN NESS WAY STE 110  
TORRANCE CA 90501-1487

**Auto Pay Notice**

**NEWS AND INFORMATION**

**NOTE.** Taxes, Fees and Charges listed in the Summary only apply to Spectrum Business TV and Spectrum Business Internet and are detailed on the following page. Taxes, Fees and Charges for Spectrum Business Voice are detailed in the Billing Information section.

**Pick the right TV package** for your business. Stream popular news, sports and entertainment channels! Call **1-877-509-0286** today.



**Summary** *Service from 12/16/25 through 01/15/26  
details on following pages*

Previous Balance	141.25
Payments Received -Thank You!	-141.25
<b>Remaining Balance</b>	<b>\$0.00</b>
Spectrum Business™ Internet	121.25
Spectrum Business™ Voice	20.00
Other Charges	0.00
Current Charges	\$141.25
<i>YOUR AUTO PAY WILL BE PROCESSED 01/03/26</i>	
<b>Total Due by Auto Pay</b>	<b>\$141.25</b>

**Thank you for choosing Spectrum Business.**

To avoid a late fee, the BALANCE must be paid by the DUE DATE. We appreciate your prompt payment and value you as a customer.

**Auto Pay.** Thank you for signing up for Auto Pay. Please note your payment may be drafted and posted to your Spectrum Business account the day after your transaction is scheduled to be processed by your bank.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652  
8633 2420 DY RP 16 12172025 NNNNNNNN 01 995752

SOUTH BAY CITIES COUNCIL OF GOVERNMENTS  
357 VAN NESS WAY STE 110  
TORRANCE CA 90501-1487

December 16, 2025

**SOUTH BAY CITIES COUNCIL OF**

Invoice Number: 2464159121625  
Account Number: 8448 30 001 2464159  
Service At: 357 VAN NESS WAY STE 110  
TORRANCE CA 90501-1487

**Total Due by Auto Pay \$141.25**

CHARTER COMMUNICATIONS  
PO BOX 60074  
CITY OF INDUSTRY CA 91716-0074

844830001246415900141259



Invoice Number: 2464159121625
Account Number: 8448 30 001 2464159
Security Code: 0197
SOUTH BAY CITIES COUNCIL OF GOVERNMENTS

Contact Us
Visit us at SpectrumBusiness.net
Or, call us at 855-252-0675
8633 2420 DY RP 16 12172025 NNNNNNNN 01 995752

Charge Details

Table with 3 columns: Description, Date, Amount. Rows include Previous Balance (141.25), Credit Card Payment (12/03, -141.25), and Remaining Balance (\$0.00).

Payments received after 12/16/25 will appear on your next bill.

Service from 12/16/25 through 01/15/26

Spectrum Business™ Internet

Table with 2 columns: Description, Amount. Rows include Security Suite (0.00), Domain Name (0.00), Vanity Email (0.00), Static IP 1 (20.00), Spectrum Business Internet Gig (180.00), and Promotional Discount (-80.00).

Your promotional price will expire on 06/15/27

Table with 2 columns: Description, Amount. Row: CA Cost Recovery Charge (1.25), Total: \$121.25

Spectrum Business™ Internet Total \$121.25

Spectrum Business™ Voice

Table with 2 columns: Description, Amount. Rows include Spectrum Business Voice (50.00) and Promotional Discount (-30.00).

Your promotional price will expire on 06/15/27

Table with 2 columns: Description, Amount. Row: Total: \$20.00

Table with 2 columns: Description, Amount. Row: Phone number (424) 271-7467 (\$0.00)

For additional call details, please visit SpectrumBusiness.net

Spectrum Business™ Voice Total \$20.00

Other Charges

Table with 2 columns: Description, Amount. Rows include Payment Processing (5.00), Auto Pay Discount (-5.00), and Other Charges Total (\$0.00).

Table with 2 columns: Description, Amount. Rows include Current Charges (\$141.25) and Total Due by Auto Pay (\$141.25).

Billing Information

Tax and Fees - This statement reflects the current taxes and fees for your area (including sales, excise, user taxes, etc.). These taxes and fees may change without notice. Visit spectrum.net/taxesandfees for more information.

Spectrum Terms and Conditions of Service - In accordance with the Spectrum Business Services Agreement, Spectrum services are billed on a monthly basis. Spectrum does not provide credits for monthly subscription services that are cancelled prior to the end of the current billing month.

Terms & Conditions - Spectrum's detailed standard terms and conditions for service are located at spectrum.com/policies.

Notice - Nonpayment of any portion of your cable television, high-speed data, and/or Digital Phone service could result in disconnection of any of your Spectrum provided services.

The following taxes, fees and surcharges are included in the price of the Spectrum Business Voice services - TAXES: Local Utility Users Tax \$1.18. FEES AND CHARGES: 988 Fee \$0.08, E911 Fee \$0.41, Federal USF \$1.20, PPP Surcharge \$0.90, Regulatory Recovery Fee \$0.14.



Continued on the next page....

Local Spectrum Store: 19800 Hawthorne Blvd, Suite 238, Torrance CA 90503 Store Hours: Mon thru Sat - 10:00am to 8:00pm; Sun - 12:00pm to 7:00pm or 20700 Avalon Blvd, Suite 120, Carson CA 90745 Store Hours: Mon thru Sat - 10:00am to 8:00pm; Sun - 12:00pm to 7:00pm



For questions or concerns, please call 1-866-772-4948.





Invoice Number: 2464159121625  
 Account Number: 8448 30 001 2464159  
 Security Code: **0197**

**Contact Us**

Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
 Or, call us at **855-252-0675**

8633 2420 DY RP 16 12172025 NNNNNNNN 01 995752

**Insufficient Funds Payment Policy** - Charter may charge an insufficient funds processing fee for all returned checks and bankcard charge-backs. If your check, bankcard (debit or credit) charge, or other instrument or electronic transfer transaction used to pay us is dishonored, refused or returned for any reason, we may electronically debit your account for the payment, plus an insufficient funds processing fee as set forth in your terms of service or on your Video Services rate card (up to the amount allowable by law and any applicable sales tax). Your bank account may be debited as early as the same day payment is dishonored, refused or returned. If your bank account is not debited, the returned check amount (plus fee) must be replaced by cash, cashier's check or money order.

**Past Due Fee / Late Fee Reminder** - A late fee will be assessed for past due charges for service.

**Franchise Administrator** - City of Torrance, Torrance CATV Office  
 3350 Civic Center Dr Torrance CA 90503 Phone: (310) 618-5762

**Complaint Procedures** - If you disagree with your charges, you need to register a complaint no later than 60 days after the due date on your bill statement.

**Spectrum Business Voice** - provided by Charter Communications Operating, LLC's voice subsidiaries.



Invoice Number: 2464159121625  
Account Number: 8448 30 001 2464159  
Security Code: 0197

SOUTH BAY CITIES COUNCIL OF GOVERNMENTS

**Contact Us**  
Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
Or, call us at **855-252-0675**  
8633 2420 DY RP 16 12172025 NNNNNNNN 01 995752



## Choose the entertainment solution that fits your needs

Get a three-year price guarantee



<p><b>Business TV</b></p> <p><b>\$40</b> /mo for 3 years</p> <p>when bundled with 2 or more services</p> <ul style="list-style-type: none"> <li>✓ 50+ channels</li> <li>✓ Popular news, sports and entertainment channels</li> <li>✓ Cable-box compatible for local channels (not required)</li> </ul>	<p><b>TV Stream</b></p> <p><b>\$40</b> /mo for 3 years</p> <p>when bundled with 2 or more services</p> <ul style="list-style-type: none"> <li>✓ 70+ channels</li> <li>✓ Stream top news and entertainment at our best value</li> <li>✓ No cable box required</li> <li>✓ Ideal for businesses that don't need local channels</li> </ul>	<p><b>TV Premier</b></p> <p><b>\$70</b> /mo for 3 years</p> <p>when bundled with 2 or more services</p> <ul style="list-style-type: none"> <li>✓ 90+ channels</li> <li>✓ Sports, news and top shows</li> <li>✓ Ideal for businesses with waiting rooms, break rooms and beyond</li> <li>✓ Stream on the Spectrum TV App or connect via cable box</li> </ul>
--	--	---

**Switch now, risk-free. Call 1-866-845-8047.**  
Offer good through 03/01/26

Limited-time offer; subject to change. Qualified Spectrum Business customers only. Must not have subscribed to applicable services w/ in the last 30 days & have no outstanding obligation to Charter. Standard rates apply after promo period or if qualifying services not maintained. A monthly \$5 Payment Processing Charge will be applied to customer accounts not enrolled in Auto Pay. **BUSINESS TV:** Offer requires bundled purchase of Business TV service with Business Internet. Taxes, fees and surcharges (bdcst surcharge up to \$28.00/mo.) extra and subject to change during and after the term; installation, equipment and additional services are extra. TV equipment may be required, charges apply. Channel availability based on level of service and not all channels available in all markets or locations. Additional equipment may be required to access PEG channels. **BUSINESS TV STREAM /TV PREMIER:** Offer requires bundled purchase of Business TV Stream with Business Internet. Additional taxes/fees may apply. Spectrum TV App required. Spectrum Business streaming video service is only accessible through Spectrum Business Internet connection at business location. Account credentials may be required to stream some TV content online. Channel availability based on level of service and not all channels available in all markets or locations. Services subject to all applicable service terms & conditions, which are subject to change. Services & promo. offers not avail. in all areas. Pricing subject to change. Installation & other equipment charges, taxes & fees may apply. Restrictions apply. Call for details. ©2025 Charter Communications, all rights reserved.

# Order Summary

Order placed January 5, 2026    Order # 113-8917436-0462601

<b>Ship to</b> Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	<b>Payment method</b> American Express ending in 1252 <a href="#">View related transactions</a>	<b>Order Summary</b>
		Item(s) Subtotal: \$49.63
		Shipping & Handling: \$2.25
		Free Shipping: -\$2.25
		Total before tax: \$49.63
		Estimated tax to be collected: \$4.63
		<b>Grand Total: \$54.26</b>

## Delivered January 6

It was handed directly to a receptionist or someone at a front desk.



**Kleenex Ultra Soft Facial Tissues, 8 Cube Boxes, 80 Tissues per Box, 3-Ply, Packaging May Vary**

Sold by: Amazon.com

Supplied by: Other

Return or replace items: Eligible through February 5, 2026

\$16.99

## Delivered January 6

Your package was left near the front door or porch.



**Ecovita 100% Compostable Spoons - 140 Large Disposable Utensils (6.3 in.) Eco Friendly Durable and Heat Resistant Alternative to Plastic Spoons with Convenient Tray**

Sold by: Blasso, LLC

Return or replace items: Eligible through February 5, 2026

\$28.15

## Delivered January 6

Your package was left near the front door or porch.



**TAZO Organic Refresh Mint Herbal Tea Bags with Peppermint and Spearmint, Caffeine Free, 16 Total Tea Bags**

Sold by: Amazon.com

Supplied by: Other

Return items: Eligible through February 5, 2026

\$4.49

[Back to top](#)

# Order Summary

Order placed January 5, 2026    Order # 113-6186320-1017829

Ship to	Payment method	Order Summary	
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal:	\$7.29
		Shipping & Handling:	\$0.00
		Total before tax:	\$7.29
		Estimated tax to be collected:	\$0.75
		<b>Grand Total:</b>	<b>\$8.04</b>

## Delivered January 7

Your package was left near the front door or porch.



[EXTRIC Permanent Markers Chisel Tip, Black, 12 Count, Quick Drying Ink, Works on Paper, Wood, Plastic, Metal and Glass, Great for Home, Office and School use](#)

Sold by: [The Mega Deals](#)

Return or replace items: Eligible through February 6, 2026

\$7.29

[Back to top](#)

# Order Summary

Order placed January 5, 2026    Order # 113-4928100-1981051

<b>Ship to</b>	<b>Payment method</b>	<b>Order Summary</b>	
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal:	\$8.92
		Shipping & Handling:	\$0.74
		Free Shipping:	-\$0.74
		Total before tax:	\$8.92
		Estimated tax to be collected:	\$0.91
		<b>Grand Total:</b>	<b>\$9.83</b>

## Delivered January 6

Your package was left near the front door or porch.



[Hefty Easy Flaps Multipurpose Large Trash Bags, 30 Gallon, 40 Count](#)

Sold by: Amazon.com

Supplied by: Other

Return or replace items: Eligible through February 5, 2026

\$8.92

[Back to top](#)

COG refreshment

GCs for Christina Martinez



FRESH FOR EVERYONE.

1770 Carson Street  
(310) 787-8786

Your cashier was Destiny R

**VERIFIED TOTAL SAVINGS \$ 2.00**

SC	CHOBANI COFFE CRMRR	5.49	F
	RALPHS SAVED YOU	1.00	
SC	CHOBANI SWEET CRM RC	5.49	F
	RALPHS SAVED YOU	1.00	
	THINKING OF	7.95	T
MR	GRUBHUB GIFT CARD	50.00	
GB	*****3373	50.00	Binc
MR	UBER GIFT CARD	50.00	
GB	*****3313	50.00	Binc
	RALPHS rewards CUSTOMER	*****1000	
	TAX	0.81	
	**** BALANCE	119.74	

Torrance CA 90501  
 AMERICAN EXPRESS Purchase  
 \*\*\*\*\*2219 - H  
 REF#: 849260 TOTAL: 119.74  
 AID: A00000025010801  
 TC: F9C7EE9217A51CAB

AMEX	119.74
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	3
RALPHS rewards SAVINGS	\$2.00
TOTAL COUPONS	\$ 2.00

01/06/26 10:22am 132 8 53 320

\*\*\*\*\*  
Annual Card Savings \$2.00  
\*\*\*\*\*

EARN 50 FUEL POINTS  
BY GIVING US FEEDBACK

Go to [www.kroger.com/feedback](http://www.kroger.com/feedback)

Date: 01/06/26

Time: 10:22AM

Entry ID: 703-897-53-132-8-61

\*\*\*\*\*

With Card & Coupons

**VERIFIED TOTAL SAVINGS \$ 2.**

TRY OUR PHARMACY (310) 787-8861  
MGR: CINDY CARRILLO (310) 787-8786  
THANK YOU FOR SHOPPING AT RALPHS!

Fresh opportunity awaits  
Join our team today!



[jobs.ralphs.com](http://jobs.ralphs.com)  
[www.ralphs.com](http://www.ralphs.com)

**Subject:** You're going to Sacramento on 01/14 (AF3W8P)!  
**Date:** Tuesday, January 6, 2026 at 7:53:56 PM Pacific Standard Time  
**From:** Southwest Airlines  
**To:** David Leger

Here's your itinerary & receipt. See ya soon!  
[View in web browser](#) | [View our mobile site](#)



[Manage Flight](#) | [Flight Status](#) | [My Account](#)

### Travel notice

Do you have a REAL ID? Starting May 7, all Passengers 18+ need a state-issued REAL ID-compliant license or identification card to fly domestically. Learn more at [www.dhs.gov/real-id](http://www.dhs.gov/real-id).

Passengers who do not yet have their REAL ID or another TSA acceptable form of ID can expect delays, additional screening, and the possibility of not being allowed into the security checkpoint.



Hi David,

We're looking forward to flying together! It can't come soon enough. Below you'll find your itinerary, important travel information, and trip receipt. See you onboard soon!

JANUARY 14 - JANUARY 14

LAX  SMF

Los Angeles to Sacramento

Confirmation # **AF3W8P**

Confirmation date: 01/06/2026

PASSENGER **David Leger**  
RAPID REWARDS # 20706708960

TICKET # 5262118764751  
EST. POINTS EARNED 552

Rapid Rewards® points are only estimations.

## Your itinerary

**Flight 1:** Wednesday, 01/14/2026  
Est. Travel Time: 1h 30m  
[Basic](#)

FLIGHT	DEPARTS	ARRIVES
<b>#2341</b>	<b>LAX 06:55AM</b> Los Angeles	<b>SMF 08:25AM</b> Sacramento

**Flight 2:** Wednesday, 01/14/2026  
Est. Travel Time: 1h 30m  
[Basic](#)

FLIGHT	DEPARTS	ARRIVES
<b>#2096</b>	<b>SMF 06:25PM</b> Sacramento	<b>LAX 07:55PM</b> Los Angeles

## Payment information

### Total cost

#### Air - AF3W8P

Base Fare	\$	275.50
U.S. Transportation Tax	\$	20.66
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	10.60
U.S. Passenger Facility Chg	\$	9.00
<b>Total</b>	<b>\$</b>	<b>326.96</b>

### Payment

January 6, 2026

#### Payment Amount

Amer Express ending in 1104

**\$326.96**

Fare rules: if you decide to make a change to your current itinerary it may result in a fare increase.

Your ticket number: 5262118764751

## What to expect on your trip, and a few reminders.



Basic fare: One standard carryon and one personal item allowed for all ticketed Passengers, plus you earn 2X Rapid Rewards® points per dollar. Flight changes allowed with fare upgrade. [Learn more.](#)



Make sure you know [when to arrive at your airport](#). Times vary by city.



If your plans change, you must cancel your reservation at least 10 minutes prior to the flight's original scheduled departure time. If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, your reservation will be canceled, and your funds and points may be forfeited. [Learn more.](#)

## Prepare for takeoff



Use our app to make changes to your trip, get a boarding pass, & more.



**Download app now**



**Download app now**



## Don't miss out on automatic check-in

When available, EarlyBird Check-In<sup>®</sup> reserves your boarding position at 36 hours before your flight, earlier than regular check-in.

Get it now



## Earn up to 10,000 Rapid Rewards<sup>®</sup> points per night

Choose a hotel in Sacramento.

Book hotel



## Have questions about your upcoming trip?

Get all the answers before you leave for the airport.

Prepare now



Book hotel >



Book car >



View all offers >



## Help Center

5262118764751: NONREF/NONTRANSFERABLE -BG WN LAX WN SMF137.75WN LAX137.75USD275.50END ZP LAX5.30SMF5.30 XF LAX4.5SMF4.5

PLN7R2D  
PLN7R2D

**No-show policy:** If you do not plan to travel on your flight, you must cancel your reservation at least 10 minutes prior to the flight's original scheduled departure time. If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, your reservation will be canceled, and your funds and points may be forfeited. [Learn more](#).

Choice Extra, Choice Preferred, and Choice Transferable Flight Credits created from reservations booked and ticketed and/or changed on or after May 28, 2025 expire twelve months from the date the fare was purchased and ticketed. Basic fare flight credits expire six months from the date the fare was purchased and ticketed.

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If you have purchased a refundable fare and choose not to travel, you must request your refund to the original payment form within 1 year of ticket issuance.

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Southwest Airlines  
2702 Love Field Drive  
Dallas, TX 75235  
1-800-1-FLY-SWA (1-800-435-9792)

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7900 Legacy Drive  
Plano, TX 75024-4089  
800.463.3339

Receipt #: **ADSKPCE3695EBD2E08X**

January 7, 2026 2:08 PM

## Print Orders

**Order:** 2010633243748680

**\$78.86**

## Marketplace Sellers

Item	QTY	Unit Price	Price
<b>Custom Bookmarks</b>			
110 lb. White 14 pt. Uncoated - Matte Finish	1,000	\$0.0703	\$70.30 T
MP FedEx Ground	1		\$8.56

### Recipient Address

Janna Jaime  
FXO  
357 VAN NESS WAY  
110  
Torrance, CA 90501, US  
3103717222  
janna@southbaycities.org

Print Order Subtotal	\$70.30
Marketplace Shipping	\$8.56
Tax	\$7.38
<b>Total</b>	<b>\$86.24</b>

Purchase APPROVED

AMEX	\$86.24
Acct #	****1252
Expiration Date	11/1930
Authorization	213643

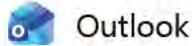
Total Tender \$86.24

Tell us how we're doing: [fedex.com/welisten](https://fedex.com/welisten)

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ADSKPCE3695EBD2E08X



## Thank You For Your Order, Janna

From FTD Customer Service <wecare@ftd.com>

Date Wed 1/7/2026 9:47 AM

To Janna Jaime <Janna@southbaycities.org>

Your recent purchase has earned you a [\$15.07] credit | [Apply My Credit](#)

## Your Order is Confirmed

We've received your order! We'll send an update when your items are delivered.



### Card Message:

Sending you warm thoughts and positive energy. Take good care of yourself, we're all looking forward to seeing you back healthy and well.

### Inspired Bouquet - Deluxe

**Order #:**

60542910631

**Delivery Date:**

01/08/2026

**Deliver To:**

Christina Martinez  
4535 N Bellflower Blvd  
Long Beach, CA 90808  
ph. (562) 284-1847

<b>Item Cost</b>	<b>\$70.00</b>
<b>Discounts Applied</b>	<b>(\$10.00)</b>
<b>Shipping/Delivery Fees</b>	<b>\$19.99</b>
<b>Tax</b>	<b>\$8.40</b>
<b>Subtotal</b>	<b>\$88.39</b>
<b>Total Charge</b>	<b>\$88.39</b>

---

You're all set, Jacki! Renewal complete and confirmed for order #3987650984.

---

From GoDaddy <donotreply@godaddy.com>  
Date Thu 1/8/2026 3:16 AM  
To Info SBCCOG <info@southbaycities.org>



Need help? [Contact us.](#)  
Customer Number: 58314582

 **Renewal Success!**

## Sign in to see what's new.

**.COM Domain Renewal** **\$22.19**

SOUTHBAYCITIES.COM

1 Year

---

**.ORG Domain Renewal** **\$23.19**

SOUTHBAYCITIES.ORG

1 Year

---

**.NET Domain Renewal** **\$25.19**

SOUTHBAYCITIES.NET

1 Year

---

Subtotal:	\$70.57
Tax:	\$0.00
<b>Total:</b>	<b>\$70.57</b>

[View My Orders →](#)

We have billed your AMEX card ending with the last two digits: 79 for the amount of \$70.57.

To review all your products and services, [sign in to your account](#).

If your products are on a 1 month subscription term, they will automatically renew next month at the same price listed here, unless otherwise indicated.

NOTE: Your purchase includes enrollment in our automatic renewal service. This message confirms that during the checkout process, you agreed to [GoDaddy's Universal Terms of Service Agreement](#), [Privacy Policy](#) and [all other agreements applicable to your purchase](#). You can obtain a list of all agreements and policies to which you agreed by contacting GoDaddy customer service and visiting the GoDaddy Legal Agreements and Policies page. Your use of the purchased products is governed by the terms of these agreements and policies. If you wish to cancel your purchase, please learn more about our [Refund Policy](#). This message also confirms that during the checkout process, you agreed to enroll your products in our automatic renewal service. This keeps your products up and running, automatically charging then-current renewal fees to your payment method on file, with no further action on your part. If you do not wish to continue using our automatic renewal service, you can cancel by visiting the Renewals and Billing page in your account. If you selected an installment payment option during checkout, the option applies to a product's current term only and you will pay the then-current full amount upon automatic renewal. You may, however, select an additional installment payment option, if available, for a product by visiting the [Renewals and Billing page](#) in your account and manually renewing a product.

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State Water Resources  
Division of Admin Acct.



MARCELINA  
1433 MARCELINA AVE  
TORRANCE, CA 90501-9998  
www.usps.com

01/08/2026

03:26 PM

TRACKING NUMBERS  
9505 5134 0967 6008 0372 46

TRACK STATUS OF ITEMS WITH THIS CODE  
(UP TO 25 ITEMS)



TRACK STATUS BY TEXT MESSAGE  
Send tracking number to 28777 (2USPS)  
Standard message and data rates may apply

TRACK STATUS ONLINE  
Visit <https://www.usps.com/tracking>  
Text and e-mail alerts available

PURCHASE DETAILS

Product	Qty	Unit Price	Price
Priority Mail®	1		\$11.90
Flat Rate Env			
Sacramento, CA 95812			
Flat Rate			
Expected Delivery Date			
Mon 01/12/2026			
Tracking #:			
9505 5134 0967 6008 0372 46			
Insurance			\$0.00
Up to \$100.00 included			
Total			\$11.90

Grand Total: \$11.90

Credit Card Remit \$11.90

Card Name: AMEX  
Account #: XXXXXXXXXXXX1252  
Approval #: 8E1098  
Transaction #: 127  
AID: A000000025010801 Contactless  
AL: AMERICAN EXPRESS  
PIN: Not Required

TO REPORT AN ISSUE  
Visit <https://email.usps.com>

All hazardous labels/markings on reused  
boxes MUST be completely  
removed/obliterated if they no longer  
match the contents.

TO FILE AN INSURANCE CLAIM  
Visit <https://www.usps.com/help/claims.htm>

PREVIEW YOUR MAIL AND PACKAGES  
at

START MEETING REPRESENTATIONS



Torrance - 310-214-1561  
3433 Sepulveda Blvd  
Torrance, California 90505-2606  
01/10/2026 12:40 PM



GROCERY

284100046	CHOBANI	NF	\$20.00
	2 @ \$10.00 ea		
	Regular Price	\$13.49	
284053032	CHOBANI	NF	\$5.49
284050271	CHOBANI	NF	\$5.49
212020718	G&G HONEY	NF	\$3.49
	Regular Price	\$3.69	
266084240	BERRIES	NF	\$1.69
231150657	TAZO TB Rege	NF	\$4.79
231130513	KODIAK CAKES	NF	\$4.99
	Regular Price	\$5.89	
231130511	KODIAK CAKES	NF	\$4.99
	Regular Price	\$5.89	

NON RETAIL

004100019	TARGET BAG	TP	\$0.00
	Bag Fee		\$0.10

SUBTOTAL \$51.03

NO TAX \$0.00

TOTAL \$51.03

\*1252 AMEX CHARGE \$51.03

AID: A000000025010801

AMERICAN EXPRESS

AUTH CODE: 827546

WHEN YOU RETURN ANY ITEM, YOUR RETURN CREDIT WILL NOT INCLUDE ANY PROMOTIONAL DISCOUNT OR COUPON APPLIED TO THE ORIGINAL ORDER.

YOU'RE SHOPPING SMARTER WITH TARGET CIRCLE

If you've unlocked a partnership perk with this purchase, you may get an email. Visit Target.com/Circle to see details and all of your benefits.

NOTICE: Some furniture products can expose you to chemicals known to the State of California to cause cancer, birth defects or other reproductive harm. Please check on-product label for warning information

YOUR TOTAL SAVINGS THIS TRIP: \$8.98

Fee may not be refundable

REC#2-6010-0200-0082-5474-9

Help make your Target Run better. Take a 2 minute survey about today's trip



Outlook

---

## Your receipt from Apple.

---

**From** Apple <no\_reply@email.apple.com>

**Date** Sun 1/11/2026 8:59 PM

**To** Info SBCCOG <info@southbaycities.org>



# Receipt

January 11, 2026

Order ID:

MTNJ46W4JS

Document:

804075770739

Apple Account:

info@southbaycities.org



iCloud

\$2.99

iCloud+ with 200 GB (Monthly)

Renews February 11, 2026

SBCCOG's Mac mini

## Billing and Payment

SBCCOG Office

2355 Crenshaw Boulevard

Torrance CA 90501-3329

United States

Subtotal

\$2.99

---

American Express \*\*\*\* 1179

\$2.99

If you have any questions about your bill, [contact support](#). This email confirms payment for the iCloud+ plan listed above. You will be billed each plan period until you cancel by [downgrading](#) to the free storage plan from your iOS device, Mac or PC.

You may contact Apple for a full refund within 15 days of a monthly subscription upgrade or within 45 days after a yearly payment. Partial refunds are available where required by law.

---

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STAFF MEETINGS REFRESHMENTS



FRESH FOR EVERYONE™

5035 Pacific Coast Hwy.  
(310) 378-0294  
Your cashier was Ali M

**VERIFIED TOTAL SAVINGS \$ 3.98**

SC	FK PINEAPPLE CHUNKRC	5.00 F
	RALPHS SAVED YOU	1.99
	NATR STRWBRY	4.99 F
	FK CANTALOUPE CHNKRC	5.00 F
SC	RALPHS SAVED YOU	1.99
	RALPHS rewards CUSTOMER	*****6090
	TAX	0.00
	*** BALANCE	14.99

Torrance CA 90505  
AMERICAN EXPRESS Purchase  
\*\*\*\*\*1252 - H  
REF#: 832561 TOTAL: 14.99  
AID: A000000025010801  
TC: 8FEA97B6B14CD622

AMEX	14.99
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	3
RALPHS rewards SAVINGS	\$3.98
TOTAL COUPONS	\$ 3.98

01/11/26 04:12pm 88 8 137 108  
\*\*\*\*\*  
Annual Card Savings \$3.98  
\*\*\*\*\*  
Fuel Points Earned Today: 15  
Total Jan Fuel Points: 27  
\*\*\*\*\*  
Remaining Dec Fuel Points: 290  
\*\*\*\*\*

With Card & Coupons  
**VERIFIED TOTAL SAVINGS \$ 3.**

TRY OUR PHARMACY (310) 378-5214  
MGR: JACKIE ORELLANA (310) 378-0294  
THANK YOU FOR SHOPPING AT RALPHS!

Fresh opportunity awaits  
Join our team today!



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www.ralps.com

Refreshments

#604 Grocery Outlet

# GROCERY OUTLET

bargain market

\*\*\*\*\*

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- OR -

Take our survey & share your feedback



SCAN THIS QR CODE TO START  
or visit [www.groceryoutlet.com/connect](http://www.groceryoutlet.com/connect)

\*\*\*\*\*

Grocery I

GO ALUM FOIL 150FT 15.98 T  
2 @ 7.99

Produce

RASPBERRIES 4.00 F  
2 @ 2 FOR 4.00

Deli

PISTACHIO CREAMER 3.99 F

**BALANCE DUE 25.61**

SUB TOTAL 23.97  
10.250% Sales Tax 1.64  
TOTAL TAX 1.64  
TOTAL 25.61

Credit Type :American E \$25.61  
Ref# 028917

01/12/2026 17:13:07  
AMERICAN EXPRESS Entry Method:Cntctless  
CARD #: XXXXXXXXXXXX1252  
PURCHASE - APPROVED  
AUTH CODE:865186

Mode; Issuer  
AID: A000000025010801  
TVR: 0000008000  
IAD: 06660103A03002  
TSI: A800 ARC: 00  
TC: 9A4FE4A17860C78A  
MID: 366404 TID: 001 RRN: 028917

Total: USD\$ 25.61

CHANGE 0.00

Cashier Name: Manager

Cashier :0604 Store: 0604

**Subject:** South Bay Association of Chambers of Commerce Payment receipt  
**Date:** Monday, January 12, 2026 at 4:33:48 PM Pacific Standard Time  
**From:** South Bay Association of Chambers of Commerce  
**To:** David Leger

**PAYMENT RECEIPT**

South Bay Association of Chambers of Commerce

Date: 12 Jan 2026  
Amount: \$85.00  
Payment type: 8am Affinipay Payment  
Payment Method ID: Amex Card ending with \*1104

Payment received from:

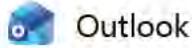
[davidl@southbaycities.org](mailto:davidl@southbaycities.org)  
South Bay Cities Council of Governments - C

Payment for:

Date	Document	
28 Oct 2025	<a href="#">Invoice 00037</a> Registration for "2026 SBACC Installation" (14 Nov 2025 11:30 AM - 1:30 PM, Hotel Maya 700 Queensway Drive, Long Beach, CA 90802), a. Individual Ticket	Settled amount \$85.00 Invoice total \$85.00 Due \$0.00

Total settled: \$85.00  
Available balance: \$0.00





---

## Here's your ezCater receipt

---

**From** ezCater Support <support@ezcater.com>  
**Date** Mon 1/12/2026 1:18 PM  
**To** Natalie Champion <natalie@southbaycities.org>



# Natalie, here's your receipt



We hope your event was successful — and delicious. Your receipt is below.

For a PDF of this or any ezCater receipt, visit [your Receipts page](#).

### Order details:

**Order number**

# 6J2-TR7

**Delivery date & time**

Monday, January 12 at 11:15 AM

**Delivery info**

South Bay Cities Council of Governments  
357 Van Ness Way #90  
Torrance, CA 90501  
310-502-5964

**Restaurant**

Green Olive Cuisine (Green Olive Torrance)

**Your receipt:**

Subtotal	\$306.00
Delivery Fee	\$35.00
10.25% Sales Tax	\$34.95
Tip for Driver/Catering Staff	\$15.00
<b>Total</b>	<b>\$390.95</b>

**Payment method** Credit Card - •••• •••• •••• 2201 (American Express)

\* The charge on your credit card statement will be from ezCater, Inc.

*Payment to ezCater or our payment processor constitutes payment to the caterer.*

**Accounting:** Need to verify this receipt? Visit [the receipt page](#) and enter verification code df504

**What you ordered:**

<b>4</b>	<b>Vegetarian Feast</b>	<b>\$72.00</b>
<b>9</b>	<b>Mediterranean Feast W/ 2 Meats</b> 2 Meats: Chicken Kabob, Beef Kabob	<b>\$180.00</b>
<b>1</b>	<b>Greek Salad</b> Size: Small	<b>\$33.00</b>
<b>1</b>	<b>Baklava</b> Size: Small	<b>\$21.00</b>
	<b>Tableware</b> Include: Napkins, Plates, Utensils	<b>Free</b>

**Reach a human in seconds**

Get live support whenever you need it - 24/7



3090 E Slauson Ave  
Huntington Park, CA 90255  
323-277-3706

Sale

Store: 1367 Register: 5  
Date: 1/12/26 Time: 8:49 AM  
Transaction: 75516 Cashier: 1607078

REWARDS NUMBER \*\*\*\*\*9634

Qty Item Price Amount

\*\*\*\*\* Order Number 2248124272\*\*\*\*\*

6	ESSAY/DOCUMENT-CUS 1980563	78.73	472.36
1	EXPRESS GUARANTEE 2623897	141.71	141.71
10	ESSAY/DOCUMENT-CUS 1980563	3.09	30.90
1	EXPRESS GUARANTEE 2623897	9.27	9.27
10	ESSAY/DOCUMENT-CUS 1980563	2.38	23.79
1	EXPRESS GUARANTEE 2623897	7.14	7.14
1	ESSAY/DOCUMENT-CUS 1980563	7.37	7.37
1	EXPRESS GUARANTEE 2623897	2.21	2.21
1	ESSAY/DOCUMENT-CUS 1980563	4.10	4.10
1	EXPRESS GUARANTEE 2623897	1.23	1.23

Questions on Customer Order 2248124272  
Call your local Staples Store

\*\*\*\*\*

Subtotal	700.08
CALIFORNIA 10.5%	73.51

Total 773.59

AMERICAN EXPRESS USD\$773.59  
Card No. : XXXXXXXXXXXX2201 [C]  
Chip Read  
Auth No. : 848945  
Mode.: Issuer  
AID.: A00000025010801  
TVR.: 000008000  
IAD.: 0664010360A002  
TSI.: F800  
ARC.: 3030

Easy Rewards Point Summary

Points Redeemed Today	0
Points Remaining	370
Dollars Remaining	\$1.00

Points will post within 5 business days.  
Terms and conditions apply.

What can we make easy for you?

Count on us for convenient services  
done right and fast, including print,  
travel, tech, shipping and recycling.  
Find what you need in store or  
at staples.com. And be sure to join  
our Easy Rewards program!

THANK YOU FOR SHOPPING AT  
STAPLES!



□ T 11341K11917CNH4C1I4A □

Customer Copy

New year. New printer.  
Let's go!

Save up to \$120 on HP  
Smart Tank printers.  
Plus, only \$15.99 for TRU RED copy paper,  
3-ream case. These deals mean business.  
Get them now through 1/31/26. Shop  
staples.com now.

# Order Summary

Order placed January 13, 2026    Order # 111-7863338-3536251

Ship to	Payment method	Order Summary
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal: \$11.99 Shipping & Handling: \$0.00 Total before tax: \$11.99 Estimated tax to be collected: \$1.23 <b>Grand Total: \$13.22</b>

**Delivered January 14**  
Package was left in a secure location



[Desk Calendar 2026-2027, 22" x 17" 18 Month Wall Calendar Runs from January 2026 to June 2027 Large Desktop Calendar for Home Office Planning Personal Organisers, Flower Style](#)

Sold by: LiranAM

Return or replace items: Eligible through February 13, 2026

**\$11.99**

[Back to top](#)

# Order Summary

Order placed January 13, 2026    Order # 113-2024972-4464204

<b>Ship to</b>	<b>Payment method</b>	<b>Order Summary</b>	
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal:	\$159.99
		Shipping & Handling:	\$0.00
		Total before tax:	\$159.99
		Estimated tax to be collected:	\$16.40
		<b>Grand Total:</b>	<b>\$176.39</b>

## Delivered January 16



**FEZIBO Standing Desk, 55x28 Inches Electric Height Adjustable, Sit Stand Up, Computer Office Desk with Splice Board, Black Frame/Rustic Brown TOP**

Sold by: Youniverse Inc

Supplied by: Other

Return or replace items: Eligible through February 15, 2026

\$159.99

[Back to top](#)

Staff Meeting



### Bagels Galore

28362 S Western Ave  
Rancho Palos Verdes, CA  
90276-1434  
(310) 514-3699  
<https://bagels-galore.square.site>

Jan 13, 2026  
6:47 AM  
Ernesto

---

Ticket: \$92.54 Payment  
Receipt: hQcE  
Authorization: 836939

---

AMERICAN EXPRESS  
AID A0 00 00 00 25 01 08 01

---

FOR HERE

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Dozen Bagels x 2 (\$19.50 each)	\$39.00
Blueberry cream cheese x 5 (\$6.25 each) 8oz	\$31.25
Plain cream cheese 16oz	\$9.50
<hr/>	
Subtotal	\$79.75
Service charge (3.5%)	\$2.79
Tip	\$10.00
<hr/>	
Total	\$92.54
AmEx 2219 (Contactless)	\$92.54



## ezCater Receipt

**Order Number**

# 9J8-U8U

**Customer**

Janna Jaime

**Event Name**

January Staff Meeting

**Date & Time**

Tue 01/13/26 at 11:30 AM

**Address**

Janna Jaime  
357 Van Ness Way  
Suite 90  
Torrance, CA 90501  
310-947-2779  
24 people

**Caterer**

Mendocino Farms #75 (Torrance (TORR2))

**Food Items**

Large Foodie × 1	\$400.00
Choose Your Leafy Salad: Large Pink Lady Apple & Goat Cheese Salad (GLUTEN-FREE)	
Choose Your Deli Side: Large Spicy Curried Couscous	
Dessert: Large Assorted Cookies (24 Pieces)	

**Tableware**

Free

Don't include: Napkins, Plates, Utensils

---

<b>Sub Total</b>	<b>\$400.00</b>
------------------	-----------------

Delivery Fee	\$40.00
--------------	---------

10.25% Sales Tax	\$45.10
------------------	---------

Tip for Driver/Catering Staff	\$40.00
-------------------------------	---------

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<b>Total</b>	<b>\$525.10</b>
--------------	-----------------

**PAID**

Payment Method: Credit Card - •••• •••• •••• 1252 (American Express). Balance Due:

\$0.00

Transaction 625h9xr8 captured 01/13/2026.

**Thank you for being an ezCater customer!**

Questions? We like to help. Please email [support@ezcater.com](mailto:support@ezcater.com) or call us at 1-800-488-1803.

Visit us online at <https://www.ezcater.com>.

**Accounting: To easily verify this receipt**

Please visit <https://www.ezcater.com/receipt/9J8U8U> and enter verification code **28715b**.

**Earn up to 25,000 ezRewards points**

[Refer a friend](#) and earn up to 25,000 points per referral. That's a \$250 Amazon Gift Card!

[joesairportparking.com/parking-process/](https://joesairportparking.com/parking-process/)[FAQ \(https://joesairportparking.com/faq/\)](https://joesairportparking.com/faq/)[SUPPORT \(https://joesairportparking.com/support/\)](https://joesairportparking.com/support/)[\(https://joesairportparking.com/\)](https://joesairportparking.com/)

## Your Reservation

### Reservation Confirmed

Please print a copy of this reservation confirmation for your records.

A copy of this confirmation will be sent to you at the e-mail address you provided.

### Customer Information

**Name:** David Leger  
**Address:** 357 Van Ness Way #110  
**City:** Torrance CA  
**PostalCode:** 90501  
**Phone:** 3104084965  
**Email\*:** DavidL@southbaycities.org

Use the bar code in your confirmation email to scan into the lot.

### Payment Information

**Card Type:** American Express  
**Ending With:** 1104  
**Auth Code:** 279113  
**Order Date:** 1/13/2026 5:30:37 PM  
**Order Type:** 1

### Flight Information

**FlightNum:** WN2341  
opencancel  
**Airline:** Southwest Airways  
**NumInParty\*:** 1

### Total Amount

# \$25.74

[See less details](#)▼

### Vehicle Information

**Make:** Jeep  
**Model:** Other  
**Color:** Black  
**Year:** 2015

### PRICE SUMMARY

Rate Type	PRICE	QTY	TOTAL
*Self Park, Garage	\$23.95		\$23.95
30% off parking			\$7.19
Discount Sub-Total			\$16.76
<b>\$1.85 Airport Access Fee</b>	<b>\$1.85</b>		<b>\$1.85</b>
*+Booking Fee	\$4.95		\$4.95
Taxable Sub-Total			\$21.71
10% Parking Tax	10.00%		\$2.18
Non-Taxable Sub-Total			\$1.85
<b>Grand Total</b>			<b>\$25.74</b>

\*Denotes taxable item

+Denotes non-refundable item

### Reservation Information

**Confirmation #:** 8192279  
**Preference:** Self Park, Garage  
**Duration:** 0 Day(s) 15 Hour(s)  
**Dates:** 01/14/2026 5:30 AM  
01/14/2026 9:00 PM

### Service Address

Joe's Airport Parking  
6151 W. Century Blvd  
Los Angeles, CA 90045  
310-670-0290



<https://joesairportparking.com>

FAQ

<https://joesairportparking.com/faq/>

Careers

[https://joesairportparking-tlrgc.icims.com/jobs/search?ss=1&in\\_iframe=1](https://joesairportparking-tlrgc.icims.com/jobs/search?ss=1&in_iframe=1)

Open 24 hrs a day, 365 Days of the year

We accept all major credit cards.

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Staff Meeting

**Smart & Final.** &  
Warehouse & Market. Friend & Neighbor.

Store 306  
28500 S. WESTERN AVENUE  
RANCHO PALOS VERDES, CA 90275  
Telephone (310) 832-4179

**Produce/Bulk/Floral**  
Red Onions 0.86 F  
0.87 lb @ 0.99 USD/lb  
**Fresh/Frozen Meat**  
Smoked Salmon Nova Lox 5.99 F  
**General**  
Basket Verify 0.00  
SUBTOTAL 36.80

Total # Items Sold 8

36.80 @ 0.000% = 0.00

TOTAL 36.80  
Amex 36.80

PURCHASE \$36.80  
\*\*\*\*\*2219 AmEx  
CHIP CONTACTLESS  
REF#: 861798 APPROVED  
AMERICAN EXPRESS  
ARQC - 4B10B85C718262AD  
Mode: Issuer  
IAD: 06660103A02002

Legend

F = food stamp eligible

0010306130126006000013



You were served by: Sharon  
Date Time Store Term Op Tran  
01/13/26 06:41 AM 306 6 40028 11

Thank you for shopping with us!

Complete our survey and  
enter for a chance to win a  
\$500 SMART & FINAL GIFT CARD!  
Visit [www.smartandfinal.com/survey](http://www.smartandfinal.com/survey)  
within 7 days of this shop

Now Hiring!

Visit [www.smartandfinal.com/careers](http://www.smartandfinal.com/careers)

Smart & Final. Where Else?

# Order Summary

Order placed January 14, 2026    Order # 113-1472992-4458616

Ship to	Payment method	Order Summary
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal: \$54.40 Shipping & Handling: \$0.00 Total before tax: \$54.40 Estimated tax to be collected: \$0.00 <b>Grand Total: \$54.40</b>

## Delivered January 16



Folgers Decaf Coffee, Ground Coffee, Classic Medium Roast, 19.2 Ounce Canister

Sold by: Shoplet

Supplied by: Other

Return items: Eligible through February 18, 2026

2 \$27.20

[Back to top](#)

# Order Summary

Order placed January 14, 2026    Order # 113-9894212-1877857

Ship to	Payment method	Order Summary
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal: \$55.74 Shipping & Handling: \$2.99 Free Shipping: -\$2.99 Total before tax: \$55.74 Estimated tax to be collected: \$5.71 <b>Grand Total: \$61.45</b>

## Delivered January 15

Your package was left near the front door or porch.



**Ecovita 100% Compostable Paper Plates [9 in.] – 150 Disposable Plates Eco Friendly Sturdy Tree Free Liquid and Heat Resistant Alternative to Plastic or Paper Plates**  
Sold by: Blasso, LLC

Return or replace items: Eligible through February 14, 2026  
\$39.75



**3 Pack Faucet Filter Replacement for All PUR®Plus, PUR® Water Filter Replacement, Pur® Filter Replacement RF-9999®, NSF 42 Certified, 900-Gallon Long Lifespan, AQUA CREST**

Sold by: Water Purity Expert  
Return or replace items: Eligible through February 14, 2026  
\$15.99

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# Order Summary

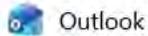
Order placed January 14, 2026    Order # 113-6546667-0149011

Ship to	Payment method	Order Summary
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal: \$22.43 Shipping & Handling: \$0.00 Total before tax: \$22.43 Estimated tax to be collected: \$0.00 <b>Grand Total: \$22.43</b>

**Delivered January 15**  
Package was left in a secure location

[Lay's Kettle Cooked Potato Chips, Variety Pack, 0.85 Ounce \(Pack of 40\)](#)  
Sold by: Amazon.com  
Supplied by: Other  
Return items: Eligible through February 14, 2026  
\$22.43

[Back to top](#)



Thank You for Your Payment

From Spectrum Business <MyAccount@spectrumemails.com>  
Date Wed 1/14/2026 3:01 AM  
To Info SBCCOG <info@southbaycities.org>

[View in Browser](#) [En español](#)



# Thank You for Your Payment

Dear Valued Customer,

We've received your payment. Below is a summary of your payment details.

## Payment Information

<b>Amount:</b>	\$5.00
<b>Method:</b>	AMEX ending in 2219
<b>Date:</b>	January 14, 2026



### Manage Your Account

You can review your account information and see the details of your bill at [SpectrumBusiness.net](https://SpectrumBusiness.net).



### Choose Your Auto Pay Date

You can [change your Auto Pay](#) date whenever you want. It's quick and easy to do.

Thank you for being a Spectrum Customer.  
Spectrum Business Support Team

*Please do not reply to this email as this email address is not monitored. For more information, please visit [Spectrum Business Support](#).*

*This email was sent to: [info@southbaycities.org](mailto:info@southbaycities.org).*

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# Payment History

## Payment History for Contract

Date: 2/4/2026

Please note that the payment history may not include any convenience fees that have been paid.

Transaction	Received Date	Amount Received	Invoices	Date Due	Payment Type
49929097	01/15/2026	\$20.00	41553738	02/19/2026	Auto pymt from Unapp
49850650	01/15/2026	\$348.21	41413876	01/19/2026	AMEX
	01/15/2026	\$348.21	41273652	12/19/2025	AMEX
49637084	12/19/2025	\$348.21	41273652	12/19/2025	OSG ACH
49410862	11/19/2025	\$348.21	41129888	11/19/2025	OSG ACH
49180024	10/19/2025	\$348.21	40987590	10/19/2025	OSG ACH
48955849	09/19/2025	\$348.21	40879888	09/19/2025	OSG ACH
48777811	08/19/2025	\$348.21	40773468	08/19/2025	OSG ACH
48601691	07/19/2025	\$348.21	40667392	07/19/2025	OSG ACH
48394364	06/19/2025	\$348.21	40562660	06/19/2025	OSG ACH
48240895	05/19/2025	\$348.21	40458112	05/19/2025	OSG ACH
48096998	04/19/2025	\$348.21	40355043	04/19/2025	OSG ACH
47956398	03/19/2025	\$347.41	40252943	03/19/2025	OSG ACH
47822657	02/19/2025	\$347.41	36759436	02/19/2025	OSG ACH
47705996	01/19/2025	\$347.41	36644909	01/19/2025	ACH
47605233	12/19/2024	\$347.41	36530664	12/19/2024	ACH
47506017	11/19/2024	\$347.41	36416335	11/19/2024	ACH
47406064	10/19/2024	\$347.41	36302304	10/19/2024	ACH
47300268	09/19/2024	\$347.41	36183953	09/19/2024	ACH
47198205	08/19/2024	\$347.41	36068697	08/19/2024	ACH
47076692	07/19/2024	\$347.41	35952631	07/19/2024	ACH
46963501	06/19/2024	\$347.41	35830244	06/19/2024	ACH
46876478	05/19/2024	\$347.41	35710904	05/19/2024	ACH
46781046	04/19/2024	\$347.41	35594005	04/19/2024	ACH
46668593	03/19/2024	\$347.41	35470471	03/19/2024	ACH
46563952	02/19/2024	\$347.41	35349795	02/19/2024	ACH
46455469	01/19/2024	\$347.41	35229056	01/19/2024	ACH
46355032	12/19/2023	\$347.41	35101781	12/19/2023	ACH
46249228	11/19/2023	\$347.41	34976778	11/19/2023	ACH
46143696	10/19/2023	\$284.25	34853759	10/19/2023	ACH
46095979	07/24/2023	\$63.16	34853759	10/19/2023	I/r to late fee
46007292	09/05/2023	\$347.41	34728438	09/19/2023	One-Time ACH
45915521	07/24/2023	\$31.58	34597341	07/24/2023	ACH
	07/24/2023	\$31.58	34465641	06/24/2023	ACH
45913075	08/08/2023	\$347.41	34597341	08/19/2023	One-Time ACH

**INVOICE**  
(Please pay from this copy)



**FOR REMITTANCE**  
California Chamber of Commerce  
P.O. Box 888342  
Los Angeles, CA 90088-8342  
customer.service@calchamber.com

**FOR RETURN OF PRODUCTS**  
California Chamber of Commerce  
920 Riverside Parkway, Suite 30  
West Sacramento, CA 95605  
800 331 8877 · 916 341 0875 fax  
Federal Tax ID 94-0361980  
www.calchamber.com

CID: 957373

Invoice 11893710

**BILL** Lara Gerges  
**TO:** South Bay Cities COG  
357 Van Ness Way Ste 110  
Torrance, CA 90501-1487  
United States of America

**SHIP** Lara Gerges  
**TO:** South Bay Cities COGe  
357 Van Ness Way Ste 110  
Torrance, CA 90501-1487  
United States of America

**P.O. No.:**

**Ship. Method: STANDARD**

**Invoice 01/15/26**

**Due and payable immediately**

PRODUCT NUMBER	EDITION	DESCRIPTION	QTY. ORDERED	SHIPPED	B/O	AVAIL. DATE	UNIT PRICE	AMOUNT
PSE	2026	CA & Federal Labor Law Poster (ENG) Paper	1	1			31.99	31.99

**PAID IN FULL**

Sub Total	31.99
Membership Discount	0.00
Special Discount	0.00
Freight & Handling Amount	14.94
Sales Taxes	4.81

**NO PAYMENT DUE**

Total	51.74
Amount Paid	51.74
Balance Due	0.00

Remittance Copy (Please tear off and send with payment)

CID: 957373

CID: 957373

11893710

Invoice 11893710

Lara Gerges  
South Bay Cities COGe  
357 Van Ness Way Ste 110  
Torrance, CA 90501-1487  
United States of America

South Bay Cities COGe  
Balance Due 0.00

**PLEASE REMIT TO:**  
**CALIFORNIA CHAMBER OF COMMERCE**  
**P.O. BOX 888342 · LOS ANGELES, CA 90088-8342**  
**PLEASE REFER TO CID 957373 ON YOUR CHECK**

TORRANCE DAILY BREEZE



**SOUTHERN  
CALIFORNIA**  
NEWS GROUP

## DAILY BREEZE

[service@scng.com](mailto:service@scng.com) | 310-540-4141

[www.dailybreeze.com.com](http://www.dailybreeze.com.com)

### PAYMENT RECEIPT

#### LARA GERGES

2355 Crenshaw Blvd Ste 125  
Torrance CA 90501-3329

Account: **903391985**

Payment Type: AmEx Card ending in 1179  
Payment Amount: \$26.07  
Payment Date: December 24, 2025  
Renewal Date: January 18, 2026  
Term: # 4 Weeks/ SunOnly subscription

---

#### SUBSCRIPTION TERMS

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## Memberships



**Premium**

Individual membership: \$13.99/mo

^ Manage membership

Next billing date: Feb 17

Cancel

Pause membership

Pause up to 6 months, resume anytime

Pause

Billed with Amex \*\*\*\* 1179

Edit

Backup payment method

Edit

Recommended upgrades



**Premium**

**Family Membership**

\$22.99/month

One subscription gives you and 5 family members (13+) in the same household access to all YouTube Premium features. Terms apply.

Upgrade

# Order Summary

Order placed January 20, 2026    Order # 113-7636744-0907419

<b>Ship to</b>	<b>Payment method</b>	<b>Order Summary</b>	
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal:	\$31.78
		Shipping & Handling:	\$0.00
		Total before tax:	\$31.78
		Estimated tax to be collected:	\$0.00
		<b>Grand Total:</b>	<b>\$31.78</b>

## Arriving January 28



TAZO Tea Bags, Regenerative Organic: Refresh Mint Herbal, Zen Green, Green Ginger, Chai Black, Early Grey, & Passion Herbal (1ea) (Variety Pack)

Sold by: CPGIO

Supplied by: Other

**\$31.78**

[Back to top](#)

# Order Summary

Order placed January 21, 2026    Order # 113-0259123-0634624

<b>Ship to</b>	<b>Payment method</b>	<b>Order Summary</b>	
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal:	\$645.90
		Shipping & Handling:	\$0.00
		Total before tax:	\$645.90
		Estimated tax to be collected:	\$66.19
		CA Electronic Waste	\$25.00
		Recycling Fee	
		<b>Grand Total:</b>	<b>\$737.09</b>

## Arriving tomorrow



**Wireless Presentation Clicker PowerPoint Presenter Remote : USB Type C Clicker with Red Laser Pointer Long Range PPT Control -Power Point Google Slide Advancer for Mac Laptop PC Computer Keynote**

Sold by: VILNIU  
Supplied by: Other  
**\$15.99**

## Arriving tomorrow



**Samsung 32-Inch Flat Computer Monitor, 75Hz, Borderless Display, AMD FreeSync, Game Mode, Advanced Eye Care, HDMI and DisplayPort, LS32B304NWNXGO, 2024**

Sold by: Amazon.com  
Supplied by: Other  
**\$149.99**



**New! Sceptre 24-inch Prime Monitor 100Hz 100% sRGB HDMI x2 VGA Build-in Speakers Machine Black 2026 (E248W-19203R Series)**

Sold by: Amazon.com  
Supplied by: Other  
**\$89.97**

## Arriving tomorrow



**Samsung 32-Inch Flat Computer Monitor, 75Hz, Borderless Display, AMD FreeSync, Game Mode, Advanced Eye Care, HDMI and DisplayPort, LS32B304NWNXGO, 2024**

Sold by: Amazon.com  
Supplied by: Other  
**\$149.99**

[Back to top](#)

# Order Summary

Order placed January 21, 2026    Order # 113-9561294-3121814

<b>Ship to</b> Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	<b>Payment method</b> American Express ending in 1252 <a href="#">View related transactions</a>	<b>Order Summary</b>
		Item(s) Subtotal: \$16.86
		Shipping & Handling: \$0.00
		Total before tax: \$16.86
		Estimated tax to be collected: \$0.00
		<b>Grand Total: \$16.86</b>

## Arriving tomorrow



**TAZO Organic Zen Green Tea, Caffeinated Tea with Refreshing Lemongrass & Spearmint, 16 Total Bags**

Sold by: Amazon.com  
Supplied by: Other  
**\$3.99**



**TAZO Calm Chamomile Herbal Tea Bags, Caffeine Free Blend, 16 Total Tea Bags**

Sold by: Amazon.com  
Supplied by: Other  
**\$4.39**



**TAZO Organic Chai Black Tea Bags, Caffeinated tea, 16 Total Bags**

Sold by: Amazon.com  
Supplied by: Other  
**\$3.99**



**TAZO Organic Earl Grey Tea Bags, Black tea with Caffeine, 16 Total Tea Bags**

Sold by: Amazon.com  
Supplied by: Other  
**\$4.49**

[Back to top](#)



## ezCater Receipt

**Order Number**

# FHZ-YJC

**Customer**

Natalie Champion

**Date & Time**

Thu 01/22/26 at 5:00 PM

**Address**

South Bay Cities Council of Governments  
357 Van Ness Way #90  
Torrance, CA 90501  
310-502-5964

**Caterer**

Pick Up Stix #763 (Torrance)

**Food Items**

Vegetable Spring Rolls × 5	\$10.00
18-20 Person Package × 1	\$303.00
Chicken Entree: General's Orange Chicken	
Beef Entree: Beef & Broccoli	
Rice: Small Egg Fried Rice	
Tofu & Broccoli × 1	\$46.00
Size: Small	
Gourmet Fudge Brownies × 2	\$37.98
Size: Half Dozen	
Tableware	
Free	
Include: Napkins, Plates/Bowls, Utensils	
<b>Sub Total</b>	<b>\$396.98</b>
Delivery Fee	\$59.55
10.25% Sales Tax	\$46.79
Tip for Driver/Catering Staff	\$10.00

---

**Total** **\$513.32**

**PAID**

Payment Method: Credit Card - •••• •••• •••• 2201 (American Express). Balance Due:  
\$0.00

Transaction jre5fma7 captured 01/22/2026.

**Thank you for being an ezCater customer!**

Questions? We like to help. Please email [support@ezcater.com](mailto:support@ezcater.com) or call us at 1-800-488-1803.

Visit us online at <https://www.ezcater.com>.

**Accounting: To easily verify this receipt**

Please visit <https://www.ezcater.com/receipt/FHZYJC> and enter verification code **b96caa**.

**Earn up to 25,000 ezRewards points**

[Refer a friend](#) and earn up to 25,000 points per referral. That's a \$250 Amazon Gift Card!



# Order #6951289127

Order placed: January 22, 2026 at 2:40 PM

## Order summary

Merchandise total	\$77.50
Shipping & Delivery	Free
Tax	\$7.94

**Order total** **\$85.44**

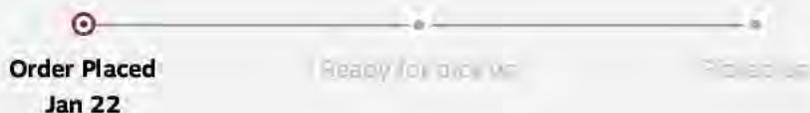
Payment method

Amex\*\*\*\* 1104 \$0.00

### In store pick up:

Torrance, CA 90503

Expected in store on: Jan 22, 2026



1 item

### FOAMBOARD POSTER ONLINE

Item #: 24553363

1 @ \$77.50 EACH	\$77.50
------------------	---------

**\$77.50**

### Exclusive Offers

Feedback



Sign Up for Email & be the first to know about new products and exclusive offers in Lenovo Pro! Sign Up >

My Account > My Orders > Order Details K870103757

# Order Details K870103757

## Order Information

Order Number	K870103757
Date Placed	01/23/2026
Customer Name	David Leger
Email	DAVIDL@SOUTHBAYCITIES.ORG
Phone Number	(424) 271-4682
Store Name	South Bay Cities Council of Governments(US_7410388)
Total Amount	\$1,464.82

[Download Invoice](#)

## Product Summary

Subtotal	\$1,500.00
Instant Savings	-\$40.99
Rewards Applied	-\$148.74
Shipping	Free
Sales Tax	\$154.55
<b>Total</b>	<b>\$1,464.82</b>
You Are Saving	\$189.73

[View My Rewards](#)

[Questions about your order](#)

[Return Item](#)

## Shipping Information

Shipping Address David, Leger, 357 Van Ness Way, Suite 110, California, Torrance, 90501-1483, US

## Payment Information

Billing Address David, Leger, 357 Van Ness Way, Suite 110, California, Torrance, 90501-1483  
Payment Method AMEX •••••••••• 1104

## Items Delivered (2)

### Delivered on 01/26/2026

[Reorder](#)

Order Placed 01/23/2026      Waiting to be shipped      Shipped 01/23/2026      **Delivered 01/26/2026**

Product Image	Product Name	Qty	Item Price	Total Price	Order Status	Shipping Status
	<b>ThinkPad P16s Gen 3 Intel (16") Mobile Workstation</b>	1	\$1,459.00	\$1,459.00	Delivered	Standard Delivery Dummy Carrier for D&H <a href="#">1ZC1C3784217284239</a> Delivered: 01/26/2026
	<a href="#">View Specs Info</a> <a href="#">Find Compatible Accessories</a>					

Customers Who Bought the Items in Your Order Also Bought

X

READY TO SHIP

ThinkPad Universal USB-C Dock



Save \$90.00 (37%)  
Limited Time Price  
\$149.99

ONLY ON LENOVO.COM

Lenovo Select Wireless Basic Mouse



Save \$4.00 (26%)  
Limited Time Price  
\$10.99

READY TO SHIP

ThinkPad Thunderbolt 4 Workstation Dock



Save \$167.00 (37%)  
Limited Time Price  
\$272.99

Bundle Items Include:



1Y Premier Support Upgrade from 1Y Courier/Carry-in  
Part #: 5WS1H31759

1

\$0.01

\$0.01

Fulfilled

N/A

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Email



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UNITED STATES



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- Gaming & AR/VR
- Tablets & Smart Devices
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- Services & Warranty
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*Kitchen condiments*  
**PAVILIONS**

Store 2233 Dir Jessica Hernandez  
Main:(310) 377-1994 Rx:(310) 541-1915  
7 Peninsula Center  
Rancho Palos Verdes CA 90274



YOUR CASHIER TODAY WAS ROBERT

GROCERY	Price	You Pay
4139000105 KIKKOMAN LESS SODI	4.49	4.29 S
Member Savings -0.20		
REFRIG/FROZEN		
81093403019 2# VIOLIFE 100% VEGAN	12.98	12.98 S
TAX		0.00
**** BALANCE		17.27

Credit Purchase 01/25/26 11:58  
CARD # \*\*\*\*\*1252  
REF: 785816412520 AUTH: 00807398

PAYMENT AMOUNT 17.27

AL AMERICAN EXPRESS  
AID A000000025010801  
TVR 0000008000  
AMEX 17.27  
CHANGE 0.00

**YOUR SAVINGS**

Member Savings 0.20  
**Total 0.20**

**YOUR POINTS**

Points Earned Today 17

---

**We received your Intuit subscription payment!**

---

**From** Intuit <No\_Reply@notifications.intuit.com>

**Date** Sun 1/25/2026 5:15 AM

**To** Lara Gerges <Lara@southbaycities.org>



# Payment success

Lara Gerges, thank you for your payment.

<b>Invoice number:</b>	10001462006365
<b>Invoice date:</b>	01/25/2026
<b>Total:</b>	\$275.00
<b>Payment method:</b>	AMEX ending in 1179

[View billing history](#)

Sign in to Intuit where you can see your billing history and view, save, and print your invoice.

# Account details

<b>Billed to:</b>	South Bay Cities Council of Governments
<b>Company ID ending:</b>	5725
<b>Items on this invoice:</b>	QuickBooks Online Advanced

(1) For subscriptions, your payment method on file will be automatically charged monthly/annually at the then-current list price until you cancel. If you have a discount, it will apply to the then-current list price until it expires or is canceled. Additional service fees may apply based on whether you add or remove services and your usage. See your [Subscriptions and billing](#) page for additional pricing details. To cancel your subscription at any time, go to the Subscriptions and billing page and cancel the subscription.(2) For one-time services, your payment method on file will reflect the charge in the amount referenced in this invoice. Terms, conditions, pricing, features, service, and support options are subject to change without notice



## Questions or concerns?

[Visit customer support](#)

[Look up your charge](#)

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# Order Summary

Order placed January 26, 2026    Order # 113-3583255-3572256

<b>Ship to</b>	<b>Payment method</b>	<b>Order Summary</b>	
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252	Item(s) Subtotal:	\$80.96
	<a href="#">View related transactions</a>	Shipping & Handling:	\$0.00
		Total before tax:	\$80.96
		Estimated tax to be collected:	\$8.30
		<b>Grand Total:</b>	<b>\$89.26</b>

## Arriving Thursday



Amazon Basics Multipurpose Copy Printer Paper, 20 lb, 8.5 x 11 Inches, 8 Reams (4,000 Sheets), 92 Bright, White

Sold by: Amazon.com  
Supplied by: Other  
\$44.80

## Arriving Thursday



Seventh Generation Multi Purpose Wipes All Purpose Cleaning Garden Mint scent with 100% Essential Oils and Botanical Ingredients 70 count, Pack of 3

Sold by: Amazon.com  
Supplied by: Other  
\$16.17

## Arriving Thursday



Reli. 40 to 45 Gallon Trash Bags Heavy Duty | 50 Trash Bags | Super Sizeable, Clear, Garbage for Serious Cleanup

Sold by: Reli.  
Supplied by: Other  
\$19.99

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# Order Summary

Order placed January 26, 2026    Order # 113-0918674-6131439

Ship to	Payment method	Order Summary	
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal:	\$15.99
		Shipping & Handling:	\$0.00
		Total before tax:	\$15.99
		Estimated tax to be collected:	\$1.64
		<b>Grand Total:</b>	<b>\$17.63</b>

**Arriving tomorrow**



MOSISO Laptop Case 16 inch, 15-15.6 inch Laptop Sleeve Compatible with MacBook Pro 16 M4 M3 M2 M1, HP Acer Dell Lenovo ASUS Notebook, Polyester Vertical Computer Sleeve Bag with Pocket, Black

Sold by: Mosiso  
Supplied by: Other  
**\$15.99**

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# Los Angeles Times

2300 E Imperial Highway  
El Segundo, CA 90245  
United States  
Phone: (213) 283-2274  
Email: servicenotifications@caltimes.com

## Invoice

Invoice # 20056628  
Billed On Jan 26, 2026  
Terms On-Receipt  
Due On Jan 26, 2026

Bill To

Lara Gerges

1 DIGITAL NO ADDRESS  
TORRANCE, CA 90501  
United States

PAID

on Jan 26, 2026

**\$52.00** USD

Date	Description	Qty	Price	Subtotal
Jan 26, 2026 – Jan 25, 2027	Digital Only: Every Day for 52 Weeks	1	\$52.00	\$52.00

Subtotal \$52.00

**Total \$52.00**

Paid (\$52.00)

**Amount Due \$0.00**

### Payments

Jan 26, 2026 \$52.00 Payment from American Express ... 1179

### Notes

All amounts in United States Dollars (USD)

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380 New York St  
 Redlands, CA-92373-8118  
 Phone: (909) 793-2853

Invoice : 900184491 Document date : 01/27/2026  
 Order : 5062947 Delivery :  
 Customer : 207278  
 Customer PO : 658542526137  
 End User : 207278 South Bay Cities Council of  
 Project :

Bill to:  
 Kim Fuentes  
 South Bay Cities Council of  
 Government  
 Suite 110  
 357 Van Ness Way  
 Torrance CA 90501-1483

**'Invoice'**

Page : 1  
 Ship to:  
 Kim Fuentes  
 South Bay Cities Council of  
 Government  
 Suite 110  
 357 Van Ness Way  
 Torrance CA 90501-1483

For questions regarding this document, please contact Customer Service at 888-377-4575.

Terms of payment: Prepaid

The line items included in this transaction are governed exclusively by the terms of the above-referenced contract, if any, or, where applicable, Esri's standard terms and conditions at [www.esri.com/legal/software-license](http://www.esri.com/legal/software-license).

Item	Qty	Material Number	Price
10	3	153418 ArcGIS Online Credits; Block of 1,000 Start Date: 01/27/2026 End Date: 01/26/2028	360.00
Item Subtotal			360.00
Amt. Prepaid			360.00-
<b>Total:</b>			<b>USD 0.00</b>

FEIN: 95-2775732  
 DUNS/CEC: 06-313-4175 CAGE: 0AMS3  
 Please detach lower portion and return with remittance



Kim Fuentes  
 South Bay Cities Council of  
 Government  
 Suite 110  
 357 Van Ness Way  
 Torrance CA 90501-1483

Remit Payment to:  
 Environmental Systems Research Institute, Inc.

**By Check:** P.O. Box 741076  
 Los Angeles  
 CA 90074-1076  
**Electronic Instructions:**  
**Bank:** Bank of America  
**Wire ABA:** 026009593  
**ACH ABA:** 121000358  
**Acct#:** 1496150335



Invoice: 900184491 Document Date: 01/27/2026  
 Order: 5062947  
 Payer: 207278 Total: USD 0.00

**Webstract**

751 Weir Canyon Road, Suite 157  
Anaheim Hills, CA 92808  
8552015800  
billing@webstract.com  
https://www.webstract.com/



# INVOICE

**BILL TO**

South Bay Cities Council of  
Governments  
2355 Crenshaw Blvd., #125  
Torrance, CA 90501

**INVOICE #** 19459

**DATE** 01/27/2026

**DUE DATE** 01/27/2026

**TERMS** Due on receipt

ACTIVITY	QTY	RATE	AMOUNT
Software:Elfsight Price for 1 widget	1	144.00	144.00

PAID

Webstract Marketing's Terms and Conditions which defines the terms and conditions by which Webstract Marketing will perform its services and which binds the parties for such services are found on our website. Consent to the Terms and Conditions are acknowledged by continuing to use our services.

PAYMENT	144.00
BALANCE DUE	<b>\$0.00</b>

**Webstract**

751 Weir Canyon Road, Suite 157  
Anaheim Hills, CA 92808  
8552015800  
billing@webstract.com  
https://www.webstract.com/



# INVOICE

**BILL TO**

South Bay Cities Council of  
Governments  
2355 Crenshaw Blvd., #125  
Torrance, CA 90501

**INVOICE #** 19461

**DATE** 02/01/2026

**DUE DATE** 02/01/2026

**TERMS** Due on receipt

ACTIVITY	QTY	RATE	AMOUNT
<b>Hosting:Web Hosting (Premium)</b> Website is hosted on a secure dedicated server on Google Cloud via WP Engine with daily backups, 24/7 uptime monitoring, and SSL Included.	1	230.00	230.00
<b>Hosting:CDN</b> Offload media assets to Amazon AWS S3 and delivery media via Cloudflare CDN for optimal website performance, speed, and deliverability. (Included in price)	1	0.00	0.00

Webstract Marketing's Terms and Conditions which defines the terms and conditions by which Webstract Marketing will perform its services and which binds the parties for such services are found on our website. Consent to the Terms and Conditions are acknowledged by continuing to use our services.

BALANCE DUE

**\$230.00**

**Webstract**

751 Weir Canyon Road, Suite 157  
Anaheim Hills, CA 92808  
8552015800  
billing@webstract.com  
https://www.webstract.com/



# INVOICE

**BILL TO**

South Bay Cities Council of  
Governments  
2355 Crenshaw Blvd., #125  
Torrance, CA 90501

**INVOICE #** 19460

**DATE** 02/01/2026

**DUE DATE** 02/01/2026

**TERMS** Due on receipt

---

ACTIVITY	QTY	RATE	AMOUNT
<b>Webmaster Services</b> Website Maintenance & Support	1	600.00	600.00
<b>Info</b> Payment will be debited from credit card on file at the end of the month. To update credit card on file <a href="https://secure.webstract.com/credit-card/">https://secure.webstract.com/credit-card/</a>	1	0.00	0.00

---

Webstract Marketing's Terms and Conditions which defines the terms and conditions by which Webstract Marketing will perform its services and which binds the parties for such services are found on our website. Consent to the Terms and Conditions are acknowledged by continuing to use our services.

BALANCE DUE

**\$600.00**

Refreshments + Climate  
**Ralphs** FR FOR EVERYONE  
 group

1770 Carson Street  
 (310) 787-8786  
 Your cashier was CHEC 501

	DRIS STRWBRY	RC	7.99	F
SC	RALPHS SAVED YOU	1.50		
	BLUEBERRIES ORG	RC	5.99	F
SC	RALPHS SAVED YOU	4.00		
	RASPBERRIES		7.99	F
	CHOBANI CREAMER	RC	5.49	F
SC	RALPHS SAVED YOU	1.00		
	CHOBANI CREAMER	RC	5.49	F
SC	RALPHS SAVED YOU	1.00		
	CHOBANI CREAMER	RC	5.49	F
SC	RALPHS SAVED YOU	1.00		
	RALPHS rewards CUSTOMER	*****6090		
	TAX		0.00	
	**** BALANCE		38.44	

Torrance CA 90501  
 AMERICAN EXPRESS Purchase  
 \*\*\*\*\*1252 - H  
 REF#: 882499 TOTAL: 38.44  
 AID: A000000025010801  
 TC: 2D6509DA81E678AA

	AMEX	38.44
	CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =		6
	RALPHS rewards SAVINGS	\$8.50
	TOTAL COUPONS	\$ 8.50

01/28/26 10:40am 132 501 11 999999501

\*\*\*\*\*  
 Annual Card Savings \$12.48  
 \*\*\*\*\*  
 \*\*\*\*\*  
 Fuel Points Earned Today: 38  
 Total Jan Fuel Points: 72  
 \*\*\*\*\*  
 Remaining Dec Fuel Points: 290  
 \*\*\*\*\*

**Subject:** Thanks for your order, David  
**Date:** Thursday, January 29, 2026 at 8:06:14 AM Pacific Standard Time  
**From:** Adobe  
**To:** David Leger

---



Thanks for your order, David

What's next? Assign the licenses you've purchased for your team from the [Admin Console](#).

As a reminder, your Adobe ID account login is [DavidL@southbaycities.org](mailto:DavidL@southbaycities.org). Use it to access all your Adobe products and services.

## Here's a quick look at your order:

Adobe Order

AD03498400209CUS

Company Name

SBCCOG Team

Billing Period

29-January-2026 PST – 25-February-2026 PST

Payment Method

AMEX ending in 1104

Due on 29-January-2026 PST

US\$297.91 including tax

Starting 26-February-2026 PST

US\$297.91 including tax



Creative Cloud Pro

1 license

---



Acrobat Pro

6 licenses

---



Acrobat Pro

1 license

---



Adobe Stock – 10 assets a month

1 license

# Adobe

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Adobe, 345 Park Avenue, San Jose, CA 95110 USA.

# Order Summary

Order placed January 29, 2026    Order # 113-5300040-3264229

Ship to	Payment method	Order Summary
Janna Jaime 357 VAN NESS WAY STE 110 TORRANCE, CA 90501-1487 United States	American Express ending in 1252 <a href="#">View related transactions</a>	Item(s) Subtotal: \$72.22 Shipping & Handling: \$0.00 Total before tax: \$72.22 Estimated tax to be collected: \$7.41 <b>Grand Total: \$79.63</b>

## Arriving Monday



**iBayam 3-Pack 8" Heavy Duty Scissors with Ultra Sharp Blades and Comfort Grip Handles - For Office, Home, School, Sewing, and Crafts**  
 Sold by: Qi US  
 Supplied by: Other  
**\$8.99**

## Arriving Monday



2

**Small Desk Calendar 2026, Cabbrix Standing Flip Desktop Calendar Covers 12 Months Runs from January 2026 to December 2026, Flip Desk Calendars with Stickers and Flower Design 8x6"**  
 Sold by: Pikaon  
 Supplied by: Other  
**\$6.99**



**Amazon Basics Rubber Bands, Size 33 (3-1/2 x 1/8 Inch), 600 Bands/1 lb Pack, 3-Pack, Tan**  
 Sold by: Amazon.com  
 Supplied by: Other  
**\$18.06**



**8 Gallon 200 Counts Unscented Medium Trash Bags,Fit 7,8,9,10 Gal Garbage Bags by Teivio, 30 Liter Thick Bathroom Can Bin Liners,Plastic Bags for Home Office Kitchen, Clear**  
 Sold by: Teivio Park  
 Supplied by: Other  
**\$14.99**



**Pentel EnerGel RTX RT Liquid Gel Pen, Med, Metal Tip, (0.7mm), Blue Ink, Box of 12 (BL77PC12C1)**  
 Sold by: Amazon.com  
 Supplied by: Other  
**\$16.20**

[Back to top](#)



## ezCater Receipt

**Order Number**

# ATP-E1M

**Customer**

Janna Jaime

**Date & Time**

Thu 01/29/26 at 11:00 AM

**Address**

Janna Jaime  
357 Van Ness Way  
Suite 90  
Torrance, CA 90501  
310-947-2779

**Caterer**

Green Olive Cuisine (Gardena)

**Food Items**

2-Meat Mediterranean Feast × 6	\$108.00
2 Meats: Chicken, Gyro	
Packaging: Tray Packaging	
Vegetarian Feast × 12	\$204.00
Packaging: Tray Packaging	
Baklava Tray × 1	\$44.00
Size: Medium	
Tableware	
Free	
Don't include: Napkins, Plates, Utensils	

---

<b>Sub Total</b>	<b>\$356.00</b>
Delivery Fee	\$5.00
10.5% Sales Tax	\$37.90
Tip for Driver/Catering Staff	\$15.00
<b>Total</b>	<b>\$413.90</b>

**PAID**

Payment Method: Credit Card - ●●●● ●●●● ●●●● 1252 (American Express). Balance Due: \$0.00

Transaction b4zfgmg captured 01/29/2026.

**Thank you for being an ezCater customer!**

Questions? We like to help. Please email [support@ezcater.com](mailto:support@ezcater.com) or call us at 1-800-488-1803.

Visit us online at <https://www.ezcater.com>.

**Accounting: To easily verify this receipt**

Please visit <https://www.ezcater.com/receipt/ATPE1M> and enter verification code **609cb6**.

**Earn up to 25,000 ezRewards points**

[Refer a friend](#) and earn up to 25,000 points per referral. That's a \$250 Amazon Gift Card!

FOR ASSISTANCE... **Call:** (800) 558-8003 **Website:** [www.calchoice.com](http://www.calchoice.com) **Email:** [customerservice@calchoice.com](mailto:customerservice@calchoice.com)

**PREMIUM(S) STATEMENT**

**LARA GERGES**  
**SOUTH BAY CITIES CNCL OF GOVTS**  
**357 VAN NESS WAY**  
**STE 110**  
**TORRANCE, CA 90501**

**FRIENDLY REMINDER:** Premium payments should be paid as billed by the due date indicated on this statement.

**SAVE TIME AND POSTAGE:** You can submit a one-time payment online at [calchoice.com](http://calchoice.com) or set up recurring payments.

Note: Any payments or requests received after 02/02/2026 will be reflected on the next invoice. Please contact us immediately with any discrepancies.

**Invoice Activity**

Previous Ending Balance: (as of 01/02/26)	+	\$	6,944.67
Payment(s) Received: (Check #:006689)	-	\$	6,944.67
Total Adjustments: (See adjustment page(s) for details.)	+	\$	2,005.10
<b>Sum of March Contract Premium(s) (+ Fees):</b>	+	\$	<b>8,506.47</b>
<b>Total of Contract Balances Due: (Payment Due Date: 02/20/2026)</b>	+	\$	<b>10,511.57</b>

*We Appreciate The Way You Consistently Pay Your Account On Time. Thank You!*

**Policy Information**

<b>Medical Tier:</b> BRONZE-SILVER-GOLD-PLATINUM	<b>Chiro:</b> No	<b>Employer Waiting Period:</b> 30 days
<b>Dental:</b> No	<b>Life:</b> No	<b>Renewal Date:</b> 03/01/2027
<b>Vision:</b> Yes	<b>COBRA Status:</b> Cal COBRA	<b>Minimum Hours Eligibility:</b> 30+

\* Complete reverse side to report terminations of employment and/or reduction in hours for covered employees.  
PLEASE DETACH THE BOTTOM PORTION AND RETURN IT WITH YOUR PAYMENT

IF SUBMITTING TERMINATION FORM ON REVERSE SIDE PLEASE REMIT ENTIRE PAGE

Group Number:	38460
Total Balance Due:	\$ 10,511.57
Payment Due Date:	02/20/2026
Amount Enclosed:	\$

<b>SOUTH BAY CITIES CNCL OF GOVTS</b>	
Current Billing Address: 357 VAN NESS WAY STE 110 TORRANCE, CA 90501	Current Street Address: 357 VAN NESS WAY STE 110 TORRANCE, CA 90501

Please indicate address changes below:  billing  street  both

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

For those set up with online recurring payments, your payment will be automatically debited from your payment account on the Payment Due Date.

Please make checks payable to:

**Attn: Accounts Receivable**  
**CaliforniaChoice Benefit Administrators**  
**PO Box 7088**  
**Orange, CA 92863-7088**

0000000000000038460000000010511570000008

# CaliforniaChoice Program

## INVOICE

**SOUTH BAY CITIES CNCL OF GOVTS**  
Group Number 38460

Invoice Number	5058030
Due Date	02/20/2026
Coverage Period	MARCH 2026

Premium payment will need to be received by **February 20** for **March** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : BRONZE-SILVER-GOLD-PLATINUM	DENTAL BENEFITS
<b>Employer Contribution for Employee</b>	Up to \$500.00 for any Plan selected	Not Requested
<b>Employer Contribution for Dependents</b>	None	Not Requested

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Employer Contrib.	Employee Contrib.	EE Total Deduction	Chg Code
Ajjolaiya, Adetayo	Medical	Employee	Kaiser Permanente	P	PHB	\$ 573.09	\$ 0.00	\$ 573.09	\$ 500.00	\$ 73.09	\$ 73.09	
Farrell, Colleen	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 1235.14	\$ 0.00	\$ 1235.14	\$ 500.00	\$ 735.14	\$ 735.14	
Fujioka, Shawn	Medical	Employee	Kaiser Permanente	G	GHB	\$ 467.18	\$ 0.00	\$ 467.18	\$ 467.18	\$ 0.00	\$ 0.00	
Gerges, Lara	Medical	Employee	Anthem Blue Cross PPO	G	GPB	\$ 767.34	\$ 0.00	\$ 767.34	\$ 500.00	\$ 267.34	\$ 267.34	
Jaime, Janna	Medical	Employee	Kaiser Permanente	S	SHB	\$ 478.18	\$ 0.00	\$ 478.18	\$ 478.18	\$ 0.00	\$ 0.00	A
Leger, David	Medical	Employee	Kaiser Permanente	S	SHB	\$ 454.67	\$ 0.00	\$ 454.67	\$ 454.67	\$ 0.00	\$ 0.00	
Martinez, Christina	Medical	EE+Children	Kaiser Permanente	P	PHB	\$ 676.75	\$ 469.90	\$ 1146.65	\$ 500.00	\$ 646.65	\$ 646.65	
Murphy, Eleanor	Medical	Employee	Kaiser Permanente	S	SHB	\$ 367.26	\$ 0.00	\$ 367.26	\$ 367.26	\$ 0.00	\$ 0.00	
Segovia, Katty	Medical	Employee	Kaiser Permanente	P	PHB	\$ 903.47	\$ 0.00	\$ 903.47	\$ 500.00	\$ 403.47	\$ 403.47	
Segovia, Martha	Medical	Employee	Kaiser Permanente	G	GHD	\$ 679.62	\$ 0.00	\$ 679.62	\$ 500.00	\$ 179.62	\$ 179.62	
Tsai, Anne	Medical	Employee	Kaiser Permanente	S	SHD	\$ 347.98	\$ 0.00	\$ 347.98	\$ 347.98	\$ 0.00	\$ 0.00	
Umana, Kevin	Medical	Employee	Kaiser Permanente	P	PHB	\$ 484.43	\$ 0.00	\$ 484.43	\$ 484.43	\$ 0.00	\$ 0.00	
Vasquez, Marolly	Medical	Employee	Kaiser Permanente	P	PHB	\$ 561.46	\$ 0.00	\$ 561.46	\$ 500.00	\$ 61.46	\$ 61.46	A
*Administration Fee Schedule: 1-8 EE's-\$30; 9-50 EE's-\$40; 51+ EE's-\$50								Administration Fee*	\$ 40.00	\$ 6,099.70	\$ 2,366.77	
								Sum of Current Month's Premium(s)	\$ 8,506.47			

**See "Invoice Activity" on Page 1 for Total Balance Due**

- Please review your invoice and verify all additions, changes and terminations have been processed as requested. It is your responsibility to report any discrepancies to our Customer Service Center no later than the due date of this invoice. Please reference your Administrative Guide - Basic Administration section for submission guidelines for additions, changes, and terminations.
- Change Codes:** A-Add AC-Add Cobra C-Change Plan CA-Age Change CE-Change Enroll Date CI-Change Information CO-Correction DA-Dependent Add DT-Dependent Termination ER-Employee Reinstatement GR-Group Reinstatement NT-New Termination RA-Retro Add RC-Retro Change Plan RDA-Retro Dependent Add RDT-Retro Dependent Termination RT-Retro Termination VC-Life Volume Change IN-Involuntary Termination RE-Resignation
- Tier Codes:** B-Bronze S-Silver G-Gold P-Platinum

Summary of Health Plan / Carrier Contracts by Plan Type			
Plan Type	Health Plan / Carrier	Total for Health Plan / Carrier	Total for Plan Type
Medical	Anthem Blue Cross PPO	\$ 2,002.48	\$ 8,466.47
	Kaiser Permanente	\$ 6,463.99	

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE

Continued

SOUTH BAY CITIES CNCL OF GOVTS  
Group Number 38460

Invoice Number	5058030
Due Date	02/20/2026
Coverage Period	MARCH 2026

Premium payment will need to be received by **February 20** for **March** coverage and should be paid as billed.  
Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : BRONZE-SILVER-GOLD-PLATINUM	DENTAL BENEFITS
<b>Employer Contribution for Employee</b>	Up to \$500.00 for any Plan selected	Not Requested
<b>Employer Contribution for Dependents</b>	None	Not Requested

### MANDATED REGULATORY STATEMENT

Your health plan is billing you for the cost of your health coverage. You must pay all amounts listed in this bill by the due date. If you do not pay this amount by the due date, your health coverage can be cancelled. You will receive a grace period before your Plan can cancel your coverage for not paying the amount due. You can file a complaint with your Plan and with the California Department of Managed Health Care if you think there is a mistake. Learn more about your health care rights and responsibilities in your plan Evidence of Coverage.

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE - ADJUSTMENTS

SOUTH BAY CITIES CNCL OF GOVTS  
GROUP NUMBER 38460

Invoice Number	5058030
Due Date	02/20/2026
Coverage Period	MARCH 2026

Premium payments will need to be received by **February 20** for **March** coverage and should be paid as billed.  
Check your next invoice for any adjustments that did not reflect on this statement.

### JANUARY

Employee Information	Plan Type	Coverage	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Grand Total	Chg Code
Jaime, Janna	Medical	Employee	Kaiser Permanente	S	SHB	\$ 457.92	\$ 0.00	\$ 457.92	\$ 457.92	RA
Vasquez, Marolly	Medical	Employee	Kaiser Permanente	P	PHB	\$ 544.63	\$ 0.00	\$ 544.63	\$ 544.63	RA

### FEBRUARY

Employee Information	Plan Type	Coverage	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Grand Total	Chg Code
Jaime, Janna	Medical	Employee	Kaiser Permanente	S	SHB	\$ 457.92	\$ 0.00	\$ 457.92	\$ 457.92	RA
Vasquez, Marolly	Medical	Employee	Kaiser Permanente	P	PHB	\$ 544.63	\$ 0.00	\$ 544.63	\$ 544.63	RA

### SUMMARY OF ADJUSTMENTS

EE Terms and Dep. Terms	= \$	0.00
Adds and Changes	= \$	2,005.10
<b>Total Adjustments</b>	<b>= \$</b>	<b>2,005.10</b>



# Billing Statement

For Period 02/01/26 to 02/28/26

Statement Date: 01/21/26

## Payment Summary

Outstanding Balance As Of 1/21/26	1,013.90	■ <b>Past Due Notice</b> If we do not receive payment of your outstanding balance by March 2, 2026, your plan will automatically cancel.
Current Premium	1,229.98	
<b>Total Payment Due 2/01/26</b>	<b>\$2,243.88</b>	

### Approval:

"Planholder use only"

## Summary of Activity this Period

Coverage	Previous No. Ins.	Adds.	Terms.	Current No. Ins.	Current Premiums	Premium Adjustments
Dental	7	1	0	8	\$814.95	\$71.98
Managed Dental Care - Mdc	4	1	0	5	\$93.10	\$18.62
Vision	8	1	0	9	\$213.89	\$17.44
<b>TOTAL</b>					<b>\$1,121.94</b>	<b>\$108.04</b>

## Summary of Current Premiums by Rate Class

Coverage	Emp	Fam	Emp/Sp	Emp/Ch	Total
Dental	\$431.88	\$223.36	\$0.00	\$159.71	\$814.95
Managed Dental Care - Mdc	\$93.10	\$0.00	\$0.00	\$0.00	\$93.10
Vision	\$104.64	\$45.91	\$31.67	\$31.67	\$213.89
<b>TOTAL</b>	<b>\$629.62</b>	<b>\$269.27</b>	<b>\$31.67</b>	<b>\$191.38</b>	<b>\$1,121.94</b>

## Planholder Reference

LARA GERGES  
 SOUTH BAY CITIES COUNCIL OF GOVERNMENTS  
 Group ID: 00 486459  
 Division ID: 0000  
 RHO: SP  
 RGO: 058  
 A/R: WH5

## Questions?

Log on to  
[www.GuardianAnytime.com](http://www.GuardianAnytime.com)

Check or make changes to members' eligibility, view and pay bills and more.

Log on or register in two minutes at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

**Due Date: 02/01/26**  
**Payment Due: \$2,243.88**

- Please do not write on payment coupon. If you have changes, please submit them via Guardian Anytime or submit on Change Report.
- For fast and easy payment, submit via [www.guardiananytime.com](http://www.guardiananytime.com), or detach and send Payment Coupon and your check made payable to Guardian in the enclosed envelope to: GUARDIAN, P O BOX 824404, PHILADELPHIA, PA 19182-4404.

**Group ID: 00 486459**  
 Division: 0000  
 A/R: WH5

▲ Please detach and return with payment

# Payment Coupon



LARA GERGES  
 SOUTH BAY CITIES COUNCIL OF GOVERNMENTS  
 357 VAN NESS WAY STE 110  
 TORRANCE, CA 90501



## Premium Adjustments Since Last Bill

### NEW

Employee	Eff. Date	Coverage	Ins.	New Volume	New Premium	Premium Adjustment
Jaime, Janna	01/01/26	Dental	Emp		71.98	71.98
Vasquez, Marolly	01/01/26	Managed Dental Care - Mdc Vision	Emp		\$71.98	\$71.98
			Emp		18.62	18.62
			Emp		17.44	17.44
					\$36.06	\$36.06

Total Premium Adjustments

**\$108.04**

## Notices For SOUTH BAY CITIES COUNCIL OF

- To ensure continued coverage and claims service, payments must be received in our office by the end of your grace period.
- For the quickest and easiest way to pay your bill or manage member changes, go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com). Simplified, secure benefits administration is available 24/7. If you aren't already registered, go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

Visit our secure website at [www.guardiananytime.com](http://www.guardiananytime.com)

- View bill online without the wait for mail
- Submit changes and make payments

GUARDIAN  
P O BOX 824404  
PHILADELPHIA, PA 19182-4404

Please make sure the Guardian address is visible through the return envelope window.



## Current Premiums

Employee	Dental		Managed Dental Care - Mdc		Vision		Total Premium
	Premium	Ins.	Premium	Ins.	Premium	Ins.	
Ajjolaiya, Adetayo			18.62	Emp	17.44	Emp	\$36.06
Farrell, Colleen S	71.98	Emp			17.44	Emp	\$89.42
Fujioka, Shawn R			18.62	Emp	17.44	Emp	\$36.06
Jaime, Janna	71.98	Emp					\$71.98
Leger, David N	71.98	Emp			31.67	Emp/Sp	\$103.65
Martinez, Christina C	159.71	Emp/Ch			31.67	Emp/Ch	\$191.38
Mulligan, Andreya	223.36	Fam			45.91	Fam	\$269.27
Murphy, Eleanor H			18.62	Emp			\$18.62
Segovia, Katty J	71.98	Emp					\$71.98
Segovia, Martha M	71.98	Emp					\$71.98
Tsai, Anne			18.62	Emp	17.44	Emp	\$36.06
Umana, Kevin	71.98	Emp			17.44	Emp	\$89.42
Vasquez, Marolly			18.62	Emp	17.44	Emp	\$36.06
<b>TOTAL</b>	<b>\$814.95</b>		<b>\$93.10</b>		<b>\$213.89</b>		<b>\$1,121.94</b>
<b>Total Current Premiums</b>	<b>\$814.95</b>		<b>\$93.10</b>		<b>\$213.89</b>		<b>\$1,121.94</b>



### Dependent Changes

<i>Employee Name</i>	<i>ID</i>	<i>Effective Date</i>	<i>Dependent Name</i>	<i>Reason Code</i>	<i>Notes</i>
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**Reason Codes For Dependent Changes**

- 101.** *Terminate spouse's coverage due to divorce*
- 102.** *Terminate child's coverage due to reaching age limit for eligibility*
- 103.** *Terminate dependent's coverage due to end of COBRA or State Continuation*
- 104.** *Begin COBRA or State Continuation (include completed COBRA/State Continuation form)*
- 105.** *Drop contributory coverage (include Enrollment Form with completed Refuse/Drop coverages section)*



**Important payment notice**

**Billing statement**

For period: 02/01/2026 to 02/28/2026

Bill produced: 01/17/2026

ATTN: LARA GERGES  
SOUTH BAY CITIES COUNCIL OF GOVERNMENTS  
357 VAN NESS WAY STE 110  
TORRANCE, CA 90501



**Important information**

Failure by you to pay the premium within the grace period will be deemed notice by you to Principal Life to discontinue the policy at the end of the grace period.

Please review this statement carefully and submit any terminations or changes within 90 days on [principal.com](http://principal.com). Premium refunds for terminations are limited to three months.

Need help setting up your online Principal account to access eService call us at 800-843-1371

If payment has already been made, please disregard this notice.

**Bill summary**

Account number: 1202258-10001 **Due date: 02/01/2026**

Last billed amount:	\$145.23
Payments since last bill:	\$0.00
Balance forward:	\$145.23
Adjustments since last bill:	\$9.40
Current premium:	\$154.63
<b>Total amount due:</b>	<b>\$309.26</b>



**Contact us**

Group Benefits, call 800.843.1371 Monday-Friday 7:00 a.m. - 6:00 p.m. CT | [principal.com](http://principal.com)

Please make your check payable to Principal Life Insurance Company. Send your check with the stub to the address below. We offer the convenience of online bill payment. If you'd like to make an online bill payment, go to [principal.com](http://principal.com)



⑈ 0000030926 120225810001 0000000317414274 6

ATTN: LARA GERGES  
SOUTH BAY CITIES COUNCIL OF GOVERNMENTS  
357 VAN NESS WAY STE 110  
TORRANCE, CA 90501

Principal Life Insurance Company  
PO BOX 77202  
MINNEAPOLIS, MN 55480-7200

**Due date:** 02/01/2026  
**Account number:** 1202258-10001  
**Total amount due:** \$309.26

# Bill totals



## Current billed lives

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Members 17

Account number: 1202258-10001  
For period: 02/01/2026 to 02/28/2026  
Bill produced: 01/17/2026

**Current premium totals** \$154.63

Basic Life	
Life	\$129.13
AD&D	\$25.50

# Billing statement



## Adjustments since last bill

Member ID	Member name	Transaction	Adjustment
910680629	VASQUEZ, MAROLLY	New Enrollment	\$9.40
<b>Total</b>			<b>\$9.40</b>

Account number: 1202258-10001  
 For period: 02/01/2026 to 02/28/2026  
 Bill produced: 01/17/2026

This is your copy. Please keep for your records.

## Current premium

Member ID	Member name	Basic Life	Transaction	Total premium
████████	AJIJOLAIYA, ADETAYO	Life 7.85 AD&D 1.55		\$9.40
████████	BACHARACH, JACQUELINE	Life 3.53 AD&D 0.70		\$4.23
████████0	CHU, RONSON	Life 7.85 AD&D 1.55		\$9.40
████████	FARRELL, COLLEEN	Life 7.85 AD&D 1.55		\$9.40
████████	FUENTES, KIMBERLY	Life 7.85 AD&D 1.55		\$9.40
████████	FUJIOKA, SHAWN	Life 7.85 AD&D 1.55		\$9.40
████████	GERGES, LARA	Life 7.85 AD&D 1.55		\$9.40
████████	LEGER, DAVID	Life 7.85 AD&D 1.55		\$9.40
████████	MARTINEZ, CHRISTINA	Life 7.85 AD&D 1.55		\$9.40
████████	MULLIGAN, ANDREYA	Life 7.85 AD&D 1.55		\$9.40
████████	MURPHY, ELEANOR	Life 7.85 AD&D 1.55		\$9.40
████████	ROMOFF, JACOB	Life 7.85 AD&D 1.55		\$9.40
████████	SEGOVIA, KATTY	Life 7.85 AD&D 1.55		\$9.40
████████	SEGOVIA, MARTHA	Life 7.85 AD&D 1.55		\$9.40
████████	TSAI, ANNE	Life 7.85 AD&D 1.55		\$9.40
████████	UMANA, KEVIN	Life 7.85 AD&D 1.55		\$9.40
████████	VASQUEZ, MAROLLY	Life 7.85 AD&D 1.55	New Enrollment	\$9.40
<b>Total</b>				<b>\$154.63</b>

Insurance products and/or plan administrative services are provided by Principal Life Insurance Company  
a member of the Principal Financial Group®, (Principal®), Des Moines, IA 50392

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**QDoxs** | Xerox Sales Agent  
 3030 Old Ranch Parkway, Suite 190  
 Seal Beach, CA 90740



# CONTRACT INVOICE

562.435.2769, Option 5  
 www.qdoxs.com



**Invoice Number:** IN72822  
**Invoice Date:** 1/20/2026  
**Account Number:** SB05  
**Balance Due:** \$281.33

**Bill To:** South Bay Cities Council of Governments  
 357 Van Ness Way  
 Suite 110  
 Torrance, CA 90501  
 USA

**Customer:** South Bay Cities Council of Governments  
 357 Van Ness Way  
 Suite 110  
 Torrance, CA 90501

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
SB05	Due 10 Days	1/30/2026	\$281.33	<b>\$281.33</b>
<b>Invoice Remarks</b>				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
CT10978-01	Andreya Mulligan 310-371-7222	\$256.34		10/20/2022	10/19/2027
<b>Contract Remarks</b>					

**Summary:**

Contract base rate charge for the 1/20/2026 to 2/19/2026 billing period	\$62.30
Contract overage charge for the 12/20/2025 to 1/19/2026 overage period	\$184.18 **
Tariff - See Notice below	\$9.86
	<b>\$256.34</b>

\*\*See overage details below

**Detail:**

**Equipment included under this contract**

**Xerox/C8135**

Number	Serial Number	Base Adj.	Location
EQ22136	ELQ590745	\$0.00	South Bay Cities Council of Governments 357 Van Ness Way Suite 110 Torrance, CA 90501

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B\W	EQ22136 - B\W	44,321	44,921	600	1,000	0	\$0.010000	\$0.00
Color	EQ22136 - Color	125,779	128,396	2,617	500	2,117	\$0.087000	\$184.18
								<b>\$184.18</b>

NOTICE: Effective September 1, an International Import/Tariff Surcharge will be added to all invoices due to recent changes in import regulations and new international trade compliance costs.

Invoice SubTotal	\$256.34
Tax:	\$24.99
Invoice Total	\$281.33
<b>Balance Due:</b>	<b>\$281.33</b>



**Sharp Business Systems**  
 8670 Argent St  
 Santee, CA , 92071

**INVOICE**

PLEASE DIRECT ALL CORRESPONDENCE TO:  
 619-258-1400

**SHARP BUSINESS SYSTEMS**

Tax ID: 13-1968872

Duns Number: 00-181-8012

**Bill To: 835928**

SOUTH BAY CITIES COUNCIL OF  
 GOVERNMENTS  
 2355 CRENSHAW BLVD, SUITE 125  
 TORRANCE, CA 90501

Invoice No. <b>9005667343</b>	Invoice Date <b>01/29/2026</b>	Payment Terms <b>Net 30 days</b>	Due Date <b>02/28/2026</b>	Invoice Total <b>\$2,510.50</b>
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Invoice text:				
Item	Description	Quantity/Hours	Rate	Amount
<b>Contract:</b> 8000669864				
MITS_BAREMAIL_SEAR	EMAIL SECURITY AND ARCHIVE LICENSE	30	6.25	187.50
<b>Period of Coverage:</b> 01/01/2026 - 01/31/2026				
MITS_CWEDR_WKS	EDR LICENSE AND SOC SERVICE - DESKTOP	30	20.00	600.00
<b>Period of Coverage:</b> 01/01/2026 - 01/31/2026				
MITS_CWHD_BH	RMM & HELP DESK SERVICE - 8A-6P	30	45.00	1,350.00
<b>Period of Coverage:</b> 01/01/2026 - 01/31/2026				
MITS_MC1Y1M135	M365 Bus. Basic 1Y1M	8	6.00	48.00
<b>Period of Coverage:</b> 01/01/2026 - 01/31/2026				
MITS_MC1Y1M137	M365 Bus. Std 1Y1M	26	12.50	325.00
<b>Period of Coverage:</b> 01/01/2026 - 01/31/2026				

Sales Amount <b>\$2,510.50</b>	Taxes <b>\$0.00</b>	Freight Amount <b>\$0.00</b>	<b>Invoice Total</b> <b>\$2,510.50</b>
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←----- Cut here ----->  
**Please include Invoice No. on your Remittance**

Invoice No. <b>9005667343</b>	Account No. <b>835928</b>	Due Date <b>02/28/2026</b>
----------------------------------	------------------------------	-------------------------------

Sales Amount <b>\$2,510.50</b>	Taxes <b>\$0.00</b>	Freight Amount <b>\$0.00</b>	<b>Invoice Total</b> <b>\$2,510.50</b>
-----------------------------------	------------------------	---------------------------------	---

<b>Remit To:</b> SHARP ELECTRONICS CORPORATION Via its SHARP BUSINESS SYSTEMS Division Dept. LA 21565 PASADENA, CA, 91185-1565	<b>To pay by ACH, EFT or Credit Card please visit:</b> <a href="https://secure.versapay.com/payables/sharpusa/signup">https://secure.versapay.com/payables/sharpusa/signup</a>
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Sharp Business Systems  
8670 Argent St  
Santee, CA , 92071

# INVOICE

PLEASE DIRECT ALL CORRESPONDENCE TO:  
619-258-1400

## SHARP BUSINESS SYSTEMS

Invoice No. <b>9005667343</b>	Invoice Date <b>01/29/2026</b>	Payment Terms <b>Net 30 days</b>	Due Date <b>02/28/2026</b>	Invoice Total <b>\$2,510.50</b>
----------------------------------	-----------------------------------	-------------------------------------	-------------------------------	------------------------------------

Item	Description	Quantity/Hours	Rate	Amount
<b>Thank You For Your Business</b>				



Sharp Business Systems  
7 SHERIDAN SQUARE, STE 200  
KINGSPORT, TN , 37663

# INVOICE

PLEASE DIRECT ALL CORRESPONDENCE TO:  
1-888-525-4220

## SHARP BUSINESS SYSTEMS

Tax ID: 13-1968872

Duns Number: 00-181-8012

**Bill To: 835928**

SOUTH BAY CITIES COUNCIL OF  
GOVERNMENTS  
2355 CRENSHAW BLVD, SUITE 125  
TORRANCE, CA 90501

Invoice No. <b>9005666185</b>	Invoice Date <b>01/29/2026</b>	Payment Terms <b>Net 30 days</b>	Due Date <b>02/28/2026</b>	Invoice Total <b>\$838.03</b>
----------------------------------	-----------------------------------	-------------------------------------	-------------------------------	----------------------------------

Item	Description	Quantity/Hours	Rate	Amount
<b>Invoice text:</b>				
<b>Contract:</b> 8000664680				
UCAASFCC	UCAAS FCC	1	0.00	33.63
<b>Period of Coverage:</b> 12/01/2025 - 12/31/2025				
UCAASSERVICE	UCAAS Service	1	709.75	709.75
<b>Period of Coverage:</b> 01/01/2026 - 01/31/2026				
ADDENDUM #5: 25 STANDARD USERS, NO LOW USAGE USRS, 28 DIDS, 4 MAC HRS PER YEAR				
UCAASSMSFEE	SMS COMPLIANCE CAMPAIGN VETTING	1	0.00	1.50
<b>Period of Coverage:</b> 12/01/2025 - 12/31/2025				
UCAASSMSFEE	SMS COMPLIANCE BRAND REGISTRATION	1	0.00	0.00
<b>Period of Coverage:</b> 12/01/2025 - 12/31/2025				

Sales Amount	<b>\$765.28</b>	Taxes	<b>\$72.75</b>	Freight Amount	<b>\$0.00</b>	<b>Invoice Total</b>	<b>\$838.03</b>
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**Please include Invoice No. on your Remittance**

Invoice No. <b>9005666185</b>	Account No. <b>835928</b>	Due Date <b>02/28/2026</b>
----------------------------------	------------------------------	-------------------------------

Sales Amount	<b>\$765.28</b>	Taxes	<b>\$72.75</b>	Freight Amount	<b>\$0.00</b>	<b>Invoice Total</b>	<b>\$838.03</b>
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<b>Remit To:</b> SHARP ELECTRONICS CORPORATION Via its SHARP BUSINESS SYSTEMS Division Dept. CH 14288 Palatine, IL, 60055-4404	<b>To pay by ACH, EFT or Credit Card please visit:</b> <a href="https://secure.versapay.com/payables/sharpusa/signup">https://secure.versapay.com/payables/sharpusa/signup</a>
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Sharp Business Systems  
 7 SHERIDAN SQUARE, STE 200  
 KINGSPORT, TN , 37663

**INVOICE**

PLEASE DIRECT ALL CORRESPONDENCE TO:  
 1-888-525-4220

**SHARP BUSINESS SYSTEMS**

Invoice No. <b>9005666185</b>	Invoice Date <b>01/29/2026</b>	Payment Terms <b>Net 30 days</b>	Due Date <b>02/28/2026</b>	Invoice Total <b>\$838.03</b>
----------------------------------	-----------------------------------	-------------------------------------	-------------------------------	----------------------------------

Item	Description	Quantity/Hours	Rate	Amount
UCAASSTATELOC AL	UCAAS STATE LOCAL	1	0.00	20.40
<b>Period of Coverage:</b> 12/01/2025 - 12/31/2025				

**Thank You For Your Business**

**Catholic Charities of Los Angeles, Inc.**  
1531 James M. Wood Blvd.  
P.O. Box 15095  
Los Angeles, CA 90015-0095

November 12, 2025

**South Bay Cities Council of Governments**  
2355 Crenshaw Blvd. Suite 125  
Torrance, CA 90501

To: Addy Ajijolaiya  
Project Coordinator, Homeless Services

RE: Housing Focused Case Management Program

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**We are requesting reimbursement of expenses for the month of: September 2025**

BUDGET DESCRIPTION	GRANT AMOUNT	This month EXPENSE	CUMULATIVE EXPENSES	AVAILABLE BUDGET
<b>South Bay Cities Council of Governments</b>				
Case Management Staffing	39,003.32	12,426.12	38,070.48	
Suppervision & Other Direct Costs	23,181.90	723.98	2,728.86	
Total Before Admin	<u>62,185.22</u>	<u>13,150.10</u>	<u>40,799.34</u>	<u>21,385.88</u>
Admin Cost	9,498.00	1,973.00	6,121.00	3,377.00
<b>GRAND TOTAL</b>	<b>71,683.22</b>	<b>15,123.10</b>	<b>46,920.34</b>	<b>24,762.88</b>

TOTAL FUND REQUEST **\$15,123.10**

Enclosed please find photocopies of the applicable back-up documents.

If you may have any question, please contact Fatara Thetford, at [FThetford@CCharities.org](mailto:FThetford@CCharities.org), or (213) 251-3478.

Prepared by:



Fatara Thetford  
Accountant III

Approved by:



Kin Leung  
Assistant Controller



SEPTEMBER 2025

EMPLOYEES	Date	Prog	SALARY	FICA	SUI	WC	Health	PENSION	GTL	BENEFITS	MILEAGE	FTE	T	H	O
<b>DEVILLERS, MADELINE F</b>			<b>4,935.26</b>	<b>378.02</b>	<b>-</b>	<b>33.52</b>	<b>-</b>	<b>296.12</b>	<b>37.80</b>	<b>745.46</b>	<b>-</b>	<b>100%</b>	<b>411.54</b>	<b>0.00</b>	<b>333.92</b>
	<b>9/15/2025</b>														
		8151-SBCC	2,448.25	187.52	-	-	-	-	-	187.52	-				
	<b>9/30/2025</b>														
		8151-SBCC	2,487.01	190.50	-	33.52	-	296.12	37.80	557.94	-				
<b>POMPOSO, MARLEN</b>			<b>4,847.18</b>	<b>356.38</b>	<b>-</b>	<b>31.65</b>	<b>747.99</b>	<b>-</b>	<b>36.83</b>	<b>1,172.85</b>	<b>-</b>	<b>100%</b>	<b>388.03</b>	<b>747.99</b>	<b>36.83</b>
	<b>9/15/2025</b>														
		8151-SBCC	2,404.15	176.70	-	-	-	-	-	176.70	-				
	<b>9/30/2025</b>														
		8151-SBCC	2,443.03	179.68	-	31.65	747.99	-	36.83	996.15	-				
<b>SAID, JONATHAN B</b>			<b>6,407.68</b>	<b>490.19</b>	<b>-</b>	<b>68.56</b>	<b>-</b>	<b>384.46</b>	<b>-</b>	<b>943.21</b>	<b>-</b>	<b>9.85%</b>	<b>55.03</b>	<b>0.00</b>	<b>37.87</b>
	<b>9/15/2025</b>														
		8151-SBCC	319.97	24.48	-	-	-	-	-	24.48	-				
		8151-9000	3,209.73	245.54	-	-	-	-	-	245.54	-				
	<b>9/30/2025</b>														
		8151-SBCC	311.11	23.80	-	6.75	-	37.87	-	68.42	-				
		8151-9000	2,566.87	196.37	-	61.81	-	346.59	-	604.77	-				
<b>WISE, RICHARD A</b>			<b>5,948.80</b>	<b>441.49</b>	<b>-</b>	<b>38.97</b>	<b>772.96</b>	<b>356.93</b>	<b>45.42</b>	<b>1,655.77</b>	<b>-</b>	<b>9.54%</b>	<b>45.83</b>	<b>73.74</b>	<b>38.38</b>
	<b>9/15/2025</b>														
		8151-PATH	2,704.42	200.71	-	-	-	-	-	200.71	-				
		8151-SBCC	269.98	20.04	-	-	-	-	-	20.04	-				
	<b>9/30/2025</b>														
		8151-PATH	2,676.96	198.67	-	35.25	699.22	322.88	41.09	1,297.11	-				
		8151-SBCC	297.44	22.07	-	3.72	73.74	34.05	4.33	137.91	-				
<b>Grand Total</b>			<b>22,138.92</b>	<b>1,666.08</b>	<b>-</b>	<b>172.70</b>	<b>1,520.95</b>	<b>1,037.51</b>	<b>120.05</b>	<b>4,517.29</b>	<b>-</b>				





**CITY OF GARDENA**

1700 WEST 162ND STREET  
GARDENA, CA 90247

**INVOICE**

007820

Page 1 of 1

SOUTH BAY CITIES COUNCIL  
OF GOVERNMENTS  
357 VAN NESS WAY STE 110  
TORRANCE, CA 90501

DATE	9/30/2025
ACCOUNT	002709
AMT DUE	6,412.04

AMOUNT PAID \_\_\_\_\_

MAKE CHECKS PAYABLE TO THE CITY OF GARDENA  
PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

CITY OF GARDENA

DESCRIPTION	AMOUNT
Flat FY 25-26 September 2025 Measure A Expenditures (see attached)	6,412.04
Total Amount Due:	6,412.04

ACCOUNT NO. 002709

PAYABLE UPON RECEIPT

6,412.04

Please Remit to: CITY OF GARDENA  
1700 West 162nd Street  
Gardena, CA 90247

Expenditure Status Report

CITY OF GARDENA  
 9/1/2025 through 9/30/2025

025 Measure H Homeless Initiative  
 034 Recreation and Human Services  
 046 H.S. Youth / Family Services

<u>Account Number</u>	<u>Adjusted Appropriation</u>	<u>Expenditures</u>	<u>Year-to-date Expenditures</u>	<u>Year-to-date Encumbrances</u>	<u>Balance</u>	<u>Prct Used</u>
025-034-046-0100 Salaries and Benefits						
025-034-046-0101 Regular Salaries	69,855.00	4,481.68	14,978.01	0.00	54,876.99	21.44
025-034-046-0104 Overtime Pay	970.00	0.00	0.00	0.00	970.00	0.00
025-034-046-0109 State Unemployment Insurance	179.00	0.00	0.00	0.00	179.00	0.00
025-034-046-0110 Retirement - PERS	0.00	325.78	1,446.64	0.00	-1,446.64	0.00
025-034-046-0112 Health and Accident Insurance	20,280.00	1,421.38	4,468.60	0.00	15,811.40	22.03
025-034-046-0125 Medicare Contribution - Employer	1,058.00	66.68	222.67	0.00	835.33	21.05
025-034-046-0129 Compensated Absences	1,343.00	0.00	0.00	0.00	1,343.00	0.00
025-034-046-0144 Bilingual Bonus	806.00	62.00	197.16	0.00	608.84	24.46
025-034-046-0148 State Disability Insurance	803.00	54.52	182.09	0.00	620.91	22.68
<b>Total Salaries and Benefits</b>	<b>95,294.00</b>	<b>6,412.04</b>	<b>21,495.17</b>	<b>0.00</b>	<b>73,798.83</b>	<b>22.56</b>
025-034-046-0200 Materials and Operations						
<b>Total Materials and Operations</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Measure H Homeless Initiative</b>	<b>95,294.00</b>	<b>6,412.04</b>	<b>21,495.17</b>	<b>0.00</b>	<b>73,798.83</b>	<b>22.56</b>
<b>Grand Total</b>	<b>95,294.00</b>	<b>6,412.04</b>	<b>21,495.17</b>	<b>0.00</b>	<b>73,798.83</b>	<b>22.56</b>





INVOICE

12070 Telegraph Rd. Suite #207  
 SANTA FE SPRINGS, CA 90670  
 Phone (562) 777-7500 Fax (562) 777-7510

DATE: **October 31, 2025**  
 INVOICE # **#44 ( September 2025)**  
 FOR: **Hawthorne Homeless Services**

Bill To:  
 Hawthorne Homeless Services  
 Innovation Partnership Grant ( S.B.C.C.O.G)  
 Attn: Von Norris ,City Manager  
 3901 W El Segundo Blvd.  
 Hawthorne, CA 90250

Personnel Expenses	Hourly Rate	% Allocation	11 months Budget	Amount Request September 2025
Project Lead Coordinator , Ovidio Solis	\$34.77	0.875	\$58,007.95	\$6,028.54
Homeless Outreach Navigator, Raul Escamilla	\$28.02	0.875	\$46,746.70	\$4,758.29
Benefits 25%			\$23,046.02	\$2,831.11
<b>Total Personnel Costs</b>		<b>1.75</b>	<b>127,800.67</b>	<b>\$13,617.94</b>

Operating Expenses				
Office Expenses			\$1,375.00	\$85.09
Cells Phones			\$825.00	\$66.83
Program Supplies			\$951.45	
Small Repair for Van			\$500.00	
Gaoline for Van			\$3,579.18	\$201.67
Lease Van			\$7,825.84	\$711.44
<b>Total Operating Costs</b>			<b>\$15,056.47</b>	<b>\$1,065.03</b>

**Indirect Costs 12% Approved NICR** \$17,142.86 \$1,761.96

**Project Total Budget** \$160,000.00

**Total Request for September 2025 Services** \$16,444.93

Make all checks payable to **LA CADA**  
 If you have any questions concerning this invoice, please contact: Lisa Lozano,  
 (562) 777-7512 x 209, lisalozano@lacada.com

THANK YOU FOR YOUR CONTINUED SUPPORT....

Please return the portion below with your payment.

**Remittance**

**LA CADA**  
 A Path to Recovery and Healthy Living  
 #44 ( September 2025)  
 Date : \_\_\_\_\_  
 Amount Enclosed \$ \_\_\_\_\_  
 12070 Telegraph Rd. Suite #207  
 Santa Fe Springs, CA 90670

Phone (562) 777-7500  
 Fax (562) 777-7510  
 E-mail [inavarro@lacada.com](mailto:inavarro@lacada.com)  
 Web site <http://www.lacada.com>



Los Angeles Centers for Alcohol and Drug Abuse (LACADA)  
 12070 Telegraph Rd. Suite 207  
 Santa Fe Springs, CA 90670  
 United States

### Labor Distribution Final LD Monthly Report

Pay Dates: 09/26/2025-10/10/2025

Department 14 - CITY OF HAWTHORNE Ovidio Vincencio Salas Solis - #10251 # of Statements:2 55.89%				Gross:6,028.54		Gross+ER Tax:6,489.72		Gross+ER Tax+ER Ded:6,489.72	
Pay Type	Hrs	Amt	Deduction	EE Amt	ER Amt	Taxes	Amt	Net Pay	Amt
Holiday	08.00	278.24	Cellular Use Sti	-10.00	-	FIT	627.44	Direct Deposit	4,620.50
Salary	-	5,750.30	D12 Garnishme	-	-	OASDI	373.77		
<b>Totals:</b>	<b>08.00</b>	<b>6,028.54</b>	<b>Totals:</b>	<b>-10.00</b>		MEDI	87.41		
						SIT:CA	257.08		
						SDI:CA	72.34		
						<b>Totals:</b>	<b>1,418.04</b>		
						OASDI	373.77		
						MEDI	87.41		
						SUTA_SC:CA	-		
						SUTA:CA	-		
						<b>ER Totals:</b>	<b>461.18</b>		
						<b>All Totals:</b>	<b>1,879.22</b>		

Department 14 - CITY OF HAWTHORNE Raul Escamilla - #10447 # of Statements:2 44.11%				Gross:4,758.29		Gross+ER Tax:5,113.40		Gross+ER Tax+ER Ded:5,740.64	
Pay Type	Hrs	Amt	Deduction	EE Amt	ER Amt	Taxes	Amt	Net Pay	Amt
Holiday	08.00	213.52	Cellular Use Sti	-10.00	-	FIT	387.16	Direct Deposit	3,662.06
Overtime	01.52	60.85	D08 125 Medical	69.88	611.56	OASDI	287.80		
Regular	168.00	4,483.92	D26 Pre-Tax De	36.48	15.68	MEDI	67.31		
<b>Totals:</b>	<b>177.52</b>	<b>4,758.29</b>	D27 Pre Tax Visi	9.92		SIT:CA	145.51		
			D15 L.A. CADA	30.00		SDI:CA	55.71		
			D24 Post Tax Vo	3.90		<b>Totals:</b>	<b>943.49</b>		
			D28 Post Tax Ac	12.56		OASDI	287.80		
			<b>Totals:</b>	<b>152.74</b>	<b>627.24</b>	MEDI	67.31		
						SUTA_SC:CA	-		
						SUTA:CA	-		
						<b>ER Totals:</b>	<b>355.11</b>		
						<b>All Totals:</b>	<b>1,298.60</b>		

Report Total				# of EEs:2 # of Statements:4		Gross:10,786.83		Gross+ER Tax:11,603.12		Gross+ER Tax+ER Ded:12,230.36	
Pay Type	Hrs	Amt	Deduction	EE Amt	ER Amt	Taxes	Amt	Net Pay	Amt		
Holiday	16.00	491.76	Cellular Use Sti	-20.00	-	FIT	1,014.60	Direct Deposit	8,282.56		
Overtime	01.52	60.85	D08 125 Medical	69.88	611.56	OASDI	661.57				
Regular	168.00	4,483.92	D12 Garnishme	-	-	MEDI	154.72				
Salary	-	5,750.30	D26 Pre-Tax De	36.48	15.68	SIT:CA	402.59				
<b>Totals:</b>	<b>185.52</b>	<b>10,786.83</b>	D27 Pre Tax Visi	9.92		SDI:CA	128.05				
			D15 L.A. CADA	30.00		<b>Totals:</b>	<b>2,361.53</b>				
			D24 Post Tax Vo	3.90		OASDI	661.57				

--More--





Los Angeles Centers for Alcohol and Drug Abuse (LACADA)  
 12070 Telegraph Rd. Suite 207  
 Santa Fe Springs, CA 90670  
 United States

### Labor Distribution Final LD Monthly Report

Pay Dates: 09/26/2025-10/10/2025

**Report Total**

# of EEs:2		# of Statements:4		Gross:10,786.83 Gross+ER Tax:11,603.12 Gross+ER Tax+ER Ded:12,230.36						
Pay Type	Hrs	Amt	Deduction	EE Amt	ER Amt	Taxes	Amt	Net Pay	Amt	
			D28 Post Tax Ac	12.56	-	MEDI	154.72			
			<b>Totals:</b>	142.74	627.24	SUTA_SC:CA	-			
						SUTA:CA	-			
						<b>ER Totals:</b>	816.29			
						<b>All Totals:</b>	3,177.82			



### Fringe Benefits -September 2025

Date	Description	Amount
09/01/25	Worker Compensation Insurance	\$454.09
09/01/25	Humana ( Dental & Vision Insurance )	\$115.52
09/01/25	Unum ( Life Insurance )	\$41.85
09/01/25	Cal Choice ( Health Insurance )	\$1,403.36
09/01/25	Payroll Tax Expense - Raul	\$355.11
09/01/25	Payroll Tax Expense- Ovidio	\$461.18
		<b>\$2,831.11</b>

**Member: Los Angeles Centers for Alcohol and Drug Abuse**

		Regular Employees		Sep 25	
Report and payment due by the 10th of the succeeding month.		Please enter date as mm/dd/yy		Payroll beginning	09/01/25
				Payroll ending	09/30/25
Class	Class Code	Base	Payroll	Vol Hrs	Premium
Alc/Drug Rec Hms	8804	5.044	2,676,023		134,983
Clerical	8810	0.791	1,122,566		8,876
Sales - Outside	8742	0.888			0
Telecommuter - Clerical	8871	0.791			0
<b>Overtime Excess</b>	<b>Total Premium</b>				<b>143,859</b>
<b>Total Payroll/Hrs</b>	<b>Exp Modification</b>		3,798,589	0	0.65
	<b>Adjusted Premium</b>				<b>93,508</b>
	Loss Ratio Bonus				(2,338)
	Broker Commission				0
	<b>Net Premium</b>				<b>91,170</b>

**Notes:**

1. Volunteer hours should only be included if entity has passed resolution to extend worker's compensation coverage to volunteers.

2. Volunteer Payroll Rate/hour 16.50

*OK  
10-20-25*

Board Approved Rates @ 11/21/24

**Total Due Oct 10th 91,170**

*AM - 6407 - A11*

**ENTERED**

**Report:** Workers Comp Code (Summary): Workers Comp Summary - Current Payroll  
**Sorted By:** Last, First Name Ascending  
**Filtered By:** Pay Dates: Specific Payroll: LACADA New Semi Monthly 09/26/2025; Employee Filter: All Employees; Options: Show Only Finalized Payrolls,  
**Date & Time:** 10/01/2025 03:55p  
**Generated By:** Christopher Hernandez  
**Company:** Los Angeles Centers for Alcohol and Drug Abuse (LACADA)

Employee Id	Last, First Name	Code	Rate	Gross Wages	WC Eligible Wages	WC Gross Wages Overtime	WC Gross Wages Double Time	Premium Wages	Premium Amount
10868	Abdallah, Carolina	8804	5.044%	\$3,211.87	\$3,211.87	-	-	-	\$162.01
10791	Acevedo, Jesse	8804	5.044%	\$1,736.67	\$1,708.99	\$83.04	-	\$27.68	\$86.20
10259	Adams-Hacegaba, Bambi	8804	5.044%	\$2,938.87	\$2,938.87	-	-	-	\$148.24
9770	Aguila, Brenda	8804	5.044%	\$1,014.52	\$1,014.52	-	-	-	\$51.17
9516	Aguilar, Carlos	8804	5.044%	\$3,516.48	\$3,516.48	-	-	-	\$177.37
10470	Aguilar, Josue	8804	5.044%	\$2,102.38	\$2,097.80	\$13.74	-	\$4.58	\$105.81
10933	Aguilera Capacho, Sophia	8804	5.044%	\$2,475.19	\$2,471.69	\$10.51	-	\$3.50	\$124.67
10828	Aguirre, Imelda	8804	5.044%	\$3,030.02	\$2,986.68	\$130.03	-	\$43.34	\$150.65
10543	Alcala, Eileen	8804	5.044%	\$2,661.35	\$2,661.35	-	-	-	\$134.24
10100	Alesana, Elijah	8804	5.044%	\$2,175.14	\$2,160.01	\$45.39	-	\$15.13	\$108.95
10584	Alvarado, Esther	8804	5.044%	\$2,443.50	\$2,443.50	-	-	-	\$123.25
10715	Alvarado, Matthew	8804	5.044%	\$2,353.30	\$2,155.91	\$5.14	\$391.36	\$197.39	\$108.74
10525	Alvarez, Martha	8804	5.044%	\$3,078.44	\$3,070.88	\$22.67	-	\$7.56	\$154.90
9360	Amachi, Nnenna	8804	5.044%	\$13,318.07	\$13,318.07	-	-	-	\$671.76
9788	Andrade, Micaela	8804	5.044%	\$2,056.56	\$2,007.23	\$148.00	-	\$49.33	\$101.24
10814	Arce, Ana	8804	5.044%	\$3,178.41	\$3,178.29	\$0.37	-	\$0.12	\$160.31
10376	Archuleta, Albert	8804	5.044%	\$2,198.26	\$2,198.13	\$0.38	-	\$0.13	\$110.87
10955	Arellano, Claudia	8804	5.044%	\$1,849.54	\$1,616.96	-	\$465.15	\$232.58	\$81.56
10709	Arellano, Laurence	8804	5.044%	\$2,373.86	\$2,373.86	-	-	-	\$119.74
11006	Arellano, Neftali	8804	5.044%	\$1,743.25	\$1,710.19	\$99.19	-	\$33.06	\$86.26
10566	Armon, Aniah	8804	5.044%	\$2,010.53	\$1,819.58	\$37.61	\$356.82	\$190.95	\$91.78
9666	Arsola-Guizar, Candice	8804	5.044%	\$3,095.01	\$3,076.72	\$54.86	-	\$18.29	\$155.19
10467	Ascencio, Katherine	8804	5.044%	\$1,697.92	\$1,697.92	-	-	-	\$85.64
10583	Atchley, Brian	8804	5.044%	\$2,311.15	\$2,308.12	\$9.09	-	\$3.03	\$116.42
10911	Avitia Zavala, Cesar	8804	5.044%	\$3,311.39	\$3,310.07	\$3.96	-	\$1.32	\$166.96
9583	Ayala, William	8804	5.044%	\$3,718.00	\$3,718.00	-	-	-	\$187.54
10003	Baer, Connor	8804	5.044%	\$4,227.60	\$4,227.60	-	-	-	\$213.24
11010	Balian, Ovsanna	8804	5.044%	\$806.52	\$806.52	-	-	-	\$40.68
10780	Baltazar, Juan	8804	5.044%	\$2,144.41	\$2,144.41	-	-	-	\$108.16
9707	Banks, Martha	8804	5.044%	\$910.40	\$910.40	-	-	-	\$45.92
10963	Barajas Ramos, Patricia	8804	5.044%	\$1,859.02	\$1,689.56	\$1.27	\$338.08	\$169.46	\$85.22
10644	Bardalez, Marco	8804	5.044%	\$1,862.57	\$1,850.25	\$36.97	-	\$12.32	\$93.33
10397	Bartlett, Robert	8804	5.044%	\$2,313.16	\$2,108.00	\$54.02	\$374.29	\$205.16	\$106.33
10515	Bautista Medina, Sandy	8804	5.044%	\$2,149.64	\$2,149.36	\$0.83	-	\$0.28	\$108.41
10704	Beatriz, Cynthia	8804	5.044%	\$1,957.72	\$1,952.19	\$16.58	-	\$5.53	\$98.47
10968	Becerra, Marsella	8804	5.044%	\$2,039.09	\$2,038.33	\$2.29	-	\$0.76	\$102.81
10004	Beltran, Gabriela	8804	5.044%	\$2,012.50	\$2,012.50	-	-	-	\$101.51
9540	Beltran, Jesus	8804	5.044%	\$2,695.98	\$2,671.21	\$74.28	-	\$24.77	\$134.74
9877	Beltran, Jorge	8804	5.044%	\$5,245.93	\$5,245.93	-	-	-	\$264.60
10782	Bermudez, Vanessa	8804	5.044%	\$2,667.13	\$2,308.00	\$446.63	\$420.50	\$359.13	\$116.42

10942 Bernabe, Nathalie	8804	5.044%	\$3,873.11	\$3,484.92	\$184.36	\$653.47	\$388.19	\$175.78
10645 Betancourt, Eliseo	8804	5.044%	\$1,731.99	\$1,731.88	\$0.33 -		\$0.11	\$87.36
10824 Bia, Cody	8804	5.044%	\$1,345.25	\$1,344.09	\$3.49 -		\$1.16	\$67.80
10683 Biscardi, Monique	8804	5.044%	\$1,547.10	\$1,547.10 -				\$78.04
10502 Blair, Faye	8804	5.044%	\$3,394.00	\$2,912.00	\$805.50	\$427.00	\$482.00	\$146.88
10804 Blake, Gerardo	8804	5.044%	\$2,623.47	\$2,622.43	\$3.13 -		\$1.04	\$132.28
10652 Blanco, Jose	8804	5.044%	\$2,372.29	\$2,371.07	\$3.65 -		\$1.22	\$119.60
10526 Blanco, Michelle	8804	5.044%	\$2,280.96	\$2,280.96 -				\$115.05
11003 Blandin, Jeremiah	8804	5.044%	\$1,978.01	\$1,977.54	\$1.40 -		\$0.47	\$99.75
10954 Bluit, Anieca	8804	5.044%	\$1,730.89	\$1,730.89 -				\$87.31
10001 Bobadilla, Yessica	8804	5.044%	\$2,887.70	\$2,859.90	\$1.06	\$54.90	\$27.80	\$144.25
10452 Bonner, Arthur	8804	5.044%	\$2,236.80	\$2,050.40 -		\$372.80	\$186.40	\$103.42
9914 Boston-Harper, Ronald	8804	5.044%	\$3,263.87	\$3,263.87 -				\$164.63
10038 Brady, Michael	8804	5.044%	\$2,545.37	\$2,529.12	\$48.76 -		\$16.25	\$127.57
9949 Brambila, Silhouette	8804	5.044%	\$2,846.84	\$2,844.53	\$6.94 -		\$2.31	\$143.48
10061 Bravo, Elizabeth	8804	5.044%	\$3,615.97	\$3,230.37	\$332.49	\$549.53	\$385.60	\$162.94
9916 Brennan, Matthew	8804	5.044%	\$3,302.87	\$3,302.87 -				\$166.60
9511 Broadnax, Janice	8804	5.044%	\$2,060.73	\$2,044.75	\$47.93 -		\$15.98	\$103.14
10762 Brown, Garlan	8804	5.044%	\$1,929.09	\$1,929.09 -				\$97.30
10323 Brown, Jake	8804	5.044%	\$4,172.13	\$4,172.13 -				\$210.44
10272 Brown, Monique	8804	5.044%	\$2,075.81	\$2,075.81 -				\$104.70
10458 Brown, Yo-Landa	8804	5.044%	\$2,623.25	\$2,593.77	\$88.43 -		\$29.48	\$130.83
10872 Bueno-Pena, Anna	8804	5.044%	\$2,173.88	\$2,121.75	\$154.13	\$1.50	\$52.13	\$107.02
10997 Bullock, Samuel	8804	5.044%	\$1,895.05	\$1,893.61	\$4.33 -		\$1.44	\$95.51
10193 Cabral, Cristina	8804	5.044%	\$2,014.33	\$2,008.09	\$18.73 -		\$6.24	\$101.29
10453 Cabrera, Gary	8804	5.044%	\$2,398.15	\$2,383.05	\$45.30 -		\$15.10	\$120.20
9833 Cagle, Ruth	8804	5.044%	\$2,406.75	\$2,199.75	\$27.00	\$396.00	\$207.00	\$110.96
10342 Campbell, Dominique	8804	5.044%	\$2,219.81	\$2,218.57 -		\$2.48	\$1.24	\$111.90
10939 Campos, Ernesto	8804	5.044%	\$2,103.56	\$2,098.59	\$14.92 -		\$4.97	\$105.85
9891 Canales, Christina	8804	5.044%	\$2,702.79	\$2,700.95	\$5.53 -		\$1.84	\$136.24
10945 Cancino, Gabriel	8804	5.044%	\$2,220.50	\$2,218.36	\$6.42 -		\$2.14	\$111.89
10925 Candy, Tony	8804	5.044%	\$2,370.36	\$2,175.54	\$293.50	\$193.97	\$194.82	\$109.73
10246 Canizales, Juan	8804	5.044%	\$2,870.40	\$2,870.40 -				\$144.78
10818 Carp, Christa	8804	5.044%	\$1,862.72	\$1,812.32	\$151.19 -		\$50.40	\$91.41
9830 Carrasco, Mark Anthony	8804	5.044%	\$3,120.00	\$3,120.00 -				\$157.37
9417 Carrillo, David	8804	5.044%	\$7,113.60	\$7,113.60 -				\$358.81
10388 Carrillo, Jose	8804	5.044%	\$2,593.35	\$2,593.35 -				\$130.81
10843 Casarez, Amanda	8804	5.044%	\$403.20	\$403.20 -				\$20.34
10960 Case, Valerie	8804	5.044%	\$712.29	\$712.29 -				\$35.93
10677 Cativo, Mike	8804	5.044%	\$2,597.78	\$2,596.30	\$4.42 -		\$1.48	\$130.96
10466 Caudillo, Drake	8804	5.044%	\$2,542.51	\$2,330.59 -		\$423.84	\$211.92	\$117.55
10687 Cavanaugh, Kathleen	8804	5.044%	\$3,853.14	\$3,528.07	\$18.58	\$637.76	\$325.07	\$177.96
9797 Cea Gonon, Sandra	8804	5.044%	\$2,064.13	\$2,042.75	\$64.13 -		\$21.38	\$103.04
10175 Cedillo, Diana	8804	5.044%	\$3,309.59	\$3,100.90	\$51.03	\$383.36	\$208.69	\$156.41
10641 Ceja, Jesse	8804	5.044%	\$3,211.99	\$3,143.65	\$205.02 -		\$68.34	\$158.57
9921 Chacon, Megan	8804	5.044%	\$4,227.60	\$4,227.60 -				\$213.24
9954 Chamberlain, Travion	8804	5.044%	\$2,479.39	\$2,479.39 -				\$125.06
10934 Charmit, Kyle Ebano Kruschewsky	8804	5.044%	\$1,807.14	\$1,782.25	\$74.68 -		\$24.89	\$89.90

9812 Chavez Valderrama, Christian	8804	5.044%	\$4,518.80	\$4,518.80 -	-	-	-	\$227.93.
10567 Chavez, Christopher	8804	5.044%	\$1,913.23	\$1,883.98	\$87.74 -	-	\$29.25	\$95.03
10810 Chavez, Michael	8804	5.044%	\$2,095.06	\$2,094.67	\$1.18 -	-	\$0.39	\$105.66
10894 Chicas, Samart	8804	5.044%	\$2,537.37	\$2,537.37 -	-	-	-	\$127.98
10922 Cifuentes, Kenny	8804	5.044%	\$2,112.32	\$1,915.98	\$70.76	\$345.50	\$196.34	\$96.64
10660 Cisneros, Cassandra	8804	5.044%	\$3,889.42	\$3,888.52	\$2.70 -	-	\$0.90	\$196.14
10451 Cisneros, Trinidad	8804	5.044%	\$1,970.57	\$1,970.20	\$1.11 -	-	\$0.37	\$99.38
10888 Cisneros, Vanessa	8804	5.044%	\$2,369.38	\$2,356.12	\$39.78 -	-	\$13.26	\$118.84
10553 Clemente, Jason	8804	5.044%	\$2,007.37	\$2,006.11	\$3.77 -	-	\$1.26	\$101.19
10508 Cobos, Lorraine	8804	5.044%	\$1,819.58	\$1,811.51	\$24.20 -	-	\$8.07	\$91.37
9837 Connell, Larry	8804	5.044%	\$2,929.98	\$2,624.73	\$231.25	\$456.33	\$305.25	\$132.39
9259 Contreras, Claudia	8804	5.044%	\$2,018.76	\$1,846.97	\$6.97	\$338.93	\$171.79	\$93.16
10192 Contreras, Irma	8804	5.044%	\$2,602.08	\$2,602.08 -	-	-	-	\$131.25
10724 Contreras, John	8804	5.044%	\$2,099.14	\$1,868.29	\$19.81	\$448.50	\$230.85	\$94.24
9842 Contreras, Rigoberto	8804	5.044%	\$2,870.40	\$2,870.40 -	-	-	-	\$144.78
10596 Contreras, Victor	8804	5.044%	\$3,609.67	\$3,609.67 -	-	-	-	\$182.07
10777 Cord, Peter	8804	5.044%	\$1,755.59	\$1,729.92	\$77.02 -	-	\$25.67	\$87.26
10910 Corona, Maria	8804	5.044%	\$2,155.49	\$2,154.36	\$3.38 -	-	\$1.13	\$108.67
10679 Corral, Anthony	8804	5.044%	\$2,596.82	\$2,400.25	\$4.96	\$389.84	\$196.57	\$121.07
10897 Cortez, Jacob	8804	5.044%	\$1,546.21	\$1,340.87	\$37.13	\$385.92	\$205.34	\$67.63
10275 Cortez, Julian	8804	5.044%	\$2,341.15	\$2,340.86	\$0.88 -	-	\$0.29	\$118.07
9593 Coss, Francisco	8804	5.044%	\$2,209.15	\$2,040.11 -	-	\$338.08	\$169.04	\$102.90
10279 Cotto, Guillermo	8804	5.044%	\$4,525.20	\$3,935.16 -	-	\$1,180.08	\$590.04	\$198.49
10850 Covarrubias, Linda	8804	5.044%	\$1,428.01	\$1,427.66	\$1.06 -	-	\$0.35	\$72.01
9687 Crook, John	8804	5.044%	\$2,532.01	\$2,529.88	\$6.38 -	-	\$2.13	\$127.61
9463 Cueva, Mary	8804	5.044%	\$2,996.50	\$2,974.59	\$65.72 -	-	\$21.91	\$150.04
10905 Curiel Baeza, Cristina	8804	5.044%	\$4,342.00	\$4,342.00 -	-	-	-	\$219.01
10157 Cymbolin, Alexis	8804	5.044%	\$2,897.02	\$2,897.02 -	-	-	-	\$146.13
9804 Dancer, Gwendolyn	8804	5.044%	\$2,818.47	\$2,717.70	\$302.32 -	-	\$100.77	\$137.08
10732 Dancer, Kevin	8804	5.044%	\$2,520.75	\$2,296.50	\$79.50	\$395.50	\$224.25	\$115.84
11009 D'Angelo, Heather	8804	5.044%	\$174.78	\$174.78 -	-	-	-	\$8.82
10707 Dary, Farina	8804	5.044%	\$3,752.48	\$3,751.34	\$3.42 -	-	\$1.14	\$189.22
10444 Davalillo, Wilmer	8804	5.044%	\$3,535.13	\$3,535.13 -	-	-	-	\$178.31
10667 Davenport, Joi	8804	5.044%	\$2,628.43	\$2,407.77	\$5.37	\$437.73	\$220.66	\$121.45
10248 Davis, Juan	8804	5.044%	\$2,269.07	\$2,266.73	\$7.01 -	-	\$2.34	\$114.33
10070 De La Vega, Omar	8804	5.044%	\$4,125.88	\$4,125.41	\$1.40 -	-	\$0.47	\$208.09
9355 De Leon, Heidi	8804	5.044%	\$5,245.07	\$5,245.07 -	-	-	-	\$264.56
10105 De Leon, Mario	8804	5.044%	\$2,559.02	\$2,357.49	\$0.75	\$402.56	\$201.53	\$118.91
10523 Dean, Steven	8804	5.044%	\$2,697.16	\$2,451.43	\$4.13	\$488.70	\$245.73	\$123.65
10902 Delton, Robert	8804	5.044%	\$1,425.57	\$1,424.27	\$3.89 -	-	\$1.30	\$71.84
10950 Diaz, Kaitlin	8804	5.044%	\$3,414.47	\$3,111.98	\$58.75	\$565.81	\$302.49	\$156.97
9927 Diaz, Maynor	8804	5.044%	\$873.38	\$871.72	\$4.97 -	-	\$1.66	\$43.97
10036 Diaz, Sarah	8804	5.044%	\$2,568.13	\$2,566.67	\$4.38 -	-	\$1.46	\$129.46
10751 Dodd, Brianne	8804	5.044%	\$1,702.66	\$1,698.01	\$13.95 -	-	\$4.65	\$85.65
10226 Dominguez Gomez, Yasmin	8804	5.044%	\$1,929.93	\$1,929.93 -	-	-	-	\$97.35
10787 Donis, Robert	8804	5.044%	\$2,168.02	\$2,163.45	\$13.70 -	-	\$4.57	\$109.12
11001 Doshi, Kunal	8804	5.044%	\$5,732.83	\$5,732.83 -	-	-	-	\$289.16
11004 Doster, Sean	8804	5.044%	\$3,320.05	\$3,317.98	\$6.22 -	-	\$2.07	\$167.36

10026 Dotson, Lawrence	8804	5.044%	\$3,107.04	\$3,026.02	\$243.05 -		\$81.02	\$152.63
10967 Dozier, Myriah	8804	5.044%	\$2,026.06	\$2,025.81	\$0.75 -		\$0.25	\$102.18
10952 Duenas, Zolla	8804	5.044%	\$2,582.25	\$2,357.08	\$38.15	\$424.90	\$225.17	\$118.89
10822 Duran, Eric	8804	5.044%	\$1,855.63	\$1,855.42	\$0.63 -		\$0.21	\$93.59
10838 Durazo, Michael	8804	5.044%	\$2,087.10	\$2,074.87	\$36.70 -		\$12.23	\$104.66
10359 Dykstra, Gerrit	8804	5.044%	\$2,081.97	\$2,081.58	\$1.18 -		\$0.39	\$104.99
9589 Eddy, Dean	8804	5.044%	\$472.31	\$472.31 -	-			\$23.82
9333 Edmond, Floyd	8804	5.044%	\$2,638.89	\$2,417.69	\$2.89	\$440.48	\$221.20	\$121.95
10949 El, S.Mella	8804	5.044%	\$2,148.08	\$1,961.92	\$50.08	\$338.93	\$186.16	\$98.96
9628 Elmore, Stephanie	8804	5.044%	\$3,522.16	\$3,520.16	\$6.00 -		\$2.00	\$177.56
10572 Encinas, Brianna	8804	5.044%	\$2,152.66	\$2,150.91	\$5.24 -		\$1.75	\$108.49
9863 Escamilla, Claudia	8804	5.044%	\$3,978.87	\$3,978.87 -	-			\$200.69
10447 Escamilla, Raul	8804	5.044%	\$2,409.57	\$2,389.29	\$60.85 -		\$20.28	\$120.52
10716 Escobar, Frida	8804	5.044%	\$2,218.13	\$2,216.00	\$6.38 -		\$2.13	\$111.78
10482 Escobedo, Carlos	8804	5.044%	\$3,058.47	\$3,058.47 -	-			\$154.27
10701 Esmailpour, Raha	8804	5.044%	\$3,314.96	\$3,314.96 -	-			\$167.21
9739 Esparza, Angel	8804	5.044%	\$5,466.93	\$5,466.93 -	-			\$275.75
10959 Estebez, Jazmin	8804	5.044%	\$3,078.49	\$3,077.33	\$3.47 -		\$1.16	\$155.22
10571 Ezell, Darrell	8804	5.044%	\$2,246.85	\$2,246.70	\$0.45 -		\$0.15	\$113.32
10940 Fast, Charly	8804	5.044%	\$3,445.49	\$3,421.23	\$72.78 -		\$24.26	\$172.57
10717 Fematt, Ronnie	8804	5.044%	\$2,312.20	\$2,111.42 -	-	\$401.55	\$200.78	\$106.50
10034 Fernandez, Joanna	8804	5.044%	\$963.19	\$941.88	\$63.92 -		\$21.31	\$47.51
10435 Fields, Michael	8804	5.044%	\$2,670.80	\$2,670.80 -	-			\$134.72
10557 Fisher, Frank	8804	5.044%	\$2,157.06	\$1,950.93	\$114.42	\$335.97	\$206.13	\$98.40
9757 Fisher, Sasha	8804	5.044%	\$2,514.84	\$2,514.25	\$1.77 -		\$0.59	\$126.82
10781 Flenoir, Richard	8804	5.044%	\$1,865.32	\$1,857.12	\$24.59 -		\$8.20	\$93.67
10439 Flores, Christina	8804	5.044%	\$1,784.96	\$1,606.30	\$27.57	\$338.93	\$178.66	\$81.02
10270 Flores, Gustavo	8804	5.044%	\$1,911.53	\$1,907.38	\$12.45 -		\$4.15	\$96.21
10680 Flores, Hector	8804	5.044%	\$1,868.32	\$1,696.11	\$9.51	\$338.08	\$172.21	\$85.55
10500 Flores, Johnny	8804	5.044%	\$2,312.05	\$2,312.05 -	-			\$116.62
10401 Flores, Jose	8804	5.044%	\$2,302.39	\$2,283.52	\$56.61 -		\$18.87	\$115.18
10891 Flores, Jose	8804	5.044%	\$2,532.00	\$2,315.36	\$17.67	\$421.50	\$216.64	\$116.79
9992 Flynn, Terrance	8804	5.044%	\$3,739.93	\$3,739.93 -	-			\$188.64
10426 Fofana, Sheku	8804	5.044%	\$3,116.80	\$3,116.80 -	-			\$157.21
10415 Freeman, Jamie	8804	5.044%	\$2,175.97	\$2,175.97 -	-			\$109.76
10929 Freng, Joseph	8804	5.044%	\$1,854.31	\$1,814.85	\$118.37 -		\$39.46	\$91.54
10315 Freng, Matthew	8804	5.044%	\$1,843.63	\$1,677.25	\$91.88	\$271.50	\$166.38	\$84.60
9457 Fuggins, Britany	8804	5.044%	\$2,217.45	\$2,031.36	\$4.84	\$368.96	\$186.09	\$102.46
10490 Furmanski, Tina	8804	5.044%	\$3,349.71	\$3,345.50	\$12.64 -		\$4.21	\$168.75
10797 Fusi, Michelle	8804	5.044%	\$2,085.23	\$2,066.24	\$56.97 -		\$18.99	\$104.22
9500 Gabriel, Carolina	8804	5.044%	\$4,050.80	\$4,050.80 -	-			\$204.32
10982 Gaeta, Karen	8804	5.044%	\$2,742.66	\$2,730.90	\$35.29 -		\$11.76	\$137.75
9910 Galaviz, Evelyn	8804	5.044%	\$2,263.36	\$2,263.36 -	-			\$114.16
10549 Gamez, Jose	8804	5.044%	\$2,691.11	\$2,588.37	\$308.23 -		\$102.74	\$130.56
10465 Gaona, Janice	8804	5.044%	\$3,231.45	\$3,231.15	\$0.90 -		\$0.30	\$162.98
10206 Garay, Tanya	8804	5.044%	\$1,898.18	\$1,895.69	\$7.46 -		\$2.49	\$95.62
10682 Garcia Loeza, Jose	8804	5.044%	\$4,093.27	\$4,093.27 -	-			\$206.46
10521 Garcia, Anthony	8804	5.044%	\$1,848.88	\$1,848.88 -	-			\$93.26

10574	Garcia, Daniel	8804	5.044%	\$1,246.88	\$1,245.97	\$2.72 -		\$0.91	\$62.85
9716	Garcia, Miguel	8804	5.044%	\$6,136.87	\$6,136.87 -	-	-		\$309.54
11008	Garcia, Monique	8804	5.044%	\$1,040.02	\$1,040.02 -	-	-		\$52.46
9453	Garcia, Ramona	8804	5.044%	\$3,150.33	\$3,150.33 -	-	-		\$158.90
10918	Garcia, Sunday	8804	5.044%	\$2,043.16	\$2,027.63	\$46.59 -		\$15.53	\$102.27
10890	Garcia, Zadiany	8804	5.044%	\$2,180.37	\$2,178.62	\$5.25 -		\$1.75	\$109.89
9724	Garibay, Sarah	8804	5.044%	\$1,342.55	\$1,339.19	\$10.09 -		\$3.36	\$67.55
9776	Gamaas, Darrell	8804	5.044%	\$3,673.80	\$3,673.80 -	-	-		\$185.31
10675	Gamaas, Martin	8804	5.044%	\$2,567.99	\$2,322.90	\$118.15	\$411.41	\$245.09	\$117.17
10778	Gibson, Bradley	8804	5.044%	\$1,739.48	\$1,689.55	\$133.14	\$11.10	\$49.93	\$85.22
9650	Gibson, Randall	8804	5.044%	\$3,040.14	\$3,038.76	\$4.14 -		\$1.38	\$153.28
10595	Godinez, Alejandro	8804	5.044%	\$2,177.39	\$2,177.39 -	-	-		\$109.83
10904	Gomez, Alexis	8804	5.044%	\$1,952.52	\$1,779.35	\$11.09	\$338.93	\$173.17	\$89.75
10366	Gonzales, Jazmin	8804	5.044%	\$1,775.10	\$1,775.10 -	-	-		\$89.54
10160	Gonzales, Louie	8804	5.044%	\$2,942.53	\$2,651.85	\$84.45	\$525.06	\$290.68	\$133.76
10362	Gonzalez Lopez, Cynthia	8804	5.044%	\$2,890.21	\$2,642.32	\$38.07	\$470.39	\$247.89	\$133.28
10271	Gonzalez, Juan	8804	5.044%	\$2,986.78	\$2,953.14	\$100.92 -		\$33.64	\$148.96
10981	Gordon, Rachel	8804	5.044%	\$1,775.55	\$1,753.36	\$66.56 -		\$22.19	\$88.44
9609	Gormley, Richard	8804	5.044%	\$2,904.20	\$2,904.20 -	-	-		\$146.49
10155	Guerrero, Fernando	8804	5.044%	\$2,703.71	\$2,476.58	\$1.70	\$453.12	\$227.13	\$124.92
10978	Guevara, Julio	8804	5.044%	\$2,073.59	\$1,903.60	\$2.85	\$338.08	\$169.99	\$96.02
9642	Guillen Torres, Martha	8804	5.044%	\$2,210.25	\$1,994.00	\$90.00	\$372.50	\$216.25	\$100.58
10917	Gullory, Raymond	8804	5.044%	\$2,582.32	\$2,556.25	\$78.20 -		\$26.07	\$128.94
9386	Guirado, Rafael	8804	5.044%	\$373.78	\$373.78 -	-	-		\$18.85
10648	Gutierrez, Lisa	8804	5.044%	\$4,177.33	\$4,177.33 -	-	-		\$210.70
10618	Gutierrez, Lizzeth	8804	5.044%	\$2,324.96	\$2,324.96 -	-	-		\$117.27
10860	Gutierrez, Parrish	8804	5.044%	\$2,368.80	\$2,192.40 -	-	\$352.80	\$176.40	\$110.58
10684	Guzman, Carlos	8804	5.044%	\$3,521.80	\$3,521.20	\$1.80 -		\$0.60	\$177.61
10021	Guzman, Daniel	8804	5.044%	\$2,808.54	\$2,562.88	\$35.93	\$467.36	\$245.66	\$129.27
10212	Guzman, Janet	8804	5.044%	\$2,510.55	\$2,301.05	\$31.98	\$397.68	\$209.50	\$116.06
10947	Guzman, Stephanie	8804	5.044%	\$1,338.50	\$1,338.50 -	-	-		\$67.51
10630	Hall, Christopher	8804	5.044%	\$1,857.22	\$1,850.56	\$19.97 -		\$6.66	\$93.34
10179	Hamilton, Ashley	8804	5.044%	\$3,822.87	\$3,822.87 -	-	-		\$192.83
10767	Hanauer, Allegra	8804	5.044%	\$1,947.47	\$1,922.55	\$74.76 -		\$24.92	\$96.97
10899	Hasan, Summer	8804	5.044%	\$2,011.79	\$2,011.29	\$1.51 -		\$0.50	\$101.45
10935	Haynes, Tiffany	8804	5.044%	\$2,720.56	\$2,712.03	\$25.60 -		\$8.53	\$136.79
10133	Hazley, Sherion	8804	5.044%	\$1,429.41	\$1,429.26	\$0.45 -		\$0.15	\$72.09
10597	Hefner, Nicole	8804	5.044%	\$2,286.55	\$2,074.40	\$75.14	\$374.20	\$212.15	\$104.63
9462	Hemphill, Ramona	8804	5.044%	\$1,565.75	\$1,564.99	\$2.28 -		\$0.76	\$78.94
10880	Henriquez Castillo, Elis	8804	5.044%	\$2,261.13	\$1,998.69	\$270.68	\$344.42	\$262.44	\$100.81
10269	Hernandez, Boris	8804	5.044%	\$2,304.30	\$2,301.75	\$7.66 -		\$2.55	\$116.10
10474	Hernandez, Denise	8804	5.044%	\$4,251.54	\$4,250.57	\$2.90 -		\$0.97	\$214.40
10135	Hernandez, Edwin	8804	5.044%	\$2,284.06	\$2,283.73	\$0.99 -		\$0.33	\$115.19
10851	Hernandez, Giovanni	8804	5.044%	\$2,271.95	\$2,040.18	\$136.31	\$372.65	\$231.77	\$102.91
10563	Hernandez, Jacinda	8804	5.044%	\$2,456.55	\$2,453.22	\$9.99 -		\$3.33	\$123.74
10821	Hernandez, Jose	8804	5.044%	\$2,050.59	\$2,050.59 -	-	-		\$103.43
9580	Hernandez, Lanette	8804	5.044%	\$3,662.86	\$3,354.67	\$92.82	\$554.50	\$308.19	\$169.21
10577	Hernandez, Myner	8804	5.044%	\$3,938.13	\$3,938.13 -	-	-		\$198.64

10799 Hernandez, Nancy	8804	5.044%	\$2,655.19	\$2,503.75	\$454.31	-	\$151.44	\$126.29
10840 Hernandez, Rodrigo	8804	5.044%	\$2,377.39	\$2,374.83	\$7.68	-	\$2.56	\$119.79
10783 Hernandez, Siria	8804	5.044%	\$1,769.28	\$1,769.28	-	-	-	\$89.24
10956 Hill, Patrick	8804	5.044%	\$950.22	\$950.22	-	-	-	\$47.93
10693 Hillman, Andrea	8804	5.044%	\$2,394.48	\$2,394.48	-	-	-	\$120.78
10534 Hiortdahl, Christopher	8804	5.044%	\$2,593.36	\$2,593.36	-	-	-	\$130.81
10252 Hoard, LaNiqua	8804	5.044%	\$4,518.80	\$4,518.80	-	-	-	\$227.93
10522 Holmes, Cynthia	8804	5.044%	\$2,925.01	\$2,922.21	\$8.41	-	\$2.80	\$147.40
10747 Hoyos, Loreena	8804	5.044%	\$2,276.44	\$2,274.76	\$5.03	-	\$1.68	\$114.74
8167 Iannarelli, Gary	8804	5.044%	\$3,441.53	\$3,441.53	-	-	-	\$173.59
9821 Ibarra, Jennifer	8804	5.044%	\$2,595.60	\$2,589.74	\$17.57	-	\$5.86	\$130.63
10800 Jackson, Lashan	8804	5.044%	\$2,715.13	\$2,715.13	-	-	-	\$136.95
10360 Jackson, Leona	8804	5.044%	\$2,477.60	\$2,272.91	\$54.87	\$372.80	\$204.69	\$114.65
10946 Jackson, Shawana	8804	5.044%	\$1,204.62	\$1,202.30	\$6.97	-	\$2.32	\$60.64
10750 Jamieson, Marisa	8804	5.044%	\$3,503.93	\$3,503.93	-	-	-	\$176.74
10319 Jasso, Igsel	8804	5.044%	\$1,727.17	\$1,702.45	\$74.17	-	\$24.72	\$85.87
10757 Jefferson, Willie	8804	5.044%	\$2,101.38	\$1,890.71	\$0.63	\$420.91	\$210.67	\$95.37
10211 Jimenez, Crystal	8804	5.044%	\$1,298.66	\$1,297.98	\$2.05	-	\$0.68	\$65.47
10823 Jimenez, Nancy	8804	5.044%	\$2,114.27	\$1,901.06	\$2.54	\$424.71	\$213.21	\$95.89
10900 Jimenez, Rojello	8804	5.044%	\$2,292.32	\$2,062.16	\$3.78	\$457.80	\$230.16	\$104.02
10766 Joachim, Kymani	8804	5.044%	\$3,061.94	\$3,055.10	\$20.54	-	\$6.84	\$154.10
10278 Jojola, Tara	8804	5.044%	\$2,631.75	\$2,627.23	\$13.55	-	\$4.52	\$132.52
10120 Josten, Alexandra	8804	5.044%	\$2,048.18	\$2,038.09	\$30.28	-	\$10.09	\$102.80
10588 Juarez, Precious	8804	5.044%	\$1,716.42	\$1,714.04	\$7.13	-	\$2.38	\$86.46
10662 Juarez, Yessenia	8804	5.044%	\$2,488.96	\$2,303.08	\$1.98	\$370.44	\$185.88	\$116.17
10455 Kabir, Sarim	8804	5.044%	\$1,311.33	\$1,311.33	-	-	-	\$66.14
10847 Khalili, Seyed Parham	8804	5.044%	\$15,183.13	\$15,183.13	-	-	-	\$765.84
10052 Kim, Joshua	8804	5.044%	\$2,494.48	\$2,290.56	\$13.96	\$398.53	\$203.92	\$115.54
10985 King, JeanMarie	8804	5.044%	\$2,764.20	\$2,761.23	\$8.92	-	\$2.97	\$139.28
10540 Kwoka, Corey	8804	5.044%	\$3,001.49	\$2,811.98	\$568.52	-	\$189.51	\$141.84
10764 Lacas, Sara	8804	5.044%	\$3,301.25	\$3,269.23	\$96.05	-	\$32.02	\$164.90
10560 Lafferre, Amanda	8804	5.044%	\$2,557.07	\$2,557.07	-	-	-	\$128.98
10122 Landa Guzman, Janet	8804	5.044%	\$2,748.50	\$2,721.18	\$81.95	-	\$27.32	\$137.26
10068 Laskodi, Ryan	8804	5.044%	\$2,772.30	\$2,772.30	-	-	-	\$139.83
10678 Lawlor, Michael	8804	5.044%	\$2,134.07	\$2,094.59	\$118.45	-	\$39.48	\$105.65
10180 Lazalde, Adrian	8804	5.044%	\$2,648.70	\$2,637.00	\$35.10	-	\$11.70	\$133.01
10503 Lazo, Isael	8804	5.044%	\$2,259.15	\$2,220.52	\$115.89	-	\$38.63	\$112.00
10617 Ledezma, Jessica	8804	5.044%	\$1,883.42	\$1,817.60	\$197.46	-	\$65.82	\$91.68
10087 Lee, Carla	8804	5.044%	\$2,213.32	\$2,213.07	\$0.75	-	\$0.25	\$111.63
10794 Leon, Jessica	8804	5.044%	\$2,173.54	\$1,963.19	\$123.93	\$338.08	\$210.35	\$99.02
10430 Lepe, Elena	8804	5.044%	\$2,896.17	\$2,884.11	\$36.18	-	\$12.06	\$145.47
10434 Leyva, Christian	8804	5.044%	\$2,532.73	\$2,524.44	\$24.86	-	\$8.29	\$127.33
10938 Li, Xiao	8804	5.044%	\$3,336.59	\$3,333.36	\$9.69	-	\$3.23	\$168.13
10844 Lomeland, Kelly	8804	5.044%	\$2,525.56	\$2,525.56	-	-	-	\$127.39
10965 Lopez, Alfredo	8804	5.044%	\$2,308.76	\$2,307.81	\$2.86	-	\$0.95	\$116.41
9994 Lopez, Christian	8804	5.044%	\$5,956.50	\$5,953.00	\$10.51	-	\$3.50	\$300.27
10459 Lopez, Jessica	8804	5.044%	\$1,889.24	\$1,889.24	-	-	-	\$95.29
10454 Lopez, Maria	8804	5.044%	\$1,876.16	\$1,705.60	-	\$341.12	\$170.56	\$86.03

10568 Loya, Michelle	8804	5.044%	\$1,341.04	\$1,341.04	-	-	-	\$67.64
10846 Lucero, Nina-Simone	8804	5.044%	\$1,243.04	\$1,235.60	\$22.32	-	\$7.44	\$62.32
10711 Luna, John	8804	5.044%	\$2,494.26	\$2,494.26	-	-	-	\$125.81
11000 Macias, Apolonio	8804	5.044%	\$2,378.64	\$2,377.42	\$3.65	-	\$1.22	\$119.92
9917 Mackey, Chantay	8804	5.044%	\$2,574.42	\$2,311.53	\$17.80	\$513.89	\$262.89	\$116.59
10773 Magana, Ricardo	8804	5.044%	\$2,662.15	\$2,662.15	-	-	-	\$134.28
10993 Magana, Zoila	8804	5.044%	\$2,175.75	\$2,175.62	\$0.38	-	\$0.13	\$109.74
9861 Maravilla, Crystal	8804	5.044%	\$3,325.13	\$3,321.74	\$10.17	-	\$3.39	\$167.55
10808 Marcos, Audrey Ida	8804	5.044%	\$2,025.73	\$2,023.26	\$7.40	-	\$2.47	\$102.05
10646 Marmolejo, Laura	8804	5.044%	\$2,137.01	\$1,950.27	\$24.30	\$357.26	\$186.74	\$98.37
10422 Martin, Allison	8804	5.044%	\$2,088.51	\$2,082.68	\$17.50	-	\$5.83	\$105.05
10876 Martin, Belissa	8804	5.044%	\$2,233.15	\$2,233.15	-	-	-	\$112.64
9737 Martin, Daniel	8804	5.044%	\$2,870.40	\$2,870.40	-	-	-	\$144.78
10759 Martinez, Anthony	8804	5.044%	\$1,566.72	\$1,566.50	\$0.65	-	\$0.22	\$79.01
10932 Martinez, Eric	8804	5.044%	\$1,744.09	\$1,741.37	\$8.15	-	\$2.72	\$87.83
9714 Martinez, Fabiola	8804	5.044%	\$4,571.59	\$4,570.32	\$3.81	-	\$1.27	\$230.53
10615 Martinez, Jessica	8804	5.044%	\$2,256.98	\$2,220.12	\$110.58	-	\$36.86	\$111.98
10015 Martinez, Joanna	8804	5.044%	\$2,477.46	\$2,472.41	\$15.16	-	\$5.05	\$124.71
10877 Martinez, Madelyn	8804	5.044%	\$2,080.73	\$2,080.73	-	-	-	\$104.95
10140 Martinez, Michael	8804	5.044%	\$2,680.17	\$2,680.17	-	-	-	\$135.19
10017 Martinez, Moises	8804	5.044%	\$3,124.67	\$3,058.42	\$198.75	-	\$66.25	\$154.27
10281 Martinez, Roberto	8804	5.044%	\$2,540.56	\$2,540.56	-	-	-	\$128.15
10594 Mascarenas, Nicole	8804	5.044%	\$2,766.35	\$2,410.71	\$162.81	\$602.74	\$355.64	\$121.60
10082 Masushige, Sandra	8804	5.044%	\$1,863.13	\$1,833.04	\$90.26	-	\$30.09	\$92.46
9946 Mata, Becky	8804	5.044%	\$2,848.92	\$2,632.43	\$3.71	\$430.49	\$216.49	\$132.78
10853 Mata-Uribe, Lisa	8804	5.044%	\$1,926.00	\$1,925.45	\$1.65	-	\$0.55	\$97.12
10072 Mathews, Amanda	8804	5.044%	\$2,183.13	\$1,986.63	-	\$393.00	\$196.50	\$100.21
10944 Mayorga, Edward	8804	5.044%	\$1,711.81	\$1,711.81	-	-	-	\$86.34
10125 McCandless, Jana	8804	5.044%	\$3,009.12	\$2,888.67	\$361.35	-	\$120.45	\$145.70
9590 McCuller, William Jason	8804	5.044%	\$2,325.84	\$2,325.84	-	-	-	\$117.32
10141 McGraw, Freeman	8804	5.044%	\$1,984.66	\$1,984.66	-	-	-	\$100.11
10558 Medina, Janet	8804	5.044%	\$3,019.80	\$3,019.80	-	-	-	\$152.32
10936 Mejia, Jimmy	8804	5.044%	\$2,730.64	\$2,730.64	-	-	-	\$137.73
9979 Melton, Shandrea	8804	5.044%	\$2,250.63	\$2,236.44	\$42.56	-	\$14.19	\$112.81
10077 Mendez, Evelyn	8804	5.044%	\$2,121.19	\$2,036.03	\$253.33	\$1.44	\$85.16	\$102.70
10640 Mendez, Gabriel	8804	5.044%	\$2,032.97	\$2,028.06	\$14.74	-	\$4.91	\$102.30
10737 Mendez, Irving	8804	5.044%	\$2,374.12	\$2,358.91	\$45.64	-	\$15.21	\$118.98
10859 Mendez, Ivan	8804	5.044%	\$2,160.70	\$2,157.90	\$8.39	-	\$2.80	\$108.84
10148 Mendoza, Francisco	8804	5.044%	\$2,248.80	\$2,248.80	-	-	-	\$113.43
10168 Merida, Victor	8804	5.044%	\$568.41	\$568.41	-	-	-	\$28.67
10994 Muccio, Marteene	8804	5.044%	\$2,009.68	\$1,840.22	\$1.27	\$338.08	\$169.46	\$92.82
9340 Miera, Mary	8804	5.044%	\$3,211.86	\$2,916.74	\$125.25	\$506.73	\$295.12	\$147.12
10348 Mikhael, George	8804	5.044%	\$3,177.31	\$3,177.31	-	-	-	\$160.26
10564 Mills, Paige	8804	5.044%	\$2,095.16	\$2,090.09	\$15.21	-	\$5.07	\$105.42
9975 Miranda Lopez, Nora	8804	5.044%	\$2,307.10	\$2,303.95	\$9.44	-	\$3.15	\$116.21
9857 Miranda Torres, Elizabeth	8804	5.044%	\$3,735.70	\$3,735.70	-	-	-	\$188.43
10740 Miranda, Miguel	8804	5.044%	\$2,238.20	\$2,051.34	\$1.40	\$372.80	\$186.86	\$103.47
10616 Moises, Datangla	8804	5.044%	\$2,581.13	\$2,328.50	\$152.63	\$403.50	\$252.63	\$117.45

10262 Montano, Sylvia	8804	5.044%	\$3,572.44	\$3,485.61	\$260.49 -		\$86.83	\$175.81
10721 Montes, Diane	8804	5.044%	\$2,130.84	\$2,130.72	\$0.36 -		\$0.12	\$107.47
10494 Montiel, Samantha	8804	5.044%	\$4,139.81	\$4,003.31	\$409.49 -		\$136.50	\$201.93
10497 Monzon Zalazar, Carolina	8804	5.044%	\$829.44	\$829.44 -	-	-	-	\$41.84
9524 Moore, Gloria	8804	5.044%	\$3,053.27	\$3,053.27 -	-	-	-	\$154.01
10987 Mor, Samantha	8804	5.044%	\$2,044.18	\$2,036.54	\$22.91 -		\$7.64	\$102.72
10999 Morales Jr., Hector	8804	5.044%	\$2,252.60	\$2,233.37	\$57.68 -		\$19.23	\$112.65
10402 Morales, David	8804	5.044%	\$2,870.40	\$2,870.40 -	-	-	-	\$144.78
10831 Moree, Damilo	8804	5.044%	\$1,875.92	\$1,701.87	\$1.94	\$346.79	\$174.05	\$85.84
9390 Morris, Glenford	8804	5.044%	\$2,800.65	\$2,489.90	\$309.45	\$415.20	\$310.75	\$125.59
10639 Muela, Aaron	8804	5.044%	\$2,171.84	\$2,171.84 -	-	-	-	\$109.55
10284 Mueller, Melanie	8804	5.044%	\$2,181.10	\$2,176.04	\$15.18 -		\$5.06	\$109.76
10829 Munoz, Karen	8804	5.044%	\$2,838.28	\$2,835.55	\$8.20 -		\$2.73	\$143.03
10385 Munoz, Kelly	8804	5.044%	\$1,835.44	\$1,835.44 -	-	-	-	\$92.58
10348 Murillo, Jovanna	8804	5.044%	\$2,104.35	\$2,100.95	\$10.21 -		\$3.40	\$105.97
10696 Murrieta, Valerie	8804	5.044%	\$2,542.73	\$2,505.42	\$111.92 -		\$37.31	\$126.37
10491 Narvaez, Christian	8804	5.044%	\$4,686.94	\$4,664.30	\$67.93 -		\$22.64	\$235.27
9990 Navarro, Ana	8804	5.044%	\$1,964.19	\$1,962.13	\$6.17 -		\$2.06	\$98.97
10698 Navarro, Paul	8804	5.044%	\$1,991.71	\$1,828.59	\$1.27	\$325.40	\$163.12	\$92.23
9794 Newsome, Joseph	8804	5.044%	\$1,951.22	\$1,950.41	\$2.42 -		\$0.81	\$98.38
10885 Nguyen, Thuy-Trinh	8804	5.044%	\$1,867.25	\$1,867.25 -	-	-	-	\$94.18
10953 Njoku, Emmanuel	8804	5.044%	\$5,222.97	\$5,222.97 -	-	-	-	\$263.45
10294 Nunez, Josseline	8804	5.044%	\$2,196.75	\$2,192.37	\$13.13 -		\$4.38	\$110.58
10991 Ochoa, Laura	8804	5.044%	\$2,673.06	\$2,673.06 -	-	-	-	\$134.83
10769 Ochotorena, Nicole	8804	5.044%	\$2,018.16	\$2,015.64	\$7.57 -		\$2.52	\$101.67
10000 Ofoegbu, Angela	8804	5.044%	\$10,226.67	\$10,226.67 -	-	-	-	\$515.83
10485 Olabode, Nickolas	8804	5.044%	\$1,988.35	\$1,975.88	\$37.42 -		\$12.47	\$99.66
10805 Olalia, James	8804	5.044%	\$2,456.23	\$2,407.78	\$145.35 -		\$48.45	\$121.45
10815 Oliva, Christopher	8804	5.044%	\$3,010.48	\$3,010.48 -	-	-	-	\$151.85
9820 Olivarez, Raquel	8804	5.044%	\$2,874.73	\$2,874.73 -	-	-	-	\$145.00
10736 Olvera, Bryan	8804	5.044%	\$169.67	\$169.46	\$0.63 -		\$0.21	\$8.55
10051 Orozco, Natalie	8804	5.044%	\$2,647.54	\$2,647.54 -	-	-	-	\$133.54
10998 Ortega, Elizabeth	8804	5.044%	\$2,608.50	\$2,497.20	\$333.91 -		\$111.30	\$125.96
11005 Ortega, Jose	8804	5.044%	\$2,260.27	\$2,171.07	\$267.61 -		\$89.20	\$109.51
10128 Pachuca, Natalie	8804	5.044%	\$2,870.40	\$2,870.40 -	-	-	-	\$144.78
9563 Pachuca, Norma	8804	5.044%	\$4,246.67	\$4,246.67 -	-	-	-	\$214.20
10728 Padilla, Gilberto	8804	5.044%	\$2,233.47	\$2,233.47 -	-	-	-	\$112.66
9741 Padilla, Lilia	8804	5.044%	\$3,179.00	\$3,178.00	\$3.00 -		\$1.00	\$160.30
9301 Paige, Richard	8804	5.044%	\$3,113.07	\$3,113.07 -	-	-	-	\$157.02
10673 Palacio, Alondra	8804	5.044%	\$2,142.46	\$2,141.91	\$1.65 -		\$0.55	\$108.04
10263 Palacios, Telesforo	8804	5.044%	\$3,636.53	\$3,636.53 -	-	-	-	\$183.43
10995 Palafox, Amber	8804	5.044%	\$2,336.64	\$2,322.00	\$43.92 -		\$14.64	\$117.12
9599 Paniagua, Vanesa	8804	5.044%	\$2,378.43	\$2,376.21	\$6.66 -		\$2.22	\$119.86
10962 Pantoja, Daniel	8804	5.044%	\$2,003.65	\$1,821.19	\$40.25	\$338.08	\$182.46	\$91.86
9710 Parada, Myriah	8804	5.044%	\$1,974.88	\$1,973.25	\$4.88 -		\$1.63	\$99.53
10417 Paredes, Jaquelinne	8804	5.044%	\$2,712.34	\$2,384.44	\$335.46	\$432.16	\$327.90	\$120.27
9278 Parker, Charles	8804	5.044%	\$3,036.00	\$2,731.23	\$5.00	\$606.20	\$304.77	\$137.76
10674 Parnell, Maisha	8804	5.044%	\$8,159.67	\$8,159.67 -	-	-	-	\$411.57

9819 Partida, Rudolph	8804	5.044%	\$2,938.87	\$2,938.87	-	-	-	\$148.24
10727 Partovi, Susan	8804	5.044%	\$5,781.12	\$5,781.12	-	-	-	\$291.60
10966 Paul, Emerson	8804	5.044%	\$1,442.34	\$1,442.34	-	-	-	\$72.75
10312 Paz, Elizabeth	8804	5.044%	\$1,818.33	\$1,818.33	-	-	-	\$91.72
10406 Perea, Daniel	8804	5.044%	\$2,574.90	\$2,574.90	-	-	-	\$129.88
10427 Perez, Leidin	8804	5.044%	\$1,925.48	\$1,925.48	-	-	-	\$97.12
10802 Perez, Luis	8804	5.044%	\$2,651.02	\$2,624.62	\$79.21	-	\$26.40	\$132.39
10238 Perez, Omar	8804	5.044%	\$952.96	\$952.96	-	-	-	\$48.07
10093 Perez, Roberto	8804	5.044%	\$1,861.15	\$1,859.23	\$5.76	-	\$1.92	\$93.78
9974 Pickel III, Carl	8804	5.044%	\$5,245.07	\$5,245.07	-	-	-	\$264.56
9996 Pink, Kimberly	8804	5.044%	\$2,641.33	\$2,634.33	\$20.99	-	\$7.00	\$132.88
9553 Price, Rachel	8804	5.044%	\$2,804.40	\$2,783.20	\$63.58	-	\$21.20	\$140.38
10833 Puentes, Tania	8804	5.044%	\$2,186.21	\$1,950.08	\$198.09	\$340.19	\$236.13	\$98.36
10277 Puerto, Napoleon	8804	5.044%	\$5,131.53	\$5,131.53	-	-	-	\$258.83
10864 Pugh, De'Ontray	8804	5.044%	\$2,398.62	\$2,398.31	\$0.93	-	\$0.31	\$120.97
10461 Quesenberry, Caitlin	8804	5.044%	\$2,225.75	\$2,225.50	\$0.75	-	\$0.25	\$112.25
10912 Quezada, Amanda	8804	5.044%	\$1,695.15	\$1,693.57	\$4.75	-	\$1.58	\$85.42
10990 Quintero, Hector	8804	5.044%	\$2,874.81	\$2,874.48	\$0.99	-	\$0.33	\$144.99
10285 Quiroga, Stephanie	8804	5.044%	\$3,646.07	\$3,646.07	-	-	-	\$183.91
9763 Ramirez, Alejandro	8804	5.044%	\$2,432.60	\$2,322.12	\$4.37	\$218.03	\$110.48	\$117.13
10088 Ramirez, Daniel	8804	5.044%	\$2,149.44	\$1,970.32	-	\$358.24	\$179.12	\$99.38
10923 Ramirez, Eduardo	8804	5.044%	\$2,102.16	\$2,101.68	\$1.44	-	\$0.48	\$106.01
9542 Ramirez, Jose	8804	5.044%	\$3,671.60	\$3,353.78	\$953.45	-	\$317.82	\$169.16
10842 Ramirez, Mariah	8804	5.044%	\$3,500.62	\$2,987.53	\$826.20	\$475.37	\$513.09	\$150.69
10862 Ramirez, Yesenia	8804	5.044%	\$2,593.36	\$2,593.36	-	-	-	\$130.81
10301 Ramos, Angelica	8804	5.044%	\$4,348.07	\$4,348.07	-	-	-	\$219.32
10941 Ramos, Karen	8804	5.044%	\$1,633.25	\$1,633.25	-	-	-	\$82.38
10739 Ramos, Wilfred	8804	5.044%	\$2,027.39	\$2,027.39	-	-	-	\$102.26
10874 Rascon, Hope	8804	5.044%	\$2,103.60	\$1,901.49	\$99.21	\$338.08	\$202.11	\$95.91
10042 Razo, Maria	8804	5.044%	\$3,380.93	\$3,380.35	\$1.73	-	\$0.58	\$170.50
10741 Reed, Lauren	8804	5.044%	\$2,179.88	\$1,998.06	\$0.68	\$363.20	\$181.82	\$100.78
11011 Resendiz, Marlene	8804	5.044%	\$144.74	\$144.74	-	-	-	\$7.30
10582 Reyes, Brandy	8804	5.044%	\$1,160.01	\$1,176.52	\$10.46	-	\$3.49	\$59.34
10691 Reyes, Julio	8804	5.044%	\$3,569.78	\$3,553.77	\$48.02	-	\$16.01	\$179.25
10770 Reynaga, Guido	8804	5.044%	\$2,061.24	\$2,059.28	\$5.87	-	\$1.96	\$103.87
10729 Reynoso, Santiago	8804	5.044%	\$3,010.48	\$3,010.48	-	-	-	\$151.85
10856 Rios, Oscar	8804	5.044%	\$2,591.58	\$2,398.59	-	\$385.98	\$192.99	\$120.98
10665 Rivas, Julio	8804	5.044%	\$2,482.56	\$2,230.58	\$13.33	\$495.08	\$251.98	\$112.51
10943 Rivera, Raymond	8804	5.044%	\$2,142.77	\$2,142.77	-	-	-	\$108.08
10668 Robinson, Tyler	8804	5.044%	\$2,101.65	\$1,959.05	\$4.19	\$282.39	\$142.60	\$98.81
9331 Robledo, Lisa	8804	5.044%	\$3,136.63	\$2,984.72	\$455.72	-	\$151.91	\$150.55
10527 Robles, Analisa	8804	5.044%	\$2,074.26	\$2,073.74	\$1.57	-	\$0.52	\$104.60
10699 Robles, Anthony	8804	5.044%	\$2,755.53	\$2,729.73	\$77.41	-	\$25.80	\$137.69
9952 Robles, Michelle	8804	5.044%	\$2,517.27	\$2,516.98	\$0.86	-	\$0.29	\$126.96
10556 Robles, Vincent	8804	5.044%	\$1,840.19	\$1,821.08	\$57.33	-	\$19.11	\$91.86
10007 Rodarte, Arnulfo	8804	5.044%	\$2,239.62	\$2,226.91	\$38.12	-	\$12.71	\$112.33
10957 Rodriguez Reyes, Juan	8804	5.044%	\$1,684.27	\$1,683.00	\$3.80	-	\$1.27	\$84.89
10194 Rodriguez, Jorge	8804	5.044%	\$2,820.42	\$2,815.50	\$14.77	-	\$4.92	\$142.01

10984 Rodriguez, Michael	8804	5.044%	\$1,985.54	\$1,960.83	\$74.13		\$24.71	\$98.90
9655 Rodriguez, Noemi	8804	5.044%	\$2,371.13	\$2,165.25	\$11.63	\$404.00	\$205.88	\$109.22
10793 Rodriguez, Reyna	8804	5.044%	\$2,022.72	\$2,022.72	-	-	-	\$102.03
10706 Rojas, Edith	8804	5.044%	\$1,976.47	\$1,974.71	\$5.29	-	\$1.76	\$99.60
10852 Rojo, Raquel	8804	5.044%	\$4,133.16	\$4,132.63	\$1.60	-	\$0.53	\$208.45
10204 Romero, Isalah	8804	5.044%	\$1,797.04	\$1,788.62	\$25.26	-	\$8.42	\$90.22
10208 Romero, Joshua	8804	5.044%	\$2,479.85	\$2,245.39	\$111.06	\$394.88	\$234.46	\$113.26
10819 Rosales, Brandon	8804	5.044%	\$2,466.50	\$2,461.89	\$13.87	-	\$4.61	\$124.18
10756 Rosales, Christian	8804	5.044%	\$2,530.70	\$2,298.07	\$75.82	\$414.72	\$232.63	\$115.91
10744 Rosales, Michelle	8804	5.044%	\$1,643.37	\$1,643.37	-	-	-	\$82.89
10145 Rosales, Monserrat	8804	5.044%	\$2,057.10	\$2,056.27	\$2.49	-	\$0.83	\$103.72
10887 Ruiz, Jennifer	8804	5.044%	\$1,967.62	\$1,967.62	-	-	-	\$99.25
10703 Ruiz, Sandra	8804	5.044%	\$1,811.04	\$1,810.52	\$1.56	-	\$0.52	\$91.32
10830 Ruppel, Jeremy	8804	5.044%	\$1,628.27	\$1,628.06	\$0.63	-	\$0.21	\$82.12
10298 Ruvalcaba, Jocelyne	8804	5.044%	\$2,918.36	\$2,914.54	\$11.45	-	\$3.82	\$147.01
9401 Ruvalcaba, Jorge	8804	5.044%	\$2,532.87	\$2,532.87	-	-	-	\$127.76
10958 Saiza, Amanda	8804	5.044%	\$1,664.91	\$1,477.78	\$49.10	\$341.52	\$187.13	\$74.54
10187 Sakugawa, Koji	8804	5.044%	\$2,359.71	\$2,359.71	-	-	-	\$119.02
9477 Salas, Edgar	8804	5.044%	\$3,499.60	\$3,499.60	-	-	-	\$176.52
9762 Salazar, Guadalupe	8804	5.044%	\$2,439.88	\$2,329.54	\$3.18	\$218.56	\$110.34	\$117.50
9703 Salgado, William	8804	5.044%	\$2,870.40	\$2,870.40	-	-	-	\$144.78
10390 Salinas, Louis	8804	5.044%	\$622.08	\$622.08	-	-	-	\$31.38
10178 Sambrone, Aaron	8804	5.044%	\$2,869.77	\$2,869.77	-	-	-	\$144.75
10882 Sanchez, Cristina	8804	5.044%	\$1,806.53	\$1,616.19	\$50.28	\$347.15	\$190.34	\$81.52
10332 Sanchez, Iliane	8804	5.044%	\$3,309.82	\$3,307.03	-	\$5.58	\$2.79	\$166.81
10121 Sanchez, Kimberly	8804	5.044%	\$2,355.38	\$2,091.15	\$0.40	\$528.20	\$264.23	\$105.48
10638 Sanchez, Marvin	8804	5.044%	\$1,978.94	\$1,813.59	\$6.66	\$326.25	\$165.35	\$91.48
10742 Sanchez, Raymond	8804	5.044%	\$2,207.25	\$2,204.25	\$9.00	-	\$3.00	\$111.18
10725 Sandoval, Rudolph	8804	5.044%	\$2,233.77	\$2,047.37	-	\$372.80	\$186.40	\$103.27
10486 Sandoval, Valeria	8804	5.044%	\$2,518.38	\$2,492.44	\$77.81	-	\$25.94	\$125.72
10633 Santi, Sessy	8804	5.044%	\$3,437.18	\$3,360.29	\$230.67	-	\$78.89	\$169.49
10760 Santos, Jessenia	8804	5.044%	\$4,297.16	\$4,272.30	\$74.59	-	\$24.86	\$215.49
9988 Santos, Leonardo	8804	5.044%	\$2,629.73	\$2,595.62	\$102.34	-	\$34.11	\$130.92
10913 Saravia, Fmey	8804	5.044%	\$2,170.88	\$2,018.89	\$7.55	\$298.94	\$151.99	\$101.83
10483 Sartain, Daniel	8804	5.044%	\$2,429.47	\$2,426.71	\$8.27	-	\$2.76	\$122.40
10763 Scherman, Nora	8804	5.044%	\$2,097.50	\$1,922.50	-	\$350.00	\$175.00	\$96.97
10806 Schlesner, Jerritt	8804	5.044%	\$2,910.93	\$2,910.93	-	-	-	\$146.83
10754 Scutero, Michael	8804	5.044%	\$1,964.00	\$1,960.00	\$12.00	-	\$4.00	\$98.86
10220 Sexton, Willard	8804	5.044%	\$2,508.32	\$2,466.67	\$124.94	-	\$41.65	\$124.42
10772 Shomer, David	8804	5.044%	\$2,088.29	\$1,899.65	\$49.96	\$343.97	\$188.64	\$95.82
10996 Shotgun, John	8804	5.044%	\$1,864.09	\$1,806.19	\$173.69	-	\$57.90	\$91.10
10735 Sibrie, Wali	8804	5.044%	\$1,957.97	\$1,955.81	\$6.49	-	\$2.16	\$98.65
10084 Sierra Miranda, Daniela	8804	5.044%	\$2,490.65	\$2,488.40	\$6.74	-	\$2.25	\$125.51
10969 Silvas, Sophia	8804	5.044%	\$1,766.56	\$1,765.95	\$1.84	-	\$0.61	\$89.07
10697 Smerdel, Jamie	8804	5.044%	\$2,718.66	\$2,481.97	\$13.77	\$464.20	\$236.69	\$125.19
10147 Smith, Erica	8804	5.044%	\$2,672.92	\$2,431.96	\$61.21	\$441.12	\$240.96	\$122.67
10866 Song, Michael	8804	5.044%	\$1,388.85	\$1,383.70	\$15.45	-	\$5.15	\$69.79
9852 Soriano, Deanne	8804	5.044%	\$3,789.07	\$3,789.07	-	-	-	\$191.12

9533 Stephens, Heather	8804	5.044%	\$2,721.37	\$2,721.04	\$0.93 -		\$0.33	\$137.25
10924 Stillwell, Steven	8804	5.044%	\$2,087.37	\$1,913.34	\$0.33	\$347.84	\$174.03	\$96.51
10920 Stover, Danna	8804	5.044%	\$1,715.40	\$1,699.68	\$47.16 -		\$15.72	\$85.73
10845 Strohl, Matt	8804	5.044%	\$2,181.47	\$2,178.26	\$9.63 -		\$3.21	\$109.87
10516 Tanahán, Emin	8804	5.044%	\$10,444.20	\$10,444.20 -	-			\$526.81
10812 Tanofí, Tashalee	8804	5.044%	\$1,863.02	\$1,851.12	\$35.71 -		\$11.90	\$93.37
10103 Tarin, Joe	8804	5.044%	\$2,128.30	\$2,044.41	\$1.16	\$166.99	\$83.89	\$103.12
10928 Than, Mardy	8804	5.044%	\$3,094.61	\$3,093.73	\$2.64 -		\$0.88	\$156.05
9751 Thompson, Iran	8804	5.044%	\$2,144.90	\$2,138.43	\$19.41 -		\$6.47	\$107.86
10714 Torres, Andrea	8804	5.044%	\$2,314.31	\$2,311.56	\$8.26 -		\$2.75	\$116.60
10529 Torres, Laura	8804	5.044%	\$2,471.45	\$2,287.21 -	-	\$368.48	\$184.24	\$115.37
9808 Torres, Raimundo	8804	5.044%	\$2,610.72	\$2,596.13	\$43.76 -		\$14.59	\$130.95
10598 Torres, Richard	8804	5.044%	\$1,987.11	\$1,981.81	\$15.89 -		\$5.30	\$99.96
10210 Torres, Roberto	8804	5.044%	\$2,257.82	\$2,225.65	\$96.52 -		\$32.17	\$112.26
9876 Torres, Samuei	8804	5.044%	\$2,282.80	\$2,281.89	\$2.72 -		\$0.91	\$115.10
10971 Trimble, Ashley	8804	5.044%	\$1,602.56	\$1,598.23	\$13.00 -		\$4.33	\$80.61
10992 Valdez, Mason	8804	5.044%	\$1,691.67	\$1,691.25	\$1.27 -		\$0.42	\$85.31
9715 Valencia Ruiz, Laura	8804	5.044%	\$3,370.45	\$3,370.45 -	-			\$170.01
10403 Valencia, Andrea	8804	5.044%	\$2,152.09	\$1,981.15	\$6.34	\$337.66	\$170.94	\$99.93
10951 Valenzuela, Ricardo	8804	5.044%	\$426.61	\$426.61 -	-			\$21.52
10311 Vargas, Elianna	8804	5.044%	\$2,355.18	\$2,354.91	\$0.81 -		\$0.27	\$118.78
10771 Varner, Eric	8804	5.044%	\$2,271.90	\$2,020.87	\$246.59	\$337.66	\$251.03	\$101.93
9744 Vasquez, Gilbert	8804	5.044%	\$2,630.26	\$2,626.92	\$10.03 -		\$3.34	\$132.50
10892 Vasquez, Lena	8804	5.044%	\$2,369.37	\$2,368.96	\$1.24 -		\$0.41	\$119.49
10839 Vasquez, Liza	8804	5.044%	\$2,244.03	\$2,059.88	\$1.72	\$367.16	\$184.15	\$103.90
10927 Vazquez, Arlene	8804	5.044%	\$2,356.80	\$2,355.74	\$3.18 -		\$1.06	\$118.82
10786 Vela, Alyssa	8804	5.044%	\$2,237.86	\$2,213.55	\$72.93 -		\$24.31	\$111.65
10989 Velarde, Kimberly	8804	5.044%	\$2,559.36	\$2,316.60	\$117.24	\$407.36	\$242.76	\$116.85
10731 Velazquez, Michelle	8804	5.044%	\$1,588.08	\$1,588.08 -	-			\$80.10
10878 Velazquez, Estefani	8804	5.044%	\$1,765.36	\$1,763.40	\$5.88 -		\$1.96	\$88.95
10871 Venegas Noguera, Yarine	8804	5.044%	\$1,228.52	\$1,225.30	\$9.65 -		\$3.22	\$61.80
11007 Vielma, Juan	8804	5.044%	\$1,463.10	\$1,457.66	\$16.31 -		\$5.44	\$73.52
10635 Villagrana, Christopher	8804	5.044%	\$1,726.08	\$1,725.84	\$0.72 -		\$0.24	\$87.05
10244 Villalpando, Bryan	8804	5.044%	\$1,660.04	\$1,660.04 -	-			\$83.73
10988 Villamil, Samuel	8804	5.044%	\$2,730.64	\$2,730.64 -	-			\$137.73
10251 Vincenzo Salas Solis, Ovidio	8804	5.044%	\$3,014.27	\$3,014.27 -	-			\$152.04
10906 Washington, Nisey	8804	5.044%	\$2,977.95	\$2,729.71 -	-	\$496.48	\$248.24	\$137.69
9492 Washington, Stephanie	8804	5.044%	\$1,247.03	\$1,243.25	\$11.35 -		\$3.78	\$62.71
9800 Weaver, Halie	8804	5.044%	\$2,035.00	\$2,033.85	\$3.44 -		\$1.15	\$102.59
10921 Webb, Russell	8804	5.044%	\$2,153.50	\$2,088.79	\$194.14 -		\$64.71	\$105.36
10231 Wells, Mark	8804	5.044%	\$2,120.26	\$2,083.81	\$109.35 -		\$36.45	\$105.11
9594 Weyand, Annette	8804	5.044%	\$2,050.44	\$2,005.10	\$136.02 -		\$45.34	\$101.14
10776 White-Leslie, Kevita	8804	5.044%	\$2,558.84	\$2,259.60	\$278.82	\$412.60	\$299.24	\$113.97
9793 Willard, Kimberly	8804	5.044%	\$3,368.10	\$3,365.30	\$8.40 -		\$2.80	\$169.75
10881 Williams, Davidson	8804	5.044%	\$2,028.48	\$1,859.44 -	-	\$338.08	\$169.04	\$93.79
10746 Williams, Xavier	8804	5.044%	\$4,937.63	\$4,929.16	\$25.41 -		\$8.47	\$248.63
9345 Willkom, Katherine	8804	5.044%	\$2,969.20	\$2,969.20 -	-			\$149.77
10199 Willkom, Nicholle	8804	5.044%	\$2,043.43	\$2,043.05	\$1.15 -		\$0.38	\$103.05

10972 Windhorst, Melanie	8804	5.044%	\$1,901.80	\$1,897.29	\$13.52 -		\$4.51	\$95.70
10931 Worthy, Kenai	8804	5.044%	\$1,956.34	\$1,784.42 -		\$347.84	\$173.92	\$90.01
9937 Yakei, Eva	8804	5.044%	\$4,491.93	\$4,491.93 -				\$226.57
10478 Yoon, Jeong Mi	8804	5.044%	\$10,444.20	\$10,444.20 -				\$526.81
10353 Yrigoyen, Karen	8804	5.044%	\$1,259.98	\$1,217.72	\$126.78 -		\$42.26	\$61.42
10738 Zamora, Jennifer	8804	5.044%	\$2,486.61	\$2,207.27	\$259.77	\$385.49	\$279.34	\$111.33
10875 Zizumbo, Danny	8804	5.044%	\$2,373.53	\$2,373.53 -				\$119.72
10326 Zubieta, Thomas	8804	5.044%	\$2,495.30	\$2,192.90	\$303.91	\$402.19	\$302.40	\$110.61
10295 Zuniga, Jose	8804	5.044%	\$2,256.47	\$2,240.50	\$47.93 -		\$15.97	\$113.01
10375 Zuniga, Joshua	8804	5.044%	\$1,755.47	\$1,751.25 -		\$8.44	\$4.22	\$88.33
			\$ 1,370,301.47	\$ 1,340,763.03	\$ 21,381.39	\$ 44,822.16	\$ 29,538.44	\$ 67,628.09
9919 Alesana, Fa'afouina	8810	0.791%	\$1,222.11	\$1,222.11 -				\$9.67
10159 Alfaro, Alejandra	8810	0.791%	\$2,047.63	\$2,046.50	\$3.38 -		\$1.13	\$16.19
10893 Alonzo, Margarita	8810	0.791%	\$1,901.51	\$1,901.26	\$0.75 -		\$0.25	\$15.04
10398 Angulo, Marina	8810	0.791%	\$3,085.48	\$3,057.23	\$84.85 -		\$28.25	\$24.18
9404 Apatategui, Marina	8810	0.791%	\$3,289.10	\$3,259.54	\$88.73 -		\$29.56	\$25.78
10023 Apatategui, Selena	8810	0.791%	\$1,966.75	\$1,966.75 -				\$15.56
10915 Arellano Melchor, Alexis	8810	0.791%	\$2,028.13	\$2,027.90	\$0.69 -		\$0.23	\$16.04
10349 Arevalo, Claudia	8810	0.791%	\$2,070.65	\$2,069.82	\$2.47 -		\$0.83	\$16.37
10334 Armenta, Samantha	8810	0.791%	\$3,402.68	\$3,386.75	\$47.86 -		\$15.93	\$26.79
10895 Atanacio, Claudia	8810	0.791%	\$2,114.02	\$2,113.78	\$0.73 -		\$0.24	\$16.72
10425 Attanasio, Dana	8810	0.791%	\$2,602.67	\$2,601.43	\$3.71 -		\$1.24	\$20.58
9922 Azzanti, Dominic	8810	0.791%	\$4,520.53	\$4,520.53 -				\$35.76
10367 Barrales Párada, Genesis	8810	0.791%	\$3,395.90	\$3,393.05	\$8.56 -		\$2.85	\$26.84
9668 Belmonte, Sara	8810	0.791%	\$4,287.56	\$4,247.14	\$121.27 -		\$40.42	\$33.59
10132 Bercegeay, Guy	8810	0.791%	\$6,997.47	\$6,997.47 -				\$55.35
10006 Berger, Lisa	8810	0.791%	\$6,600.00	\$6,600.00 -				\$52.21
10973 Bibera, Jocel	8810	0.791%	\$3,562.24	\$3,553.85	\$25.16 -		\$8.39	\$28.11
9519 Brillhart, Patric	8810	0.791%	\$4,265.73	\$4,265.73 -				\$33.74
9697 Buchanan, Amber	8810	0.791%	\$2,525.37	\$2,499.12	\$78.76 -		\$26.25	\$19.77
10167 Bueno, Martha	8810	0.791%	\$2,800.77	\$2,781.51	\$57.79 -		\$19.26	\$22.00
9894 Bullock, Maria	8810	0.791%	\$2,628.61	\$2,628.61 -				\$20.79
9834 Carcamo, Christopher	8810	0.791%	\$2,920.82	\$2,920.49	\$1.00 -		\$0.33	\$23.10
803 Carrillo, Rachel	8810	0.791%	\$5,740.80	\$5,740.80 -				\$45.41
10471 Castano Santamaria, Ignacio	8810	0.791%	\$2,902.06	\$2,899.96	\$6.42 -		\$2.10	\$22.94
10664 Castro, Christina	8810	0.791%	\$3,033.33	\$3,033.33 -				\$23.99
10977 Chavez, Adriana	8810	0.791%	\$1,659.75	\$1,659.53	\$0.67 -		\$0.22	\$13.13
9579 Chung, Keith	8810	0.791%	\$4,303.00	\$4,303.00 -				\$34.04
10318 Contreras, Vincent	8810	0.791%	\$6,997.47	\$6,997.47 -				\$55.35
10495 Cooper, Latrica	8810	0.791%	\$3,453.25	\$3,380.18	\$219.21 -		\$73.07	\$26.74
10909 Cosio, Eloy	8810	0.791%	\$2,788.59	\$2,780.55	\$24.12 -		\$8.04	\$21.99
2307 Cuaron, Chantell	8810	0.791%	\$5,500.73	\$5,500.73 -				\$43.51
10723 Cudmore, Kaitlyn	8810	0.791%	\$1,827.83	\$1,827.83 -				\$14.46
10587 Daniels, Grantland	8810	0.791%	\$5,417.53	\$5,417.53 -				\$42.85
9446 Davalos, Jazmin	8810	0.791%	\$3,789.93	\$3,789.93 -				\$29.98
9901 De Jesus, Gabriela	8810	0.791%	\$1,719.86	\$1,715.72	\$12.45 -		\$4.14	\$13.57
9806 De Santiago, Brandon	8810	0.791%	\$2,870.40	\$2,870.40 -				\$22.70

9546 Diaz, Noelle	8810	0.791%	\$4,258.80	\$4,258.80 -	-	-	-	\$33.69
9841 Dominguez, Darlene	8810	0.791%	\$2,870.40	\$2,870.40 -	-	-	-	\$22.70
10986 Echavarría, Jenny	8810	0.791%	\$1,620.76	\$1,585.51	\$105.74 -	-	\$35.25	\$12.54
10554 Enfield, Michelle	8810	0.791%	\$2,395.42	\$2,393.08	\$7.03 -	-	\$2.34	\$18.93
10048 Escobar, Annabel	8810	0.791%	\$2,892.20	\$2,891.37	\$2.48 -	-	\$0.83	\$22.87
10612 Escobar, Jazabel	8810	0.791%	\$2,209.60	\$2,207.26	\$7.03 -	-	\$2.34	\$17.46
9554 Fabian, John	8810	0.791%	\$5,192.20	\$5,192.20 -	-	-	-	\$41.07
9253 Fernandez, Lawrence	8810	0.791%	\$2,870.40	\$2,870.40 -	-	-	-	\$22.70
10045 Fuentes, Edward	8810	0.791%	\$654.42	\$654.42 -	-	-	-	\$5.18
9814 Gil, Claudia	8810	0.791%	\$3,540.33	\$3,540.33 -	-	-	-	\$28.00
781 Gomez, Edward	8810	0.791%	\$5,416.67	\$5,416.67 -	-	-	-	\$42.85
10589 Gomez, Sean	8810	0.791%	\$3,056.78	\$3,054.88	\$5.73 -	-	\$1.90	\$24.16
10608 Gonzalez, Hugo	8810	0.791%	\$3,023.07	\$2,992.22	\$92.57 -	-	\$30.85	\$23.67
10743 Gonzalez, Jonathan	8810	0.791%	\$2,951.19	\$2,948.34	\$8.54 -	-	\$2.85	\$23.32
9494 Gray, John	8910	0.791%	\$4,264.00	\$4,264.00 -	-	-	-	\$33.73
9982 Gray, William	8810	0.791%	\$4,172.13	\$4,172.13 -	-	-	-	\$33.00
10492 Grey, Ana	8810	0.791%	\$2,689.50	\$2,672.71	\$50.38 -	-	\$16.79	\$21.14
10250 Guerrero, Melina	8810	0.791%	\$2,208.99	\$2,159.51	\$148.43 -	-	\$49.48	\$17.08
9953 Guzman, Marisol	8810	0.791%	\$2,098.41	\$2,098.25	\$0.49 -	-	\$0.16	\$16.60
9268 Haas, Ken	8810	0.791%	\$3,716.80	\$3,716.80 -	-	-	-	\$29.40
10303 Halbrook, Jeffrey	8810	0.791%	\$3,007.78	\$2,998.47	\$27.94 -	-	\$9.31	\$23.72
10035 Hedge, Kaitlin	8810	0.791%	\$4,259.67	\$4,259.67 -	-	-	-	\$33.69
9656 Hernandez, Christopher	8810	0.791%	\$3,828.93	\$3,828.93 -	-	-	-	\$30.29
10236 Hernandez, Maura	8810	0.791%	\$1,825.74	\$1,825.74 -	-	-	-	\$14.44
9514 Herrera, Gloria	8810	0.791%	\$3,332.33	\$3,332.33 -	-	-	-	\$26.36
9932 Herrera, Guadalupe	8810	0.791%	\$3,054.13	\$3,054.13 -	-	-	-	\$24.16
10865 Hilario, Jeremy	8810	0.791%	\$2,271.77	\$2,267.92	\$11.56 -	-	\$3.85	\$17.94
9856 Hilberg, Natalie	8810	0.791%	\$4,613.27	\$4,613.27 -	-	-	-	\$36.49
9433 Holmes, Randy	8810	0.791%	\$13,104.52	\$13,104.52 -	-	-	-	\$103.66
10961 Hutzenbieler, Dawson	8810	0.791%	\$2,162.92	\$2,149.36	\$40.67 -	-	\$13.56	\$17.00
9565 Jaimes, Gilberto	8810	0.791%	\$2,162.60	\$2,162.60 -	-	-	-	\$17.11
10695 Juarez, Valentina	8810	0.791%	\$2,277.85	\$2,276.55	\$3.89 -	-	\$1.30	\$18.01
10445 LaBrie, Linda	8810	0.791%	\$5,973.93	\$5,973.93 -	-	-	-	\$47.25
10650 Lalani, Samir	8810	0.791%	\$5,798.40	\$5,798.40 -	-	-	-	\$45.87
10438 Landeros, Diana	8810	0.791%	\$3,513.29	\$3,513.29 -	-	-	-	\$27.79
10214 Larios, Paula	8810	0.791%	\$1,323.70	\$1,323.70 -	-	-	-	\$10.47
9450 Lark, Caryl	8810	0.791%	\$5,782.40	\$5,782.40 -	-	-	-	\$45.74
9859 Le, My-An	8810	0.791%	\$3,068.24	\$3,042.79	\$76.26 -	-	\$25.45	\$24.07
10948 Linares, Vanessa	8810	0.791%	\$1,038.67	\$1,036.55	\$6.35 -	-	\$2.12	\$8.20
10970 Lopez, Andrea	8810	0.791%	\$1,581.17	\$1,567.47	\$41.09 -	-	\$13.70	\$12.40
10537 Lopez, Jessica	8810	0.791%	\$2,991.98	\$2,964.73	\$81.80 -	-	\$27.25	\$23.45
7110 Lozano, Lia Lisa	8810	0.791%	\$8,100.73	\$8,100.73 -	-	-	-	\$64.08
10408 Machado, Sheri	8810	0.791%	\$2,324.91	\$2,324.17	\$2.22 -	-	\$0.74	\$18.38
9939 Maldonado, Candace	8810	0.791%	\$3,696.54	\$3,694.99	\$4.74 -	-	\$1.55	\$29.23
9585 Martínez, Bobby	8810	0.791%	\$4,472.00	\$4,472.00 -	-	-	-	\$35.37
10339 Martínez, Sofia	8810	0.791%	\$1,112.94	\$1,112.94 -	-	-	-	\$8.80
10373 Mesa, Andrea	8810	0.791%	\$3,211.87	\$3,211.87 -	-	-	-	\$25.41
10964 Montoya Serpas, Cinthya	8810	0.791%	\$3,234.83	\$3,229.16	\$17.03 -	-	\$5.67	\$25.54

10139 Mora, Manuel	8810	0.791%	\$4,172.13	\$4,172.13	-	-	-	\$33.00
9736 Morales, Blanca	8810	0.791%	\$2,693.69	\$2,642.70	\$152.96	-	\$50.99	\$20.90
9792 Morales, Christopher	8810	0.791%	\$4,800.47	\$4,800.47	-	-	-	\$37.97
9605 Morales, Jeanette	8810	0.791%	\$4,517.93	\$4,517.93	-	-	-	\$35.74
10752 Munoz, Priscilla	8810	0.791%	\$2,402.91	\$2,398.31	\$13.88	-	\$4.60	\$18.97
9515 Murad, Joseph	8810	0.791%	\$3,706.58	\$3,703.64	\$8.82	-	\$2.94	\$29.30
10441 Murillo, Alejandra	8810	0.791%	\$313.12	\$313.12	-	-	-	\$2.48
1023 Navarro, Juan	8810	0.791%	\$9,792.47	\$9,792.47	-	-	-	\$77.46
10734 Nelson, Fatima	8810	0.791%	\$1,989.44	\$1,988.18	\$3.77	-	\$1.26	\$15.73
9539 Nicholson, Jodee	8810	0.791%	\$3,019.98	\$2,894.66	\$375.97	-	\$125.32	\$22.90
9319 Nickelson-Cain, Brenda	8810	0.791%	\$3,835.00	\$3,835.00	-	-	-	\$30.33
9722 Ortiz, Maria	8810	0.791%	\$5,138.47	\$5,138.47	-	-	-	\$40.65
9682 Paige, Eric	8810	0.791%	\$3,535.13	\$3,535.13	-	-	-	\$27.96
9786 Pastrana, Citalilit	8810	0.791%	\$4,901.00	\$4,901.00	-	-	-	\$38.77
10171 Pena, Nidia	8810	0.791%	\$4,606.33	\$4,606.33	-	-	-	\$36.44
10624 Perez, Eduardo	8810	0.791%	\$4,337.15	\$4,187.45	\$449.31	-	\$149.70	\$33.12
10886 Perez, Theresa	8810	0.791%	\$2,207.63	\$2,205.38	\$6.75	-	\$2.25	\$17.44
10883 Pham, Christina	8810	0.791%	\$2,355.31	\$2,355.02	\$0.86	-	\$0.29	\$18.63
10916 Ramos, Luis	8810	0.791%	\$2,646.92	\$2,646.92	-	-	-	\$20.94
9754 Reveles, Dulce	8810	0.791%	\$247.60	\$239.25	\$25.04	-	\$8.35	\$1.89
10267 Reyes, Edwin	8810	0.791%	\$3,332.33	\$3,332.33	-	-	-	\$26.36
1010 Reynosa, Connie	8810	0.791%	\$4,090.67	\$4,090.67	-	-	-	\$32.36
10881 Rice, Brandon	8810	0.791%	\$2,108.52	\$2,105.04	\$10.44	-	\$3.48	\$16.65
10914 Rivas, Eloise	8810	0.791%	\$2,111.52	\$2,111.52	-	-	-	\$16.70
610 Rivas, Liliana	8810	0.791%	\$4,807.40	\$4,807.40	-	-	-	\$38.03
9672 Robles, Jenny	8810	0.791%	\$3,718.94	\$3,716.78	\$6.55	-	\$2.16	\$29.40
9576 Rodriguez, Luis	8810	0.791%	\$3,388.88	\$3,388.88	-	-	-	\$26.81
10380 Rosales, Greeig	8810	0.791%	\$4,151.33	\$4,151.33	-	-	-	\$32.84
10710 Rosales, Melania	8810	0.791%	\$2,586.62	\$2,583.98	\$7.91	-	\$2.64	\$20.44
9573 Rowe, Mary	8810	0.791%	\$3,817.20	\$3,708.78	\$325.17	-	\$108.42	\$29.34
9886 Rubio, Micheal	8810	0.791%	\$6,997.47	\$6,997.47	-	-	-	\$55.35
9746 Same-Well, Nolan	8810	0.791%	\$5,740.80	\$5,740.80	-	-	-	\$45.41
9572 Sanchez, Crystal	8810	0.791%	\$2,183.58	\$2,182.65	\$2.72	-	\$0.91	\$17.26
9375 Sanchez, Liana	8810	0.791%	\$8,931.00	\$8,931.00	-	-	-	\$70.64
10827 Sanchez, Seraluna	8810	0.791%	\$2,617.68	\$2,617.68	-	-	-	\$20.71
9759 Sanchez-Cortes, Omar	8810	0.791%	\$5,607.33	\$5,607.33	-	-	-	\$44.35
10841 Sandoval, Diana	8810	0.791%	\$2,155.42	\$2,153.71	\$5.14	-	\$1.71	\$17.04
9320 Sandoval, Elisa	8810	0.791%	\$3,062.68	\$3,060.05	\$7.88	-	\$2.63	\$24.20
10855 Sardaneta, Michelle	8810	0.791%	\$1,927.54	\$1,923.70	\$11.53	-	\$3.84	\$15.22
9410 Shelton, William	8810	0.791%	\$3,789.93	\$3,789.93	-	-	-	\$29.98
10046 Silva, Garrett	8810	0.791%	\$2,556.28	\$2,332.44	\$41.32	\$420.13	\$223.84	\$18.45
10983 Soto, Alec	8810	0.791%	\$1,798.69	\$1,798.69	-	-	-	\$14.23
9411 Soto, Ingrid	8810	0.791%	\$10,418.33	\$10,418.33	-	-	-	\$82.41
9483 Soto, Monica	8810	0.791%	\$5,740.80	\$5,740.80	-	-	-	\$45.41
10749 Strickland, Jermaine	8810	0.791%	\$6,072.73	\$6,072.73	-	-	-	\$48.04
9832 Swee, Emily	8810	0.791%	\$4,033.61	\$3,982.66	\$152.81	-	\$50.95	\$31.50
10901 Syed, Obaid	8810	0.791%	\$1,675.93	\$1,674.64	\$3.88	-	\$1.29	\$13.25
10643 Talavera, Ruby	8810	0.791%	\$3,679.00	\$3,679.00	-	-	-	\$29.10

9281 Tarkanian, William	8810	0.791%	\$9,587.07	\$9,587.07	-	-	-	\$75.83
10184 Torres, Jonathan	8810	0.791%	\$3,531.67	\$3,531.67	-	-	-	\$27.94
10836 Tran, Sydney	8810	0.791%	\$2,400.96	\$2,200.88	-	\$400.16	\$200.08	\$17.41
9889 Vasquez Alvarez, Leo	8810	0.791%	\$4,695.60	\$4,695.60	-	-	-	\$37.14
9758 Vasquez, Arlene	8810	0.791%	\$6,997.47	\$6,997.47	-	-	-	\$55.35
9657 Vasquez, Nick	8810	0.791%	\$4,438.23	\$4,249.05	-	\$567.57	\$189.18	\$33.61
10472 Vega, Diana	8810	0.791%	\$2,012.36	\$2,008.39	-	\$11.98	\$3.99	\$15.89
10477 Venegas, Deanna	8810	0.791%	\$1,964.99	\$1,959.98	-	\$15.04	\$5.01	\$15.50
9874 Venegas, Elianna	8810	0.791%	\$2,454.95	\$2,447.24	-	\$23.13	\$7.71	\$19.36
10067 Venegas, Gabriela	8810	0.791%	\$3,784.73	\$3,784.73	-	-	-	\$29.94
9860 Vides, Sara	8810	0.791%	\$5,557.93	\$5,557.93	-	-	-	\$43.96
9765 Villareal, Monique	8810	0.791%	\$2,175.25	\$2,166.50	-	\$26.25	\$8.75	\$17.14
10358 Volanos, Valerie	8810	0.791%	\$2,195.57	\$2,002.81	-	\$3.23	\$192.76	\$15.84
10666 Walter, John	8810	0.791%	\$3,296.01	\$3,279.90	-	\$48.33	\$16.11	\$25.94
9828 Watson, Damonte	8810	0.791%	\$10,246.57	\$10,246.57	-	-	-	\$81.05
9353 Williams, Tina	8810	0.791%	\$2,957.07	\$2,957.07	-	-	-	\$23.39
9520 Winkler, Heidi	8810	0.791%	\$4,516.50	\$4,516.50	-	-	-	\$35.73
10371 Yakei, Jared	8810	0.791%	\$5,573.53	\$5,573.53	-	-	-	\$44.09
10355 Yun, Stacey	8810	0.791%	\$5,842.20	\$5,842.20	-	-	-	\$46.21
10205 Zermeno, Lupe	8810	0.791%	\$2,930.20	\$2,930.20	-	-	-	\$23.18
			<b>\$ 558,949.77</b>	<b>\$ 557,068.59</b>	<b>\$ 3,838.79</b>	<b>\$ 1,203.65</b>	<b>\$ 1,881.18</b>	<b>\$ 4,406.41</b>

**Total**

<b>\$ 1,929,251.24</b>	<b>\$ 1,897,831.62</b>	<b>\$ 25,220.18</b>	<b>\$ 46,025.81</b>	<b>\$ 31,419.62</b>	<b>\$ 72,034.50</b>
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**Report:** Workers Comp Code (Summary): Workers Comp Summary - Current Payroll  
**Sorted By:** Last, First Name Ascending  
**Filtered By:** Pay Dates: Specific Payroll: LACADA New Semi Monthly 10/10/2025; Employee Filter: All Employees; Options: Show Only Finalized Payrolls,  
**Date & Time:** 10/09/2025 10:09a  
**Generated By:** Christopher Hernandez  
**Company:** Los Angeles Centers for Alcohol and Drug Abuse (LACADA)

Employee Id	Last, First Name	Code	Rate	Gross Wages	WC Eligible Wages	WC Gross Wages Overtime	WC Gross Wages Double Time	Premium Wages	Premium Amount
10868	Abdallah, Carolina	8804	5.044%	\$370.60	\$370.60	-	-	-	\$18.69
10791	Acevedo, Jesse	8804	5.044%	\$1,844.76	\$1,841.48	\$9.83	-	\$3.28	\$92.88
10259	Adams-Hacegaba, Bambi	8804	5.044%	\$2,938.87	\$2,938.87	-	-	-	\$148.24
9770	Aguila, Brenda	8804	5.044%	\$1,160.49	\$1,160.49	-	-	-	\$58.54
9516	Aguilar, Carlos	8804	5.044%	\$3,356.64	\$3,356.64	-	-	-	\$169.31
10470	Aguilar, Josue	8804	5.044%	\$2,305.68	\$2,304.37	\$3.93	-	\$1.31	\$116.23
10933	Aguilera Capacho, Sophia	8804	5.044%	\$2,303.64	\$2,280.80	\$68.53	-	\$22.84	\$115.04
10828	Aguirre, Imelda	8804	5.044%	\$3,054.37	\$3,025.00	\$88.12	-	\$29.37	\$152.58
10543	Alcala, Eileen	8804	5.044%	\$2,223.01	\$2,223.01	-	-	-	\$112.13
10100	Alesana, Elijah	8804	5.044%	\$2,344.86	\$2,281.31	\$190.65	-	\$63.55	\$115.07
10584	Alvarado, Esther	8804	5.044%	\$2,476.68	\$2,476.68	-	-	-	\$124.92
10715	Alvarado, Matthew	8804	5.044%	\$2,263.90	\$2,226.35	\$112.64	-	\$37.55	\$112.30
10525	Alvarez, Martha	8804	5.044%	\$2,816.65	\$2,813.66	\$8.96	-	\$2.99	\$141.92
9360	Amachi, Nnenna	8804	5.044%	\$13,318.07	\$13,318.07	-	-	-	\$671.76
9788	Andrade, Micaela	8804	5.044%	\$2,187.47	\$2,179.62	\$23.55	-	\$7.85	\$109.94
10376	Archuleta, Albert	8804	5.044%	\$2,228.77	\$2,227.64	\$3.38	-	\$1.13	\$112.36
10955	Arellano, Claudia	8804	5.044%	\$1,856.48	\$1,853.54	\$8.83	-	\$2.94	\$93.49
10709	Arellano, Laurence	8804	5.044%	\$2,578.38	\$2,578.08	\$0.89	-	\$0.30	\$130.04
11006	Arellano, Neftali	8804	5.044%	\$1,775.20	\$1,775.20	-	-	-	\$89.54
10566	Armon, Aniah	8804	5.044%	\$1,604.01	\$1,595.91	\$24.30	-	\$8.10	\$80.50
9666	Arsola-Guizar, Candice	8804	5.044%	\$3,076.03	\$3,060.50	\$46.58	-	\$15.53	\$154.37
10467	Ascencio, Katherine	8804	5.044%	\$1,780.75	\$1,738.86	\$125.68	-	\$41.89	\$87.71
10583	Atchley, Brian	8804	5.044%	\$1,714.53	\$1,714.53	-	-	-	\$86.48
10911	Avitia Zavala, Cesar	8804	5.044%	\$3,013.42	\$3,012.10	\$3.96	-	\$1.32	\$151.93
9583	Ayala, William	8804	5.044%	\$3,718.00	\$3,718.00	-	-	-	\$187.54
10003	Baer, Connor	8804	5.044%	\$4,227.60	\$4,227.60	-	-	-	\$213.24
11010	Balian, Ovsanna	8804	5.044%	\$3,043.20	\$3,042.85	\$1.04	-	\$0.35	\$153.48
10780	Baltazar, Juan	8804	5.044%	\$2,149.30	\$2,149.30	-	-	-	\$108.41
9707	Banks, Martha	8804	5.044%	\$1,059.52	\$1,059.52	-	-	-	\$53.44
10963	Barajas Ramos, Patricia	8804	5.044%	\$1,924.10	\$1,902.55	\$64.66	-	\$21.55	\$95.96
10644	Bardalez, Marco	8804	5.044%	\$1,961.15	\$1,960.47	\$2.05	-	\$0.68	\$98.89
10397	Bartlett, Robert	8804	5.044%	\$2,153.20	\$2,141.43	\$35.31	-	\$11.77	\$108.01
10515	Bautista Medina, Sandy	8804	5.044%	\$2,239.65	\$2,237.31	\$7.03	-	\$2.34	\$112.85
10704	Beatriz, Cynthia	8804	5.044%	\$2,199.71	\$2,178.08	\$64.88	-	\$21.63	\$109.86
10968	Becerra, Marsella	8804	5.044%	\$2,235.64	\$2,232.84	\$8.40	-	\$2.80	\$112.62
11016	Bejar, Jose	8804	5.044%	\$939.75	\$937.95	\$5.41	-	\$1.80	\$47.31
10004	Beltran, Gabriela	8804	5.044%	\$1,946.32	\$1,946.32	-	-	-	\$98.17
9540	Beltran, Jesus	8804	5.044%	\$2,647.48	\$2,638.89	\$25.78	-	\$8.59	\$133.11
9877	Beltran, Jorge	8804	5.044%	\$5,245.93	\$5,245.93	-	-	-	\$264.60
10782	Bermudez, Vanessa	8804	5.044%	\$2,605.63	\$2,403.75	\$605.63	-	\$201.88	\$121.25

10942 Bernabe, Nathalie	8804	5.044%	\$3,312.77	\$3,239.10	\$221.00 -		\$73.67	\$163.38
10645 Betancourt, Eliseo	8804	5.044%	\$1,909.85	\$1,909.63	\$0.65 -		\$0.22	\$96.32
10824 Bia, Cody	8804	5.044%	\$900.56	\$888.09	\$37.40 -		\$12.47	\$44.80
10683 Biscardi, Monique	8804	5.044%	\$1,680.79	\$1,680.79 -	-			\$84.78
10502 Blair, Faye	8804	5.044%	\$2,923.38	\$2,682.25	\$723.38 -		\$241.13	\$135.29
10804 Blake, Gerardo	8804	5.044%	\$2,622.43	\$2,621.83	\$1.79 -		\$0.60	\$132.25
10652 Blanco, Jose	8804	5.044%	\$2,354.45	\$2,353.77	\$2.03 -		\$0.68	\$118.72
10526 Blanco, Michelle	8804	5.044%	\$2,536.40	\$2,451.25	\$255.44 -		\$85.15	\$123.64
11003 Blandin, Jeremiah	8804	5.044%	\$2,648.72	\$2,648.72 -	-			\$133.60
10954 Bluit, Anieca	8804	5.044%	\$2,433.69	\$2,341.73	\$275.88 -		\$91.96	\$118.12
10001 Bobadilla, Yessica	8804	5.044%	\$3,034.60	\$3,014.72	\$11.08	\$32.37	\$19.88	\$152.06
10452 Bonner, Arthur	8804	5.044%	\$2,051.10	\$2,050.87	\$0.70 -		\$0.23	\$103.45
9914 Boston-Harper, Ronald	8804	5.044%	\$3,263.87	\$3,263.87 -	-			\$164.63
10038 Brady, Michael	8804	5.044%	\$2,698.94	\$2,684.23	\$44.12 -		\$14.71	\$135.39
9949 Brambila, Silhouette	8804	5.044%	\$3,133.68	\$3,133.68 -	-			\$158.06
10061 Bravo, Elizabeth	8804	5.044%	\$3,342.41	\$3,228.67	\$341.23 -		\$113.74	\$162.85
9916 Brennan, Matthew	8804	5.044%	\$8,354.35	\$8,354.35 -	-			\$421.39
9511 Broadnax, Janice	8804	5.044%	\$2,385.80	\$2,328.56	\$171.72 -		\$57.24	\$117.45
10762 Brown, Garlan	8804	5.044%	\$1,941.34	\$1,940.49	\$2.55 -		\$0.85	\$97.88
10323 Brown, Jake	8804	5.044%	\$4,172.13	\$4,172.13 -	-			\$210.44
10272 Brown, Monique	8804	5.044%	\$2,000.15	\$2,000.15 -	-			\$100.89
10458 Brown, Yo-Landa	8804	5.044%	\$2,590.90	\$2,575.00	\$47.69 -		\$15.90	\$129.88
10872 Bueno-Pena, Anna	8804	5.044%	\$2,148.88	\$2,147.50	\$4.13 -		\$1.38	\$108.32
10997 Bullock, Samuel	8804	5.044%	\$2,140.98	\$2,140.98 -	-			\$107.99
10193 Cabral, Cristina	8804	5.044%	\$2,219.33	\$2,209.09	\$30.71 -		\$10.24	\$111.43
10453 Cabrera, Gary	8804	5.044%	\$2,421.83	\$2,403.19	\$55.92 -		\$18.64	\$121.22
9833 Cagle, Ruth	8804	5.044%	\$2,467.25	\$2,367.00	\$224.25	\$51.00	\$100.25	\$119.39
10342 Campbell, Dominique	8804	5.044%	\$2,212.07	\$2,210.83 -		\$2.48	\$1.24	\$111.51
10939 Campos, Ernesto	8804	5.044%	\$2,330.15	\$2,321.38	\$26.31 -		\$8.77	\$117.09
9891 Canales, Christina	8804	5.044%	\$2,710.77	\$2,706.78	\$11.98 -		\$3.99	\$136.53
10945 Cancino, Gabriel	8804	5.044%	\$2,228.29	\$2,223.64	\$13.96 -		\$4.65	\$112.16
10925 Candy, Tony	8804	5.044%	\$1,977.23	\$1,911.62	\$154.35	\$28.31	\$65.61	\$96.42
10246 Canizales, Juan	8804	5.044%	\$2,870.40	\$2,870.40 -	-			\$144.78
10818 Carp, Christa	8804	5.044%	\$1,758.55	\$1,731.82	\$80.19 -		\$26.73	\$87.35
9830 Carrasco, Mark Anthony	8804	5.044%	\$3,120.00	\$3,120.00 -	-			\$157.37
9417 Carrillo, David	8804	5.044%	\$7,113.60	\$7,113.60 -	-			\$358.81
10388 Carrillo, Jose	8804	5.044%	\$2,257.52	\$2,257.52 -	-			\$113.87
10843 Casarez, Amanda	8804	5.044%	\$402.44	\$402.44 -	-			\$20.30
10960 Case, Valerie	8804	5.044%	\$1,370.46	\$1,370.46 -	-			\$69.13
10677 Calivo, Mike	8804	5.044%	\$2,592.18	\$2,591.59	\$1.77 -		\$0.59	\$130.72
10466 Caudillo, Drake	8804	5.044%	\$2,331.91	\$2,331.65	\$0.79 -		\$0.26	\$117.61
10687 Cavanaugh, Kathleen	8804	5.044%	\$3,719.48	\$3,686.71	\$98.30 -		\$32.77	\$185.96
9797 Cea Gonon, Sandra	8804	5.044%	\$2,158.38	\$2,114.50	\$131.63 -		\$43.88	\$106.66
10175 Cedillo, Diana	8804	5.044%	\$2,284.47	\$2,233.79	\$152.03 -		\$50.68	\$112.67
10841 Ceja, Jesse	8804	5.044%	\$3,006.96	\$3,006.96 -	-			\$151.67
9921 Chacon, Megan	8804	5.044%	\$4,227.60	\$4,227.60 -	-			\$213.24
9954 Chamberlain, Travion	8804	5.044%	\$2,491.28	\$2,491.28 -	-			\$125.66
10934 Charmit, Kyle Eban Kruschewsky	8804	5.044%	\$1,707.89	\$1,707.46	\$1.30 -		\$0.43	\$86.12

9812 Chavez Valderrama, Christian	8804	5.044%	\$4,518.80	\$4,518.80 -	-	-	-	\$227.93
10567 Chavez, Christopher	8804	5.044%	\$2,032.74	\$2,024.51	\$24.68 -	-	\$8.23	\$102.12
10810 Chavez, Michael	8804	5.044%	\$2,330.02	\$2,330.02 -	-	-	-	\$117.53
10894 Chicas, Samari	8804	5.044%	\$2,525.14	\$2,521.16	\$11.94 -	-	\$3.98	\$127.17
10922 Cifuentes, Kenny	8804	5.044%	\$1,896.93	\$1,894.67	\$6.79 -	-	\$2.26	\$95.57
10660 Cisneros, Cassandra	8804	5.044%	\$3,869.40	\$3,868.28	\$3.37 -	-	\$1.12	\$195.12
10451 Cisneros, Trinidad	8804	5.044%	\$1,987.60	\$1,987.48	\$0.37 -	-	\$0.12	\$100.25
10888 Cisneros, Vanessa	8804	5.044%	\$2,572.59	\$2,551.22	\$64.10 -	-	\$21.37	\$128.68
10553 Clemente, Jason	8804	5.044%	\$2,001.77	\$2,001.31	\$1.37 -	-	\$0.46	\$100.95
10508 Cobos, Lorraine	8804	5.044%	\$834.07	\$833.42	\$1.95 -	-	\$0.65	\$42.04
9837 Conneli, Larry	8804	5.044%	\$2,517.52	\$2,500.28	\$51.72 -	-	\$17.24	\$126.11
9259 Contreras, Claudia	8804	5.044%	\$1,672.87	\$1,669.07	\$11.41 -	-	\$3.80	\$84.19
10192 Contreras, Irma	8804	5.044%	\$2,497.57	\$2,497.57 -	-	-	-	\$125.98
10724 Contreras, John	8804	5.044%	\$1,764.22	\$1,764.22 -	-	-	-	\$88.99
9842 Contreras, Rigoberto	8804	5.044%	\$2,870.40	\$2,870.40 -	-	-	-	\$144.78
10596 Contreras, Victor	8804	5.044%	\$3,609.67	\$3,609.67 -	-	-	-	\$182.07
10777 Cord, Peter	8804	5.044%	\$1,823.62	\$1,778.72	\$134.70 -	-	\$44.90	\$89.72
10910 Corona, Maria	8804	5.044%	\$1,993.18	\$1,992.05	\$3.38 -	-	\$1.13	\$100.48
10679 Corral, Anthony	8804	5.044%	\$2,590.21	\$2,553.82	\$109.18 -	-	\$36.39	\$128.81
10897 Cortez, Jacob	8804	5.044%	\$2,029.57	\$1,917.11	\$337.38 -	-	\$112.46	\$96.70
10275 Cortez, Julian	8804	5.044%	\$1,834.52	\$1,833.20	\$3.97 -	-	\$1.32	\$92.47
10279 Cotto, Guillermo	8804	5.044%	\$3,371.14	\$3,358.13 -	-	\$26.02	\$13.01	\$169.38
10850 Covarrubias, Linda	8804	5.044%	\$3,098.83	\$3,097.42	\$4.22 -	-	\$1.41	\$156.23
9687 Crook, John	8804	5.044%	\$2,706.51	\$2,695.87	\$31.92 -	-	\$10.64	\$135.98
9463 Cueva, Mary	8804	5.044%	\$3,559.03	\$3,383.42	\$526.82 -	-	\$175.81	\$170.66
10905 Curiel Baeza, Cristina	8804	5.044%	\$4,342.00	\$4,342.00 -	-	-	-	\$219.01
10157 Cymbolin, Alexis	8804	5.044%	\$2,842.85	\$2,838.21	\$13.93 -	-	\$4.64	\$143.16
9804 Dancer, Gwendolyn	8804	5.044%	\$2,626.85	\$2,565.51	\$184.02 -	-	\$61.34	\$129.40
10732 Dancer, Kevin	8804	5.044%	\$2,314.00	\$2,300.50	\$40.50 -	-	\$13.50	\$116.04
11009 D'Angelo, Heather	8804	5.044%	\$1,675.27	\$1,674.69	\$1.75 -	-	\$0.58	\$84.47
10444 Davalillo, Wilmer	8804	5.044%	\$3,535.13	\$3,535.13 -	-	-	-	\$178.31
10667 Davenport, Joi	8804	5.044%	\$2,426.08	\$2,423.74	\$7.02 -	-	\$2.34	\$122.25
10248 Davis, Juan	8804	5.044%	\$2,267.90	\$2,267.25	\$1.95 -	-	\$0.65	\$114.36
10070 De La Vega, Omar	8804	5.044%	\$4,120.27	\$4,119.33	\$2.81 -	-	\$0.94	\$207.78
9355 De Leon, Heidi	8804	5.044%	\$5,245.07	\$5,245.07 -	-	-	-	\$284.56
10105 De Leon, Mario	8804	5.044%	\$2,790.25	\$2,590.73	\$598.56 -	-	\$199.52	\$130.68
10523 Dean, Steven	8804	5.044%	\$2,471.65	\$2,464.30	\$22.05 -	-	\$7.35	\$124.30
10950 Diaz, Kaitlin	8804	5.044%	\$3,116.52	\$3,102.53	\$41.96 -	-	\$13.99	\$156.49
9927 Diaz, Maynor	8804	5.044%	\$1,067.13	\$1,042.62	\$73.53 -	-	\$24.51	\$52.59
10036 Diaz, Sarah	8804	5.044%	\$2,576.44	\$2,573.09	\$10.06 -	-	\$3.35	\$129.79
10751 Dodd, Brianne	8804	5.044%	\$1,866.83	\$1,863.87	\$8.87 -	-	\$2.96	\$94.01
10226 Dominguez Gomez, Yasmin	8804	5.044%	\$2,119.45	\$2,119.45 -	-	-	-	\$106.91
10787 Donis, Robert	8804	5.044%	\$2,186.89	\$2,178.01	\$26.65 -	-	\$8.88	\$109.86
11001 Doshi, Kunal	8804	5.044%	\$5,732.83	\$5,732.83 -	-	-	-	\$289.16
11004 Doster, Sean	8804	5.044%	\$3,020.76	\$3,016.99	\$11.30 -	-	\$3.77	\$152.18
10026 Dotson, Lawrence	8804	5.044%	\$2,679.30	\$2,677.93	\$4.10 -	-	\$1.37	\$135.07
10967 Dozier, Myriah	8804	5.044%	\$1,567.00	\$1,551.37	\$46.89 -	-	\$15.63	\$78.25
10952 Duenas, Zoila	8804	5.044%	\$2,417.74	\$2,388.87	\$86.62 -	-	\$28.87	\$120.49

10822 Duran, Eric	8804	5.044%	\$1,849.93	\$1,849.72	\$0.63 -	\$0.21	\$93.30
10838 Durazo, Michael	8804	5.044%	\$2,042.95	\$2,042.02	\$2.80 -	\$0.93	\$103.00
10359 Dykstra, Gerrit	8804	5.044%	\$1,562.95	\$1,562.95 -	-	-	\$78.84
9589 Eddy, Dean	8804	5.044%	\$608.55	\$606.03	\$7.57 -	\$2.52	\$30.57
9333 Edmond, Floyd	8804	5.044%	\$2,423.05	\$2,422.64	\$1.24 -	\$0.41	\$122.20
10949 El, S.Mella	8804	5.044%	\$1,973.54	\$1,935.51	\$114.10 -	\$38.03	\$97.63
9628 Elmore, Stephanie	8804	5.044%	\$3,497.95	\$3,496.95	\$3.00 -	\$1.00	\$176.39
10572 Encinas, Brianna	8804	5.044%	\$2,201.11	\$2,199.86	\$3.75 -	\$1.25	\$110.96
9863 Escamilla, Claudia	8804	5.044%	\$4,377.53	\$4,377.53 -	-	-	\$220.80
10447 Escamilla, Raul	8804	5.044%	\$2,348.72	\$2,348.72 -	-	-	\$118.47
10716 Escobar, Frida	8804	5.044%	\$2,133.13	\$2,131.00	\$6.38 -	\$2.13	\$107.49
10482 Escobedo, Carlos	8804	5.044%	\$3,058.47	\$3,058.47 -	-	-	\$154.27
10701 Esmailpour, Raha	8804	5.044%	\$3,314.96	\$3,314.96 -	-	-	\$167.21
9739 Esparza, Angel	8804	5.044%	\$5,466.93	\$5,466.93 -	-	-	\$275.75
10959 Estebez, Jazmin	8804	5.044%	\$2,467.14	\$2,465.41	\$5.20 -	\$1.73	\$124.36
10571 Ezell, Darrell	8804	5.044%	\$2,399.25	\$2,398.50	\$2.25 -	\$0.75	\$120.98
10940 Fast, Charity	8804	5.044%	\$3,401.97	\$3,394.65	\$21.95 -	\$7.32	\$171.23
10717 Fematt, Ronnie	8804	5.044%	\$1,954.81	\$1,952.42	\$7.17 -	\$2.39	\$98.48
10034 Fernandez, Joanna	8804	5.044%	\$889.84	\$889.12	\$2.17 -	\$0.72	\$44.85
10435 Fields, Michael	8804	5.044%	\$2,687.64	\$2,682.03	\$16.84 -	\$5.61	\$135.28
10557 Fisher, Frank	8804	5.044%	\$1,777.67	\$1,777.25	\$1.27 -	\$0.42	\$89.64
9757 Fisher, Sasha	8804	5.044%	\$2,598.65	\$2,598.06	\$1.77 -	\$0.59	\$131.05
10781 Flenoir, Richard	8804	5.044%	\$1,987.82	\$1,987.36	\$1.39 -	\$0.46	\$100.24
10439 Flores, Christina	8804	5.044%	\$1,868.00	\$1,860.50	\$22.50 -	\$7.50	\$93.84
10270 Flores, Gustavo	8804	5.044%	\$2,172.06	\$2,168.29	\$11.32 -	\$3.77	\$109.37
10680 Flores, Hector	8804	5.044%	\$1,868.21	\$1,863.03	\$15.53 -	\$5.18	\$93.97
10500 Flores, Johnny	8804	5.044%	\$2,295.62	\$2,295.62 -	-	-	\$115.79
10401 Flores, Jose	8804	5.044%	\$2,214.08	\$2,214.08 -	-	-	\$111.68
10891 Flores, Jose	8804	5.044%	\$2,327.92	\$2,319.02	\$26.70 -	\$8.90	\$116.97
9992 Flynn, Terrance	8804	5.044%	\$3,631.63	\$3,628.52	\$9.34 -	\$3.11	\$183.02
10426 Fofana, Sheku	8804	5.044%	\$3,116.80	\$3,116.80 -	-	-	\$157.21
10415 Freeman, Jamie	8804	5.044%	\$2,202.40	\$2,202.40 -	-	-	\$111.09
10929 Freng, Joseph	8804	5.044%	\$2,172.47	\$2,085.08	\$262.18 -	\$87.39	\$105.17
10315 Freng, Matthew	8804	5.044%	\$1,700.00	\$1,675.00	\$75.00 -	\$25.00	\$84.49
9457 Fuggins, Brittany	8804	5.044%	\$2,039.31	\$2,032.97	\$19.02 -	\$6.34	\$102.54
10490 Furmanski, Tina	8804	5.044%	\$3,651.85	\$3,637.52	\$42.98 -	\$14.33	\$183.48
10797 Fusi, Michelle	8804	5.044%	\$2,055.17	\$2,051.09	\$12.23 -	\$4.08	\$103.46
9500 Gabriel, Carolina	8804	5.044%	\$4,050.80	\$4,050.80 -	-	-	\$204.32
10982 Gaeta, Karen	8804	5.044%	\$3,256.92	\$3,229.23	\$83.06 -	\$27.69	\$162.88
9910 Galaviz, Evelyn	8804	5.044%	\$2,263.36	\$2,263.36 -	-	-	\$114.16
10549 Gamez, Jose	8804	5.044%	\$2,490.83	\$2,474.53	\$48.91 -	\$16.30	\$124.82
10206 Garay, Tanya	8804	5.044%	\$2,165.61	\$2,164.82	\$2.36 -	\$0.79	\$109.19
10682 Garcia Loeza, Jose	8804	5.044%	\$4,093.27	\$4,093.27 -	-	-	\$206.46
10521 Garcia, Anthony	8804	5.044%	\$1,859.23	\$1,859.23 -	-	-	\$93.78
10574 Garcia, Daniel	8804	5.044%	\$2,084.10	\$2,080.34	\$11.28 -	\$3.76	\$104.93
9902 Garcia, Lizette	8804	5.044%	\$710.34	\$710.34 -	-	-	\$35.83
9716 Garcia, Miguel	8804	5.044%	\$6,136.87	\$6,136.87 -	-	-	\$309.54
11008 Garcia, Monique	8804	5.044%	\$3,000.10	\$2,981.81	\$54.87 -	\$18.29	\$150.40

9453 Garcia, Ramona	8804	5.044%	\$3,150.33	\$3,150.33	-	-	-	\$158.90
10918 Garcia, Sunday	8804	5.044%	\$2,024.20	\$1,984.86	\$118.01	-	\$39.34	\$100.12
10890 Garcia, Zadiany	8804	5.044%	\$1,886.50	\$1,886.25	\$0.75	-	\$0.25	\$95.14
9724 Garibay, Sarah	8804	5.044%	\$1,857.88	\$1,857.04	\$2.52	-	\$0.84	\$93.67
9776 Garnaas, Darrell	8804	5.044%	\$3,673.80	\$3,673.80	-	-	-	\$185.31
10675 Garnaas, Martin	8804	5.044%	\$2,574.49	\$2,463.35	\$333.41	-	\$111.14	\$124.25
10778 Gibson, Bradley	8804	5.044%	\$1,635.62	\$1,635.62	-	-	-	\$82.50
9650 Gibson, Randall	8804	5.044%	\$3,039.11	\$3,038.07	\$3.11	-	\$1.04	\$153.24
10595 Godinez, Alejandro	8804	5.044%	\$2,206.30	\$2,206.30	-	-	-	\$111.29
10904 Gomez, Alexis	8804	5.044%	\$1,629.44	\$1,627.64	\$5.39	-	\$1.80	\$82.10
10366 Gonzales, Jazmin	8804	5.044%	\$1,432.91	\$1,432.91	-	-	-	\$72.28
10160 Gonzales, Louie	8804	5.044%	\$2,663.95	\$2,641.34	\$67.82	-	\$22.61	\$133.23
10362 Gonzalez Lopez, Cynthia	8804	5.044%	\$2,584.35	\$2,566.20	\$54.45	-	\$18.15	\$129.44
10271 Gonzalez, Juan	8804	5.044%	\$2,611.98	\$2,600.99	\$32.98	-	\$10.99	\$131.19
10981 Gordon, Rachel	8804	5.044%	\$1,691.46	\$1,690.40	\$3.17	-	\$1.06	\$85.26
9609 Gormley, Richard	8804	5.044%	\$2,904.20	\$2,904.20	-	-	-	\$146.49
10155 Guerrero, Fernando	8804	5.044%	\$2,470.92	\$2,470.64	\$0.85	-	\$0.28	\$124.62
10978 Guevara, Julio	8804	5.044%	\$1,685.85	\$1,684.27	\$4.75	-	\$1.58	\$84.95
9642 Guillen Torres, Martha	8804	5.044%	\$1,854.88	\$1,827.50	\$82.13	-	\$27.38	\$92.18
10917 Guillory, Raymond	8804	5.044%	\$2,758.72	\$2,748.95	\$29.32	-	\$9.77	\$138.66
9386 Guirado, Rafael	8804	5.044%	\$423.85	\$423.85	-	-	-	\$21.38
10648 Gutierrez, Lisa	8804	5.044%	\$4,177.33	\$4,177.33	-	-	-	\$210.70
10618 Gutierrez, Lizzeth	8804	5.044%	\$2,391.01	\$2,368.55	\$67.37	-	\$22.46	\$119.47
10860 Gutierrez, Parrish	8804	5.044%	\$2,217.60	\$2,217.60	-	-	-	\$111.86
10684 Guzman, Carlos	8804	5.044%	\$3,155.20	\$3,155.20	-	-	-	\$159.15
10021 Guzman, Daniel	8804	5.044%	\$2,732.44	\$2,599.39	\$399.15	-	\$133.05	\$131.11
10212 Guzman, Janet	8804	5.044%	\$1,635.30	\$1,625.41	\$29.67	-	\$9.89	\$81.99
10947 Guzman, Stephanie	8804	5.044%	\$1,976.69	\$1,967.37	\$27.96	-	\$9.32	\$99.23
10630 Hall, Christopher	8804	5.044%	\$1,824.58	\$1,822.47	\$6.34	-	\$2.11	\$91.93
10179 Hamilton, Ashley	8804	5.044%	\$3,822.87	\$3,822.87	-	-	-	\$192.83
10767 Hanauer, Allegra	8804	5.044%	\$1,814.73	\$1,814.73	-	-	-	\$91.53
10899 Hasan, Summer	8804	5.044%	\$2,157.47	\$2,157.47	-	-	-	\$108.82
10935 Haynes, Tiffany	8804	5.044%	\$2,410.26	\$2,391.49	\$56.32	-	\$18.77	\$120.63
10133 Hazley, Sherlon	8804	5.044%	\$1,667.12	\$1,667.12	-	-	-	\$84.09
10597 Hefner, Nicole	8804	5.044%	\$1,975.84	\$1,975.14	\$2.10	-	\$0.70	\$99.63
9462 Hemphill, Ramona	8804	5.044%	\$1,369.54	\$1,369.21	\$0.98	-	\$0.33	\$69.06
10880 Henriquez Castillo, Elis	8804	5.044%	\$1,865.78	\$1,860.07	\$17.12	-	\$5.71	\$93.82
10269 Hernandez, Boris	8804	5.044%	\$2,302.07	\$2,299.52	\$7.66	-	\$2.55	\$115.99
10474 Hernandez, Denise	8804	5.044%	\$3,864.33	\$3,863.36	\$2.90	-	\$0.97	\$194.87
10135 Hernandez, Edwin	8804	5.044%	\$2,725.80	\$2,709.28	\$49.56	-	\$16.52	\$136.66
10851 Hernandez, Giovanni	8804	5.044%	\$2,027.71	\$2,023.25	\$13.39	-	\$4.46	\$102.05
10563 Hernandez, Jacinda	8804	5.044%	\$1,968.31	\$1,929.81	\$115.51	-	\$38.50	\$97.34
10821 Hernandez, Jose	8804	5.044%	\$2,323.84	\$2,322.65	\$3.58	-	\$1.19	\$117.15
9580 Hernandez, Lanette	8804	5.044%	\$2,978.72	\$2,907.68	\$213.12	-	\$71.04	\$146.66
10577 Hernandez, Myner	8804	5.044%	\$3,938.13	\$3,938.13	-	-	-	\$198.64
10799 Hernandez, Nancy	8804	5.044%	\$2,433.47	\$2,355.69	\$233.34	-	\$77.78	\$118.82
10840 Hernandez, Rodrigo	8804	5.044%	\$2,379.14	\$2,376.18	\$8.89	-	\$2.96	\$119.85
10783 Hernandez, Siria	8804	5.044%	\$1,225.82	\$1,225.82	-	-	-	\$61.83

10956 Hill, Patrick	8804	5.044%	\$1,137.01	\$1,137.01	-	-	-	\$57.35
10693 Hillman, Andrea	8804	5.044%	\$2,393.94	\$2,393.94	-	-	-	\$120.75
10534 Hjordahl, Christopher	8804	5.044%	\$2,591.88	\$2,591.88	-	-	-	\$130.73
10252 Hoard, LaNiqua	8804	5.044%	\$4,518.80	\$4,518.80	-	-	-	\$227.93
10522 Holmes, Cynthia	8804	5.044%	\$3,930.71	\$3,926.16	\$13.66	-	\$4.55	\$198.04
10747 Hoyos, Loreena	8804	5.044%	\$2,053.14	\$2,052.18	\$2.88	-	\$0.96	\$103.51
8167 Iannarelli, Gary	8804	5.044%	\$3,441.53	\$3,441.53	-	-	-	\$173.59
9821 Ibarra, Jennifer	8804	5.044%	\$2,494.53	\$2,475.60	\$56.78	-	\$18.93	\$124.87
10800 Jackson, Lashan	8804	5.044%	\$2,730.64	\$2,730.64	-	-	-	\$137.73
10360 Jackson, Leona	8804	5.044%	\$2,051.10	\$2,050.87	\$0.70	-	\$0.23	\$103.45
10946 Jackson, Shawana	8804	5.044%	\$1,733.72	\$1,711.74	\$65.93	-	\$21.98	\$86.34
10750 Jamieson, Marisa	8804	5.044%	\$3,503.93	\$3,503.93	-	-	-	\$176.74
10319 Jasso, Igsel	8804	5.044%	\$1,905.93	\$1,876.35	\$88.75	-	\$29.58	\$94.64
10757 Jefferson, Willie	8804	5.044%	\$1,662.30	\$1,662.30	-	-	-	\$83.85
10211 Jimenez, Crystal	8804	5.044%	\$1,186.23	\$1,186.23	-	-	-	\$59.83
10823 Jimenez, Nancy	8804	5.044%	\$1,760.45	\$1,736.47	\$67.51	\$2.96	\$23.98	\$87.59
10900 Jimenez, Rojello	8804	5.044%	\$1,828.80	\$1,828.23	\$1.72	-	\$0.57	\$92.22
10765 Joachim, Kymani	8804	5.044%	\$3,906.83	\$3,906.09	\$2.22	-	\$0.74	\$197.02
10278 Jojola, Tara	8804	5.044%	\$2,729.47	\$2,682.86	\$135.45	\$2.91	\$46.61	\$135.32
10120 Josten, Alexandra	8804	5.044%	\$2,243.20	\$2,181.89	\$183.93	-	\$61.31	\$110.05
10588 Juarez, Precious	8804	5.044%	\$2,075.28	\$2,074.57	\$2.14	-	\$0.71	\$104.64
10662 Juarez, Yessenia	8804	5.044%	\$2,587.79	\$2,518.99	\$206.39	-	\$68.80	\$127.06
10455 Kabir, Sarim	8804	5.044%	\$813.30	\$813.30	-	-	-	\$41.02
10847 Khalili, Seyed Parham	8804	5.044%	\$15,183.13	\$15,183.13	-	-	-	\$765.84
10052 Kim, Joshua	8804	5.044%	\$2,027.89	\$2,026.63	\$3.77	-	\$1.26	\$102.22
10985 King, JeanMarie	8804	5.044%	\$2,758.88	\$2,756.53	\$7.04	-	\$2.35	\$139.04
10540 Kwoka, Corey	8804	5.044%	\$2,817.45	\$2,790.76	\$80.08	-	\$26.69	\$140.77
10764 Lacas, Sara	8804	5.044%	\$3,482.94	\$3,467.73	\$45.62	-	\$15.21	\$174.91
10560 Lafferre, Amanda	8804	5.044%	\$2,550.21	\$2,550.21	-	-	-	\$128.63
10122 Landa Guzman, Janet	8804	5.044%	\$2,667.76	\$2,665.64	\$6.37	-	\$2.12	\$134.45
10068 Laskodi, Ryan	8804	5.044%	\$3,530.56	\$3,530.56	-	-	-	\$178.08
10678 Lawlor, Michael	8804	5.044%	\$2,018.40	\$2,018.40	-	-	-	\$101.81
10180 Lazalde, Adrian	8804	5.044%	\$2,587.35	\$2,580.30	\$21.15	-	\$7.05	\$130.15
10503 Lazo, Israel	8804	5.044%	\$2,372.54	\$2,356.27	\$48.82	-	\$16.27	\$118.85
10617 Ledezma, Jessica	8804	5.044%	\$1,777.57	\$1,770.49	\$21.24	-	\$7.08	\$89.30
10087 Lee, Carla	8804	5.044%	\$2,217.48	\$2,216.35	\$3.40	-	\$1.13	\$111.79
10794 Leon, Jessica	8804	5.044%	\$1,666.10	\$1,665.89	\$0.63	-	\$0.21	\$84.03
10430 Lepe, Elena	8804	5.044%	\$2,814.97	\$2,808.54	\$19.30	-	\$6.43	\$141.66
10434 Leyva, Christian	8804	5.044%	\$3,040.99	\$2,865.28	\$527.12	-	\$175.71	\$144.52
10938 Li, Xiao	8804	5.044%	\$3,327.09	\$3,321.20	\$17.67	-	\$5.89	\$167.52
10844 Lomeland, Kelly	8804	5.044%	\$2,311.46	\$2,311.46	-	-	-	\$116.59
10965 Lopez, Alfredo	8804	5.044%	\$2,185.31	\$2,183.27	\$6.13	-	\$2.04	\$110.12
9994 Lopez, Christian	8804	5.044%	\$3,741.90	\$3,741.20	\$2.10	-	\$0.70	\$188.71
10459 Lopez, Jessica	8804	5.044%	\$2,273.74	\$2,273.74	-	-	-	\$114.69
10454 Lopez, Maria	8804	5.044%	\$1,706.24	\$1,706.03	\$0.64	-	\$0.21	\$86.05
10568 Loya, Michelle	8804	5.044%	\$2,119.47	\$2,113.09	\$19.13	-	\$6.38	\$106.58
10846 Lucero, Nina-Simone	8804	5.044%	\$891.79	\$890.65	\$3.43	-	\$1.14	\$44.92
10711 Luna, John	8804	5.044%	\$2,495.68	\$2,495.68	-	-	-	\$125.88

11000 Macias, Apolonio	8804	5.044%	\$2,382.55	\$2,380.66	\$5.67 -	\$1.89	\$120.08
9917 Mackey, Chantay	8804	5.044%	\$2,530.85	\$2,492.92	\$113.80 -	\$37.93	\$125.74
10773 Magana, Ricardo	8804	5.044%	\$2,361.71	\$2,361.71 -	-	-	\$119.12
10993 Magana, Zoila	8804	5.044%	\$2,167.25	\$2,167.12	\$0.38 -	\$0.13	\$109.31
9861 Maravilla, Crystal	8804	5.044%	\$3,332.29	\$3,326.64	\$16.95 -	\$5.65	\$167.80
10808 Marcos, Audrey Ida	8804	5.044%	\$2,176.53	\$2,174.31	\$6.66 -	\$2.22	\$109.67
10646 Marmolejo, Laura	8804	5.044%	\$1,966.48	\$1,961.82	\$13.98 -	\$4.66	\$98.95
10422 Marlin, Allison	8804	5.044%	\$2,250.89	\$2,247.52	\$10.11 -	\$3.37	\$113.36
10876 Marlin, Belissa	8804	5.044%	\$2,457.11	\$2,457.11 -	-	-	\$123.94
9737 Martin, Daniel	8804	5.044%	\$2,870.40	\$2,870.40 -	-	-	\$144.78
10759 Martinez, Anthony	8804	5.044%	\$1,755.05	\$1,743.63	\$34.27 -	\$11.42	\$87.95
10932 Martinez, Eric	8804	5.044%	\$1,912.47	\$1,912.25	\$0.65 -	\$0.22	\$96.45
9714 Martinez, Fabiola	8804	5.044%	\$4,570.32	\$4,570.32 -	-	-	\$230.53
10615 Martinez, Jessica	8804	5.044%	\$2,309.56	\$2,277.98	\$94.73 -	\$31.58	\$114.90
10015 Martinez, Joanna	8804	5.044%	\$2,514.66	\$2,495.15	\$58.53 -	\$19.51	\$125.86
10877 Martinez, Madelyn	8804	5.044%	\$2,214.58	\$2,214.33	\$0.75 -	\$0.25	\$111.69
10140 Martinez, Michael	8804	5.044%	\$2,727.52	\$2,726.11	\$4.22 -	\$1.41	\$137.50
10017 Martinez, Moises	8804	5.044%	\$3,041.85	\$2,971.26	\$211.77 -	\$70.59	\$149.87
10281 Martinez, Roberto	8804	5.044%	\$2,483.69	\$2,483.40	\$0.87 -	\$0.29	\$125.26
10594 Mascarenas, Nicole	8804	5.044%	\$2,001.55	\$2,001.30	\$0.75 -	\$0.25	\$100.95
10082 Masushige, Sandra	8804	5.044%	\$1,724.14	\$1,701.09	\$69.15 -	\$23.05	\$85.80
9946 Mata, Becky	8804	5.044%	\$2,890.98	\$2,730.58	\$481.21 -	\$160.40	\$137.73
10853 Mata-Urbe, Lisa	8804	5.044%	\$2,363.86	\$2,343.63	\$60.70 -	\$20.23	\$118.21
10072 Mathews, Amanda	8804	5.044%	\$2,001.60	\$1,997.20	\$13.21 -	\$4.40	\$100.74
10944 Mayorga, Edward	8804	5.044%	\$1,909.53	\$1,909.20	\$0.98 -	\$0.33	\$96.30
10125 McCandless, Jana	8804	5.044%	\$2,661.34	\$2,656.82	\$13.57 -	\$4.52	\$134.01
9590 McCuller, William Jason	8804	5.044%	\$2,325.84	\$2,325.84 -	-	-	\$117.32
10141 McGraw, Freeman	8804	5.044%	\$2,465.99	\$2,464.94	\$3.16 -	\$1.05	\$124.33
10558 Medina, Janet	8804	5.044%	\$3,081.69	\$3,081.69 -	-	-	\$155.44
10936 Mejia, Jimmy	8804	5.044%	\$2,730.64	\$2,730.64 -	-	-	\$137.73
9979 Melton, Shandrea	8804	5.044%	\$2,445.10	\$2,444.82	\$0.83 -	\$0.28	\$123.32
10077 Mendez, Evelyn	8804	5.044%	\$2,548.70	\$2,401.16	\$442.62 -	\$147.54	\$121.11
10640 Mendez, Gabriel	8804	5.044%	\$1,835.22	\$1,822.31	\$38.74 -	\$12.91	\$91.92
10737 Mendez, Irving	8804	5.044%	\$2,403.10	\$2,377.96	\$75.41 -	\$25.14	\$119.94
10859 Mendez, Ivan	8804	5.044%	\$2,032.07	\$2,031.82	\$0.76 -	\$0.25	\$102.49
10148 Mendoza, Francisco	8804	5.044%	\$2,473.68	\$2,473.68 -	-	-	\$124.77
10168 Merida, Victor	8804	5.044%	\$600.34	\$596.43	\$11.73 -	\$3.91	\$30.08
10994 Miccio, Marleene	8804	5.044%	\$1,696.63	\$1,694.20	\$7.29 -	\$2.43	\$85.46
9340 Miera, Mary	8804	5.044%	\$2,706.72	\$2,690.15	\$49.72 -	\$16.57	\$135.69
10348 Mikhael, George	8804	5.044%	\$3,037.39	\$3,037.03	\$1.09 -	\$0.36	\$153.19
10564 Mills, Paige	8804	5.044%	\$2,522.93	\$2,522.93 -	-	-	\$127.26
9975 Miranda Lopez, Nora	8804	5.044%	\$2,304.74	\$2,300.28	\$13.37 -	\$4.46	\$116.03
9857 Miranda Torres, Elizabeth	8804	5.044%	\$3,612.08	\$3,612.08 -	-	-	\$182.19
10740 Miranda, Miguel	8804	5.044%	\$2,181.10	\$2,167.89	\$39.63 -	\$13.21	\$109.35
10616 Moises, Datangla	8804	5.044%	\$2,159.13	\$2,119.75	\$118.13 -	\$39.38	\$106.92
10262 Montano, Sylvia	8804	5.044%	\$4,001.88	\$3,770.40	\$694.45 -	\$231.48	\$190.18
10721 Montes, Diane	8804	5.044%	\$2,131.21	\$2,130.97	\$0.73 -	\$0.24	\$107.49
10494 Montiel, Samantha	8804	5.044%	\$3,781.40	\$3,760.42	\$62.95 -	\$20.98	\$189.68

10497 Monzon Zalazar, Carolina	8804	5.044%	\$828.92	\$828.92	-	-	-	\$41.81
9524 Moore, Gloria	8804	5.044%	\$3,053.27	\$3,053.27	-	-	-	\$154.01
10987 Mor, Samantha	8804	5.044%	\$2,020.00	\$2,017.45	\$7.64	-	\$2.55	\$101.76
10999 Morales Jr., Hector	8804	5.044%	\$2,083.68	\$2,060.56	\$69.36	-	\$23.12	\$103.93
10402 Morales, David	8804	5.044%	\$2,870.40	\$2,870.40	-	-	-	\$144.78
10831 Moree, Damilo	8804	5.044%	\$2,307.04	\$2,177.05	\$389.98	-	\$129.99	\$109.81
9390 Morris, Glenford	8804	5.044%	\$2,288.40	\$2,286.19	\$6.62	-	\$2.21	\$115.32
10639 Muela, Aaron	8804	5.044%	\$2,207.87	\$2,193.31	\$43.68	-	\$14.56	\$110.63
10284 Mueller, Melanie	8804	5.044%	\$2,170.85	\$2,168.88	\$5.92	-	\$1.97	\$109.40
10829 Munoz, Karen	8804	5.044%	\$2,846.00	\$2,842.30	\$11.10	-	\$3.70	\$143.37
10385 Munoz, Kelly	8804	5.044%	\$1,839.95	\$1,839.95	-	-	-	\$92.81
10848 Murillo, Jovanna	8804	5.044%	\$2,314.05	\$2,310.65	\$10.21	-	\$3.40	\$116.55
10696 Murrieta, Valerie	8804	5.044%	\$3,149.13	\$3,097.10	\$156.10	-	\$52.03	\$156.22
9990 Navarro, Ana	8804	5.044%	\$1,583.74	\$1,581.00	\$8.23	-	\$2.74	\$79.75
10698 Navarro, Paul	8804	5.044%	\$1,893.25	\$1,888.81	\$13.31	-	\$4.44	\$95.27
9794 Newsome, Joseph	8804	5.044%	\$1,849.30	\$1,848.95	\$1.04	-	\$0.35	\$93.26
10885 Nguyen, Thuy-Trinh	8804	5.044%	\$2,751.38	\$2,750.55	\$2.48	-	\$0.83	\$138.74
10953 Njoku, Emmanuel	8804	5.044%	\$5,222.97	\$5,222.97	-	-	-	\$263.45
10294 Nunez, Josseline	8804	5.044%	\$1,856.49	\$1,855.49	\$3.00	-	\$1.00	\$93.59
10991 Ochoa, Laura	8804	5.044%	\$2,688.13	\$2,688.13	-	-	-	\$135.59
10769 Ochotorena, Nicole	8804	5.044%	\$2,354.82	\$2,269.39	\$256.28	-	\$85.43	\$114.47
10000 Ofoegbu, Angela	8804	5.044%	\$10,226.67	\$10,226.67	-	-	-	\$515.83
10485 Olabode, Nickolas	8804	5.044%	\$2,307.06	\$2,261.81	\$135.75	-	\$45.25	\$114.09
10805 Olalia, James	8804	5.044%	\$2,328.87	\$2,318.50	\$31.12	-	\$10.37	\$116.95
10815 Oliva, Christopher	8804	5.044%	\$3,010.48	\$3,010.48	-	-	-	\$151.85
9820 Olivarez, Raquel	8804	5.044%	\$2,874.73	\$2,874.73	-	-	-	\$145.00
10736 Olvera, Bryan	8804	5.044%	\$1,876.87	\$1,867.68	\$27.57	-	\$9.19	\$94.21
10051 Orozco, Natalie	8804	5.044%	\$2,134.84	\$2,117.66	\$51.53	-	\$17.18	\$106.81
10998 Ortega, Elizabeth	8804	5.044%	\$2,379.72	\$2,355.34	\$73.15	-	\$24.38	\$118.80
11005 Ortega, Jose	8804	5.044%	\$1,552.86	\$1,552.64	\$0.67	-	\$0.22	\$78.32
10128 Pachuca, Natalie	8804	5.044%	\$2,870.40	\$2,870.40	-	-	-	\$144.78
9563 Pachuca, Norma	8804	5.044%	\$4,246.67	\$4,246.67	-	-	-	\$214.20
10728 Padilla, Gilberto	8804	5.044%	\$2,442.22	\$2,441.38	\$2.52	-	\$0.84	\$123.14
9741 Padilla, Lilia	8804	5.044%	\$3,520.00	\$3,519.20	\$2.40	-	\$0.80	\$177.51
9301 Paige, Richard	8804	5.044%	\$3,113.07	\$3,113.07	-	-	-	\$157.02
10673 Palacio, Alondra	8804	5.044%	\$2,119.58	\$2,119.58	-	-	-	\$106.91
10263 Palacios, Telestoro	8804	5.044%	\$3,636.53	\$3,636.53	-	-	-	\$183.43
10995 Palafox, Amber	8804	5.044%	\$1,921.44	\$1,920.96	\$1.44	-	\$0.48	\$96.89
9599 Paniagua, Vanesa	8804	5.044%	\$2,230.43	\$2,229.74	\$2.08	-	\$0.69	\$112.47
10962 Pantoja, Daniel	8804	5.044%	\$1,578.41	\$1,564.25	\$42.47	-	\$14.16	\$78.90
9710 Parada, Myriah	8804	5.044%	\$2,313.00	\$2,299.25	\$41.25	-	\$13.75	\$115.97
10417 Paredes, Jaquelinne	8804	5.044%	\$2,384.85	\$2,374.99	\$29.58	-	\$9.86	\$119.79
9278 Parker, Charles	8804	5.044%	\$2,755.93	\$2,754.57	\$4.09	-	\$1.36	\$138.94
10674 Parnell, Maisha	8804	5.044%	\$8,159.67	\$8,159.67	-	-	-	\$411.57
9819 Partida, Rudolph	8804	5.044%	\$2,938.87	\$2,938.87	-	-	-	\$148.24
10727 Partovi, Susan	8804	5.044%	\$5,781.12	\$5,781.12	-	-	-	\$291.60
10966 Paul, Emerson	8804	5.044%	\$1,639.82	\$1,639.82	-	-	-	\$82.71
10312 Paz, Elizabeth	8804	5.044%	\$2,335.95	\$2,333.86	\$6.28	-	\$2.09	\$117.72

11013 Peck, Barbara	8804	5.044%	\$1,772.62	\$1,772.06	\$1.69 -	\$0.56	\$89.38
10406 Perea, Daniel	8804	5.044%	\$2,575.62	\$2,575.19	\$1.29 -	\$0.43	\$129.89
10427 Perez, Leidin	8804	5.044%	\$2,150.29	\$2,150.29 -	-	-	\$108.46
10802 Perez, Luis	8804	5.044%	\$2,979.30	\$2,951.77	\$82.59 -	\$27.53	\$148.89
10238 Perez, Omar	8804	5.044%	\$238.24	\$238.24 -	-	-	\$12.02
10093 Perez, Roberto	8804	5.044%	\$2,639.14	\$2,636.50	\$7.92 -	\$2.64	\$132.99
9974 Pickel III, Carl	8804	5.044%	\$5,245.07	\$5,245.07 -	-	-	\$264.56
9996 Pink, Kimberly	8804	5.044%	\$2,865.88	\$2,862.75	\$9.38 -	\$3.13	\$144.40
9553 Price, Rachel	8804	5.044%	\$2,832.61	\$2,832.61 -	-	-	\$142.88
10833 Puentes, Tania	8804	5.044%	\$1,896.95	\$1,882.26	\$44.06 -	\$14.69	\$94.94
10277 Puerto, Napoleon	8804	5.044%	\$5,131.53	\$5,131.53 -	-	-	\$258.83
10864 Pugh, De'Ontray	8804	5.044%	\$1,668.79	\$1,668.48	\$0.93 -	\$0.31	\$84.16
10461 Quesenberry, Caitlin	8804	5.044%	\$2,228.88	\$2,227.50	\$4.13 -	\$1.38	\$112.36
10912 Quezada, Amanda	8804	5.044%	\$1,958.12	\$1,916.07	\$126.15 -	\$42.05	\$96.65
10990 Quintero, Hector	8804	5.044%	\$2,582.03	\$2,581.04	\$2.98 -	\$0.99	\$130.19
10285 Quiroga, Stephanie	8804	5.044%	\$3,646.07	\$3,646.07 -	-	-	\$183.91
9763 Ramirez, Alejandro	8804	5.044%	\$2,200.15	\$2,172.37	\$83.35 -	\$27.78	\$109.57
10088 Ramirez, Daniel	8804	5.044%	\$1,829.15	\$1,756.72	\$217.29 -	\$72.43	\$88.61
10923 Ramirez, Eduardo	8804	5.044%	\$1,980.36	\$1,979.76	\$1.80 -	\$0.60	\$99.86
9542 Ramirez, Jose	8804	5.044%	\$3,832.06	\$3,549.92	\$846.43 -	\$282.14	\$179.06
10842 Ramirez, Mariah	8804	5.044%	\$1,781.61	\$1,757.12	\$73.48 -	\$24.49	\$88.63
10862 Ramirez, Yesenia	8804	5.044%	\$2,593.36	\$2,593.36 -	-	-	\$130.81
10301 Ramos, Angelica	8804	5.044%	\$4,348.07	\$4,348.07 -	-	-	\$219.32
10941 Ramos, Karen	8804	5.044%	\$1,422.38	\$1,422.38 -	-	-	\$71.74
10739 Ramos, Wilfred	8804	5.044%	\$2,026.38	\$2,026.38 -	-	-	\$102.21
10874 Rascon, Hope	8804	5.044%	\$1,857.12	\$1,851.20	\$17.75 -	\$5.92	\$93.37
10042 Razo, Maria	8804	5.044%	\$3,376.71	\$3,375.75	\$2.88 -	\$0.96	\$170.27
10741 Reed, Lauren	8804	5.044%	\$2,006.11	\$2,003.27	\$8.51 -	\$2.84	\$101.04
11011 Resendiz, Marlene	8804	5.044%	\$2,354.06	\$2,353.65	\$1.24 -	\$0.41	\$118.72
10582 Reyes, Brandy	8804	5.044%	\$1,531.81	\$1,526.42	\$16.16 -	\$5.39	\$76.99
10691 Reyes, Julio	8804	5.044%	\$3,576.99	\$3,558.58	\$55.23 -	\$18.41	\$179.49
10770 Reynaga, Guido	8804	5.044%	\$2,011.59	\$2,006.70	\$14.68 -	\$4.89	\$101.22
10729 Reynoso, Santiago	8804	5.044%	\$3,010.48	\$3,010.48 -	-	-	\$151.85
10856 Rios, Oscar	8804	5.044%	\$2,426.16	\$2,426.16 -	-	-	\$122.38
10665 Rivas, Julio	8804	5.044%	\$2,218.97	\$2,216.50	\$7.40 -	\$2.47	\$111.80
10943 Rivera, Raymond	8804	5.044%	\$2,163.35	\$2,160.90	\$7.35 -	\$2.45	\$109.00
10668 Robinson, Tyler	8804	5.044%	\$2,120.53	\$2,119.13	\$4.19 -	\$1.40	\$106.89
9331 Robledo, Llsa	8804	5.044%	\$2,410.74	\$2,380.12	\$91.87 -	\$30.62	\$120.05
10527 Robles, Analisa	8804	5.044%	\$1,473.56	\$1,470.41	\$9.44 -	\$3.15	\$74.17
10699 Robles, Anthony	8804	5.044%	\$3,047.56	\$3,013.88	\$101.03 -	\$33.68	\$152.02
9952 Robles, Michelle	8804	5.044%	\$2,554.85	\$2,554.56	\$0.86 -	\$0.29	\$128.85
10556 Robles, Vincent	8804	5.044%	\$2,180.14	\$2,143.88	\$108.78 -	\$36.26	\$108.14
10007 Rodarte, Arnulfo	8804	5.044%	\$2,215.59	\$2,215.09	\$1.51 -	\$0.50	\$111.73
10957 Rodriguez Reyes, Juan	8804	5.044%	\$1,767.31	\$1,734.77	\$97.62 -	\$32.54	\$87.50
10194 Rodriguez, Jorge	8804	5.044%	\$2,867.05	\$2,860.48	\$19.70 -	\$6.57	\$144.28
10984 Rodriguez, Michael	8804	5.044%	\$1,565.04	\$1,564.82	\$0.65 -	\$0.22	\$78.93
9655 Rodriguez, Noemi	8804	5.044%	\$2,142.75	\$2,136.50	\$18.75 -	\$6.25	\$107.77
10793 Rodriguez, Reyna	8804	5.044%	\$2,034.96	\$2,034.96 -	-	-	\$102.64

10706 Rojas, Edith	8804	5.044%	\$1,645.36	\$1,644.54	\$2.47 -	\$0.82	\$82.95 -
10204 Romero, Isaiah	8804	5.044%	\$2,196.76	\$2,194.51	\$6.74 -	\$2.25	\$110.69
10208 Romero, Joshua	8804	5.044%	\$2,280.43	\$2,243.66	\$110.32 -	\$36.77	\$113.17
11012 Romero, Randall	8804	5.044%	\$2,110.71	\$2,108.82	\$5.68 -	\$1.89	\$106.37
10819 Rosales, Brandon	8804	5.044%	\$2,261.88	\$2,254.17	\$23.12 -	\$7.71	\$113.70
10758 Rosales, Christian	8804	5.044%	\$1,894.88	\$1,881.27	\$40.82 -	\$13.61	\$94.89
10744 Rosales, Michelle	8804	5.044%	\$1,775.32	\$1,774.84	\$1.45 -	\$0.48	\$89.52
10145 Rosales, Monserrat	8804	5.044%	\$1,891.46	\$1,889.08	\$7.13 -	\$2.38	\$95.29
10703 Ruiz, Sandra	8804	5.044%	\$1,808.70	\$1,807.40	\$3.89 -	\$1.30	\$91.17
10830 Ruppel, Jeremy	8804	5.044%	\$1,707.63	\$1,695.69	\$35.82 -	\$11.94	\$85.53
10298 Ruvalcaba, Jocelyne	8804	5.044%	\$3,191.17	\$3,186.08	\$15.27 -	\$5.09	\$160.71
9401 Ruvalcaba, Jorge	8804	5.044%	\$2,439.06	\$2,439.06 -	-	-	\$123.03
10958 Salza, Amanda	8804	5.044%	\$1,731.17	\$1,731.17 -	-	-	\$87.32
10187 Sakugawa, Koji	8804	5.044%	\$2,532.26	\$2,532.26 -	-	-	\$127.73
9477 Salas, Edgar	8804	5.044%	\$3,499.60	\$3,499.60 -	-	-	\$176.52
9762 Salazar, Guadalupe	8804	5.044%	\$2,328.74	\$2,328.48	\$0.79 -	\$0.26	\$117.45
9703 Salgado, William	8804	5.044%	\$2,870.40	\$2,870.40 -	-	-	\$144.76
10390 Salinas, Louis	8804	5.044%	\$1,244.16	\$1,244.16 -	-	-	\$62.76
10178 Sambrone, Aaron	8804	5.044%	\$2,961.83	\$2,933.22	\$85.82 -	\$28.61	\$147.95
10882 Sanchez, Cristina	8804	5.044%	\$1,858.20	\$1,751.13	\$321.21 -	\$107.07	\$88.33
10332 Sanchez, Iliane	8804	5.044%	\$3,965.36	\$3,965.36 -	-	-	\$200.01
10121 Sanchez, Kimberly	8804	5.044%	\$2,336.09	\$2,217.91	\$354.55 -	\$118.18	\$111.87
10638 Sanchez, Marvin	8804	5.044%	\$1,828.90	\$1,820.34	\$25.67 -	\$8.56	\$91.82
10742 Sanchez, Raymond	8804	5.044%	\$2,225.50	\$2,217.00	\$25.50 -	\$8.50	\$111.83
10725 Sandoval, Rudolph	8804	5.044%	\$2,049.47	\$2,049.47 -	-	-	\$103.38
10486 Sandoval, Valeria	8804	5.044%	\$2,434.32	\$2,433.35	\$2.91 -	\$0.97	\$122.74
10633 Santil, Sessy	8804	5.044%	\$3,202.29	\$3,166.75	\$106.63 -	\$35.54	\$159.73
10760 Santos, Jessenia	8804	5.044%	\$4,231.02	\$4,228.36	\$7.97 -	\$2.66	\$213.28
9988 Santos, Leonardo	8804	5.044%	\$2,916.87	\$2,886.07	\$92.40 -	\$30.80	\$145.57
10913 Saravia, Erney	8804	5.044%	\$2,175.93	\$2,122.37	\$160.69 -	\$53.56	\$107.05
10483 Sartain, Daniel	8804	5.044%	\$2,422.85	\$2,420.64	\$6.62 -	\$2.21	\$122.10
10763 Scherman, Nora	8804	5.044%	\$2,235.00	\$2,222.25	\$38.25 -	\$12.75	\$112.09
10806 Schlesner, Jerritt	8804	5.044%	\$2,999.20	\$2,999.20 -	-	-	\$151.28
10754 Scutero, Michael	8804	5.044%	\$2,308.00	\$2,261.75	\$138.75 -	\$46.25	\$114.08
10220 Sexton, Willard	8804	5.044%	\$2,533.75	\$2,443.58	\$270.50 -	\$90.17	\$123.25
10772 Shomer, David	8804	5.044%	\$1,926.43	\$1,911.19	\$45.72 -	\$15.24	\$96.40
10996 Shotgun, John	8804	5.044%	\$1,891.14	\$1,880.57	\$31.70 -	\$10.57	\$94.86
10735 Sibrie, Wali	8804	5.044%	\$1,879.98	\$1,870.97	\$27.03 -	\$9.01	\$94.37
10084 Sierra Miranda, Daniela	8804	5.044%	\$2,586.23	\$2,572.05	\$42.53 -	\$14.18	\$129.73
10969 Silvas, Sophia	8804	5.044%	\$1,987.02	\$1,978.20	\$26.47 -	\$8.82	\$99.78
10697 Smerdel, Jamie	8804	5.044%	\$2,350.00	\$2,341.11	\$26.68 -	\$8.89	\$118.09
10147 Smith, Erica	8804	5.044%	\$2,385.64	\$2,379.57	\$18.20 -	\$6.07	\$120.03
10866 Song, Michael	8804	5.044%	\$1,859.01	\$1,849.74	\$27.81 -	\$9.27	\$93.30
9852 Soriano, Deanne	8804	5.044%	\$3,789.07	\$3,789.07 -	-	-	\$191.12
9533 Stephens, Heather	8804	5.044%	\$1,265.67	\$1,265.36	\$0.93 -	\$0.31	\$63.82
10924 Stillwell, Steven	8804	5.044%	\$1,652.24	\$1,652.02	\$0.65 -	\$0.22	\$83.33
10920 Stover, Danna	8804	5.044%	\$2,008.56	\$1,985.76	\$68.40 -	\$22.80	\$100.16
10845 Strohl, Matt	8804	5.044%	\$2,176.40	\$2,174.80	\$4.81 -	\$1.60	\$109.70

10516 Tanahan, Emin	8804	5.044%	\$10,444.20	\$10,444.20	-	-	-	\$526.81
10812 Tanori, Tashalee	8804	5.044%	\$1,639.96	\$1,636.64	\$9.96	-	\$3.32	\$82.55
10103 Tarin, Joe	8804	5.044%	\$1,971.71	\$1,971.71	-	-	-	\$99.45
10928 Than, Mardy	8804	5.044%	\$2,973.73	\$2,973.55	\$0.53	-	\$0.18	\$149.99
9751 Thompson, Iran	8804	5.044%	\$2,193.93	\$2,188.60	\$15.98	-	\$5.33	\$110.39
10714 Torres, Andrea	8804	5.044%	\$2,315.89	\$2,312.87	\$9.05	-	\$3.02	\$116.66
10529 Torres, Laura	8804	5.044%	\$2,104.28	\$2,103.75	\$1.58	-	\$0.53	\$106.11
9808 Torres, Raimundo	8804	5.044%	\$2,732.20	\$2,719.95	\$36.76	-	\$12.25	\$137.19
10598 Torres, Richard	8804	5.044%	\$2,442.27	\$2,363.80	\$235.40	-	\$78.47	\$119.23
10210 Torres, Roberto	8804	5.044%	\$2,119.28	\$2,088.98	\$90.91	-	\$30.30	\$105.37
9876 Torres, Samuel	8804	5.044%	\$2,286.69	\$2,284.49	\$6.61	-	\$2.20	\$115.23
10971 Trimble, Ashley	8804	5.044%	\$617.11	\$614.31	\$8.41	-	\$2.80	\$30.99
10992 Valdez, Mason	8804	5.044%	\$1,861.34	\$1,860.71	\$1.90	-	\$0.63	\$93.85
9715 Valencia Ruiz, Laura	8804	5.044%	\$3,547.24	\$3,547.24	-	-	-	\$178.92
10403 Valencia, Andrea	8804	5.044%	\$1,900.86	\$1,886.49	\$43.11	-	\$14.37	\$95.15
10951 Valenzuela, Ricardo	8804	5.044%	\$1,688.39	\$1,682.58	\$17.43	-	\$5.81	\$84.87
10311 Vargas, Elianna	8804	5.044%	\$2,359.11	\$2,344.91	\$42.59	-	\$14.20	\$118.28
10771 Varner, Eric	8804	5.044%	\$1,908.68	\$1,898.11	\$31.70	-	\$10.57	\$95.74
9744 Vasquez, Gilbert	8804	5.044%	\$3,863.49	\$3,863.19	\$0.91	-	\$0.30	\$194.86
10892 Vasquez, Lena	8804	5.044%	\$2,211.49	\$2,211.49	-	-	-	\$111.55
10839 Vasquez, Liza	8804	5.044%	\$2,013.87	\$2,010.89	\$8.93	-	\$2.98	\$101.43
10927 Vazquez, Arlene	8804	5.044%	\$2,063.88	\$2,063.35	\$1.59	-	\$0.53	\$104.08
10786 Vela, Alyssa	8804	5.044%	\$2,239.47	\$2,216.02	\$70.34	-	\$23.45	\$111.78
10989 Velarde, Kimberly	8804	5.044%	\$2,242.26	\$2,240.99	\$3.82	-	\$1.27	\$113.04
10731 Velasquez, Michelle	8804	5.044%	\$1,602.25	\$1,595.62	\$19.89	-	\$6.63	\$80.48
10878 Velazquez, Estefani	8804	5.044%	\$1,952.72	\$1,952.72	-	-	-	\$98.50
10871 Venegas Noguera, Yarine	8804	5.044%	\$1,592.33	\$1,589.24	\$9.26	-	\$3.09	\$80.16
11007 Vielma, Juan	8804	5.044%	\$1,952.72	\$1,952.72	-	-	-	\$98.50
10635 Villagrana, Christopher	8804	5.044%	\$2,387.76	\$2,295.84	\$275.76	-	\$91.92	\$115.80
10988 Villamil, Samuel	8804	5.044%	\$2,730.64	\$2,730.64	-	-	-	\$137.73
10251 Vincencio Salas Solis, Ovidio	8804	5.044%	\$3,014.27	\$3,014.27	-	-	-	\$152.04
10906 Washington, Nisey	8804	5.044%	\$2,728.78	\$2,728.78	-	-	-	\$137.64
9800 Weaver, Halie	8804	5.044%	\$2,254.08	\$2,250.26	\$11.47	-	\$3.82	\$113.50
10921 Webb, Russell	8804	5.044%	\$2,069.99	\$2,030.51	\$118.45	-	\$39.48	\$102.42
10231 Wells, Mark	8804	5.044%	\$2,005.04	\$2,004.02	\$3.06	-	\$1.02	\$101.08
9594 Weyand, Annette	8804	5.044%	\$2,305.55	\$2,291.04	\$43.54	-	\$14.51	\$115.56
10776 White-Leslie, Kevita	8804	5.044%	\$2,118.74	\$2,109.32	\$28.27	-	\$9.42	\$106.39
9793 Willard, Kimberly	8804	5.044%	\$3,314.53	\$3,311.17	\$10.08	-	\$3.36	\$167.02
10681 Williams, Davidson	8804	5.044%	\$1,859.44	\$1,859.44	-	-	-	\$93.79
10746 Williams, Xavier	8804	5.044%	\$3,408.02	\$3,403.40	\$13.86	-	\$4.62	\$171.67
9345 Willkom, Katherine	8804	5.044%	\$2,969.20	\$2,969.20	-	-	-	\$149.77
10199 Willkom, Nicholle	8804	5.044%	\$1,857.02	\$1,851.89	\$15.40	-	\$5.13	\$93.41
10138 Wilson, Cedric	8804	5.044%	\$1,605.88	\$1,605.88	-	-	-	\$81.00
10972 Windhorst, Melanie	8804	5.044%	\$1,577.01	\$1,572.50	\$13.52	-	\$4.51	\$79.32
10931 Worthy, Kenal	8804	5.044%	\$1,565.28	\$1,565.28	-	-	-	\$78.95
9937 Yakel, Eva	8804	5.044%	\$4,491.93	\$4,491.93	-	-	-	\$226.57
10478 Yoon, Jeong Mi	8804	5.044%	\$10,444.20	\$10,444.20	-	-	-	\$526.81
10353 Yrigoyen, Karen	8804	5.044%	\$1,500.86	\$1,500.65	\$0.63	-	\$0.21	\$75.69

10738 Zamora, Jennifer	8804	5.044%	\$2,169.84	\$2,152.23	\$52.83 -		\$17.61	\$108.56
11017 Zavala, Arlene	8804	5.044%	\$130.16	\$130.16 -	-			\$6.57
10326 Zubieta, Thomas	8804	5.044%	\$2,156.24	\$2,155.36	\$2.65 -		\$0.88	\$108.72
10295 Zuniga, Jose	8804	5.044%	\$2,264.15	\$2,243.27	\$62.65 -		\$20.88	\$113.15
10375 Zuniga, Joshua	8804	5.044%	\$2,654.54	\$2,654.54 -	-			\$133.89
			\$ 1,342,518.83 \$	1,335,259.69 \$	21,558.39 \$	146.05 \$	7,259.14 \$	67,350.50
9919 Alesana, Fa'afouina	8810	0.791%	\$1,234.89	\$1,234.89 -	-			\$9.77
10159 Alfaro, Alejandra	8810	0.791%	\$2,363.64	\$2,327.76	\$107.64 -		\$35.88	\$18.41
10893 Alonzo, Margarita	8810	0.791%	\$1,807.85	\$1,805.47	\$7.13 -		\$2.38	\$14.28
10398 Angulo, Marina	8810	0.791%	\$2,908.02	\$2,901.64	\$19.14 -		\$6.38	\$22.95
9404 Apalategui, Marina	8810	0.791%	\$3,503.45	\$3,433.25	\$210.60 -		\$70.20	\$27.16
10023 Apalategui, Selena	8810	0.791%	\$2,170.36	\$2,170.11	\$0.74 -		\$0.25	\$17.17
10915 Arellano Melchor, Alexis	8810	0.791%	\$2,031.01	\$2,030.43	\$1.73 -		\$0.58	\$16.06
10349 Arevalo, Claudia	8810	0.791%	\$2,024.68	\$2,023.74	\$2.82 -		\$0.94	\$16.01
11015 Arístizabal, Galilea	8810	0.791%	\$1,060.09	\$1,013.89	\$138.59 -		\$46.20	\$8.02
10334 Armenta, Sarnantha	8810	0.791%	\$3,516.88	\$3,490.62	\$78.79 -		\$26.26	\$27.61
10895 Atanacio, Claudia	8810	0.791%	\$2,120.31	\$2,119.58	\$2.18 -		\$0.73	\$16.77
10425 Atanasio, Dana	8810	0.791%	\$2,657.44	\$2,657.13	\$0.93 -		\$0.31	\$21.02
9922 Azzariti, Dominic	8810	0.791%	\$3,835.00	\$3,835.00 -	-			\$30.33
10367 Barrales Parada, Genesis	8810	0.791%	\$3,351.19	\$3,349.67	\$4.57 -		\$1.52	\$26.50
9668 Belmonte, Sara	8810	0.791%	\$4,195.85	\$4,178.12	\$53.19 -		\$17.73	\$33.05
10132 Bercegeay, Guy	8810	0.791%	\$6,997.47	\$6,997.47 -	-			\$55.35
10006 Berger, Lisa	8810	0.791%	\$9,533.33	\$9,533.33 -	-			\$75.41
10973 Bibera, Jocel	8810	0.791%	\$2,840.38	\$2,840.38 -	-			\$22.47
9519 Brillhart, Patric	8810	0.791%	\$4,265.73	\$4,265.73 -	-			\$33.74
9697 Buchanan, Amber	8810	0.791%	\$2,462.00	\$2,447.71	\$42.88 -		\$14.29	\$19.36
10167 Buenc, Martha	8810	0.791%	\$2,798.92	\$2,780.27	\$55.94 -		\$18.65	\$21.99
9894 Bullock, Maria	8810	0.791%	\$2,517.91	\$2,515.28	\$7.89 -		\$2.63	\$19.90
9834 Carcamo, Christopher	8810	0.791%	\$2,906.37	\$2,897.57	\$26.40 -		\$8.80	\$22.92
803 Carrillo, Rachel	8810	0.791%	\$5,740.80	\$5,740.80 -	-			\$45.41
10471 Castano Santamaria, Ignacio	8810	0.791%	\$2,901.40	\$2,899.92	\$4.44 -		\$1.48	\$22.94
10664 Castro, Christina	8810	0.791%	\$3,033.33	\$3,033.33 -	-			\$23.99
10977 Chavez, Adriana	8810	0.791%	\$1,931.37	\$1,929.91	\$4.37 -		\$1.46	\$15.27
9579 Chung, Keith	8810	0.791%	\$4,303.00	\$4,303.00 -	-			\$34.04
10318 Contreras, Vincent	8810	0.791%	\$6,997.47	\$6,997.47 -	-			\$55.35
10495 Cooper, Latrica	8810	0.791%	\$3,291.82	\$3,287.72	\$12.30 -		\$4.10	\$26.01
10909 Cosio, Eloy	8810	0.791%	\$2,826.86	\$2,826.86 -	-			\$22.36
2307 Cuaron, Chantell	8810	0.791%	\$5,500.73	\$5,500.73 -	-			\$43.51
10723 Cudmore, Kaitlyn	8810	0.791%	\$416.75	\$416.49	\$0.79 -		\$0.26	\$3.29
10587 Daniels, Grantland	8810	0.791%	\$5,417.53	\$5,417.53 -	-			\$42.85
9446 Davalos, Jazmin	8810	0.791%	\$3,789.93	\$3,789.93 -	-			\$29.98
9901 De Jesus, Gabriela	8810	0.791%	\$1,908.01	\$1,907.72	\$0.86 -		\$0.29	\$15.09
9806 De Santiago, Brandon	8810	0.791%	\$2,870.40	\$2,870.40 -	-			\$22.70
9546 Diaz, Noelle	8810	0.791%	\$4,258.80	\$4,258.80 -	-			\$33.69
9841 Dominguez, Darlene	8810	0.791%	\$2,870.40	\$2,870.40 -	-			\$22.70
10986 Echavarría, Jenny	8810	0.791%	\$1,947.52	\$1,936.21	\$33.93 -		\$11.31	\$15.32
10554 Enfield, Michelle	8810	0.791%	\$2,430.16	\$2,428.37	\$5.38 -		\$1.79	\$19.21

10048	Escobar, Annabel	8810	0.791%	\$2,894.19	\$2,890.71	\$10.43 -	\$3.48	\$22.87
10612	Escobar, Jazabel	8810	0.791%	\$2,434.02	\$2,430.30	\$11.17 -	\$3.72	\$19.22
9554	Fabian, John	8810	0.791%	\$5,192.20	\$5,192.20 -	-	-	\$41.07
9253	Fernandez, Lawrence	8810	0.791%	\$2,870.40	\$2,870.40 -	-	-	\$22.70
9814	Gil, Claudia	8810	0.791%	\$5,174.33	\$5,174.33 -	-	-	\$40.93
781	Gomez, Edward	8810	0.791%	\$5,416.67	\$5,416.67 -	-	-	\$42.85
10589	Gomez, Sean	8810	0.791%	\$3,064.78	\$3,062.52	\$6.78 -	\$2.26	\$24.22
10608	Gonzalez, Hugo	8810	0.791%	\$3,264.46	\$3,240.14	\$72.96 -	\$24.32	\$25.63
10743	Gonzalez, Jonathan	8810	0.791%	\$2,963.77	\$2,957.08	\$20.08 -	\$6.69	\$23.39
9494	Gray, John	8810	0.791%	\$4,264.00	\$4,264.00 -	-	-	\$33.73
9982	Gray, William	8810	0.791%	\$4,172.13	\$4,172.13 -	-	-	\$33.00
10492	Grey, Ana	8810	0.791%	\$2,663.71	\$2,655.31	\$25.19 -	\$8.40	\$21.00
10250	Guerrero, Mellina	8810	0.791%	\$2,105.00	\$2,087.63	\$52.11 -	\$17.37	\$16.51
9953	Guzman, Marisol	8810	0.791%	\$2,164.46	\$2,164.46 -	-	-	\$17.12
9268	Haas, Ken	8810	0.791%	\$3,716.80	\$3,716.80 -	-	-	\$29.40
10303	Halbrook, Jeffrey	8810	0.791%	\$3,247.25	\$3,112.07	\$405.54 -	\$135.18	\$24.62
10035	Hedge, Kaitlin	8810	0.791%	\$4,259.67	\$4,259.67 -	-	-	\$33.69
9656	Hernandez, Christopher	8810	0.791%	\$6,479.73	\$6,479.73 -	-	-	\$51.25
10236	Hernandez, Maura	8810	0.791%	\$1,675.93	\$1,675.32	\$1.84 -	\$0.61	\$13.25
9514	Herrera, Gloria	8810	0.791%	\$3,332.33	\$3,332.33 -	-	-	\$26.36
9932	Herrera, Guadalupe	8810	0.791%	\$3,054.13	\$3,054.13 -	-	-	\$24.16
10865	Hilario, Jeremy	8810	0.791%	\$2,270.35	\$2,267.14	\$9.63 -	\$3.21	\$17.93
9856	Hilberg, Natalie	8810	0.791%	\$4,613.27	\$4,613.27 -	-	-	\$36.49
9433	Holmes, Randy	8810	0.791%	\$13,104.52	\$13,104.52 -	-	-	\$103.66
10961	Hutzenbieler, Dawson	8810	0.791%	\$2,620.36	\$2,456.10	\$492.79 -	\$164.26	\$19.43
9565	Jaimes, Gilberto	8810	0.791%	\$2,163.58	\$2,163.58 -	-	-	\$17.11
10695	Juarez, Valentina	8810	0.791%	\$2,081.12	\$2,076.71	\$13.22 -	\$4.41	\$16.43
10445	LaBrie, Linda	8810	0.791%	\$5,973.93	\$5,973.93 -	-	-	\$47.25
10650	Lalani, Samir	8810	0.791%	\$5,798.40	\$5,798.40 -	-	-	\$45.87
10438	Landeros, Diana	8810	0.791%	\$3,613.35	\$3,594.82	\$55.59 -	\$18.53	\$28.44
10214	Larios, Paula	8810	0.791%	\$2,266.15	\$2,266.15 -	-	-	\$17.93
9450	Lark, Caryl	8810	0.791%	\$5,782.40	\$5,782.40 -	-	-	\$45.74
9859	Le, My-An	8810	0.791%	\$2,568.04	\$2,565.82	\$6.65 -	\$2.22	\$20.30
10948	Linares, Vanessa	8810	0.791%	\$966.61	\$965.08	\$4.58 -	\$1.53	\$7.63
10970	Lopez, Andrea	8810	0.791%	\$2,148.28	\$2,127.13	\$63.44 -	\$21.15	\$16.83
10537	Lopez, Jessica	8810	0.791%	\$2,965.04	\$2,951.24	\$41.39 -	\$13.80	\$23.34
7110	Lozano, Lia Lisa	8810	0.791%	\$10,904.83	\$10,904.83 -	-	-	\$86.26
10408	Machado, Sheri	8810	0.791%	\$1,177.04	\$1,176.92	\$0.37 -	\$0.12	\$9.31
9939	Maldonado, Candace	8810	0.791%	\$4,381.99	\$4,258.84	\$369.45 -	\$123.15	\$33.69
9585	Martinez, Bobby	8810	0.791%	\$4,472.00	\$4,472.00 -	-	-	\$35.37
10339	Martinez, Sofia	8810	0.791%	\$1,140.81	\$1,140.81 -	-	-	\$9.02
10373	Mesa, Andrea	8810	0.791%	\$3,211.87	\$3,211.87 -	-	-	\$25.41
10964	Montoya Serpas, Cinthya	8810	0.791%	\$2,942.96	\$2,938.38	\$13.73 -	\$4.58	\$23.24
10139	Mora, Manuel	8810	0.791%	\$4,172.13	\$4,172.13 -	-	-	\$33.00
9736	Morales, Blanca	8810	0.791%	\$2,554.03	\$2,509.97	\$132.18 -	\$44.06	\$19.85
9792	Morales, Christopher	8810	0.791%	\$4,800.47	\$4,800.47 -	-	-	\$37.97
9605	Morales, Jeanette	8810	0.791%	\$4,517.93	\$4,517.93 -	-	-	\$35.74
10752	Munoz, Priscilla	8810	0.791%	\$2,362.24	\$2,360.74	\$4.49 -	\$1.50	\$18.67

9515 Murad, Joseph	8810	0.791%	\$3,798.61	\$3,764.99	\$100.85 -	\$33.62	\$29.78
10441 Murillo, Alejandra	8810	0.791%	\$4,211.66	\$3,955.88	\$767.34 -	\$255.78	\$31.29
1023 Navarro, Juan	8810	0.791%	\$9,792.47	\$9,792.47 -	-	-	\$77.46
10734 Nelson, Fatima	8810	0.791%	\$1,876.68	\$1,876.45	\$0.69 -	\$0.23	\$14.84
9539 Nicholson, Jodee	8810	0.791%	\$2,678.91	\$2,667.48	\$34.30 -	\$11.43	\$21.10
9319 Nickelson-Cain, Brenda	8810	0.791%	\$3,835.00	\$3,835.00 -	-	-	\$30.33
9722 Ortiz, Maria	8810	0.791%	\$5,138.47	\$5,138.47 -	-	-	\$40.65
9682 Paige, Eric	8810	0.791%	\$3,535.13	\$3,535.13 -	-	-	\$27.96
9786 Pastrana, Citlalilt	8810	0.791%	\$4,901.00	\$4,901.00 -	-	-	\$38.77
10171 Pena, Nidia	8810	0.791%	\$4,606.33	\$4,606.33 -	-	-	\$36.44
10624 Perez, Eduardo	8810	0.791%	\$4,241.72	\$4,127.74	\$341.95 -	\$113.98	\$32.65
10886 Perez, Theresa	8810	0.791%	\$2,133.36	\$2,128.36	\$15.01 -	\$5.00	\$16.84
10883 Pham, Christina	8810	0.791%	\$2,513.88	\$2,513.88 -	-	-	\$19.88
10916 Ramos, Luis	8810	0.791%	\$2,665.90	\$2,661.08	\$14.46 -	\$4.82	\$21.05
9754 Reveles, Dulce	8810	0.791%	\$2,638.45	\$2,575.02	\$190.29 -	\$63.43	\$20.37
10267 Reyes, Edwin	8810	0.791%	\$3,332.33	\$3,332.33 -	-	-	\$26.36
1010 Reynosa, Connie	8810	0.791%	\$4,090.67	\$4,090.67 -	-	-	\$32.36
10189 Reynosa, Robert	8810	0.791%	\$796.04	\$796.04 -	-	-	\$6.30
10881 Rice, Brandon	8810	0.791%	\$2,119.44	\$2,087.76	\$95.04 -	\$31.68	\$16.51
10914 Rivas, Eloise	8810	0.791%	\$2,113.44	\$2,112.96	\$1.44 -	\$0.48	\$16.71
610 Rivas, Liliana	8810	0.791%	\$4,807.40	\$4,807.40 -	-	-	\$38.03
9672 Robles, Jenny	8810	0.791%	\$3,580.06	\$3,566.09	\$41.92 -	\$13.97	\$28.21
9576 Rodriguez, Luis	8810	0.791%	\$3,388.89	\$3,388.89 -	-	-	\$26.81
10380 Rosales, Greeig	8810	0.791%	\$4,151.33	\$4,151.33 -	-	-	\$32.84
10710 Rosales, Melania	8810	0.791%	\$2,182.16	\$2,180.91	\$3.74 -	\$1.25	\$17.25
9573 Rowe, Mary	8810	0.791%	\$3,313.25	\$3,288.73	\$73.57 -	\$24.52	\$26.01
9886 Rubio, Micheal	8810	0.791%	\$6,997.47	\$6,997.47 -	-	-	\$55.35
9746 Same-Weil, Nolan	8810	0.791%	\$5,740.80	\$5,740.80 -	-	-	\$45.41
9572 Sanchez, Crystal	8810	0.791%	\$1,989.59	\$1,989.33	\$0.78 -	\$0.26	\$15.74
9375 Sanchez, Liana	8810	0.791%	\$8,931.00	\$8,931.00 -	-	-	\$70.64
10827 Sanchez, Seraluna	8810	0.791%	\$2,654.64	\$2,654.18	\$1.38 -	\$0.46	\$20.99
9759 Sanchez-Cortes, Omar	8810	0.791%	\$5,607.33	\$5,607.33 -	-	-	\$44.35
10841 Sandoval, Diana	8810	0.791%	\$2,161.89	\$2,156.88	\$15.04 -	\$5.01	\$17.06
9320 Sandoval, Elisa	8810	0.791%	\$3,114.33	\$3,101.02	\$39.92 -	\$13.31	\$24.53
10855 Sardaneta, Michelle	8810	0.791%	\$1,944.12	\$1,936.43	\$23.06 -	\$7.69	\$15.32
9410 Shelton, William	8810	0.791%	\$3,789.93	\$3,789.93 -	-	-	\$29.98
10046 Silva, Garrett	8810	0.791%	\$1,666.09	\$1,655.89	\$30.60 -	\$10.20	\$13.10
10983 Soto, Alec	8810	0.791%	\$2,190.18	\$2,190.18 -	-	-	\$17.32
9411 Soto, Ingrid	8810	0.791%	\$5,417.53	\$5,417.53 -	-	-	\$42.85
9483 Soto, Monica	8810	0.791%	\$5,740.80	\$5,740.80 -	-	-	\$45.41
9533 Stephens, Heather	8810	0.791%	\$1,579.14	\$1,571.88	\$21.78 -	\$7.26	\$12.43
10749 Strickland, Jermaine	8810	0.791%	\$6,072.73	\$6,072.73 -	-	-	\$48.04
9832 Swee, Emily	8810	0.791%	\$4,344.30	\$4,189.07	\$465.70 -	\$155.23	\$33.14
10901 Syed, Obaid	8810	0.791%	\$2,018.44	\$2,016.91	\$4.59 -	\$1.53	\$15.95
10643 Talavera, Ruby	8810	0.791%	\$3,679.00	\$3,679.00 -	-	-	\$29.10
9281 Tarkanian, William	8810	0.791%	\$9,587.07	\$9,587.07 -	-	-	\$75.83
10184 Torres, Jonathan	8810	0.791%	\$3,531.67	\$3,531.67 -	-	-	\$27.94
10836 Tran, Sydney	8810	0.791%	\$2,200.63	\$2,200.63 -	-	-	\$17.41

9889 Vasquez Alvarez, Leo	8810	0.791%	\$4,695.60	\$4,695.60	-	-	-	\$37.14
9758 Vasquez, Arlene	8810	0.791%	\$6,997.47	\$6,997.47	-	-	-	\$55.35
9657 Vasquez, Nick	8810	0.791%	\$4,683.20	\$4,415.73	\$802.40	-	\$267.47	\$34.93
10472 Vega, Diana	8810	0.791%	\$2,041.14	\$2,036.01	\$15.40	-	\$5.13	\$16.10
10477 Venegas, Deanna	8810	0.791%	\$1,011.42	\$1,011.42	-	-	-	\$8.00
9874 Venegas, Ellanna	8810	0.791%	\$2,381.70	\$2,378.73	\$8.90	-	\$2.97	\$18.82
10067 Venegas, Gabriela	8810	0.791%	\$3,784.73	\$3,784.73	-	-	-	\$29.94
9860 Vides, Sara	8810	0.791%	\$5,557.93	\$5,557.93	-	-	-	\$43.96
9765 Villareal, Monique	8810	0.791%	\$2,141.50	\$2,139.00	\$7.50	-	\$2.50	\$16.92
10358 Volanos, Valerie	8810	0.791%	\$2,067.39	\$2,065.11	\$6.83	-	\$2.28	\$16.34
10666 Walter, John	8810	0.791%	\$3,281.18	\$3,260.13	\$63.16	-	\$21.05	\$25.79
9828 Watson, Damonte	8810	0.791%	\$6,027.67	\$6,027.67	-	-	-	\$47.68
9353 Williams, Tina	8810	0.791%	\$2,957.07	\$2,957.07	-	-	-	\$23.39
9520 Winkler, Heidi	8810	0.791%	\$2,167.92	\$2,167.92	-	-	-	\$17.15
10371 Yakel, Jared	8810	0.791%	\$9,946.51	\$9,946.51	-	-	-	\$78.68
10355 Yun, Stacey	8810	0.791%	\$5,842.20	\$5,842.20	-	-	-	\$46.21
10205 Zermeno, Lupe	8810	0.791%	\$2,930.20	\$2,930.20	-	-	-	\$23.18
			<b>\$ 567,438.90</b>	<b>\$ 565,497.39</b>	<b>\$ 5,824.48</b>	<b>\$ -</b>	<b>\$ 1,941.51</b>	<b>\$ 4,473.08</b>

**Total**

<b>\$ 1,909,957.73</b>	<b>\$ 1,900,757.08</b>	<b>\$ 27,382.87</b>	<b>\$ 146.05</b>	<b>\$ 9,200.65</b>	<b>\$ 71,823.58</b>
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ALL Department Allocation

91,170.00

Sep-25 Dept#					
1	407	SAMHSA CCBHC	11015 Bloomfield SFS, LGBTQ++	3.12%	2841.89
2	407	FCRP	11121 Bloomfield SFS	4.08%	3717.28
3	407	SAMHSA ACT	9300 Santa fe Springs Rd	1.12%	1023.71
4	407	SAMHSA T.R.E.E	5 Bloomfield Ave/ 10210 Orr and Day Rd		
5	407	0	0		
6	407	Drug Medical Residential Nuestra Casa	8919 California Ave, Southgate	8.99%	8199.72
7	407	SAMHSA M.A.T	1015 Bloomfield SFS and Orr and D.	1.06%	965.47
8	407	Drug Medical OP SFS	11015 Bloomfield SFS	7.35%	6702.15
9	407	0	0		
10	407	0	0		
11	407	0	0		
12	407	0	0		
14	407	City of Hawthorne Outreach	1410 N Garey Ave Pomona	0.50%	454.09
15	407	Drug Medical Residential Allen House	11111 Bloomfield	11.39%	10385.19
16	407	Federal USPO Allen House			
17	407	SAMHSA Prevention Navigator Corporation	10210 Orr and Day Rd 12070 Telegraph Rd	0.00% 2.12%	0.00 1930.52
18	407	Court Ordered SFS	11015 Bloomfield Ave	0.07%	61.21
19	407	HIV TESTING (Expired May 2025)	305-307 South Central Ave. LA	0.00%	0.00
20	407	Court Ordered LA	San Pedro St. LA / 305-307 South C	0.07%	65.01
21	407	SGV - High Acuity - Expired	175 Huntington Dr, Ste 101, Pasadena	0.00%	0.00
22	407	CPMP	10425 Painter Ave	1.34%	1218.14
23	407	Drug Medical OP Long Beach	5861 Cherry Ave Long Beach	6.23%	5676.77
24	407	0	0		
25	407	0	0		
26	407	0	0		
27	407	City of Alhambra Outreach	1410 N Garey Ave Pomona	0.46%	423.42
28	407	Drug Med OP DTLA	305-307 South Central Ave. LA	5.00%	4561.34
29	407	CHRP - UCLA	305-307 South Central Ave. LA	0.00%	0.00
30	407	SAMHSA Drug Free Community	10210 Orr and Day Rd	0.09%	79.93
31	407	0	0		
32	407	SAFE HAVEN	12580 Lakeland Rd	4.40%	4015.07
33	407	SAMHSA Care Council Partnership	10210 Orr and Day	0.00%	0.00
34	407	Drug Medical Residential Alice House	14100 Glengyle St, Whittier, CA	3.08%	2807.45
35	407	0	0		
36	407	CENS	9300 Santa fe Springs Rd	4.10%	3736.54
37	407	0	0		
38	407	CAL CRG-LAM	426 S. San Pedro St LA	0.00%	0.00
39	407	IN JAIL Men Central	175 Huntington Dr, Ste 101, Pasadena	1.91%	1742.93
40	407	RBH	ALL RBH Sites	7.07%	6445.03
41	407	SAMHSA PPW	Inez St. 12212,12216,12220	1.21%	1098.94
42	407	TTA	10924 Main St	0.49%	447.49
43	407	0	0		
44	407	Other Outreach Cities		0.00%	0.00
45	407	Drug Medical Youth	10210 Orr and Day Rd	0.83%	573.97
46	407	0	0		
47	407	Lynwood B-Chip		0.00%	0.00
48	407	Bridge of Hope Community Housing - Hawthorne		0.89%	904.38
49	407	SGV - Supplemental	1410 N Garey Ave Pomona	2.14%	1949.83
50	407	SGV - Mobile Crisis	1410 N Garey Ave Pomona	0.97%	886.97
51	407	Drug Medical Outpatient - SRH		0.16%	143.29
52	407	Operation Stay Safe - Montebello		1.84%	1680.33
53	407	Mentored Internship Program (Expired)	12070 Telegraph Rd	0.00%	0.00
54	407	SAMHSA Building Communities of Recovery	305-307 South Central Ave. LA	0.37%	340.77
55	407	Reentry Intensive Case Management Services	10924 Main St	0.23%	210.12
56	407	In Jail Pitchess Detention Center	175 Huntington Dr, Ste 101, Pasadena	1.62%	1478.52
59	407	SAMHSA Adult Reentry Program		0.66%	603.80
60	407	Sierra Health Foundation - HEAR US		0.00%	0.00
61	407	ren and Youth Behavioral Health Initiative (EXPIRED JUN	10210 Orr and Day Rd	0.00%	0.00
62	407	g Beach Reentry Achievement Program (EXPIRED DEC 2	5861 Cherry Ave Long Beach	0.00%	0.00
63	407	Hermosa Beach Outreach		0.96%	877.84
65	407	Health Foundation - MAT - Opioid Funding (Expired Apr 2025)		0.00%	0.00
66	407	Drug Medi-Cal Residential - New York Dr	1092 New York Dr	3.65%	3325.05
67	407	City of Azusa - Azusa Resource Center		1.63%	1482.85
68	407	Drug Medical OP DTLA - San Pedro	426 San Pedro St	7.94%	7241.34
69	407	HIV-AIDS Prevention	305-307 South Central Ave. LA	0.20%	180.03
70	440	Sierra Health Foundation - Nuestra Casa (Expired June 202	8919 California Ave, Southgate	0.00%	0.00
71	440	SAPC - Youth Bridge Program	10210 Orr and Day Rd	0.10%	92.12
72	440	Long Beach - Opioid Overdose Prevention	5861 Cherry Ave Long Beach	0.18%	164.65
74	440	Early Care and Education	12070 Telegraph Rd	0.00%	0.00
75	440	Long Beach - HUB & SPOKE	5861 Cherry Ave Long Beach	0.12%	108.57
80	440	Youth Opioid Response	10210 Orr and Day Rd	0.38%	326.16
				100.00%	91170.00

For coverage in October 2025

**LA CADA**

LA CADA  
MARY ROWE  
12070 TELEGRAPH RD SUITE 207  
SANTA FE SPRING, CA 90670

**Billing ID**  
411807-001

**Invoice number - Invoice date**  
063880666 - September 16, 2025

**Billing contact**  
1-800-232-2006  
TEAM 2 BILLING UNIT

**Pay online at [Humana.com/employer/ebilling](http://Humana.com/employer/ebilling)**



**Payment due October 1, 2025**

Encourage your employees to keep their phone numbers up-to-date. To make sure Humana is able to contact them about valuable plan information, it's important to let us know if they have changed their phone number, even if it's just a temporary change. Please encourage them to contact you with any changes to their contact information.

Amount due from last invoice	\$23,863.11
Total payments received	-\$23,863.11
Amount past due	\$0.00
Premiums this period	\$23,018.83
Member adjustments	\$174.24
Fees and other adjustments	\$0.00
<b>Please pay total amount due</b>	<b>\$23,193.07</b>

*Wen 10-6-2025*

*#01-6408-A11*

Do you need to make a quick payment? Are you short on time? Use **Express Pay!** It's a quick and easy way to make a secure one-time payment without having to sign into your account. If you need to check your balance, review your invoice or move to an online only invoice then sign in or register on the Employer Self-Service website where you can also make a one-time payment or set up recurring payments! All of these great features and more are available at [Humana.com/employer/ebilling](http://Humana.com/employer/ebilling).



continued ▶

HBSGAFPLETHBSG026A0917202518440000167

RETURN THIS PORTION WITH YOUR PAYMENT

Billing ID: 411807-001  
Invoice number: 063880666

**Payment due date:** October 1, 2025  
**Amount due:** \$23,193.07  
**Amount enclosed:**

063880585 001 0002319307 10012025 87060 8

HBSGAFPLETHBSG026A0917202518440000167  
LA CADA  
MARY ROWE  
12070 TELEGRAPH RD SUITE 207  
SANTA FE SPRING, CA 90670

Please remit to:

  
HUMANADENTAL INS CO  
PO BOX 4605  
CAROL STREAM, IL 60197-4605

For change of address, please contact your Billing Representative.

### Humana's employer self-service portal

Log in anytime to your Employer Self-Service Portal to receive personalized information and tools to help you manage your employees' benefits. To register, go to **account.humana.com/registration** and choose Employer from the drop down. Then select the "Start activation now" button.

Through **Humana.com**, you can:

- View or print your monthly statement, schedule recurring or one-time payments, and set up billing notifications.
- Complete daily enrollment maintenance tasks like adding a new employee, changing coverage, and terminating an employee's benefits;
- Enjoy features that simplify plan administration, such as links to eligibility information and so much more!

### Payment options

You can make payments online at **Humana.com/employer/ebilling** by using the following:

- Employer Portal - sign in with your username and password to make a payment.
- Express Pay - a quick and easy way to make a secure one-time payment without having to sign into your employer account.

Alternatively, you can mail a paper check by using the remittance stub from your invoice. Please write your billing ID on your check, fill out the amount enclosed on the remittance stub, and include the remittance stub when mailing your check.

Payments are due on the first of the month. Payments received after the end of your grace period will cause the account to automatically terminate and result in a disruption of coverage for your employees. If your policy terminates, a request for reinstatement may be made. Reinstatements are at our discretion and fees may apply.

### Member eligibility

By paying this invoice, you attest that all enrolled members are eligible for coverage, as required by the provisions of your contract with Humana. If any member of your group has a change of eligibility status, it is your responsibility to notify Humana. If a member becomes ineligible and you fail to notify Humana, claims may be denied due to ineligibility.

### Enrollment submissions

You can manage your enrollment submissions at **Humana.com** by logging into the Employer Self-Serve Portal. You can also fax enrollments to **1-866-584-9140** or you can mail your paper enrollment submissions to the following address:

**Humana Commercial Enrollment**

P.O. Box 14330 Suite 120

Lexington, Kentucky 40512-4330

## Payments

Date	Description	Amount	Balance
	Amount due from last invoice		\$23,863.11
Aug 28	Payment received (thank you)	-\$23,863.11	\$0.00
	<b>Amount past due</b>		<b>\$0.00</b>

## Premiums by Product Type

Product type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
Dental	305	\$13,994.15	23	\$2,134.28	35	\$3,058.48	14	\$2,012.72	\$21,199.63
Specialty	145	\$1,160.43	13	\$204.08	20	\$317.17	6	\$137.52	\$1,819.20
<b>Total</b>	<b>450</b>	<b>\$15,154.58</b>	<b>36</b>	<b>\$2,338.36</b>	<b>55</b>	<b>\$3,375.65</b>	<b>20</b>	<b>\$2,150.24</b>	<b>\$23,018.83</b>

## Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
DHP	81	\$1,269.27	9	\$321.48	13	\$391.04	5	\$253.75	\$2,235.54
DPO	140	\$7,301.00	12	\$1,502.64	16	\$1,819.52	8	\$1,523.12	\$12,146.28
DTP	84	\$5,423.88	2	\$310.16	6	\$847.92	1	\$235.85	\$6,817.81
VIS	145	\$1,160.43	13	\$204.08	20	\$317.17	6	\$137.52	\$1,819.20
<b>Total</b>	<b>450</b>	<b>\$15,154.58</b>	<b>36</b>	<b>\$2,338.36</b>	<b>55</b>	<b>\$3,375.65</b>	<b>20</b>	<b>\$2,150.24</b>	<b>\$23,018.83</b>

### Plan Type Legend

DHP	DENTAL PARTNERSHIP
DPO	DENTAL PPO
DTP	DENTAL TRADITIONAL PREFERRED
VIS	VISION

**Employee Detail:**  
**LA CADA**  
**411807-001**

411807-000-001 LA CADA - ACTIVE

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
AGUILAR, CARLOS		DHP	EMP		\$15.67		\$15.67
AGUILAR, CARLOS		VIS	EMP			\$5.45	\$5.45
AGUILERA CAPACHO, SOPHIA		VIS	EMP			\$9.91	\$9.91
AGUILERA CAPACHO, SOPHIA		DPO	EMP		\$52.15		\$52.15
AGUIRRE, IMELDA		DHP	EMP		\$15.67		\$15.67
AGUIRRE, IMELDA		VIS	EMP			\$5.45	\$5.45
ALCALA, EILEEN		DPO	EMP		\$52.15		\$52.15
ALESANA, ELIJAH		DPO	EMP		\$52.15		\$52.15
ALLREAD, BRENDA		DTP	EMP		\$64.57		\$64.57
ALONZO, MARGARITA		DHP	EMP		\$15.67		\$15.67
ALONZO, MARGARITA		VIS	EMP			\$9.91	\$9.91
ALVARADO, ESTHER		VIS	EMP			\$9.91	\$9.91
ALVARADO, ESTHER		DPO	EMP		\$52.15		\$52.15
ALVAREZ, MARTHA		DPO	EMP		\$52.15		\$52.15
AMAYA, JOSE		VIS	EMP			\$9.91	\$9.91
AMAYA, JOSE		DPO	EMP		\$52.15		\$52.15
APALATEGUI, MARINA		DPO	EMP		\$52.15		\$52.15
APALATEGUI, MARINA		VIS	ECH			\$10.34	\$10.34
ARCHULETA, ALBERT		DPO	EMP		\$52.15		\$52.15
ARELLANO, LAURENCE		DHP	EMP		\$15.67		\$15.67
AREVALO, CLAUDIA		DHP	EMP		\$15.67		\$15.67
ARMENTA, SAMANTHA		DPO	ESP		\$125.22		\$125.22
ARSOLA GUIZAR, CANDICE		DPO	EMP		\$52.15		\$52.15
ARSOLA GUIZAR, CANDICE		VIS	EMP			\$9.91	\$9.91
ATANACIO, CLAUDIA		DPO	EMP		\$52.15		\$52.15
AVITIA ZAVALA, CESAR		DHP	EMP		\$15.67		\$15.67
AVITIA ZAVALA, CESAR		VIS	EMP			\$5.45	\$5.45
AYALA, WILLIAM		DPO	EMP		\$52.15		\$52.15
AYALA, WILLIAM		VIS	EMP			\$9.91	\$9.91
AZZARITI, DOMINIC		DTP	EMP		\$64.57		\$64.57
BAER, CONNOR		DPO	EMP		\$52.15		\$52.15
BAEZA, AGUEDA		DHP	EMP		-\$15.67		-\$15.67
TERMINATION: 09/01/2025		DHP	EMP		-\$15.67		-\$15.67
BAEZA, AGUEDA		VIS	EMP			-\$9.91	-\$9.91
TERMINATION: 09/01/2025		VIS	EMP			-\$9.91	-\$9.91
BALTAZAR, JUAN		DTP	EMP		\$64.57		\$64.57
BALTAZAR, JUAN		VIS	EMP			\$5.45	\$5.45
BARDALEZ, MARCO		VIS	EMP			\$9.91	\$9.91
BARDALEZ, MARCO		DPO	EMP		\$52.15		\$52.15
BARRALES PARADA, GENESIS		DPO	EMP		\$52.15		\$52.15
BARTLETT, ROBERT		DTP	EMP		\$64.57		\$64.57
BARTLETT, ROBERT		VIS	EMP			\$9.91	\$9.91

411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
BELMONTE, SARA		DPO	EMP		\$52.15		\$52.15
BELTRAN, GABRIELA		DTP	EMP		\$64.57		\$64.57
BELTRAN, JORGE		VIS	EMP			\$5.45	\$5.45
BELTRAN, JORGE		DPO	EMP		\$52.15		\$52.15
BERCEGEAY, GUY		DPO	EMP		\$52.15		\$52.15
BERCEGEAY, GUY		VIS	EMP			\$9.91	\$9.91
BERNABE, NATHALIE		DTP	ECH		\$141.32		\$141.32
NEW ENROLLMENT: 09/01/2025		DTP	ECH		\$141.32		\$141.32
BLANCO, JOSE		DTP	EMP		\$64.57		\$64.57
BLANCO, MICHELLE		DTP	EMP		\$64.57		\$64.57
BONNER, ARTHUR		DTP	EMP		\$64.57		\$64.57
BONNER, ARTHUR		VIS	EMP			\$5.45	\$5.45
BRADY, MICHAEL		DPO	EMP		\$52.15		\$52.15
BRAMBILA, SILHOUETTE		DPO	EMP		\$52.15		\$52.15
BRAVO, ELIZABETH		DHP	EMP		\$15.67		\$15.67
BRAVO, ELIZABETH		VIS	EMP			\$5.45	\$5.45
BRENNAN, MATTHEW		DPO	EMP		\$52.15		\$52.15
BRILLHART, PATRIC		DTP	ESP		\$155.08		\$155.08
BROADNAX, JANICE		DPO	EMP		\$52.15		\$52.15
BROADNAX, JANICE		VIS	EMP			\$9.91	\$9.91
BROWN, JAKE		DHP	EMP		\$15.67		\$15.67
BROWN, JAKE		VIS	EMP			\$5.45	\$5.45
BROWN, MONIQUE		DPO	EMP		\$52.15		\$52.15
BROWN, YO LANDA		DPO	EMP		\$52.15		\$52.15
BUCHANAN, AMBER		DPO	ESP		\$125.22		\$125.22
BUCHANAN, AMBER		VIS	EMP			\$9.91	\$9.91
BULLOCK, MARIA		DTP	EMP		\$64.57		\$64.57
BULLOCK, MARIA		VIS	EMP			\$9.91	\$9.91
CABRERA, GARY		DHP	EMP		\$15.67		\$15.67
CAMPBELL, DOMINIQUE		DHP	EMP		\$15.67		\$15.67
CAMPBELL, DOMINIQUE		VIS	EMP			\$9.91	\$9.91
CAMPOS, ERNESTO		DHP	EMP		\$15.67		\$15.67
CANALES, CHRISTINA		DPO	EMP		\$52.15		\$52.15
CANCINO, GABRIEL		DPO	EMP		\$52.15		\$52.15
NEW ENROLLMENT: 09/01/2025		DPO	EMP		\$52.15		\$52.15
CANIZALES, JUAN		DTP	EMP		\$64.57		\$64.57
CANIZALES, JUAN		VIS	EMP			\$9.91	\$9.91
CARCAMO, CHRISTOPHER		DPO	EMP		\$52.15		\$52.15
CARP, CHRISTA		DHP	EMP		\$15.67		\$15.67
CARRASCO, MARK ANTHONY		DPO	EMP		\$52.15		\$52.15
CARRILLO, DAVID		DHP	FAM		\$50.75		\$50.75
CARRILLO, JOSE		DHP	ECH		\$30.08		\$30.08
CARRILLO, PATRICIA		DPO	EMP		\$52.15		\$52.15
CARRILLO, PATRICIA		VIS	EMP			\$9.91	\$9.91
CARRILLO, RACHEL		DPO	EMP		\$52.15		\$52.15
CATIVO, MIKE		DTP	EMP		\$64.57		\$64.57

Questions about your invoice? Call your Billing Representative at 1-800-232-2006.  
Don't forget, you can pay your invoice online at [Humana.com](https://www.humana.com).

411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
CAUDILLO, DRAKE		DTP	EMP		\$64.57		\$64.57
CAVANAUGH, KATHLEEN		VIS	EMP			\$9.91	\$9.91
CEA GONON, SANDRA		DHP	EMP		\$15.67		\$15.67
CEA GONON, SANDRA		VIS	EMP			\$9.91	\$9.91
CEJA, JESSE		DHP	FAM		\$50.75		\$50.75
CERCAS, GILBERTO		DHP	EMP		\$15.67		\$15.67
CERCAS, GILBERTO		VIS	EMP			\$5.45	\$5.45
CHACON, MEGAN		DPO	EMP		\$52.15		\$52.15
CHACON, MEGAN		VIS	EMP			\$9.91	\$9.91
CHACON, NICOLE		DTP	EMP		\$64.57		\$64.57
CHAVEZ, CHRISTOPHER		DTP	EMP		\$64.57		\$64.57
CHAVEZ, MICHAEL		DTP	EMP		\$64.57		\$64.57
CHAVEZ VALDERRAMA, CHRISTIAN		DPO	EMP		\$52.15		\$52.15
CHICAS, SAMARI		DHP	ECH		\$30.08		\$30.08
CISNEROS, CASSANDRA		DPO	EMP		\$52.15		\$52.15
CISNEROS, CASSANDRA		VIS	EMP			\$9.91	\$9.91
CISNEROS, TRINIDAD		DPO	EMP		\$52.15		\$52.15
CISNEROS, TRINIDAD		VIS	EMP			\$9.91	\$9.91
COBOS, LORRAINE		DTP	EMP		\$64.57		\$64.57
COBOS, LORRAINE		VIS	EMP			\$9.91	\$9.91
CONNELL, LARRY		DHP	EMP		\$15.67		\$15.67
CONNELL, LARRY		VIS	EMP			\$5.45	\$5.45
CONTRERAS, DANIEL		DHP	EMP		\$15.67		\$15.67
CONTRERAS, IRMA		DPO	EMP		\$52.15		\$52.15
CONTRERAS, RIGOBERTO		DTP	ECH		\$141.32		\$141.32
CONTRERAS, VICTOR		DHP	EMP		\$15.67		\$15.67
CONTRERAS, VICTOR		VIS	EMP			\$9.91	\$9.91
CONTRERAS, VINCENT		DPO	FAM		\$190.39		\$190.39
COOPER, LATRICA		DHP	ECH		\$30.08		\$30.08
COOPER, LATRICA		VIS	ECH			\$18.83	\$18.83
CORONA, MARIA		DHP	ESP		\$35.72		\$35.72
CORRAL, ANTHONY		DTP	EMP		\$64.57		\$64.57
CORRAL, ANTHONY		VIS	EMP			\$5.45	\$5.45
CORTEZ, JACOB		DPO	EMP		\$52.15		\$52.15
CORTEZ, JULIAN		DHP	ECH		\$30.08		\$30.08
COSIO, ELOY		DHP	EMP		\$15.67		\$15.67
COTTO, GUILLERMO		DPO	EMP		\$52.15		\$52.15
CROOK, JOHN		DTP	EMP		\$64.57		\$64.57
CROOK, JOHN		VIS	EMP			\$9.91	\$9.91
CUARON, CHANTELL		DHP	EMP		\$15.67		\$15.67
CUEVA, MARY		DHP	EMP		\$15.67		\$15.67
CUEVA, MARY		VIS	EMP			\$9.91	\$9.91
CURIEL BAEZA, CRISTINA		VIS	EMP			\$5.45	\$5.45
CURIEL BAEZA, CRISTINA		DPO	EMP		\$52.15		\$52.15
CYMBOLIN, ALEXIS		DHP	FAM		\$50.75		\$50.75
CYMBOLIN, ALEXIS		VIS	ESP			\$10.89	\$10.89

411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
DANIELS, GRANTLAND		DHP	ECH		\$30.08		\$30.08
DANIELS, GRANTLAND		VIS	ECH			\$10.34	\$10.34
DARY, FARINA		VIS	ESP			\$19.82	\$19.82
DARY, FARINA		DPO	ESP		\$125.22		\$125.22
DAVALOS, JAZMIN		DPO	EMP		\$52.15		\$52.15
DAVENPORT, JOI		DTP	EMP		\$64.57		\$64.57
DAVENPORT, JOI		VIS	EMP			\$5.45	\$5.45
DE JESUS, GABRIELA		DHP	EMP		\$15.67		\$15.67
DE JESUS, GABRIELA		VIS	EMP			\$5.45	\$5.45
DE LA VEGA, OMAR		DPO	FAM		\$190.39		\$190.39
DE LEON, HEIDI		DPO	ECH		\$113.72		\$113.72
DE LEON, HEIDI		VIS	ECH			\$18.83	\$18.83
DE LOS ANGELES, JESSICA		DTP	EMP		\$64.57		\$64.57
DE LOS ANGELES, JESSICA		VIS	EMP			\$9.91	\$9.91
DE SANTIAGO, BRANDON		DHP	EMP		\$15.67		\$15.67
DEAN, STEVEN		DTP	EMP		\$64.57		\$64.57
DEAN, STEVEN		VIS	EMP			\$9.91	\$9.91
DIAZ, NOELLE		DHP	EMP		\$15.67		\$15.67
DIAZ, SARAH		DTP	EMP		\$64.57		\$64.57
DODD, BRIANNE		VIS	EMP			\$9.91	\$9.91
DODD, BRIANNE		DPO	EMP		\$52.15		\$52.15
DOMINGUEZ, DARLENE		DHP	ECH		\$30.08		\$30.08
DOTSON, LAWRENCE		DTP	EMP		\$64.57		\$64.57
DOTSON, LAWRENCE		VIS	EMP			\$5.45	\$5.45
DYKSTRA, GERRIT		DHP	EMP		\$15.67		\$15.67
ENFIELD, MICHELLE		DHP	EMP		\$15.67		\$15.67
ENFIELD, MICHELLE		VIS	EMP			\$9.91	\$9.91
ESCAMILLA, CLAUDIA		DPO	EMP		\$52.15		\$52.15
ESCAMILLA, CLAUDIA		VIS	ECH			\$18.83	\$18.83
ESCAMILLA, RAUL		DPO	EMP		\$52.15		\$52.15
ESCAMILLA, RAUL		VIS	EMP			\$9.91	\$9.91
ESCOBAR, ANNABEL		DPO	EMP		\$52.15		\$52.15
ESCOBAR, JAZABEL		DTP	EMP		\$64.57		\$64.57
ESCOBAR, JAZABEL		VIS	EMP			\$5.45	\$5.45
ESCOBEDO, CARLOS		DTP	EMP		\$64.57		\$64.57
ESTEBEZ, JAZMIN		DHP	EMP		\$15.67		\$15.67
NEW ENROLLMENT: 09/01/2025		DHP	EMP		\$15.67		\$15.67
ESTEBEZ, JAZMIN		VIS	EMP			\$5.45	\$5.45
NEW ENROLLMENT: 09/01/2025		VIS	EMP			\$5.45	\$5.45
FABIAN, JOHN		DTP	EMP		\$64.57		\$64.57
FERNANDEZ, LAWRENCE		DHP	EMP		\$15.67		\$15.67
FERNANDEZ, LAWRENCE		VIS	EMP			\$9.91	\$9.91
FIELDS, MICHAEL		DTP	EMP		\$64.57		\$64.57
FISHER, SASHA NICOLE		DHP	EMP		\$15.67		\$15.67
FLENOIR, RICHARD		DPO	EMP		\$52.15		\$52.15
FLORES, GUSTAVO		DPO	EMP		\$52.15		\$52.15

## 411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
FLYNN, TERRANCE		DTP	EMP		\$64.57		\$64.57
FRENG, MATTHEW		DHP	EMP		\$15.67		\$15.67
FUENTES, EDWARD		DPO	EMP		\$52.15		\$52.15
FURMANSKI, TINA		DTP	ECH		\$141.32		\$141.32
FURMANSKI, TINA		VIS	ECH			\$10.34	\$10.34
GABRIEL, CAROLINA		DHP	ESP		\$35.72		\$35.72
GARAY, TANYA		DHP	EMP		\$15.67		\$15.67
GARAY, TANYA		VIS	EMP			\$5.45	\$5.45
GARCIA, MIGUEL		VIS	EMP			\$5.45	\$5.45
GARCIA, MIGUEL		DPO	EMP		\$52.15		\$52.15
GARCIA, RAMONA		DPO	EMP		\$52.15		\$52.15
GARCIA, SUNDAY		DTP	EMP		\$64.57		\$64.57
GARCIA LOEZA, JOSE		DPO	EMP		\$52.15		\$52.15
GARCIA LOEZA, JOSE		VIS	EMP			\$9.91	\$9.91
GARNAAS, DARRELL		DTP	EMP		\$64.57		\$64.57
GARNAAS, MARTIN		DTP	EMP		\$64.57		\$64.57
GIBSON, RANDALL		DPO	EMP		\$52.15		\$52.15
GIBSON, RANDALL		VIS	ECH			\$18.83	\$18.83
GIL, CLAUDIA		DHP	EMP		\$15.67		\$15.67
GOMEZ, EDWARD		DTP	EMP		\$64.57		\$64.57
GOMEZ, EDWARD		VIS	EMP			\$9.91	\$9.91
GOMEZ, SEAN		DHP	EMP		\$15.67		\$15.67
GONZALES, LOUIE		DHP	EMP		\$15.67		\$15.67
GONZALEZ, HUGO		DHP	EMP		\$15.67		\$15.67
GONZALEZ, JUAN		DHP	EMP		\$15.67		\$15.67
GONZALEZ, JUAN		VIS	EMP			\$5.45	\$5.45
GONZALEZ LOPEZ, CYNTHIA		DHP	EMP		\$15.67		\$15.67
GONZALEZ LOPEZ, CYNTHIA		VIS	ECH			\$18.83	\$18.83
GRAY, JOHN		DPO	EMP		\$52.15		\$52.15
GRAY, WILLIAM		DTP	EMP		\$64.57		\$64.57
GREY, ANA		DPO	EMP		\$52.15		\$52.15
GUERRERO, FERNANDO		VIS	EMP			\$5.45	\$5.45
GUERRERO, FERNANDO		DPO	EMP		\$52.15		\$52.15
GUERRERO, MELINA		DPO	ECH		\$113.72		\$113.72
GUERRERO, MELINA		VIS	ECH			\$18.83	\$18.83
GUITIERREZ, LIZZETH		DTP	EMP		\$64.57		\$64.57
GUITIERREZ, LIZZETH		VIS	EMP			\$5.45	\$5.45
GUTIERREZ, LISA		DTP	EMP		\$64.57		\$64.57
GUTIERREZ, LISA		VIS	EMP			\$5.45	\$5.45
GUTIERREZ, PARRISH		DPO	EMP		\$52.15		\$52.15
GUZMAN, CARLOS		DTP	EMP		\$64.57		\$64.57
GUZMAN, CARLOS		VIS	ESP			\$19.82	\$19.82
GUZMAN, DANIEL		DHP	EMP		\$15.67		\$15.67
GUZMAN, JANET		VIS	EMP			\$5.45	\$5.45
GUZMAN, JANET		DPO	EMP		\$52.15		\$52.15
HAAS, KEN		DTP	EMP		\$64.57		\$64.57

411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
HALBROOK, JEFFREY		DPO	EMP		\$52.15		\$52.15
HALBROOK, JEFFREY		VIS	EMP			\$5.45	\$5.45
HAMILTON, ASHLEY		DPO	EMP		\$52.15		\$52.15
HARPER, RONALD		DPO	EMP		\$52.15		\$52.15
HARPER, RONALD		VIS	EMP			\$9.91	\$9.91
HASAN, SUMMER		DHP	ECH		\$30.08		\$30.08
HASAN, SUMMER		VIS	ECH			\$10.34	\$10.34
HAYNES, TIFFANY		DTP	EMP		\$64.57		\$64.57
HEDGE, KAITLIN		DPO	ESP		\$125.22		\$125.22
HEDGE, KAITLIN		VIS	EMP			\$9.91	\$9.91
HERNANDEZ, BORIS		DHP	EMP		\$15.67		\$15.67
HERNANDEZ, CHRISTOPHER		DHP	FAM		\$50.75		\$50.75
HERNANDEZ, CHRISTOPHER		VIS	FAM			\$16.26	\$16.26
HERNANDEZ, JOSE		DPO	EMP		\$52.15		\$52.15
HERNANDEZ, LANETTE		DPO	EMP		\$52.15		\$52.15
HERNANDEZ, LANETTE		VIS	EMP			\$5.45	\$5.45
HERNANDEZ, MYNER		DTP	EMP		\$64.57		\$64.57
HERNANDEZ, RODRIGO		VIS	EMP			\$5.45	\$5.45
HERNANDEZ ESTRADA, EVA		DPO	EMP		\$52.15		\$52.15
HERNANDEZ ESTRADA, EVA		VIS	EMP			\$9.91	\$9.91
HERRERA, GLORIA		DPO	EMP		\$52.15		\$52.15
HERRERA, GLORIA		VIS	EMP			\$9.91	\$9.91
HERRERA, GUADALUPE		DPO	ECH		\$113.72		\$113.72
HILLMAN, ANDREA		DTP	EMP		\$64.57		\$64.57
HIORTDAHL, CHRISTOPHER		DPO	ECH		\$113.72		\$113.72
HOARD, LANIQUA		DPO	FAM		\$190.39		\$190.39
IANNARELLI, GARY		DHP	EMP		\$15.67		\$15.67
IANNARELLI, GARY		VIS	EMP			\$9.91	\$9.91
IBARRA, JENNIFER		DPO	EMP		\$52.15		\$52.15
IBARRA, JENNIFER		VIS	EMP			\$5.45	\$5.45
JACKSON, LEONA		DHP	EMP		\$15.67		\$15.67
JACKSON, LEONA		VIS	EMP			\$5.45	\$5.45
JAMIESON, MARISA		VIS	EMP			\$5.45	\$5.45
JAMIESON, MARISA		DPO	EMP		\$52.15		\$52.15
JASSO, IGSEL		DHP	EMP		\$15.67		\$15.67
JEREMY, HILARIO		DPO	EMP		\$52.15		\$52.15
JIMENEZ, CRYSTAL		DPO	EMP		\$52.15		\$52.15
JIMENEZ, CRYSTAL		VIS	EMP			\$9.91	\$9.91
JOHNSON, MITZI		DPO	EMP		\$52.15		\$52.15
JOHNSON, MITZI		VIS	EMP			\$5.45	\$5.45
JOJOLA, TARA		DPO	EMP		\$52.15		\$52.15
JOJOLA, TARA		VIS	EMP			\$9.91	\$9.91
JOSTEN, ALEXANDRA ALEX		DHP	EMP		\$15.67		\$15.67
JOSTEN, ALEXANDRA ALEX		VIS	EMP			\$5.45	\$5.45
JUAREZ, VALENTINA		DPO	EMP		\$52.15		\$52.15
JUAREZ, VALENTINA		VIS	EMP			\$9.91	\$9.91

Questions about your invoice? Call your Billing Representative at 1-800-232-2006.  
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## 411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
JUAREZ, YESSENIA		DTP	EMP		\$64.57		\$64.57
JUAREZ, YESSENIA		VIS	EMP			\$9.91	\$9.91
KIM, JOSHUA		DHP	EMP		\$15.67		\$15.67
KIM, JOSHUA		VIS	EMP			\$5.45	\$5.45
LACAS, SARA		DHP	EMP		\$15.67		\$15.67
LALANI, SAMIR		VIS	FAM			\$29.58	\$29.58
LALANI, SAMIR		DPO	FAM		\$190.39		\$190.39
LANDA GUZMAN, JANET		DTP	EMP		\$64.57		\$64.57
LANDA GUZMAN, JANET		VIS	EMP			\$9.91	\$9.91
LANDEROS, DIANA		DPO	ECH		\$113.72		\$113.72
LARIOS, PAULA		DPO	EMP		\$52.15		\$52.15
LASKODI, RYAN		DHP	ESP		\$35.72		\$35.72
LAWLOR, MICHAEL		VIS	ESP			\$10.89	\$10.89
LAWLOR, MICHAEL		DHP	ESP		\$35.72		\$35.72
LAZALDE, ADRIAN		DPO	ESP		\$125.22		\$125.22
LAZO, ISRAEL		DPO	EMP		\$52.15		\$52.15
LEE, CARLA		DHP	EMP		\$15.67		\$15.67
LEE, CARLA		VIS	ECH			\$18.83	\$18.83
LEPE, ELENA		DPO	EMP		\$52.15		\$52.15
LEYVA, CHRISTIAN		DHP	EMP		\$15.67		\$15.67
LI, XIAO		DHP	EMP		\$15.67		\$15.67
LOMELAND, KELLY		DTP	EMP		\$64.57		\$64.57
LOPEZ, JESSICA		DPO	EMP		\$52.15		\$52.15
LOPEZ, JESSICA		VIS	EMP			\$9.91	\$9.91
LOPEZ, JOHANA		DTP	ECH		\$141.32		\$141.32
LOPEZ, MARIA		DPO	EMP		\$52.15		\$52.15
LOPEZ, MARIA		VIS	EMP			\$9.91	\$9.91
LOPEZ ALCALA, CHRISTIAN		DHP	ESP		\$35.72		\$35.72
LOPEZ ALCALA, CHRISTIAN		VIS	ESP			\$10.89	\$10.89
LOZANO, LIA LISA		DPO	ESP		\$125.22		\$125.22
LOZANO, LIA LISA		VIS	EMP			\$9.91	\$9.91
LOZANO, LIA LISA		VIS	EMP			\$9.91	\$9.91
MACHADO, SHERI		DPO	EMP		\$52.15		\$52.15
MACHADO, SHERI		DTP	EMP		\$64.57		\$64.57
MACKEY, CHANTAY		VIS	EMP			\$9.91	\$9.91
MACKEY, CHANTAY		DTP	EMP		\$64.57		\$64.57
MARAVILLA, CRYSTAL		VIS	EMP			\$5.45	\$5.45
MARTIN, BELISSA		DPO	ECH		\$113.72		\$113.72
MARTIN, BELISSA		DPO	EMP		\$52.15		\$52.15
MARTIN, DANIEL		VIS	EMP			\$9.91	\$9.91
MARTIN, DANIEL		DPO	ESP		\$125.22		\$125.22
MARTINEZ, BOBBY		DTP	EMP		\$64.57		\$64.57
MARTINEZ, JESSICA		DHP	ECH		\$30.08		\$30.08
MARTINEZ, JOANNA		VIS	ECH			\$10.34	\$10.34
MARTINEZ, JOANNA		DPO	EMP		\$52.15		\$52.15
MARTINEZ, MICHAEL		DPO	ECH		\$113.72		\$113.72

## 411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
MARTINEZ, ROBERTO		VIS	ECH			\$18.83	\$18.83
MASCARENAS, NICOLE		DTP	EMP		\$64.57		\$64.57
MASCARENAS, NICOLE		VIS	EMP			\$5.45	\$5.45
MASUSHIGE, SANDRA		DTP	EMP		\$64.57		\$64.57
MATA, BECKY		DPO	EMP		\$52.15		\$52.15
MATA, BECKY		VIS	EMP			\$9.91	\$9.91
MAYEN, ERICK		VIS	EMP			\$5.45	\$5.45
MAYEN, ERICK		DPO	EMP		\$52.15		\$52.15
MCGRAW, FREEMAN		DPO	EMP		\$52.15		\$52.15
MCGRAW, FREEMAN		VIS	EMP			\$9.91	\$9.91
MEDINA, JANET		DPO	EMP		\$52.15		\$52.15
MENDEZ, EVELYN		DPO	EMP		\$52.15		\$52.15
MENDEZ, IRVING		DHP	EMP		\$15.67		\$15.67
MENDEZ, IVAN		DPO	EMP		\$52.15		\$52.15
MESA, ANDREA		DHP	EMP		\$15.67		\$15.67
MESA, ANDREA		VIS	EMP			\$9.91	\$9.91
MIERA, MARY		DHP	EMP		\$15.67		\$15.67
MIKHAEL, GEORGE		DPO	EMP		\$52.15		\$52.15
MILLS, PAIGE		DTP	EMP		\$64.57		\$64.57
MIRANDA, MIGUEL		DHP	EMP		\$15.67		\$15.67
MIRANDA, MIGUEL		VIS	EMP			\$5.45	\$5.45
MIRANDA LOPEZ, NORA		DTP	EMP		\$64.57		\$64.57
MIRANDA TORRES, ELIZABETH		DPO	ECH		\$113.72		\$113.72
MIRANDA TORRES, ELIZABETH		VIS	ESP			\$10.89	\$10.89
MOISES, DATANGLA		DPO	EMP		\$52.15		\$52.15
MONTANO, SYLVIA		DTP	EMP		\$64.57		\$64.57
MONTANO, SYLVIA		VIS	EMP			\$5.45	\$5.45
MONTES, DIANE		DPO	EMP		\$52.15		\$52.15
MONTIEL, SAMANTHA		DHP	EMP		\$15.67		\$15.67
MOORE, GLORIA		DHP	EMP		\$15.67		\$15.67
MORA, MANUEL		DPO	EMP		\$52.15		\$52.15
MORALES, BLANCA		DPO	EMP		\$52.15		\$52.15
MORALES, JEANETTE		DPO	FAM		\$190.39		\$190.39
MORALES, JEANETTE		VIS	FAM			\$29.58	\$29.58
MORRIS, GLENFORD		DPO	EMP		\$52.15		\$52.15
MORRIS, GLENFORD		VIS	EMP			\$9.91	\$9.91
MUELA, AARON		DPO	EMP		\$52.15		\$52.15
MUELA, AARON		VIS	EMP			\$5.45	\$5.45
MUELLER, MELANIE		DPO	EMP		\$52.15		\$52.15
MUNOZ, KAREN		VIS	ECH			\$18.83	\$18.83
MUNOZ, KAREN		DPO	EMP		\$52.15		\$52.15
TERMINATION: 09/01/2025		DPO	ECH		-\$113.72		-\$113.72
NEW ENROLLMENT: 09/01/2025		DPO	EMP		\$52.15		\$52.15
MURAD, JOSEPH		DTP	FAM		\$235.85		\$235.85
MURAD, JOSEPH		VIS	FAM			\$29.58	\$29.58
MURILLO, ALEJANDRA		DPO	FAM		\$190.39		\$190.39

## 411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
MURILLO, ALEJANDRA		VIS	FAM			\$16.26	\$16.26
MURRILLO, JOVANNA		DHP	EMP		\$15.67		\$15.67
MURRILLO, JOVANNA		VIS	EMP			\$5.45	\$5.45
NAVARRO, JUAN		DTP	EMP		\$64.57		\$64.57
NAVARRO, JUAN		VIS	EMP			\$9.91	\$9.91
NGUYEN, THUY TRINH		VIS	EMP			\$5.45	\$5.45
NGUYEN, THUY TRINH		DPO	EMP		\$52.15		\$52.15
NICHOLSON, JODEE		DPO	EMP		\$52.15		\$52.15
NUNEZ, JOSSELINE		DHP	EMP		\$15.67		\$15.67
NUNEZ, JOSSELINE		VIS	EMP			\$5.45	\$5.45
OCHOTORENA, NICOLE		VIS	EMP			\$9.91	\$9.91
OCHOTORENA, NICOLE		DPO	EMP		\$52.15		\$52.15
OLIVA, CHRISTOPHER		DHP	EMP		\$15.67		\$15.67
OLIVA, CHRISTOPHER		VIS	ESP			\$19.82	\$19.82
OLIVAREZ, RAQUEL		DTP	EMP		\$64.57		\$64.57
OLIVAREZ, RAQUEL		VIS	EMP			\$9.91	\$9.91
OROZCO, NATALIE		DTP	EMP		\$64.57		\$64.57
ORTIZ, MARIA		DHP	ECH		\$30.08		\$30.08
ORTIZ, MARIA		VIS	ECH			\$10.34	\$10.34
OSTROWSKI, DANA		DPO	EMP		\$52.15		\$52.15
PADILLA, LILIA		DPO	EMP		\$52.15		\$52.15
PADILLA, LILIA		VIS	EMP			\$5.45	\$5.45
PADILLA ZUNIGA, GILBERTO		DHP	EMP		\$15.67		\$15.67
PADILLA ZUNIGA, GILBERTO		VIS	EMP			\$5.45	\$5.45
PAIGE, ERIC		DPO	ECH		\$113.72		\$113.72
PAIGE, ERIC		VIS	ECH			\$18.83	\$18.83
PAIGE, RICHARD		DPO	EMP		\$52.15		\$52.15
PAIGE, RICHARD		VIS	EMP			\$9.91	\$9.91
PALACIOS, TELESFORO		DPO	EMP		\$52.15		\$52.15
PANIAGUA, VANESA		DHP	EMP		\$15.67		\$15.67
PARADA, MYRIAH		DTP	EMP		\$64.57		\$64.57
PAREDES, JAQUELINNE		DHP	EMP		\$15.67		\$15.67
PAREDES, JAQUELINNE		VIS	EMP			\$9.91	\$9.91
PARNELL, MAISHA		DHP	ESP		\$35.72		\$35.72
PARTIDA, RUDOLPH		DPO	EMP		\$52.15		\$52.15
PARTIDA, RUDOLPH		VIS	EMP			\$9.91	\$9.91
PASTRANA, CITLALILT		DHP	ECH		\$30.08		\$30.08
PENA, NIDIA		DPO	EMP		\$52.15		\$52.15
PEREA, DANIEL		VIS	EMP			\$9.91	\$9.91
NEW ENROLLMENT: 09/01/2025		VIS	EMP			\$9.91	\$9.91
NEW ENROLLMENT: 08/01/2025		VIS	EMP			\$9.91	\$9.91
PEREA, DANIEL		DPO	EMP		\$52.15		\$52.15
NEW ENROLLMENT: 09/01/2025		DPO	EMP		\$52.15		\$52.15
NEW ENROLLMENT: 08/01/2025		DPO	EMP		\$52.15		\$52.15
PEREZ, EDUARDO		DPO	ESP		\$125.22		\$125.22
PEREZ, LEIDIN		DPO	EMP		\$52.15		\$52.15

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Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
						\$9.91	\$9.91
PEREZ, LEIDIN		VIS	EMP				\$15.67
PEREZ, OMAR		DHP	EMP		\$15.67		\$35.72
PEREZ, THERESA		DHP	ESP		\$35.72		\$5.45
PEREZ, THERESA		VIS	EMP			\$5.45	\$9.91
PHAM, CHRISTINA		VIS	EMP			\$9.91	\$52.15
PHAM, CHRISTINA		DPO	EMP		\$52.15		\$125.22
PICKEL, CARL		DPO	ESP		\$125.22		\$52.15
PINK, KIMBERLY		DPO	EMP		\$52.15		-\$50.75
POMPA, CHRISTIAN		DHP	FAM		-\$50.75		-\$50.75
TERMINATION: 09/01/2025		DHP	FAM		-\$50.75		-\$5.45
POMPA, CHRISTIAN		VIS	EMP			-\$5.45	-\$5.45
TERMINATION: 09/01/2025		VIS	EMP			-\$5.45	\$52.15
PRICE, RACHEL		DPO	EMP		\$52.15		\$64.57
PUGH, DE ONTRAY		DTP	EMP		\$64.57		\$9.91
PUGH, DE ONTRAY		VIS	EMP			\$9.91	\$15.67
QUESENBERRY, CAITLIN		DHP	EMP		\$15.67		\$64.57
QUEZADA, AMANDA		DTP	EMP		\$64.57		\$5.45
QUEZADA, AMANDA		VIS	EMP			\$5.45	\$52.15
QUIROGA, STEPHANIE		DPO	EMP		\$52.15		\$9.91
QUIROGA, STEPHANIE		VIS	EMP			\$9.91	\$15.67
RAMIREZ, ALEJANDRO		DHP	EMP		\$15.67		\$5.45
RAMIREZ, ALEJANDRO		VIS	EMP			\$5.45	\$16.26
RAMIREZ, JOSE		VIS	FAM			\$16.26	\$9.91
RAMIREZ, YESENIA		VIS	EMP			\$9.91	\$64.57
RAMIREZ, YESENIA		DTP	EMP		\$64.57		\$64.57
RAMOS, ANGELICA		DTP	EMP		\$64.57		\$35.72
RAMOS, LUIS		DHP	ESP		\$35.72		\$19.82
RAMOS, LUIS		VIS	ESP			\$19.82	\$113.72
RAMOS, WILFRED		DPO	ECH		\$113.72		\$64.57
REYES, BRANDY		DTP	EMP		\$64.57		\$64.57
REYNAGA, GUIDO		DTP	EMP		\$64.57		\$141.32
REYNOSA, CONNIE		DTP	ECH		\$141.32		\$10.34
REYNOSA, CONNIE		VIS	ECH			\$10.34	\$64.57
REYNOSO, SANTIAGO		DTP	EMP		\$64.57		\$19.82
RIOS, OSCAR		VIS	ESP			\$19.82	\$125.22
RIOS, OSCAR		DPO	ESP		\$125.22		\$64.57
RIVAS, JULIO		DTP	EMP		\$64.57		\$52.15
RIVAS, LILIANA		DPO	EMP		\$52.15		\$15.67
ROBINSON, TYLER		DHP	EMP		\$15.67		\$5.45
ROBINSON, TYLER		VIS	EMP			\$5.45	\$113.72
ROBLEDO, LISA		DPO	ECH		\$113.72		\$113.72
ROBLES, JENNY		DPO	ECH		\$113.72		\$64.57
ROBLES, VINCENT		DTP	EMP		\$64.57		\$52.15
RODARTE, ARNULFO		DPO	EMP		\$52.15		\$52.15
RODRIGUEZ, JORGE		DPO	EMP		\$52.15		\$52.15
RODRIGUEZ, PRISCILLA		DPO	EMP		\$52.15		

411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
RODRIGUEZ, PRISCILLA		VIS	EMP			\$5.45	\$5.45
ROJO, RAQUEL		DTP	EMP		\$64.57		\$64.57
ROMERO, ISAIAH		DPO	EMP		\$52.15		\$52.15
ROMERO, JOSHUA		DHP	EMP		\$15.67		\$15.67
ROSALES, BRANDON		DHP	EMP		\$15.67		\$15.67
ROSALES, BRANDON		VIS	EMP			\$9.91	\$9.91
ROSALES, GREEIG		DHP	FAM		\$50.75		\$50.75
ROSALES, MELANIA		DHP	EMP		\$15.67		\$15.67
ROSALES, MELANIA		VIS	EMP			\$9.91	\$9.91
ROSALES, MONSERRAT		DPO	FAM		\$190.39		\$190.39
ROWE, MARY		DPO	EMP		\$52.15		\$52.15
ROWE, MARY		VIS	EMP			\$9.91	\$9.91
RUBIO, MICHAEL		DPO	FAM		\$190.39		\$190.39
RUBIO, MICHAEL		VIS	ESP			\$10.89	\$10.89
RUIZ, JENNIFER		DTP	EMP		\$64.57		\$64.57
RUVALCABA, JORGE		VIS	ESP			\$19.82	\$19.82
RUVALCABA, JORGE		DPO	ESP		\$125.22		\$125.22
SALAZAR, GUADALUPE		DHP	EMP		\$15.67		\$15.67
SALAZAR, GUADALUPE		VIS	EMP			\$5.45	\$5.45
SAMA WEIL, NOLAN ROSS		DHP	EMP		\$15.67		\$15.67
SAMBRONE, AARON		DPO	EMP		\$52.15		\$52.15
SAMBRONE, AARON		VIS	EMP			\$5.45	\$5.45
SANCHEZ, CRYSTAL		DTP	EMP		\$64.57		\$64.57
SANCHEZ, ILIANE		DPO	ECH		\$113.72		\$113.72
SANCHEZ, KIMBERLY		DHP	ESP		\$35.72		\$35.72
SANCHEZ, KIMBERLY		VIS	ESP			\$10.89	\$10.89
SANCHEZ, LIANA		DPO	ECH		\$113.72		\$113.72
SANCHEZ, LIANA		VIS	ECH			\$18.83	\$18.83
SANCHEZ, RAYMOND		DPO	EMP		\$52.15		\$52.15
SANCHEZ, SERALUNA		VIS	EMP			\$9.91	\$9.91
SANCHEZ, SERALUNA		DHP	EMP		\$15.67		\$15.67
SANCHEZ CORTES, OMAR		DTP	EMP		\$64.57		\$64.57
SANCHEZ CORTES, OMAR		VIS	EMP			\$5.45	\$5.45
SANDOVAL, ELISA		DTP	EMP		\$64.57		\$64.57
SANDOVAL, VALERIA		DHP	EMP		\$15.67		\$15.67
SANDOVAL, VALERIA		VIS	EMP			\$5.45	\$5.45
SARTAIN, DANIEL		DTP	EMP		\$64.57		\$64.57
SCHERMAN, NORA		DPO	EMP		\$52.15		\$52.15
SCHERMAN, NORA		VIS	EMP			\$9.91	\$9.91
SEXTON, WILLARD		DPO	EMP		\$52.15		\$52.15
SHEAD, ROHN		DTP	EMP		\$64.57		\$64.57
SHELTON, WILLIAM		DHP	ECH		\$30.08		\$30.08
SIBRIE, WALI		DTP	EMP		\$64.57		\$64.57
SIERRA MIRANDA, DANIELA		DTP	EMP		\$64.57		\$64.57
SILVA, GARRETT		DPO	EMP		\$52.15		\$52.15
SILVA, GARRETT		VIS	EMP			\$9.91	\$9.91

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## 411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
SMERDEL, JAMIE		DTP	ESP		\$155.08		\$155.08
SONG, MICHAEL		DTP	EMP		\$64.57		\$64.57
SORIANO, DEANNE		DPO	EMP		\$52.15		\$52.15
SOTO, INGRID		DTP	EMP		\$64.57		\$64.57
SOTO, JULIEANA		DPO	EMP		\$52.15		\$52.15
SOTO, MONICA		DTP	ECH		\$141.32		\$141.32
SOTO, MONICA		VIS	EMP			\$9.91	\$9.91
STEPHENS, HEATHER		DHP	ECH		\$30.08		\$30.08
STEPHENS, HEATHER		VIS	ECH			\$18.83	\$18.83
STRICKLAND, JERMAINE		VIS	EMP			\$9.91	\$9.91
STRICKLAND, JERMAINE		DPO	EMP		\$52.15		\$52.15
STROHL, MATT		DHP	EMP		\$15.67		\$15.67
STROHL, MATT		VIS	EMP			\$5.45	\$5.45
SWEE, EMILY		DHP	EMP		\$15.67		\$15.67
SYED, OBAID		DPO	EMP		\$52.15		\$52.15
TALAVERA, RUBY		DTP	EMP		\$64.57		\$64.57
TARKANIAN, WILLIAM		DTP	EMP		\$64.57		\$64.57
TARKANIAN, WILLIAM		VIS	EMP			\$9.91	\$9.91
THAN, MARDY		DHP	ECH		\$30.08		\$30.08
THAN, MARDY		VIS	ECH			\$18.83	\$18.83
THOMPSON, IRAN		DHP	EMP		\$15.67		\$15.67
THOMPSON, IRAN		VIS	EMP			\$9.91	\$9.91
TILLMAN, TERRALL		VIS	EMP			\$5.45	\$5.45
TORRES, JONATHAN		DPO	EMP		\$52.15		\$52.15
TORRES, JONATHAN		VIS	EMP			\$9.91	\$9.91
TORRES, RAIMUNDO		DPO	EMP		\$52.15		\$52.15
TORRES, ROBERTO		DPO	EMP		\$52.15		\$52.15
TRAN, SYDNEY		DPO	EMP		\$52.15		\$52.15
VALENCIA RUIZ, LAURA		DPO	EMP		\$52.15		\$52.15
VARGAS, ELIANNA		DPO	ECH		\$113.72		\$113.72
VARNER, ERIC		DHP	EMP		\$15.67		\$15.67
VARNER, ERIC		VIS	EMP			\$5.45	\$5.45
VASQUEZ, ARLENE		DPO	EMP		\$52.15		\$52.15
VASQUEZ, ARLENE		VIS	EMP			\$5.45	\$5.45
VASQUEZ, GILBERT		DPO	EMP		\$52.15		\$52.15
VASQUEZ, LENA		DPO	ECH		\$113.72		\$113.72
VASQUEZ, NICK		DPO	EMP		\$52.15		\$52.15
VASQUEZ ALVAREZ, LEO		DTP	EMP		\$64.57		\$64.57
VASQUEZ ALVAREZ, LEO		VIS	EMP			\$5.45	\$5.45
VEGA, DIANA		VIS	EMP			\$9.91	\$9.91
VEGA, DIANA		DPO	EMP		\$52.15		\$52.15
VENEGAS, DEANNA		DPO	EMP		\$52.15		\$52.15
VENEGAS, DEANNA		VIS	EMP			\$5.45	\$5.45
VENEGAS, ELIANNA		DTP	EMP		\$64.57		\$64.57
VENEGAS, GABRIELA		DPO	ESP		\$125.22		\$125.22
VENEGAS, GABRIELA		VIS	ESP			\$19.82	\$19.82

411807-000-001 LA CADA - ACTIVE (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
VENEGAS NOGUERA, YARINE		DPO	EMP		\$52.15		\$52.15
VENEGAS NOGUERA, YARINE		VIS	EMP			\$9.91	\$9.91
VIDES, SARA		DPO	EMP		\$52.15		\$52.15
VIDES, SARA		VIS	EMP			\$5.45	\$5.45
VILLAREAL, MONIQUE		DPO	EMP		\$52.15		\$52.15
WALLS, SHERRIE		DTP	EMP		\$64.57		\$64.57
WALTER, JOHN		DPO	EMP		\$52.15		\$52.15
WALTER, JOHN		VIS	EMP			\$9.91	\$9.91
WASHINGTON, NISEY		DHP	EMP		\$15.67		\$15.67
WASHINGTON, NISEY		VIS	EMP			\$9.91	\$9.91
WEINBERGER, ASHLEY		DHP	EMP		-\$15.67		-\$15.67
TERMINATION: 09/01/2025		DHP	EMP		-\$15.67		-\$15.67
WEINBERGER, ASHLEY		VIS	EMP			-\$5.45	-\$5.45
TERMINATION: 09/01/2025		VIS	EMP			-\$5.45	-\$5.45
WEYAND, ANNETTE		DHP	EMP		\$15.67		\$15.67
WEYAND, ANNETTE		VIS	EMP			\$5.45	\$5.45
WHITE LESLIE, KEVITA		DTP	EMP		\$64.57		\$64.57
WILLARD, KIMBERLY		DHP	EMP		\$15.67		\$15.67
WILLIAMS, TINA		DHP	EMP		\$15.67		\$15.67
WILLIAMS, TINA		VIS	EMP			\$9.91	\$9.91
WILLIAMS, XAVIER		VIS	EMP			\$9.91	\$9.91
WILLIAMS, XAVIER		DPO	EMP		\$52.15		\$52.15
WILLKOM, KATHERINE		DHP	EMP		\$15.67		\$15.67
WILLKOM, KATHERINE		VIS	EMP			\$9.91	\$9.91
WILLKOM, NICHOLLE		DPO	EMP		\$52.15		\$52.15
YAKEL, JARED		DPO	EMP		\$52.15		\$52.15
YOON, JEONG MI		DTP	EMP		\$64.57		\$64.57
YUN, STACEY		DTP	EMP		\$64.57		\$64.57
ZERMENO, LUPE		DPO	EMP		\$52.15		\$52.15
ZUBIETA, THOMAS		DPO	EMP		\$52.15		\$52.15
ZUBIETA, THOMAS		VIS	EMP			\$9.91	\$9.91
ZUNIGA, JOSE ALEJANDRO		DHP	EMP		\$15.67		\$15.67

Premiums by Plan Type

Plan Type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
411807-000-001									
DHP	80	\$1,253.60	9	\$321.48	13	\$391.04	5	\$253.75	\$2,219.87
DPO	140	\$7,301.00	12	\$1,502.64	16	\$1,819.52	8	\$1,523.12	\$12,146.28
DTP	83	\$5,359.31	2	\$310.16	6	\$847.92	1	\$235.85	\$6,753.24
VIS	144	\$1,154.98	13	\$204.08	20	\$317.17	6	\$137.52	\$1,813.75
<b>Totals</b>	<b>447</b>	<b>\$15,068.89</b>	<b>36</b>	<b>\$2,338.36</b>	<b>55</b>	<b>\$3,375.65</b>	<b>20</b>	<b>\$2,150.24</b>	<b>\$22,933.14</b>

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**Employee Detail:**  
**LA CADA**  
**411807-001**

411807-000-002 LA CADA - COBRA

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
DELEON, MARIO		DHP	EMP		\$15.67		\$15.67
DELEON, MARIO		VIS	EMP			\$5.45	\$5.45
PATTERSON, LENWOOD <input checked="" type="checkbox"/>		DTP	EMP		\$64.57		\$64.57

**Premiums by Plan Type**

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
411807-000-002									
DHP	1	\$15.67	0	\$0.00	0	\$0.00	0	\$0.00	\$15.67
DTP	1	\$64.57	0	\$0.00	0	\$0.00	0	\$0.00	\$64.57
VIS	1	\$5.45	0	\$0.00	0	\$0.00	0	\$0.00	\$5.45
<b>Totals</b>	<b>3</b>	<b>\$85.69</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$85.69</b>

Cobra Coverage  State Continuation Coverage  State Continuation with Subsidy

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Your payment has been successfully received.

Please save the confirmation number for your records.

Name	<b>La Cada</b>
Billing ID	<b>411807-001</b>
Amount	<b>\$23,193.07 towards October 2025</b>
Payment date	<b>10/01/2025.</b>
Confirmation number	<b>ACH-063880602</b>

If you make a payment after 7 p.m. Eastern time, we may credit your account the following day. The payment also may not appear on an invoice or past due notice created on the day of the transaction. Your financial institution may take up to 7 days to apply the payment to your account.

Thank you for being a valued Humana member.

ALL Department Allocation

Sep-25				23,193.07	
1	408	SAMHSA CCBHC	11015 Bloomfield SFS, LGBTQ++	3.12%	722.99
2	408	FCRP	11121 Bloomfield SFS	4.08%	945.85
3	408	SAMHSA ACT	9300 Santa fe Springs Rd	1.12%	260.42
4	408	SAMHSA T.R.E.E	5 Bloomfield Ave/ 10210 Orr and Day Rd		
5	408	0	0		
6	408	Drug Medical Residential Nuestra Casa	8919 California Ave, Southgate	8.99%	2085.86
7	408	SAMHSA M.A.T	1015 Bloomfield SFS and Orr and D.	1.06%	245.61
8	408	Drug Medical OP SFS	11015 Bloomfield SFS	7.35%	1704.98
9	408	0			
10	408	0	0		
11	408	0			
12	408	0	0		
14	408	City of Hawthorne Outreach	1410 N Garey Ave Pomona	0.50%	115.52
15	408	Drug Medical Residential Allen House	11111 Bloomfield	11.39%	2641.93
16	408	Federal USPO Allen House			
17	408	SAMHSA Prevention Navigator	10210 Orr and Day Rd	0.00%	0.00
18	408	Corporation	12070 Telegraph Rd	2.12%	491.11
19	408	Court Ordered SFS	11015 Bloomfield Ave	0.07%	15.57
20	408	HIV TESTING (Expired May 2025)	305-307 South Central Ave. LA	0.00%	0.00
21	408	Court Ordered LA	San Pedro St. LA / 305-307 South C	0.07%	16.54
22	408	SGV - High Acuity - Expired	175 Huntington Dr, Ste 101, Pasader	0.00%	0.00
23	408	CPMP	10425 Painter Ave	1.34%	309.89
24	408	Drug Medical OP Long Beach	5861 Cherry Ave Long Beach	6.23%	1444.13
25	408	0	0		
26	408	0	0		
27	408	City of Alhambra Outreach	1410 N Garey Ave Pomona	0.46%	107.72
28	408	Drug Med OP DTLA	305-307 South Central Ave. LA	5.80%	1160.38
29	408	CHRP - UCLA	305-307 South Central Ave. LA	0.00%	0.00
30	408	SAMHSA Drug Free Community	10210 Orr and Day Rd	0.09%	20.33
31	408	0	0		
32	408	SAFE HAVEN	12580 Lakeland Rd	4.40%	1021.41
33	408	SAMHSA Care Council Partnership	10210 Orr and Day	0.00%	0.00
34	408	Drug Medical Residential Alice House	14100 Glengyle St, Whittier, CA	3.08%	714.20
35	408	0			
36	408	CENS	9300 Santa fe Springs Rd	4.10%	950.55
37	408	0			
38	408	CAL CRG-LAM	426 S. San Pedro St. LA	0.00%	0.00
39	408	IN JAIL Men Central	175 Huntington Dr, Ste 101, Pasader	1.91%	443.39
40	408	RBH	ALL RBH Sites	7.07%	1639.58
41	408	SAMHSA PPW	Inez St. 12212,12216,12220	1.21%	279.56
42	408	TTA	10924 Main St	0.49%	113.84
43	408	0			
44	408	Other Outreach Cities		0.00%	0.00
45	408	Drug Medical Youth	10210 Orr and Day Rd	0.63%	146.01
46	408	0	0		
47	408	Lynwood B-Chip		0.00%	0.00
48	408	Bridge of Hope Community Housing - Hawthorne		0.99%	230.07
49	408	SGV - Supplemental	1410 N Garey Ave Pomona	2.14%	496.02
50	408	SGV - Mobile Crisis	1410 N Garey Ave Pomona	0.97%	225.64
51	408	Drug Medical Outpatient - SRH		0.16%	36.45
52	408	Operation Stay Safe - Montebello		1.84%	427.47
53	408	Mentored Internship Program (Expired)	12070 Telegraph Rd	0.00%	0.00
54	408	SAMHSA Building Communities of Recovery	305-307 South Central Ave. LA	0.37%	86.69
55	408	Reentry Intensive Case Management Services	10924 Main St	0.23%	53.45
56	408	In Jail Pitchess Detention Center	175 Huntington Dr, Ste 101, Pasader	1.62%	376.13
59	408	SAMHSA Adult Reentry Program		0.66%	153.60
60	408	Sierra Health Foundation - HEAR US		0.00%	0.00
61	408	ren and Youth Behavioral Health Initiative (EXPIRED JUN	10210 Orr and Day Rd	0.00%	0.00
62	408	g Beach Reentry Achievement Program (EXPIRED DEC 2	5861 Cherry Ave Long Beach	0.00%	0.00
63	408	Hermosa Beach Outreach		0.96%	223.32
65	408	a Health Foundation - MAT - Opioid Funding (Expired Apr 2025)		0.00%	0.00
66	408	Drug Medi-Cal Residential - New York Dr	1092 New York Dr	3.65%	845.67
67	408	City of Azusa - Azusa Resource Center		1.63%	377.23
68	408	Drug Medical OP DTLA - San Pedro	426 San Pedro St	7.94%	1842.15
69	408	HIV-AIDS Prevention	305-307 South Central Ave. LA	0.20%	45.80
70	440	ierra Health Foundation - Nuestra Casa (Expired June 202	8919 California Ave, Southgate	0.00%	0.00
71	440	SAPC - Youth Bridge Program	10210 Orr and Day Rd	0.10%	23.44
72	440	Long Beach - Opioid Overdose Prevention	5861 Cherry Ave Long Beach	0.18%	41.89
74	440	Early Care and Education	12070 Telegraph Rd	0.00%	0.00
75	440	Long Beach - HUB & SPOKE	5861 Cherry Ave Long Beach	0.12%	27.62
80	440	Youth Opioid Response	10210 Orr and Day Rd	0.36%	82.97
				100.00%	23193.07



Your Unum invoice

Customer name:  
LOS ANGELES CENTERS FOR ALCOHOL AND DRUG  
ABUSE

Invoice due  
date:  
Oct 01 2025

Total  
premium:  
\$8,528.62

Remaining balance:  
\$8,528.62

#01 6408 - All OK R: 9-11-25

LOS ANGELES CENTER FOR ALCOHOL & DRUG  
ABUSE

Total premium: \$5,230.98

Billing Number: 0213018-001 8

Generation Date: Sep 09 2025

Coverage Period: Oct 01 2025 - Oct 31 2025

BENEFIT	# PEOPLE	COVERED AMOUNT	PREMIUM
Group Life Insurance - Employee	467	\$19,221,000.00	\$4,862.94
Group Accidental Death & Dismemberment Insurance - Employee	467	\$19,221,000.00	\$384.42
Prior period adjustments	-	-	(\$16.38)

ENTERED

LOS ANGELES CENTER FOR ALCOHOL & DRUG  
ABUSE

Total premium: \$3,297.64

Billing Number: 0641254-001 7

Generation Date: Sep 09 2025

Coverage Period: Oct 01 2025 - Oct 31 2025

BENEFIT	# PEOPLE	COVERED AMOUNT	PREMIUM
Group Voluntary Life Insurance - Employee	172	\$7,093,000.00	\$2,500.13
Group Voluntary Life Insurance - Spouse	27	\$1,230,000.00	\$391.79
Group Voluntary Life Insurance - Child	37	\$258,000.00	\$107.88
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	199	\$7,958,500.00	\$249.54
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	31	\$1,370,000.00	\$45.27
Group Voluntary Accidental Death & Dismemberment Insurance - Child	40	\$288,000.00	\$9.83
Prior period adjustments	-	-	(\$6.80)

Employee adjustments

Employee Name	Adjustment	Adjustment period	Total adjustment
BAEZA, AGUEDA [REDACTED]			(\$18.74)
EE AD&D	(\$0.80)	1 Month	
EE LIFE	(\$10.12)	1 Month	
EE AD&D	(\$0.94)	1 Month	
EE LIFE	(\$6.88)	1 Month	
BERNABE, NATHALIE [REDACTED]			\$21.32
EE AD&D	\$0.80	1 Month	
EE LIFE	\$10.12	1 Month	
CH AD&D	\$0.34	1 Month	

CH LIFE	\$4.18	1 Month		
EE AD&D	\$1.26	1 Month		
EE LIFE	\$4.03	1 Month		
SP AD&D	\$0.17	1 Month		
SP LIFE	\$0.42	1 Month		
<b>CANCINO, GABRIEL</b> [REDACTED]	<b>Adjustment</b>	<b>Adjustment period</b>		<b>Total adjustment</b>
EE AD&D	\$0.80	1 Month		\$30.31
EE LIFE	\$10.12	1 Month		
EE AD&D	\$1.57	1 Month		
EE LIFE	\$17.82	1 Month		
<b>ESTEBEZ, JAZMIN</b> [REDACTED]	<b>Adjustment</b>	<b>Adjustment period</b>		<b>Total adjustment</b>
EE AD&D	\$0.80	1 Month		\$10.92
EE LIFE	\$10.12	1 Month		
<b>HAZLEY, SHERLON</b> [REDACTED]	<b>Adjustment</b>	<b>Adjustment period</b>		<b>Total adjustment</b>
EE AD&D	(\$1.20)	3 Months		(\$16.38)
EE LIFE	(\$15.18)	3 Months		
<b>MASCARENAS, NICOLE</b> [REDACTED]	<b>Adjustment</b>	<b>Adjustment period</b>		<b>Total adjustment</b>
EE AD&D	\$1.86	6 Months		\$1.86
<b>POMPA, CHRISTIAN</b> [REDACTED]	<b>Adjustment</b>	<b>Adjustment period</b>		<b>Total adjustment</b>
EE AD&D	(\$0.80)	1 Month		(\$20.59)
EE LIFE	(\$10.12)	1 Month		
CH AD&D	(\$0.34)	1 Month		
CH LIFE	(\$4.18)	1 Month		
EE AD&D	(\$0.63)	1 Month		
EE LIFE	(\$3.00)	1 Month		
SP AD&D	(\$0.33)	1 Month		
SP LIFE	(\$1.19)	1 Month		
<b>RODRIGUEZ-REYES, JUAN</b> [REDACTED]	<b>Adjustment</b>	<b>Adjustment period</b>		<b>Total adjustment</b>
EE AD&D	\$0.80	1 Month		\$12.24
EE LIFE	\$10.12	1 Month		
EE AD&D	\$0.31	1 Month		
EE LIFE	\$1.01	1 Month		
<b>SILVA-MENDOZA, BRANDI</b> [REDACTED]	<b>Adjustment</b>	<b>Adjustment period</b>		<b>Total adjustment</b>
EE AD&D	(\$0.80)	1 Month		(\$10.92)
EE LIFE	(\$10.12)	1 Month		
<b>TILLMAN, TERRALL</b> (***) [REDACTED]	<b>Adjustment</b>	<b>Adjustment period</b>		<b>Total adjustment</b>
EE AD&D	(\$1.24)	4 Months		(\$22.28)
EE LIFE	(\$21.04)	4 Months		
<b>WEINBERGER, ASHLEY</b> (***) [REDACTED]	<b>Adjustment</b>	<b>Adjustment period</b>		<b>Total adjustment</b>
EE AD&D	(\$0.80)	1 Month		(\$10.92)
EE LIFE	(\$10.12)	1 Month		

Covered Employees

<b>AGUILAR, CARLOS</b> (***) [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
<b>AGUILERA-CAPACHO, SOPHIA</b> (***) [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>

Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>AGUIRRE, IMELDA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ALCALA, EILEEN</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$18.75
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$7.52	
<b>ALESANA, ELIJAH</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ALLREAD, BRENDA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$65,000.00	\$1.30	\$17.95
Group Life Insurance - Employee	\$65,000.00	\$16.45	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$6,500.00	\$0.20	
<b>ALONZO, MARGARITA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ALVARADO, ESTHER</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ALVAREZ, MARTHA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>AMAYA, JOSE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
<b>ANGULO, MARINA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.90
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$2,000.00	\$0.07	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Child	\$2,000.00	\$0.84	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$0.76	
<b>APALATEGUI, MARINA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ARCHULETA, ALBERT</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$26,000.00	\$0.52	\$10.37
Group Life Insurance - Employee	\$26,000.00	\$6.58	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$104,000.00	\$3.27	
<b>ARELLANO, LAURENCE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	

Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>AREVALO, CLAUDIA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.55
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.63	
Group Voluntary Life Insurance - Employee	\$20,000.00	\$3.00	
<b>ARMENTA, SAMANTHA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ARSOLA-GUIZAR, CANDICE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$36.98
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$3.14	
Group Voluntary Life Insurance - Employee	\$100,000.00	\$22.92	
<b>ATANACIO, CLAUDIA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ATTANASIO, DANA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$23.27
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$7.52	
<b>AVITIA-ZAVALA, CESAR</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.27
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$3.78	
<b>AYALA, WILLIAM</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>AZZARITI, DOMINIC</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$19.99
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$7.50	
<b>BAER, CONNOR</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.24
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.01	
<b>BAEZA, AGUEDA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
EE AD&D		(\$0.80)	(\$18.74)
EE LIFE		(\$10.12)	
EE AD&D		(\$0.94)	
EE LIFE		(\$6.88)	
<b>BALTAZAR, JUAN</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92

Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BARDALEZ, MARCO</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BARRALES-PARADA, GENESIS</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.99
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$0.76	
<b>BARTLETT, ROBERT</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BAUTISTA-MEDINA, SANDY</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.30
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$2,000.00	\$0.07	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>BELMONTE, SARA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>BELTRAN, GABRIELA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.49
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$5.26	
<b>BELTRAN, JESUS</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BELTRAN, JORGE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.99
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$0.76	
<b>BERCEGEAY, GUY</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.21
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.26	
Group Voluntary Life Insurance - Employee	\$40,000.00	\$4.03	
<b>BERNABE, NATHALIE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.60	\$42.64
Group Life Insurance - Employee	\$40,000.00	\$20.24	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.68	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$2.52	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$5,000.00	\$0.34	
Group Voluntary Life Insurance - Child	\$10,000.00	\$8.36	
Group Voluntary Life Insurance - Employee	\$40,000.00	\$8.06	
Group Voluntary Life Insurance - Spouse	\$5,000.00	\$0.84	
<b>BLAIR, FAYE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>

Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>BLAKE, GERARDO</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.49
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$5.26	
<b>BLANCO, JOSE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BLANCO, MICHELLE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.99
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$0.76	
<b>BONNER, ARTHUR</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BRADY, MICHAEL</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BRAMBILA, SILHOUETTE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BRAVO, ELIZABETH</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BRENNAN, MATTHEW</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$36.98
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$3.14	
Group Voluntary Life Insurance - Employee	\$100,000.00	\$22.92	
<b>BRILLHART, PATRIC</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$75.65
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$310,000.00	\$9.73	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$250,000.00	\$8.25	
Group Voluntary Life Insurance - Employee	\$310,000.00	\$31.25	
Group Voluntary Life Insurance - Spouse	\$250,000.00	\$15.50	
<b>BROADNAX, JANICE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>BROWN, JAKE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BROWN, MONIQUE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>

Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BROWN, YO-LANDA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$18.75
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$7.52	
<b>BUCHANAN, AMBER</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$49.70
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$3.14	
Group Voluntary Life Insurance - Employee	\$100,000.00	\$35.64	
<b>BUENO, MARTHA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>BULLOCK, MARIA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.40	\$5.46
Group Life Insurance - Employee	\$20,000.00	\$5.06	
<b>BULLOCK, PRISCILLA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CABRAL, CRISTINA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$25.33
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.63	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$10,000.00	\$0.33	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$20,000.00	\$7.13	
Group Voluntary Life Insurance - Spouse	\$10,000.00	\$1.80	
<b>CAMPBELL, DOMINIQUE</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CAMPOS, ERNESTO</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CANALES, CHRISTINA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$26,000.00	\$0.52	\$7.10
Group Life Insurance - Employee	\$26,000.00	\$6.58	
<b>CANCINO, GABRIEL</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.60	\$60.62
Group Life Insurance - Employee	\$40,000.00	\$20.24	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$3.14	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$35.64	
<b>CANIZALES, JUAN</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.21
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.26	
Group Voluntary Life Insurance - Employee	\$40,000.00	\$4.03	

	Covered amount	Premium	Total premium
<b>CARCAMO, CHRISTOPHER</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CARP, CHRISTA</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CARRASCO, MARK-ANTHONY</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CARRILLO, DAVID</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CARRILLO, JOSE</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.76
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.01	
<b>CARRILLO, RACHEL</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
<b>CASAREZ, AMANDA</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CATIVO, MIKE</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CAUDILLO, DRAKE</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.49
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$5.26	
<b>CAVANAUGH, KATHLEEN</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$26,000.00	\$0.52	\$7.10
Group Life Insurance - Employee	\$26,000.00	\$6.58	
<b>CEA-GONON, SANDRA</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>CEDILLO-RAMIREZ, DIANA</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CEJA, JESSE</b> [REDACTED]			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92

Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CHACON, MEGAN (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$22.06
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.63	
Group Voluntary Life Insurance - Employee	\$20,000.00	\$10.51	
<b>CHAVEZ, CHRISTOPHER (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CHAVEZ, MICHAEL (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CHAVEZ-VALDERRAMA, CHRISTIAN (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CHICAS, SAMARI (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CISNEROS, CASSANDRA (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CISNEROS, TRINIDAD (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
<b>CLEMENTE, JASON (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>COBOS, LORRAINE (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$21.44
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$10,000.00	\$0.33	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
Group Voluntary Life Insurance - Spouse	\$10,000.00	\$1.80	
<b>CONNELL, LARRY (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CONTRERAS, DANIEL (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.99
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$0.76	
<b>CONTRERAS, IRMA (***)-**-*</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92

Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CONTRERAS, VINCENT (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$2.00	\$45.66
Group Life Insurance - Employee	\$100,000.00	\$25.30	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$25,000.00	\$0.83	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$11.46	
Group Voluntary Life Insurance - Spouse	\$25,000.00	\$4.50	
<b>CONTRERAS-JR, VICTOR (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CONTRERAS-JR., RIGOBERTO (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>COOPER, LATRICA (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CORD, PETER (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CORONA, MARIA (*-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CORRAL, ANTHONY (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CORTEZ, JACOB (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CORTEZ, JULIAN (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>COSIO, ELOY (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>COSS, FRANCISCO (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>COTTO, GUILLERMO (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$50.11
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$37.62	
<b>COVARRUBIAS, LINDA (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	

	Covered amount	Premium	Total premium
<b>CROOK, JOHN</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$18.75
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$7.52	
<b>CUADRAS-APALATEGUI, SELENA</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CUARON, CHANTELL</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CUDMORE, KAITLYN</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CUEVA, MARY</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$60.91
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$48.42	
<b>CURIEL-BAEZA, CRISTINA</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>CYMBOLIN, ALEXIS</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$17.13
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$30,000.00	\$0.94	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$5,000.00	\$0.17	
Group Voluntary Life Insurance - Employee	\$30,000.00	\$4.50	
Group Voluntary Life Insurance - Spouse	\$5,000.00	\$0.60	
<b>DANIELS, GRANTLAND</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.73
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.50	
<b>DARY, FARINA</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$17.26
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$5,000.00	\$0.17	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$5.26	
Group Voluntary Life Insurance - Spouse	\$5,000.00	\$0.60	
<b>DAVALOS, JAZMIN</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.73
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.50	
<b>DAVENPORT, JOI</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	

	Covered amount	Premium	Total premium
<b>DEAN, STEVEN</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$26,000.00	\$0.52	\$17.09
Group Life Insurance - Employee	\$26,000.00	\$6.58	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$9.68	
<b>DE-JESUS, GABRIELA</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>DE-LA-VEGA, OMAR</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>DE-LEON, HEIDI</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$36.95
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$4,000.00	\$0.14	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$4,000.00	\$0.14	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.63	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.63	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$5,000.00	\$0.17	
Group Voluntary Life Insurance - Child	\$4,000.00	\$1.67	
Group Voluntary Life Insurance - Child	\$4,000.00	\$1.67	
Group Voluntary Life Insurance - Employee	\$20,000.00	\$4.58	
Group Voluntary Life Insurance - Employee	\$20,000.00	\$4.58	
Group Voluntary Life Insurance - Spouse	\$5,000.00	\$0.90	
<b>DELEON, MARIO</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$13.52
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$2.29	
<b>DE-SANTIAGO, BRANDON</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>DIAZ, NOELLE</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$17.53
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$5.04	
<b>DIAZ, SARAH</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$13.52
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$2.29	
<b>DODD, BRIANNE</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>DOMINGUEZ, DARLENE</b> (**-**-****)			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.43
Group Life Insurance - Employee	\$40,000.00	\$10.12	

Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$2,000.00	\$0.07	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Child	\$2,000.00	\$0.84	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$2.29	
<b>DOTSON, LAWRENCE (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$13.52
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$2.29	
<b>DYKSTRA, GERRIT (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.73
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.50	
<b>EDGAR, SHELDON (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>EDMOND, FLOYD (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ENFIELD, MICHELLE (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.49
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$5.26	
<b>ESCAMILLA, CLAUDIA (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$54.22
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$3.14	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$100,000.00	\$35.64	
<b>ESCAMILLA, RAUL (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
<b>ESCOBAR, ANNABEL (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ESCOBAR, JAZABEL (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ESCOBEDO, CARLOS (**)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ESMAEILPOUR, RAHA (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	

	Covered amount	Premium	Total premium
<b>ESTEBEZ, JAZMIN (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.60	\$21.84
Group Life Insurance - Employee	\$40,000.00	\$20.24	
<b>FABIAN, JOHN (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$50.11
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$37.62	
<b>FERNANDEZ, JOANNA (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>FERNANDEZ, LAWRENCE (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$50.11
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$37.62	
<b>FIELDS, MICHAEL (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.73
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.50	
<b>FISHER, SASHA-NICOLE (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>FLENOIR, RICHARD (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>FLORES, GUSTAVO (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$17.53
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$5.04	
<b>FLORES, JOSE (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>FLYNN, TERRANCE (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$38.95
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$30,000.00	\$0.94	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$30,000.00	\$22.57	
<b>FREEMAN, JAMIE (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>FREGOSO, SILVIA (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	

	Covered amount	Premium	Total premium
<b>FRENG, MATTHEW</b> (***)-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$18.18
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.26	
Group Voluntary Life Insurance - Employee	\$40,000.00	\$6.00	
<b>FUENTES, EDWARD</b> (***)-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>FURMANSKI, TINA</b> (***)-██-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.60
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$4,000.00	\$0.14	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Child	\$4,000.00	\$1.67	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
<b>FUSI, MICHELLE</b> (***)-██-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GABRIEL, CAROLINA</b> (***)-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$19.99
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$7.50	
<b>GALAVIZ, EVELYN</b> (***)-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GARAY, TANYA</b> (***)-██-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.24
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.01	
<b>GARCIA, MIGUEL</b> (***)-██-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.36
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$30,000.00	\$0.94	
Group Voluntary Life Insurance - Employee	\$30,000.00	\$4.50	
<b>GARCIA, RAMONA</b> (***)-██-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$26,000.00	\$0.52	\$57.09
Group Life Insurance - Employee	\$26,000.00	\$6.58	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$48.42	
<b>GARCIA, SUNDAY</b> (***)-██-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GARCIA-LOEZA, JOSE</b> (***)-██-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GARNAAS, DARRELL</b> (***)-██-████████			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$17.53

Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$5.04	
<b>GARNAAS, MARTIN (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GIBSON, RANDALL (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GIL, CLAUDIA (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GODINEZ, ALEJANDRO (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GOMEZ, EDWARD (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$2.00	\$27.30
Group Life Insurance - Employee	\$100,000.00	\$25.30	
<b>GOMEZ, SEAN (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GONZALES, JAZMIN (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$13.15
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$2,000.00	\$0.07	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Child	\$2,000.00	\$0.84	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.01	
<b>GONZALES, LOUIE (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$30.31
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$17.82	
<b>GONZALEZ, HUGO (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GONZALEZ, JONATHAN (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GONZALEZ, JUAN (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GONZALEZ-LOPEZ, CYNTHIA (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$38.27
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$2,000.00	\$0.07	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$200,000.00	\$6.28	
Group Voluntary Life Insurance - Child	\$2,000.00	\$0.84	

Group Voluntary Life Insurance - Employee	\$200,000.00	\$20.16	
<b>GRAY, JOHN (</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$49.26
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$290,000.00	\$9.11	
Group Voluntary Life Insurance - Employee	\$290,000.00	\$29.23	
<b>GRAY, WILLIAM (***)</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>GREY, ANA (***)</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$25.50
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$10,000.00	\$0.33	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$5.26	
Group Voluntary Life Insurance - Spouse	\$10,000.00	\$4.16	
<b>GUERRERO, FERNANDO (</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.55
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.63	
<b>GUERRERO, MELINA</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GUTIERREZ, LISA (***)</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GUTIERREZ, LIZZETH</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GUTIERREZ, PARRISH (**)</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GUZMAN, CARLOS (***)</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$50.11
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$37.62	
<b>GUZMAN, DANIEL (**)</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GUZMAN, JANET (***)</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>GUZMAN, MARISOL (***)</b> [REDACTED]	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92

Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HAAS, KEN</b> (***)-*- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$2.00	\$27.30
Group Life Insurance - Employee	\$100,000.00	\$25.30	
<b>HACEGABA, BAMBI</b> (***)-*- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HALBROOK, JEFFREY</b> (***)-**- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HAMILTON, ASHLEY</b> (***)-*- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.99
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$0.76	
<b>HARPER, RONALD</b> (***)-*- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.40	\$46.42
Group Life Insurance - Employee	\$20,000.00	\$5.06	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$60,000.00	\$1.88	
Group Voluntary Life Insurance - Employee	\$15,000.00	\$39.08	
<b>HASAN, SUMMER</b> (***)-**- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HAYNES, TIFFANY</b> (***)- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
<b>HAZLEY, SHERLON</b> (***)-**- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
EE AD&D		(\$1.20)	(\$16.38)
EE LIFE		(\$15.18)	
<b>HEDGE, KAITLIN</b> (***)- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HEFNER, NICOLE</b> (***)-*- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$13.52
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$2.29	
<b>HERNANDEZ, BORIS</b> (***)-*- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.99
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$0.76	
<b>HERNANDEZ, CHRISTOPHER</b> (***)- 	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$25.32
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	

Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$25,000.00	\$0.83	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$7.50	
Group Voluntary Life Insurance - Spouse	\$25,000.00	\$4.50	
<b>HERNANDEZ, JOSE (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HERNANDEZ, LANETTE (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HERNANDEZ, MYNER (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$20.91
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$9.68	
<b>HERNANDEZ, RODRIGO (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HERNANDEZ, SIRIA (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>HERNANDEZ-ESTRADA, EVA (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$17.53
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$5.04	
<b>HERRERA, GLORIA (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>HERRERA, GUADALUPE (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HILARIO, JEREMY (****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HILBERG, NATALIE (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$19.99
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$7.50	
<b>HILLMAN, ANDREA (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>HIORTDAHL, CHRISTOPHER (***)-**-****</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.43
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$2,000.00	\$0.07	

Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Child	\$2,000.00	\$0.84	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$2.29	
<b>HOARD, LANIQUA (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$18.77
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$10,000.00	\$0.33	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.50	
Group Voluntary Life Insurance - Spouse	\$10,000.00	\$1.19	
<b>IANNARELLI, GARY (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.00	\$13.65
Group Life Insurance - Employee	\$50,000.00	\$12.65	
<b>IBARRA, JENNIFER (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>JACKSON, LASHAN (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$24.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$4,000.00	\$0.14	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.63	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$5,000.00	\$0.17	
Group Voluntary Life Insurance - Child	\$4,000.00	\$1.67	
Group Voluntary Life Insurance - Employee	\$20,000.00	\$7.13	
Group Voluntary Life Insurance - Spouse	\$5,000.00	\$4.26	
<b>JACKSON, LEONA (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$18.75
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$7.52	
<b>JAIMES, GILBERT</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$17.84
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$60,000.00	\$1.88	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$5.04	
<b>JAMIESON, MARISA (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>JASSO, IGSEL (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>JIMENEZ, CRYSTAL (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>JOHNSON, MITZI (**)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$50.11
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	

Group Voluntary Life Insurance - Employee	\$50,000.00	\$37.62	
<b>JOHNSON-DANCER, GWENDOLYN (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.40	\$97.04
Group Life Insurance - Employee	\$20,000.00	\$5.06	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$65,000.00	\$2.04	
Group Voluntary Life Insurance - Employee	\$65,000.00	\$89.54	
<b>JOJOLA, TARA (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$38.77
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$26.28	
<b>JOSTEN, ALEXANDER (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.24
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.01	
<b>JUAREZ, PRECIOUS (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>JUAREZ, VALENTINA (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>JUAREZ, YESSENIA (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>KIM, JOSHUA (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.24
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.01	
<b>KWOKA, COREY (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LACAS, SARA (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$16.27
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$3.78	
<b>LAFFERRE, AMANDA (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LALANI, SAMIR (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LANDA-GUZMAN, JAVIER (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	

	Covered amount	Premium	Total premium
<b>LANDEROS, DIANA</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
<b>LARIOS, PAULA (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LARK, CARYL (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.40	\$5.46
Group Life Insurance - Employee	\$20,000.00	\$5.06	
<b>LASKODI, RYAN (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LAWLOR, MICHAEL (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LAZALDE, ADRIAN (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.73
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.50	
<b>LAZO, ISRAEL (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LE, MYAN (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LEE, CARLA (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>LEON, JESSICA (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LEPE, ELENA (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LEYVA, CHRISTIAN (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>LI, XIAO (**-**-**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.83
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$5,000.00	\$0.17	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.01	
Group Voluntary Life Insurance - Spouse	\$5,000.00	\$0.42	

		Covered amount	Premium	Total premium
<b>LOMELAND, KELLY (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>LOPEZ, JESSICA (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>LOPEZ, JOHANA (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>LOPEZ, MARIA (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$26,000.00	\$0.52	\$7.10
Group Life Insurance - Employee		\$26,000.00	\$6.58	
<b>LOPEZ-ALCALA, CHRISTOPHER</b>				
Group Accidental Death & Disability Insurance - Employee		\$40,000.00	\$0.80	\$25.88
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident and Sickness Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accident and Sickness Insurance - Employee		\$200,000.00	\$6.28	
Group Voluntary Accident and Sickness Insurance - Spouse		\$100,000.00	\$3.30	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$5.04	
<b>LOZANO, LIA-LISA (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$100,000.00	\$2.00	\$27.30
Group Life Insurance - Employee		\$100,000.00	\$25.30	
<b>LUNA, JOHN (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$40,000.00	\$0.80	\$24.51
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident and Sickness Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accident and Sickness Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Spouse		\$50,000.00	\$7.50	
<b>MACHADO, SHERI (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$40,000.00	\$0.80	\$13.15
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident and Sickness Insurance - Child		\$2,000.00	\$0.07	
Group Voluntary Accident and Sickness Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$2,000.00	\$0.84	
Group Voluntary Life Insurance - Spouse		\$10,000.00	\$1.01	
<b>MACKEY, CHANTAY (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$40,000.00	\$0.80	\$12.24
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident and Sickness Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$1.01	
<b>MARAVILLA, CRYSTAL (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MARCOS, AUDREY-IDA (***)</b>				
Group Accidental Death & Disability Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MARTIN, ALLISON (***)</b>				
		Covered amount	Premium	Total premium

Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>MARTIN, BELISSA (</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$34.83
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$17.82	
<b>MARTIN, DANIEL (**</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$18.18
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.26	
Group Voluntary Life Insurance - Employee	\$40,000.00	\$6.00	
<b>MARTINEZ, BOBBY</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>MARTINEZ, JESSICA</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>MARTINEZ, JOANNA</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>MARTINEZ, MICHAEL</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>MARTINEZ, ROBERT</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$161.31
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$270,000.00	\$8.48	
Group Voluntary Life Insurance - Employee	\$270,000.00	\$141.91	
<b>MASCARENAS, NICOLE</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$13.09
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$2.17	
<b>MASUSHIGE, SANDRA</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$23.95
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$11.46	
<b>MATA, BECKY (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$22.06
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.63	
Group Voluntary Life Insurance - Employee	\$20,000.00	\$10.51	
<b>MAYEN, ERICK (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.24
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	

Group Voluntary Life Insurance - Employee		\$10,000.00	\$1.01	
<b>MCCANDLESS, JANA</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MCCULLER, WILLIAM</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MCGRAW-III, FREEMAN</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.49
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
<b>MCWELLS, CHARLES</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$26,000.00	\$0.52	\$7.10
Group Life Insurance - Employee		\$26,000.00	\$6.58	
<b>MEDINA, JANET (**-**-**)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$26,000.00	\$0.52	\$7.10
Group Life Insurance - Employee		\$26,000.00	\$6.58	
<b>MELTON, SHANDREA</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MENDEZ, EVELYN (**-**-**)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MENDEZ, IRVING (**-**-**)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MENDEZ, IVAN (**-**-9)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MESA, ANDREA (**-**-3)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MIERA, MARY (**-**-47)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$50.11
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$37.62	
<b>MIKHAEL, GEORGE (**-**-**)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$3.56	
<b>MILLS, PAIGE (**-**-**)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.24
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$1.01	

		Covered amount	Premium	Total premium
<b>MIRANDA, MIGUEL (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MIRANDA-LOPEZ, NORBERTO (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$20.91
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$9.68	
<b>MIRANDA-TORRES, ELLIOTT (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MOISES, DATANGLA (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MONTANO, SYLVIA (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.18
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$1.26	
<b>MONTES, DIANE (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
<b>MONTIEL, SAMANTHA (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.24
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$1.01	
<b>MONZON-ZALAZAR, CARMEN (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>MOORE, GLORIA (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$60.91
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$48.42	
<b>MORA, MANUEL (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.24
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$1.01	
<b>MORALES, BLANCA (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$38.77
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$26.28	
<b>MORALES, CHRISTOPHER (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	

		Covered amount	Premium	Total premium
MORALES, DAVID (*				
Group Accidental De	Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
MORALES, JEANET				
Group Accidental De	Insurance - Employee	\$100,000.00	\$2.00	\$27.30
Group Life Insurance		\$100,000.00	\$25.30	
MORRIS, GLENFOR				
Group Accidental De	Insurance - Employee	\$26,000.00	\$0.52	\$25.42
Group Life Insurance		\$26,000.00	\$6.58	
Group Voluntary Acc	berment Insurance - Employee	\$13,000.00	\$0.41	
Group Voluntary Life		\$13,000.00	\$17.91	
MUELA, AARON (***)				
Group Accidental De	Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
MUELLER, MELANIE				
Group Accidental De	Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
MUNOZ, KAREN (***)				
Group Accidental De	Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
MUNOZ, KELLY (***)				
Group Accidental De	Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
MURAD, JOSEPH (**)				
Group Accidental De	Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
MURILLO, ALEJAND				
Group Accidental De	Insurance - Employee	\$40,000.00	\$0.80	\$20.17
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Acc	berment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Acc	berment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Acc	berment Insurance - Spouse	\$10,000.00	\$0.33	
Group Voluntary Life		\$10,000.00	\$4.18	
Group Voluntary Life		\$10,000.00	\$2.29	
Group Voluntary Life		\$10,000.00	\$1.80	
MURILLO, JOVANNA				
Group Accidental De	Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
NAVARRO, JUAN (**)				
Group Accidental De	Insurance - Employee	\$100,000.00	\$2.00	\$105.68
Group Life Insurance		\$100,000.00	\$25.30	
Group Voluntary Acc	berment Insurance - Employee	\$100,000.00	\$3.14	
Group Voluntary Life		\$100,000.00	\$75.24	
NAVARRO, PAUL (**)				
Group Accidental De	Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
NELSON, FATIMA (**)				

Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>NGUYEN, THUY-TRIM</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>NICHOLS, TRACY (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>NICHOLSON, JODEE (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>NUNEZ-RUIZ, JOSSELYN (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>OCHOTORENA, NICOLE (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>OFOEGBU, ANGELA (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$26,000.00	\$0.52	\$30.46
Group Life Insurance - Employee	\$26,000.00	\$6.58	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$2,000.00	\$0.07	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$10,000.00	\$0.33	
Group Voluntary Life Insurance - Child	\$2,000.00	\$0.84	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$9.68	
Group Voluntary Life Insurance - Spouse	\$10,000.00	\$12.13	
<b>OLALIA, JAMES (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>OLIVA, CHRISTOPHER (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>OLIVAREZ, RAQUEL (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$22.70
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.26	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$40,000.00	\$6.00	
<b>OROZCO, NATALIE (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ORTIZ, MARIA (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>PACHUCA, NORMA (**-**-****)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$77.76
Group Life Insurance - Employee	\$40,000.00	\$10.12	

Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$120,000.00	\$3.77	
Group Voluntary Life Insurance - Employee		\$120,000.00	\$63.07	
<b>PADILLA, LILIA</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>PADILLA-ZUNIGA, LILIA (7)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>PAIGE, ERIC (**)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$20.90
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child		\$2,000.00	\$0.07	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse		\$10,000.00	\$0.33	
Group Voluntary Life Insurance - Employee		\$2,000.00	\$0.84	
Group Voluntary Life Insurance - Spouse		\$10,000.00	\$2.29	
Group Voluntary Life Insurance - Spouse		\$10,000.00	\$6.14	
<b>PAIGE, RICHARD</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$18.75
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$7.52	
<b>PALACIOS, DAVID</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$19.99
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$7.50	
<b>PALACIOS, TELMO</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.18
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$1.26	
<b>PANIAGUA, VANCE</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$33.80
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse		\$25,000.00	\$0.83	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Spouse		\$50,000.00	\$11.46	
Group Voluntary Life Insurance - Spouse		\$25,000.00	\$4.50	
<b>PARADA, MYRIAM</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>PAREDES, JAQUELINE</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$11.91
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$0.68	
<b>PARKER, CHARLES</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$20,000.00	\$0.40	\$5.46

Group Life Insurance - Employee		\$20,000.00	\$5.06	
<b>PARNELL, MAISHA</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>PARTIDA, RUDOLPH</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$3.56	
<b>PASTRANA, CITLAL</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>PENA, NIDIA (**-**-2)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.49
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
<b>PEREA, DANIEL (**-**-2)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$14.79
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$3.56	
<b>PEREZ, EDUARDO (**-**-2)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>PEREZ, LEIDIN (**-**-2)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.73
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$1.50	
<b>PEREZ, ROBERTO (**-**-2)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$23.80
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse		\$25,000.00	\$0.83	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$7.50	
Group Voluntary Life Insurance - Spouse		\$25,000.00	\$2.98	
<b>PEREZ, THERESA (**-**-2)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>PHAM, CHRISTINA (**-**-2)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>PICKEL, CARL (**-**-2)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$303.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$250,000.00	\$7.85	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse		\$150,000.00	\$4.95	
Group Voluntary Life Insurance - Employee		\$250,000.00	\$188.10	
Group Voluntary Life Insurance - Spouse		\$150,000.00	\$92.10	

	Covered amount	Premium	Total premium
<b>PINK, KIMBERLY (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance	\$40,000.00	\$10.12	
<b>POMPA, CHRISTIAN (**)</b>			
EE AD&D		(\$0.80)	(\$20.59)
EE LIFE		(\$10.12)	
CH AD&D		(\$0.34)	
CH LIFE		(\$4.18)	
EE AD&D		(\$0.63)	
EE LIFE		(\$3.00)	
SP AD&D		(\$0.33)	
SP LIFE		(\$1.19)	
<b>PRICE, RACHEL (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$50.92
Group Life Insurance	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.26	
Group Voluntary Life Insurance - Employee	\$40,000.00	\$38.74	
<b>PUENTES, TANIA (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance	\$40,000.00	\$10.12	
<b>PUERTO, NAPOLEON (**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance	\$40,000.00	\$10.12	
<b>PUGH, DEONTRAY (**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance	\$40,000.00	\$10.12	
<b>QUESENBERRY, CAITLYN (**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance	\$40,000.00	\$10.12	
<b>QUEZADA, AMANDA (**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance	\$40,000.00	\$10.12	
<b>QUIROGA, STEPHANIE (**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance	\$40,000.00	\$10.12	
<b>RAMIREZ, ALEJANDRO (**)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$50.11
Group Life Insurance	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$37.62	
<b>RAMIREZ, ANDY (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.79
Group Life Insurance	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$3.56	
<b>RAMIREZ, JOSE (***)</b>			
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	

		Covered amount	Premium	Total premium
<b>RAMIREZ, YESENIA (</b>				
Group Accidental De	ent Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>RAMOS, ANGELICA (</b>				
Group Accidental De	ent Insurance - Employee	\$40,000.00	\$0.80	\$12.24
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Acci	memberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life	ree	\$10,000.00	\$1.01	
<b>RAMOS, BRIANNA (**</b>				
Group Voluntary Life		\$2,000.00	\$0.84	\$1.60
Group Voluntary Life	ree	\$10,000.00	\$0.76	
<b>RAMOS, LUIS (**-**-9</b>				
Group Accidental De	ent Insurance - Employee	\$40,000.00	\$0.80	\$12.83
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Acci	memberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Acci	memberment Insurance - Spouse	\$5,000.00	\$0.17	
Group Voluntary Life	ree	\$10,000.00	\$1.01	
Group Voluntary Life	e	\$5,000.00	\$0.42	
<b>RAMOS, WILFRED (**</b>				
Group Accidental De	ent Insurance - Employee	\$40,000.00	\$0.80	\$30.31
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Acci	memberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life	ree	\$50,000.00	\$17.82	
<b>RAZO, MARIA (***-**-6</b>				
Group Accidental De	ent Insurance - Employee	\$20,000.00	\$0.40	\$5.46
Group Life Insurance		\$20,000.00	\$5.06	
<b>REED, LAUREN (***-*</b>				
Group Accidental De	ent Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>REVELES, DULCE (**</b>				
Group Accidental De	ent Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>REYES, BRANDY (**</b>				
Group Accidental De	ent Insurance - Employee	\$40,000.00	\$0.80	\$11.99
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Acci	memberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life	ree	\$10,000.00	\$0.76	
<b>REYES, EDWIN (***-**</b>				
Group Accidental De	ent Insurance - Employee	\$40,000.00	\$0.80	\$24.51
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Acci	memberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Acci	memberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Life		\$10,000.00	\$4.18	
Group Voluntary Life	vee	\$50,000.00	\$7.50	
<b>REYES, JULIO (***-**-</b>				
Group Accidental De	ent Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>REYNAGA, GUIDO (**</b>				

Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>REYNOSA, CONNIE</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$2.00	\$27.30
Group Life Insurance - Employee	\$100,000.00	\$25.30	
<b>REYNOSO, SANTIAGO</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>RIOS, OSCAR (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$19.91
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$25,000.00	\$0.83	
Group Voluntary Life Insurance - Employee	\$50,000.00	\$5.04	
Group Voluntary Life Insurance - Spouse	\$25,000.00	\$1.55	
<b>RIVAS, JULIO (***)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>RIVAS, LILIANA (**)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$2.00	\$47.28
Group Life Insurance - Employee	\$100,000.00	\$25.30	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$20,000.00	\$0.63	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse	\$10,000.00	\$0.33	
Group Voluntary Life Insurance - Employee	\$20,000.00	\$10.51	
Group Voluntary Life Insurance - Spouse	\$10,000.00	\$8.51	
<b>ROBINSON, TYLER</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROBLEDO, LISA (*)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROBLES, ANALISA</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$13.52
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$2.29	
<b>ROBLES, ANTHONY</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROBLES, JENNY (*)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$44.34
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$60,000.00	\$1.88	
Group Voluntary Life Insurance - Employee	\$60,000.00	\$31.54	
<b>ROBLES, MICHELLE</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROBLES, VINCENT</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>

Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>RODARTE, ARNULFO</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>RODRIGUEZ, JORGE (***-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>RODRIGUEZ, PRISCILA (***-**-2)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$38.90
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$90,000.00	\$2.83	
Group Voluntary Life Insurance - Child	\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee	\$90,000.00	\$20.63	
<b>RODRIGUEZ, ROSE (**-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>RODRIGUEZ-REYES, JORGE (***-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$1.60	\$24.48
Group Life Insurance - Employee	\$40,000.00	\$20.24	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.62	
Group Voluntary Life Insurance - Employee	\$10,000.00	\$2.02	
<b>ROJAS, EDITH (**-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROJO, RAQUEL (**-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROMERO, ISAIAH (**-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROMERO, JOSHUA (**-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROSALES, BRANDON (**-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROSALES, GREEIG (**-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ROSALES, MELANIA (**-**-6</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$14.13
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$30,000.00	\$0.94	
Group Voluntary Life Insurance - Employee	\$30,000.00	\$2.27	

		Covered amount	Premium	Total premium
<b>ROSALES, MICHELLE (</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>ROSALES, MONSERRA</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.53
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$30,000.00	\$0.94	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse		\$10,000.00	\$0.33	
<b>ROWE, MARY (***)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>RUBIO, MICHAEL (***)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$17.86
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse		\$10,000.00	\$0.33	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$5.04	
<b>RUIZ, JENNIFER (***)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>RUVALCABA, JORGE (</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$32.05
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$130,000.00	\$4.08	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse		\$30,000.00	\$0.99	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Spouse		\$130,000.00	\$9.83	
Group Voluntary Life Insurance - Spouse		\$30,000.00	\$1.71	
<b>SAKUGAWA, KOJI (***)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>SALAS, EDGAR (***)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.49
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
<b>SALAZAR, GUADALUP</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$50.11
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$37.62	
<b>SALGADO, WILLIAM (**</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$110.16
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$200,000.00	\$6.28	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse		\$200,000.00	\$6.60	
Group Voluntary Life Insurance - Child		\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee		\$200,000.00	\$45.84	

Group Voluntary Life Insurance - Spouse		\$200,000.00	\$36.00	
<b>SALINAS, LOUIS</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>SAMBRONE, AARON</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$30.62
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$60,000.00	\$1.88	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$17.82	
<b>SAME-WEIL, NOLAN</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$23.95
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$11.46	
<b>SANCHEZ, CRYSTAL</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$17.53
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$5.04	
<b>SANCHEZ, ILIANA</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>SANCHEZ, KIMBERLY</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$21.62
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$100,000.00	\$3.14	
Group Voluntary Life Insurance - Employee		\$100,000.00	\$7.56	
<b>SANCHEZ, LIANA</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$100,000.00	\$2.00	\$27.30
Group Life Insurance - Employee		\$100,000.00	\$25.30	
<b>SANCHEZ, RAYMOND</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>SANCHEZ, SERAFIN</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>SANCHEZ-CORTES, JUAN</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$100,000.00	\$2.00	\$27.30
Group Life Insurance - Employee		\$100,000.00	\$25.30	
<b>SANDOVAL, ELISABETH</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$20.17
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Accidental Death & Dismemberment Insurance - Spouse		\$10,000.00	\$0.33	
Group Voluntary Life Insurance - Child		\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$2.29	
Group Voluntary Life Insurance - Spouse		\$10,000.00	\$1.80	

		Covered amount	Premium	Total premium
SANDOVAL, RUDOLPH	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
SANDOVAL, VALERIA (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
SANTI, SESSY (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
SARTAIN, DANIEL (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
SCHERMAN, NORA (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
SCHLESNER, JERRITT (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.24
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
	Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
	Group Voluntary Life Insurance - Employee	\$10,000.00	\$1.01	
SEXTON-JR., WILLARD (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
SHEAD, ROHN (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
SHELTON, WILLIAM (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$41.50
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
	Group Voluntary Accidental Death & Dismemberment Insurance - Child	\$10,000.00	\$0.34	
	Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$100,000.00	\$3.14	
	Group Voluntary Life Insurance - Employee	\$10,000.00	\$4.18	
	Group Voluntary Life Insurance - Employee	\$100,000.00	\$22.92	
SIBRIE, WALI (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
SIERRA-MIRANDA, DANIEL (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.49
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
	Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
SILVA, GARRETT (***-**-****)	Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.99
	Group Life Insurance - Employee	\$40,000.00	\$10.12	
	Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
	Group Voluntary Life Insurance - Employee	\$10,000.00	\$0.76	
SILVA-MENDOZA, BRANDI (***-**-9354)	EE AD&D		(\$0.80)	(\$10.92)
	EE LIFE		(\$10.12)	

		Covered amount	Premium	Total premium
<b>SMERDEL, JAMIE</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>SONG, MICHAEL (</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>SORIANO, DEANN</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$70.90
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident, Sickness & Dismemberment Insurance - Employee		\$60,000.00	\$1.88	
Group Voluntary Life Insurance - Employee		\$60,000.00	\$58.10	
<b>SOTO, INGRID (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$100,000.00	\$2.00	\$348.69
Group Life Insurance - Employee		\$100,000.00	\$25.30	
Group Voluntary Accident, Sickness & Dismemberment Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accident, Sickness & Dismemberment Insurance - Employee		\$400,000.00	\$12.56	
Group Voluntary Accident, Sickness & Dismemberment Insurance - Spouse		\$250,000.00	\$8.25	
Group Voluntary Life Insurance - Child		\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee		\$400,000.00	\$142.56	
Group Voluntary Life Insurance - Spouse		\$250,000.00	\$153.50	
<b>SOTO, JULIEANA</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$11.91
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident, Sickness & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$0.68	
<b>SOTO, MONICA (**)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$34.52
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident, Sickness & Dismemberment Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accident, Sickness & Dismemberment Insurance - Employee		\$60,000.00	\$1.88	
Group Voluntary Life Insurance - Employee		\$60,000.00	\$21.38	
<b>STEPHENS, HEATHER (71)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$21.35
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident, Sickness & Dismemberment Insurance - Employee		\$40,000.00	\$1.26	
Group Voluntary Life Insurance - Employee		\$40,000.00	\$9.17	
<b>STRICKLAND, JERRY (9611)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>STROHL, MATT (**)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>SWEE, EMILY (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$13.52
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident, Sickness & Dismemberment Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$2.29	
<b>SYED, OBAID (***)</b>				
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92

Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>TALAVERA, RUBY</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>TARIN, JOE (***)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$17.53
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident & Sickness Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$5.04	
<b>TARKANIAN, WILLIAM</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$100,000.00	\$2.00	\$77.29
Group Life Insurance - Employee		\$100,000.00	\$25.30	
Group Voluntary Accident & Sickness Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$48.42	
<b>THAN, MARDY (***)</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$15.70
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident & Sickness Insurance - Child		\$2,000.00	\$0.07	
Group Voluntary Accident & Sickness Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$2,000.00	\$0.84	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$3.56	
<b>THOMPSON, IRAN</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$18.75
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident & Sickness Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$7.52	
<b>TILLMAN, TERRANCE</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	(\$11.36)
Group Life Insurance - Employee		\$40,000.00	\$10.12	
EE AD&D			(\$1.24)	
EE LIFE			(\$21.04)	
<b>TORRES, ANDREA</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>TORRES, JONATHAN</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>TORRES, RAIMUNDO</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident & Sickness Insurance - Employee		\$10,000.00	\$0.31	
<b>TORRES, ROBERT</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$12.73
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accident & Sickness Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$1.50	
<b>TORRES, SAMUEL</b>		<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	

		Covered amount	Premium	Total premium
<b>TRAN, SYDNEY (***)</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>VALENCIA-RUIZ, LAURA</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>VARGAS, ELIANNA (**)</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>VARNER, ERIC (***)</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>VASQUEZ, ARLENE (**)</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$100,000.00	\$2.00	\$27.30
Group Life Insurance		\$100,000.00	\$25.30	
<b>VASQUEZ, GILBERT (**)</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>VASQUEZ, LENA (***)</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$13.15
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Accident and Sickness Insurance - Child		\$2,000.00	\$0.07	
Group Voluntary Accident and Sickness Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance		\$2,000.00	\$0.84	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$1.01	
<b>VASQUEZ, NICK (***)</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>VASQUEZ-ALVAREZ, JUAN</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$16.27
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Accident and Sickness Insurance - Employee		\$50,000.00	\$1.57	
Group Voluntary Life Insurance - Employee		\$50,000.00	\$3.78	
<b>VAZQUEZ, ARLENE (**)</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	
<b>VEGA, DIANA (***)</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$72.80
Group Life Insurance		\$40,000.00	\$10.12	
Group Voluntary Accident and Sickness Insurance - Child		\$10,000.00	\$0.34	
Group Voluntary Accident and Sickness Insurance - Employee		\$100,000.00	\$3.14	
Group Voluntary Accident and Sickness Insurance - Spouse		\$100,000.00	\$3.30	
Group Voluntary Life Insurance		\$10,000.00	\$4.18	
Group Voluntary Life Insurance - Employee		\$100,000.00	\$22.92	
Group Voluntary Life Insurance - Spouse		\$100,000.00	\$28.00	
<b>VELASQUEZ, MICHELLE</b>				
Group Accidental Death and Dismemberment Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance		\$40,000.00	\$10.12	

		Covered amount	Premium	Total premium
<b>VENEGAS, DEANNA</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$11.91
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Sickness Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$0.68	
<b>VENEGAS, ELIANNA</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>VENEGAS, GABRIELA</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$67.28
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Sickness Insurance - Employee		\$100,000.00	\$3.14	
Group Voluntary Accidental Death & Sickness Insurance - Spouse		\$20,000.00	\$0.66	
Group Voluntary Life Insurance - Employee		\$100,000.00	\$52.56	
<b>VENEGAS, GABRIELA</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>VENEGAS-NOGUERA, YAFRA</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>VIDES, SARA</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$12.73
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Sickness Insurance - Employee		\$10,000.00	\$0.31	
Group Voluntary Life Insurance - Employee		\$10,000.00	\$1.50	
<b>VILLAREAL, MONIQUE</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>VOLANOS, VALERIE</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>WALLS, SHERRIE</b> (***)-**-67				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$21.84
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>WALTER, JOHN</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
<b>WASHINGTON, NISEY</b> (***)-**-**				
Group Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$0.80	\$50.92
Group Life Insurance - Employee		\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Sickness Insurance - Employee		\$40,000.00	\$1.26	
Group Voluntary Life Insurance - Employee		\$40,000.00	\$38.74	
<b>WEINBERGER, ASHLEY</b> (***)-**-**				
EE AD&D			(\$0.80)	(\$10.92)
EE LIFE			(\$10.12)	
<b>WEYAND, ANNETTE</b> (***)-**-**				
		Covered amount	Premium	Total premium

Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$12.49
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$50,000.00	\$1.57	
<b>WHITE-LESLIE, KEVIN</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$26,000.00	\$0.52	\$7.10
Group Life Insurance - Employee	\$26,000.00	\$6.58	
<b>WILLARD, KIMBERLY</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>WILLIAMS, TINA (**-**-**)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>WILLIAMS, XAVIER (**-**-**)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>WILLKOM, KATHERINE</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>WILLKOM, NICHOLLE</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>YAKEL, JARED (**-**-**)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>YOON, JEONG-MI (**-**-**)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>YUN, STACEY (**-**-**-6)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ZERMENO, LUPE (**-**-**)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$10.92
Group Life Insurance - Employee	\$40,000.00	\$10.12	
<b>ZUBIETA, THOMAS (**-**-**)</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
<b>ZUNIGA, JOSE-ALEJANDRO</b>	<b>Covered amount</b>	<b>Premium</b>	<b>Total premium</b>
Group Accidental Death & Dismemberment Insurance - Employee	\$40,000.00	\$0.80	\$11.23
Group Life Insurance - Employee	\$40,000.00	\$10.12	
Group Voluntary Accidental Death & Dismemberment Insurance - Employee	\$10,000.00	\$0.31	
	<b>Total Premium:</b>		\$8,528.62
	<b>Credits:</b>		\$0.00

Remaining balance:\$8,528.62

Ready to pay?

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Visit [unum.com/pay](http://unum.com/pay)

**If paying by check, please remit to:** FIRST UNUM LIFE INSURANCE COMPANY, PO BOX 406927, ATLANTA, GA, 30384-6927

This invoice was downloaded from MyUnum for Clients at 9:37am PDT on Thursday, September 11, 2025

Aug-25  
Depth#

8,528.62

1	408	SAMHSA CCBHC	11015 Bloomfield SFS, LGBTQ++	2.50%	213.13
2	408	FCRP	11121 Bloomfield SFS	4.17%	356.03
3	408	SAMHSA ACT	9300 Santa fe Springs Rd	1.05%	89.28
4	408	SAMHSA T.R.E.E	5 Bloomfield Ave/ 10210 Orr and Day Rd		
5	408	0	0		
6	408	Drug Medical Residential Nuestra Casa	8919 California Ave, Southgate	9.04%	770.67
7	408	SAMHSA M.A.T	1015 Bloomfield SFS and Orr and D	1.15%	98.09
8	408	Drug Medical OP SFS	11015 Bloomfield SFS	7.32%	624.31
9	408	0			
10	408	0	0		
11	408	0			
12	408	0			
		0			
14	408	City of Hawthorne Outreach	1410 N Garey Ave Pomona	0.49%	41.85
15	408	Drug Medical Residential Alien House	11111 Bloomfield	10.92%	931.68
16	408	Federal USPO Alien House			
17	408	SAMHSA Prevention Navigator	10210 Orr and Day Rd	0.24%	20.77
18	408	Corporation	12070 Telegraph Rd	0.69%	59.21
19	408	Court Ordered SFS	11015 Bloomfield Ave	0.07%	5.65
20	408	HIV TESTING (Expired May 2025)	305-307 South Central Ave. LA	0.00%	0.00
21	408	Court Ordered LA	San Pedro St. LA / 305-307 South C	0.06%	5.16
22	408	SGV - High Acuity - Expired	175 Huntington Dr, Ste 101, Pasade	0.00%	0.00
23	408	CPMP	10425 Painter Ave	1.27%	108.35
24	408	Drug Medical OP Long Beach	5861 Cherry Ave Long Beach	5.63%	480.55
25	408	0	0		
26	408	0	0		
27	408	City of Alhambra Outreach	1410 N Garey Ave Pomona	0.46%	38.87
28	408	Drug Med OP DTLA	305-307 South Central Ave. LA	5.23%	445.98
29	408	CHRP - UCLA	305-307 South Central Ave. LA	0.00%	0.00
30	408	SAMHSA Drug Free Community	10210 Orr and Day Rd	0.08%	4.82
31	408	0	0		
32	408	SAFE HAVEN	12580 Lakeland Rd	4.28%	364.96
33	408	SAMHSA Care Council Partnership	10210 Orr and Day	0.24%	20.36
34	408	Drug Medical Residential Alice House	14100 Glengyle St, Whittier, CA	3.29%	280.91
35	408	0			
36	408	CENS	9300 Santa fe Springs Rd	4.22%	360.25
37	408	0			
38	408	CAL CRG-LAM	426 S. San Pedro St. LA	0.00%	0.00
39	408	IN JAIL Men Central	175 Huntington Dr, Ste 101, Pasade	2.06%	176.08
40	408	RBH	ALL RBH Sites	7.09%	604.54
41	408	SAMHSA PPW	Inez St. 12212,12216,12220	0.72%	61.36
42	408	TTA	10924 Main St	0.48%	40.93
43	408	0			
44	408	Other Outreach Cities		0.00%	0.00
45	408	Drug Medical Youth	10210 Orr and Day Rd	0.72%	61.54
46	408	0	0		
47	408	Lynwood B-Chip		0.00%	0.00
48	408	Bridge of Hope Community Housing - Hawthorne		1.05%	89.41
49	408	SGV - Supplemental	1410 N Garey Ave Pomona	2.81%	222.62
50	408	SGV - Mobile Crisis	1410 N Garey Ave Pomona	1.04%	88.43
51	408	Drug Medical Outpatient - SRH		0.37%	31.86
52	408	Operation Stay Safe - Montebello		2.13%	181.38
53	408	Mentored Internship Program (Expired)	12070 Telegraph Rd	0.00%	0.00
54	408	SAMHSA Building Communities of Recovery	305-307 South Central Ave. LA	0.32%	27.65
55	408	Reentry Intensive Case Management Services	10924 Main St	0.40%	33.86
56	408	In Jail Pitchess Detention Center	175 Huntington Dr, Ste 101, Pasade	1.52%	129.68
59	408	SAMHSA Adult Reentry Program		0.70%	59.78
60	408	Sierra Health Foundation - HEAR US		1.37%	116.91
61	408	ren and Youth Behavioral Health Initiative (EXPIRED JUN	10210 Orr and Day Rd	0.00%	0.00
62	408	g Beach Reentry Achievement Program (EXPIRED DEC 2	5861 Cherry Ave Long Beach	0.00%	0.00
63	408	Hermosa Beach Outreach		0.73%	62.23
65	408	a Health Foundation - MAT - Opioid Funding (Expired Apr 2025)		0.00%	0.00
66	408	Drug Medi-Cal Residential - New York Dr	1092 New York Dr	3.72%	317.39
67	408	City of Azusa - Azusa Resource Center		1.58%	134.83
68	408	Drug Medical OP DTLA - San Pedro	426 San Pedro St	8.13%	693.63
69	408	HIV-AIDS Prevention	305-307 South Central Ave. LA	0.12%	10.13
70	408	ierra Health Foundation - Nuestra Casa (Expired June 202	8919 California Ave, Southgate	0.00%	0.00
71	408	SAPC - Youth Bridge Program	10210 Orr and Day Rd	0.05%	4.38
72	408	Long Beach - Opioid Overdose Prevention	5861 Cherry Ave Long Beach	0.18%	15.76
74	408	Early Care and Education	12070 Telegraph Rd	0.10%	8.68
75	408	Long Beach - HUB & SPOKE	5861 Cherry Ave Long Beach	0.11%	9.22
80	408	Youth Opioid Response	10210 Orr and Day Rd	0.30%	25.44

100.00%

8528.62



CaliforniaChoice Benefit Administrators  
 LIC# 0B42994  
 721 South Parker, Suite 140  
 Orange, CA 92868

Group Number: **59393**  
 Invoice Number: **4904287**  
 Coverage Period: **SEPTEMBER 2025**

FOR ASSISTANCE... Call: (800) 558-8003  
 Website: [www.calchoice.com](http://www.calchoice.com) Email: [customerservice@calchoice.com](mailto:customerservice@calchoice.com)

**PREMIUM(S) STATEMENT**

**GENESIS BARRALES PARADA**  
**L A C A D A**  
**12070 TELEGRAPH RD**  
**SUITE 207**  
**SANTA FE SPRINGS, CA 90670**

FRIENDLY REMINDER: Premium payments should be paid as billed by the due date indicated on this statement.

SAVE TIME AND POSTAGE: You can submit a one-time payment online at [calchoice.com](http://calchoice.com) or set up recurring payments.

**\$281,759.43**

Note: Any payments or requests received after 08/01/2025 will be reflected on the next invoice. Please contact us immediately with any discrepancies.

Invoice Activity		
Previous Ending Balance: (as of 07/01/25)	+	\$ 550,984.11
Payment(s) Received: (Check #:79228347)	-	\$ 264,178.60
Total Adjustments: (See adjustment page(s) for details.)	+	\$ ✓ 10,633.10
Sum of September Contract Premium(s) (+ Fees):	+	\$ ✓ 271,126.33
<b>Total of Contract Balances Due: (Payment Due Date: 08/20/2025)</b>	+	<b>\$ 568,564.94</b>

01-6408-All

Policy Information		
Medical Tier: SILVER-GOLD-PLATINUM	Chiro: No	Employer Waiting Period: 60 days
Dental: Yes	Life: No	Renewal Date: 04/01/2026
Vision: Yes	COBRA Status: Federal COBRA	Minimum Hours Eligibility: 30+

\* Complete reverse side to report terminations of employment and/or reduction in hours for covered employees.  
 PLEASE DETACH THE BOTTOM PORTION AND RETURN IT WITH YOUR PAYMENT



IF SUBMITTING TERMINATION FORM ON REVERSE SIDE PLEASE REMIT ENTIRE PAGE

Group Number:	59393
Total Balance Due:	\$ 568,564.94
Payment Due Date:	08/20/2025
Amount Enclosed:	\$

**LACADA**

Current Billing Address: 12070 TELEGRAPH RD SUITE 207 SANTA FE SPRINGS, CA 90670	Current Street Address: 12070 TELEGRAPH RD SUITE 207 SANTA FE SPRINGS, CA 90670
Please indicate address changes below: <input type="checkbox"/> billing <input type="checkbox"/> street <input type="checkbox"/> both	
Street	
City	State Zip
Phone Number	Fax Number

For those set up with online recurring payments, your payment will be automatically debited from your payment account on the Payment Due Date.

Please make checks payable to:

Attn: Accounts Receivable  
 CaliforniaChoice Benefit Administrators  
 PO Box 7088  
 Orange, CA 92863-7088

0000000000000000593930000000568564940000004

# CaliforniaChoice Program

## INVOICE

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 684.27	\$ 0.00	\$ 684.27	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 411.61	\$ 0.00	\$ 411.61	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	A
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 955.48	\$ 0.00	\$ 955.48	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	CA
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1111.70	\$ 0.00	\$ 1111.70	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 553.80	\$ 0.00	\$ 553.80	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Medical	Employee	Kaiser Permanente	G	GHB	\$ 460.59	\$ 0.00	\$ 460.59		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHB	\$ 486.47	\$ 0.00	\$ 486.47		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 850.77	\$ 0.00	\$ 850.77		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 684.27	\$ 0.00	\$ 684.27		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHG	\$ 460.08	\$ 0.00	\$ 460.08		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	Employee	Health Net	G	GHA	\$ 460.05	\$ 0.00	\$ 460.05	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 582.69	\$ 0.00	\$ 582.69	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
	Medical	Employee	Anthem Blue Cross PPO	G	GPE	\$ 694.64	\$ 0.00	\$ 694.64	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 456.18	\$ 0.00	\$ 456.18	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1017.28	\$ 0.00	\$ 1017.28	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 478.07	\$ 0.00	\$ 478.07	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1111.70	\$ 0.00	\$ 1111.70	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 564.75	\$ 0.00	\$ 564.75	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 528.71	\$ 0.00	\$ 528.71	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Health Net	G	GHD	\$ 500.78	\$ 0.00	\$ 500.78	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 998.00	\$ 0.00	\$ 998.00	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 676.98	\$ 0.00	\$ 676.98	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHB	\$ 458.27	\$ 0.00	\$ 458.27	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical				Waived	\$ 0.00	\$ 0.00	\$ 0.00	
	Dental	Employee	VSP Vision		Waived				
	Vision				10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 561.10	\$ 0.00	\$ 561.10	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 890.46	\$ 0.00	\$ 890.46	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Medical	Employee	Kaiser Permanente	P	PHA	\$ 495.87	\$ 0.00	\$ 495.87		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 546.50	\$ 0.00	\$ 546.50		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 878.79	\$ 0.00	\$ 878.79		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	G	GHB	\$ 493.11	\$ 0.00	\$ 493.11		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Anthem Blue Cross PPO	G	GPE	\$ 546.32	\$ 0.00	\$ 546.32		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	S	SHA	\$ 746.47	\$ 0.00	\$ 746.47		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 778.24	\$ 0.00	\$ 778.24		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 713.01	\$ 0.00	\$ 713.01		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Health Net	P	PHC	\$ 572.29	\$ 0.00	\$ 572.29	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 604.44	\$ 0.00	\$ 604.44	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	EE+Family	Health Net	P	PHC	\$ 449.83	\$ 1049.87	\$ 1499.70	
	Dental	EE+Family	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 1156.62	\$ 0.00	\$ 1156.62	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 528.71	\$ 0.00	\$ 528.71	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Vision				Waived					
Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 605.08	\$ 0.00	\$ 605.08		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 1071.42	\$ 0.00	\$ 1071.42		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Health Net	P	PHG	\$ 576.06	\$ 0.00	\$ 576.06		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 1368.54	\$ 0.00	\$ 1368.54		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	S	SHA	\$ 746.47	\$ 0.00	\$ 746.47		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	G	GHA	\$ 418.53	\$ 0.00	\$ 418.53		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHB	\$ 912.97	\$ 0.00	\$ 912.97		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		

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NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

**INVOICE**

**Continued**

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
<b>Employer Contribution for Employee</b>		
<b>Employer Contribution for Dependents</b>		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHB	\$ 1342.59	\$ 0.00	\$ 1342.59	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 543.31	\$ 0.00	\$ 543.31	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75	
	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 605.08	\$ 0.00	\$ 605.08	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical				Waived	\$ 0.00	\$ 0.00	\$ 0.00	
	Dental				Waived				
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 593.94	\$ 0.00	\$ 593.94	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Medical	EE+Family	Kaiser Permanente	P	PHB	\$ 571.95	\$ 921.42	\$ 1493.37		
Dental	EE+Family	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	DA	
Medical	EE+Children	Kaiser Permanente	S	SHB	\$ 408.81	\$ 275.32	\$ 684.13		
Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Health Net	G	GHA	\$ 638.09	\$ 0.00	\$ 638.09		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 735.13	\$ 0.00	\$ 735.13		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Health Net	P	PHG	\$ 1133.70	\$ 0.00	\$ 1133.70		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical				Waived	\$ 0.00	\$ 0.00	\$ 0.00		
Dental				Waived					
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

LACADA  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 890.46	\$ 0.00	\$ 890.46	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75	
	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 708.06	\$ 0.00	\$ 708.06	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 583.00	\$ 0.00	\$ 583.00	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 658.72	\$ 0.00	\$ 658.72	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Health Net	G	GHE	\$ 418.61	\$ 0.00	\$ 418.61	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Medical	EE+Children	Kaiser Permanente	P	PHB	\$ 500.79	\$ 356.63	\$ 857.42		
Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHC	\$ 594.48	\$ 0.00	\$ 594.48		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	G	GHE	\$ 624.32	\$ 0.00	\$ 624.32		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Health Net	G	GHE	\$ 653.08	\$ 0.00	\$ 653.08		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	S	SHA	\$ 342.78	\$ 0.00	\$ 342.78		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHC	\$ 1138.64	\$ 0.00	\$ 1138.64		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	EE+Children	Health Net	G	GHD	\$ 443.78	\$ 548.46	\$ 992.24	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Health Net	P	PHC	\$ 405.83	\$ 0.00	\$ 405.83	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 782.67	\$ 0.00	\$ 782.67	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	EyeMed Vision		10	\$ 9.75	\$ 11.00	\$ 20.75	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1187.43	\$ 0.00	\$ 1187.43	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	A
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 510.46	\$ 0.00	\$ 510.46	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
Medical	Employee	Kaiser Permanente	P	PHB	\$ 536.15	\$ 0.00	\$ 536.15		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 456.18	\$ 0.00	\$ 456.18		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 1127.44	\$ 0.00	\$ 1127.44		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 1003.09	\$ 0.00	\$ 1003.09		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 637.28	\$ 0.00	\$ 637.28		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Anthem Blue Cross PPO	G	GPE	\$ 559.13	\$ 0.00	\$ 559.13		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	S	SHA	\$ 908.49	\$ 0.00	\$ 908.49		
Dental				Waived					
Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75		

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
<b>Employer Contribution for Employee</b>		
<b>Employer Contribution for Dependents</b>		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 567.17	\$ 0.00	\$ 567.17	
	Dental	Employee	Dentegra Smile Club	G	100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	EE+Children	Kaiser Permanente	G	GHB	\$ 502.99	\$ 329.15	\$ 832.14	
	Dental	EE+Children	Dentegra Smile Club	G	100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	EyeMed Vision	G	10	\$ 9.75	\$ 0.00	\$ 9.75	
	Medical	Employee	Health Net	P	PHC	\$ 490.65	\$ 0.00	\$ 490.65	
	Dental	Employee	Dentegra Smile Club	P	100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	EyeMed Vision	P	10	\$ 9.75	\$ 11.00	\$ 20.75	
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 834.65	\$ 0.00	\$ 834.65	
	Dental	Employee	Dentegra Smile Club	P	100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 502.99	\$ 0.00	\$ 502.99	
	Dental	Employee	Dentegra Smile Club	G	100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 568.40	\$ 0.00	\$ 568.40	
Dental	Employee	Dentegra Smile Club	P	100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	G	GHB	\$ 421.49	\$ 0.00	\$ 421.49		
Dental	Employee	Dentegra Smile Club	G	100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	EyeMed Vision	G	10	\$ 9.75	\$ 0.00	\$ 9.75		
Medical	EE+Family	Kaiser Permanente	G	GHB	\$ 535.92	\$ 835.43	\$ 1371.35		
Dental	EE+Family	Dentegra Smile Club	G	100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision	G	10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	EE+Children	Health Net	P	PHG	\$ 536.51	\$ 633.67	\$ 1170.18		
Dental	EE+Children	Dentegra Smile Club	P	100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	EyeMed Vision	P	10	\$ 9.75	\$ 11.00	\$ 20.75		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 546.50	\$ 0.00	\$ 546.50		
Dental	Employee	Dentegra Smile Club	P	100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	G	GHE	\$ 542.04	\$ 0.00	\$ 542.04		
Dental	Employee	Dentegra Smile Club	G	100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	United Healthcare	G	GHJ	\$ 418.23	\$ 0.00	\$ 418.23		
Dental	Employee	Dentegra Smile Club	G	100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision	G	10	\$ 12.92	\$ 0.00	\$ 12.92		

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

LACADA  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 604.44	\$ 0.00	\$ 604.44	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 593.94	\$ 0.00	\$ 593.94	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	EE+Children	Health Net	P	PHG	\$ 521.15	\$ 293.79	\$ 814.94	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 545.38	\$ 0.00	\$ 545.38	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1368.54	\$ 0.00	\$ 1368.54	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75		
Medical	Employee	Health Net	G	GHD	\$ 731.27	\$ 0.00	\$ 731.27		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	S	SHB	\$ 557.94	\$ 0.00	\$ 557.94		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	EyeMed Vision		10	\$ 9.75	\$ 11.00	\$ 20.75		
Medical	Employee	Health Net	G	GHE	\$ 681.44	\$ 0.00	\$ 681.44		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	United Healthcare	G	GHA	\$ 472.89	\$ 0.00	\$ 472.89		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 411.61	\$ 0.00	\$ 411.61		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 1064.26	\$ 0.00	\$ 1064.26		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 568.40	\$ 0.00	\$ 568.40		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE

Continued

LACADA  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	G	GHB	\$ 486.93	\$ 0.00	\$ 486.93	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical				Waived	\$ 0.00	\$ 0.00	\$ 0.00	
	Dental				Waived				
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 517.76	\$ 0.00	\$ 517.76	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 1127.44	\$ 0.00	\$ 1127.44	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Medical	EE+Family	Kaiser Permanente	P	PHA	\$ 637.28	\$ 1330.94	\$ 1968.22		
Dental	EE+Family	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHG	\$ 475.45	\$ 0.00	\$ 475.45		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHB	\$ 500.79	\$ 0.00	\$ 500.79		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	EE+Children	Health Net	G	GHA	\$ 611.53	\$ 341.48	\$ 953.01		
Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	EE+Family	Kaiser Permanente	G	GHB	\$ 509.57	\$ 1177.75	\$ 1687.32		
Dental	EE+Family	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 525.82	\$ 0.00	\$ 525.82		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	S	SHA	\$ 547.83	\$ 0.00	\$ 547.83		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 564.75	\$ 0.00	\$ 564.75		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

**INVOICE**

**Continued**

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	Employee	United Healthcare	G	GHA	\$ 1199.22	\$ 0.00	\$ 1199.22	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 517.76	\$ 0.00	\$ 517.76	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1111.70	\$ 0.00	\$ 1111.70	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 1164.93	\$ 0.00	\$ 1164.93	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75	
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 625.20	\$ 0.00	\$ 625.20	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee			Waived				
Medical	Employee	Health Net	P	PHG	\$ 895.97	\$ 0.00	\$ 895.97		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHB	\$ 458.27	\$ 0.00	\$ 458.27		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee			Waived					
Medical	Employee	Health Net	P	PHC	\$ 594.48	\$ 0.00	\$ 594.48		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	S	SHB	\$ 422.46	\$ 0.00	\$ 422.46		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee			Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 564.75	\$ 0.00	\$ 564.75		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee			Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 890.46	\$ 0.00	\$ 890.46		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 517.76	\$ 0.00	\$ 517.76		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

L A C A D A  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Anthem Blue Cross PPO	G	GPE	\$ 745.33	\$ 0.00	\$ 745.33	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 930.60	\$ 0.00	\$ 930.60	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 477.06	\$ 0.00	\$ 477.06	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	EE+Children	Health Net	G	GHA	\$ 611.53	\$ 341.48	\$ 953.01	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 535.92	\$ 0.00	\$ 535.92	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Medical	Employee	Kaiser Permanente	P	PHA	\$ 467.13	\$ 0.00	\$ 467.13		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 619.03	\$ 0.00	\$ 619.03		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHC	\$ 965.84	\$ 0.00	\$ 965.84		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	S	SHA	\$ 409.45	\$ 0.00	\$ 409.45		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 568.40	\$ 0.00	\$ 568.40		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	EE+Spouse	Health Net	G	GHE	\$ 1179.15	\$ 1179.15	\$ 2358.30		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 973.94	\$ 0.00	\$ 973.94		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

L A C A D A  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 478.07	\$ 0.00	\$ 478.07	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	S	SHA	\$ 1004.22	\$ 0.00	\$ 1004.22	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 684.27	\$ 0.00	\$ 684.27	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	G	GHE	\$ 653.08	\$ 0.00	\$ 653.08	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Health Net	P	PHG	\$ 500.02	\$ 0.00	\$ 500.02	A
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
Medical	Employee	Kaiser Permanente	P	PHA	\$ 528.71	\$ 0.00	\$ 528.71		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 495.87	\$ 0.00	\$ 495.87		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	EE+Family	Anthem Blue Cross PPO	G	GPE	\$ 651.96	\$ 1132.13	\$ 1784.09		
Dental	EE+Family	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Anthem Blue Cross PPO	G	GPE	\$ 995.01	\$ 0.00	\$ 995.01		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHC	\$ 553.66	\$ 0.00	\$ 553.66		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	G	GHB	\$ 1215.07	\$ 0.00	\$ 1215.07		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	S	SHA	\$ 401.02	\$ 0.00	\$ 401.02		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**LACADA**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 583.00	\$ 0.00	\$ 583.00	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 607.30	\$ 0.00	\$ 607.30	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
	Medical	Employee	Anthem Blue Cross PPO	G	GPE	\$ 559.13	\$ 0.00	\$ 559.13	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 814.73	\$ 0.00	\$ 814.73	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	EE+Children	United Healthcare	G	GHJ	\$ 493.88	\$ 270.45	\$ 764.33	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	EE+Spouse	Kaiser Permanente	P	PHB	\$ 564.79	\$ 564.79	\$ 1129.58		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 1234.83	\$ 0.00	\$ 1234.83		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	S	SHB	\$ 452.15	\$ 0.00	\$ 452.15		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	G	GHA	\$ 834.08	\$ 0.00	\$ 834.08		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 447.42	\$ 0.00	\$ 447.42		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 553.80	\$ 0.00	\$ 553.80		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	G	GHE	\$ 401.04	\$ 0.00	\$ 401.04		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75		

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

L A C A D A  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Health Net	G	GHE	\$ 1039.74	\$ 0.00	\$ 1039.74	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 878.79	\$ 0.00	\$ 878.79	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 633.44	\$ 0.00	\$ 633.44	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 433.13	\$ 0.00	\$ 433.13	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 557.45	\$ 0.00	\$ 557.45	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
Medical	Employee	United Healthcare	G	GHA	\$ 472.89	\$ 0.00	\$ 472.89		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 478.07	\$ 0.00	\$ 478.07		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHB	\$ 646.24	\$ 0.00	\$ 646.24		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 517.76	\$ 0.00	\$ 517.76		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75		
Medical	EE+Spouse	Health Net	P	PHC	\$ 487.48	\$ 506.50	\$ 993.98		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	EE+Spouse	Health Net	S	SHA	\$ 428.21	\$ 374.93	\$ 803.14		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	EE+Spouse	Health Net	P	PHG	\$ 472.37	\$ 600.26	\$ 1072.63		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

L A C A D A  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 495.87	\$ 0.00	\$ 495.87	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	P	PHG	\$ 521.15	\$ 0.00	\$ 521.15	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 1044.10	\$ 0.00	\$ 1044.10	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	EyeMed Vision		10	\$ 9.75	\$ 11.00	\$ 20.75	
	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 753.45	\$ 0.00	\$ 753.45	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	P	PHC	\$ 430.80	\$ 0.00	\$ 430.80	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Vision				Waived					
Medical	Employee	Health Net	G	GHE	\$ 462.95	\$ 0.00	\$ 462.95		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived				A	
Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 1064.43	\$ 0.00	\$ 1064.43		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	EE+Spouse	Health Net	S	SHA	\$ 401.40	\$ 396.38	\$ 797.78		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 546.50	\$ 0.00	\$ 546.50		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Health Net	P	PHC	\$ 474.80	\$ 0.00	\$ 474.80		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 1234.83	\$ 0.00	\$ 1234.83		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHG	\$ 685.90	\$ 0.00	\$ 685.90		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	EE+Children	Kaiser Permanente	S	SHA	\$ 417.09	\$ 270.35	\$ 687.44	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	EE+Children	Kaiser Permanente	P	PHB	\$ 646.24	\$ 421.13	\$ 1067.37	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 478.07	\$ 0.00	\$ 478.07	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 433.13	\$ 0.00	\$ 433.13	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	G	GHA	\$ 406.57	\$ 0.00	\$ 406.57	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
Medical	Employee	Health Net	P	PHG	\$ 472.37	\$ 0.00	\$ 472.37		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75		
Medical	Employee	Health Net	P	PHC	\$ 500.16	\$ 0.00	\$ 500.16		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	EE+Spouse	United Healthcare	S	SHE	\$ 815.86	\$ 388.03	\$ 1203.89		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	G	GHA	\$ 448.08	\$ 0.00	\$ 448.08		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	EE+Children	Kaiser Permanente	P	PHA	\$ 478.07	\$ 363.25	\$ 841.32		
Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	G	GHB	\$ 643.35	\$ 0.00	\$ 643.35		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Health Net	P	PHC	\$ 808.50	\$ 0.00	\$ 808.50		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

L A C A D A  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code	
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHB	\$ 557.63	\$ 0.00	\$ 557.63		
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
	Vision				Waived					
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 545.38	\$ 0.00	\$ 545.38		
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
	Medical	Employee	Health Net	G	GHA	\$ 442.47	\$ 0.00	\$ 442.47		
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
	Vision				Waived					
	Medical					Waived	\$ 0.00	\$ 0.00	\$ 0.00	
	Dental					Waived				
	Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75		
	Medical	EE+Spouse	Health Net	G	GHA	\$ 730.10	\$ 798.54	\$ 1528.64		
	Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	A	
	Medical	Employee	Health Net	P	PHG	\$ 469.30	\$ 0.00	\$ 469.30		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00			
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92			
Medical	Employee	Health Net	G	GHA	\$ 1122.09	\$ 0.00	\$ 1122.09			
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00			
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92			
Medical	Employee	Kaiser Permanente	P	PHA	\$ 456.18	\$ 0.00	\$ 456.18			
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00			
Vision				Waived						
Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 521.78	\$ 0.00	\$ 521.78			
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00			
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92			
Medical	Employee	United Healthcare	S	SHE	\$ 408.09	\$ 0.00	\$ 408.09			
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00			
Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75			
Medical	Employee	Health Net	P	PHG	\$ 935.91	\$ 0.00	\$ 935.91			
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00			
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92			
Medical	Employee	Kaiser Permanente	P	PHB	\$ 671.30	\$ 0.00	\$ 671.30			
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00			
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92			

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# CaliforniaChoice Program

**INVOICE**

**Continued**

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 1117.11	\$ 0.00	\$ 1117.11	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	EE+Family	Kaiser Permanente	S	SHA	\$ 414.41	\$ 947.08	\$ 1361.49	
	Dental	EE+Family	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	EyeMed Vision		10	\$ 9.75	\$ 11.00	\$ 20.75	
	Medical	Employee	Health Net	G	GHD	\$ 466.72	\$ 0.00	\$ 466.72	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 1048.78	\$ 0.00	\$ 1048.78	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Medical	Employee	Kaiser Permanente	P	PHA	\$ 1310.60	\$ 0.00	\$ 1310.60		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHB	\$ 571.95	\$ 0.00	\$ 571.95		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 491.60	\$ 0.00	\$ 491.60		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	G	GHB	\$ 526.04	\$ 0.00	\$ 526.04		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 1346.64	\$ 0.00	\$ 1346.64		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 499.69	\$ 0.00	\$ 499.69		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 890.46	\$ 0.00	\$ 890.46		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

L A C A D A  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 658.72	\$ 0.00	\$ 658.72	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	EE+Children	Kaiser Permanente	P	PHA	\$ 637.28	\$ 1132.63	\$ 1769.91	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 1299.39	\$ 0.00	\$ 1299.39	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 407.58	\$ 0.00	\$ 407.58	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	G	GHD	\$ 443.78	\$ 0.00	\$ 443.78	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	EE+Children	Anthem Blue Cross PPO	S	SPB	\$ 587.76	\$ 433.13	\$ 1020.89	
Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical					Waived	\$ 0.00	\$ 0.00	\$ 0.00	
Dental					Waived				
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	EE+Family	Kaiser Permanente	G	GHB	\$ 526.04	\$ 1194.22	\$ 1720.26		
Dental	EE+Family	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	EyeMed Vision		10	\$ 9.75	\$ 11.00	\$ 20.75		
Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 567.17	\$ 0.00	\$ 567.17		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHC	\$ 1009.83	\$ 0.00	\$ 1009.83		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	EE+Children	Anthem Blue Cross PPO	S	SPB	\$ 470.81	\$ 331.34	\$ 802.15		
Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 546.50	\$ 0.00	\$ 546.50		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 873.59	\$ 0.00	\$ 873.59	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 447.42	\$ 0.00	\$ 447.42	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
e	Medical	Employee	Kaiser Permanente	G	GHB	\$ 512.87	\$ 0.00	\$ 512.87	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived			\$ 0.00	
	Medical	Employee	Health Net	G	GHD	\$ 586.09	\$ 0.00	\$ 586.09	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived			\$ 0.00	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 561.10	\$ 0.00	\$ 561.10	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 568.40	\$ 0.00	\$ 568.40	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	EE+Children	Health Net	G	GHA	\$ 495.58	\$ 653.04	\$ 1148.62	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived			\$ 0.00	
	Medical	Employee	Health Net	P	PHG	\$ 819.93	\$ 0.00	\$ 819.93	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived			\$ 0.00	
	Medical	Employee	Health Net	G	GHD	\$ 731.27	\$ 0.00	\$ 731.27	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived			\$ 0.00	
	Medical	EE+Children	Kaiser Permanente	S	SHB	\$ 444.30	\$ 614.80	\$ 1059.10	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived			\$ 0.00	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1162.34	\$ 0.00	\$ 1162.34	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived			\$ 0.00	
o	Medical	Employee	Kaiser Permanente	P	PHA	\$ 568.40	\$ 0.00	\$ 568.40	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived			\$ 0.00	

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

**INVOICE**

**Continued**

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	Employee	Health Net	P	PHG	\$ 454.32	\$ 0.00	\$ 454.32	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 447.53	\$ 0.00	\$ 447.53	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	G	GHA	\$ 611.53	\$ 0.00	\$ 611.53	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	EE+Children	Kaiser Permanente	S	SHA	\$ 396.00	\$ 270.35	\$ 666.35	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 658.49	\$ 0.00	\$ 658.49	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Medical					Waived	\$ 0.00	\$ 0.00	\$ 0.00	
Dental					Waived				
Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75		
Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 931.90	\$ 0.00	\$ 931.90		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 641.79	\$ 0.00	\$ 641.79		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	EE+Spouse	Kaiser Permanente	S	SHA	\$ 414.41	\$ 435.83	\$ 850.24		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	G	GHA	\$ 454.07	\$ 0.00	\$ 454.07		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical					Waived	\$ 0.00	\$ 0.00	\$ 0.00	
Dental					Waived				
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Health Net	G	GHA	\$ 472.02	\$ 0.00	\$ 472.02		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

L A C A D A  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 532.75	\$ 0.00	\$ 532.75	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1310.60	\$ 0.00	\$ 1310.60	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 568.40	\$ 0.00	\$ 568.40	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	United Healthcare	G	GHJ	\$ 354.94	\$ 0.00	\$ 354.94	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	G	GHE	\$ 494.51	\$ 0.00	\$ 494.51	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 546.83	\$ 0.00	\$ 546.83		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	G	GHB	\$ 1048.78	\$ 0.00	\$ 1048.78		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical					Waived	\$ 0.00	\$ 0.00	\$ 0.00	
Dental	Employee	VSP Vision			10	\$ 12.92	\$ 0.00	\$ 12.92	
Vision					Waived				
Medical	EE+Spouse	Kaiser Permanente	P	PHB	\$ 671.30	\$ 625.20	\$ 1296.50		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 619.03	\$ 0.00	\$ 619.03		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 528.71	\$ 0.00	\$ 528.71		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	EE+Spouse	Health Net	P	PHG	\$ 454.32	\$ 435.89	\$ 890.21		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

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NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

**INVOICE**

**Continued**

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	EE+Children	Anthem Blue Cross PPO	S	SPB	\$ 649.70	\$ 331.34	\$ 981.04	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
	Medical				Waived	\$ 0.00	\$ 0.00	\$ 0.00	
	Dental				Waived				
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 973.12	\$ 0.00	\$ 973.12	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	S	SHB	\$ 408.81	\$ 0.00	\$ 408.81	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 539.68	\$ 0.00	\$ 539.68	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 930.60	\$ 0.00	\$ 930.60		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Anthem Blue Cross PPO	G	GPE	\$ 651.96	\$ 0.00	\$ 651.96		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	EE+Children	Kaiser Permanente	P	PHB	\$ 912.97	\$ 447.53	\$ 1360.50		
Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	EE+Children	Health Net	P	PHC	\$ 707.83	\$ 723.68	\$ 1431.51		
Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	G	GHB	\$ 411.61	\$ 0.00	\$ 411.61		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 546.50	\$ 0.00	\$ 546.50		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 1117.11	\$ 0.00	\$ 1117.11		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

**INVOICE**

**Continued**

**L A C A D A**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
<b>Employer Contribution for Employee</b>		
<b>Employer Contribution for Dependents</b>		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	G	GHB	\$ 545.38	\$ 0.00	\$ 545.38	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 583.87	\$ 0.00	\$ 583.87	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 447.42	\$ 0.00	\$ 447.42	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	EE+Children	Health Net	S	SHA	\$ 454.68	\$ 256.32	\$ 711.00	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	P	PHG	\$ 429.74	\$ 0.00	\$ 429.74	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Vision				Waived					
Medical					Waived	\$ 0.00	\$ 0.00	\$ 0.00	
Dental					Waived				
Vision	EE+Family	VSP Vision			10	\$ 12.92	\$ 18.38	\$ 31.30	
Medical	Employee	Kaiser Permanente	P	PHB	\$ 536.15	\$ 0.00	\$ 536.15		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 553.80	\$ 0.00	\$ 553.80		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	G	GHD	\$ 586.09	\$ 0.00	\$ 586.09		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	EE+Spouse	Health Net	S	SHA	\$ 336.40	\$ 335.06	\$ 671.46		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHB	\$ 1164.93	\$ 0.00	\$ 1164.93		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHC	\$ 676.13	\$ 0.00	\$ 676.13		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**LACADA**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 593.94	\$ 0.00	\$ 593.94	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Health Net	P	PHG	\$ 500.02	\$ 0.00	\$ 500.02	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	EE+Children	Anthem Blue Cross PPO	G	GPC	\$ 625.09	\$ 399.16	\$ 1024.25	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 458.00	\$ 0.00	\$ 458.00	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
Medical	EE+Children	United Healthcare	G	GHA	\$ 599.61	\$ 1530.61	\$ 2130.22		
Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	EyeMed Vision		10	\$ 9.75	\$ 11.00	\$ 20.75		
Medical	Employee	Health Net	P	PHG	\$ 685.90	\$ 0.00	\$ 685.90		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHB	\$ 607.30	\$ 0.00	\$ 607.30		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Health Net	G	GHA	\$ 375.52	\$ 0.00	\$ 375.52		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHB	\$ 1214.61	\$ 0.00	\$ 1214.61		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 536.21	\$ 0.00	\$ 536.21		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 1017.28	\$ 0.00	\$ 1017.28		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

LACADA  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed.  
Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 528.71	\$ 0.00	\$ 528.71	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 564.75	\$ 0.00	\$ 564.75	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical				Waived	\$ 0.00	\$ 0.00	\$ 0.00	
	Dental				Waived				
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	EE+Children	Health Net	S	SHA	\$ 468.08	\$ 859.43	\$ 1327.51	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 731.72	\$ 0.00	\$ 731.72	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Medical	Employee	Kaiser Permanente	P	PHB	\$ 518.69	\$ 0.00	\$ 518.69		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 467.13	\$ 0.00	\$ 467.13		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	EE+Spouse	Health Net	S	SHA	\$ 683.53	\$ 654.04	\$ 1337.57		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 512.39	\$ 0.00	\$ 512.39		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHG	\$ 1042.29	\$ 0.00	\$ 1042.29		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 778.24	\$ 0.00	\$ 778.24		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 456.18	\$ 0.00	\$ 456.18		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**LACADA**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 815.54	\$ 0.00	\$ 815.54	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75	
	Medical	EE+Children	United Healthcare	G	GHJ	\$ 493.88	\$ 540.90	\$ 1034.78	
	Dental	EE+Children	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	EyeMed Vision		10	\$ 9.75	\$ 11.00	\$ 20.75	
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 850.77	\$ 0.00	\$ 850.77	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	S	SHA	\$ 467.63	\$ 0.00	\$ 467.63	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	G	GHD	\$ 458.12	\$ 0.00	\$ 458.12	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	A	
Medical	Employee	Kaiser Permanente	P	PHA	\$ 528.71	\$ 0.00	\$ 528.71		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 546.50	\$ 0.00	\$ 546.50		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	G	GHB	\$ 1156.62	\$ 0.00	\$ 1156.62		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHB	\$ 671.30	\$ 0.00	\$ 671.30		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived				A	
Medical	Employee	Kaiser Permanente	P	PHB	\$ 998.00	\$ 0.00	\$ 998.00		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75		
Medical	EE+Spouse	Health Net	S	SHA	\$ 683.53	\$ 683.53	\$ 1367.06		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE

Continued

LACADA  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee		
Employer Contribution for Dependents		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 583.00	\$ 0.00	\$ 583.00	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75	
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 546.50	\$ 0.00	\$ 546.50	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 564.75	\$ 0.00	\$ 564.75	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
[REDACTED]	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 433.13	\$ 0.00	\$ 433.13	
	Dental Vision	Employee	Dentegra Smile Club		100 Waived	\$ 0.00	\$ 0.00	\$ 0.00	
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66	
	Dental Vision	Employee	Dentegra Smile Club		100 Waived	\$ 0.00	\$ 0.00	\$ 0.00	
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 528.71	\$ 0.00	\$ 528.71	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
[REDACTED]	Medical	Employee	Health Net	P	PHG	\$ 490.81	\$ 0.00	\$ 490.81	
	Dental Vision	Employee	Dentegra Smile Club		100 Waived	\$ 0.00	\$ 0.00	\$ 0.00	
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHB	\$ 486.47	\$ 0.00	\$ 486.47	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 973.94	\$ 0.00	\$ 973.94	
	Dental Vision	Employee	Dentegra Smile Club		100 Waived	\$ 0.00	\$ 0.00	\$ 0.00	
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1281.86	\$ 0.00	\$ 1281.86	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
[REDACTED]	Medical	EE+Children	Health Net	G	GHD	\$ 438.05	\$ 274.23	\$ 712.28	
	Dental Vision	EE+Children	Dentegra Smile Club		100 Waived	\$ 0.00	\$ 0.00	\$ 0.00	
[REDACTED]	Medical	Employee	Health Net	P	PHG	\$ 429.74	\$ 0.00	\$ 429.74	
	Dental Vision	Employee	Dentegra Smile Club		100 Waived	\$ 0.00	\$ 0.00	\$ 0.00	

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

**INVOICE**

**Continued**

L A C A D A  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
<b>Employer Contribution for Employee</b>		
<b>Employer Contribution for Dependents</b>		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Health Net	P	PHC	\$ 525.13	\$ 0.00	\$ 525.13	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 575.70	\$ 0.00	\$ 575.70	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	CA
	Medical	Employee	Kaiser Permanente	P	PHA	\$ 442.49	\$ 0.00	\$ 442.49	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	G	GHA	\$ 374.03	\$ 0.00	\$ 374.03	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 447.53	\$ 0.00	\$ 447.53	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
Medical	EE+Spouse	Health Net	G	GHE	\$ 744.96	\$ 814.86	\$ 1559.82		
Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		
Medical	Employee	Kaiser Permanente	G	GHB	\$ 519.45	\$ 0.00	\$ 519.45		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHB	\$ 554.05	\$ 0.00	\$ 554.05		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Health Net	P	PHG	\$ 1079.16	\$ 0.00	\$ 1079.16		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHB	\$ 998.00	\$ 0.00	\$ 998.00		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHB	\$ 1285.76	\$ 0.00	\$ 1285.76		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHB	\$ 554.05	\$ 0.00	\$ 554.05		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**LACADA**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
<b>Employer Contribution for Employee</b>		
<b>Employer Contribution for Dependents</b>		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1310.60	\$ 0.00	\$ 1310.60	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	EyeMed Vision		10	\$ 9.75	\$ 0.00	\$ 9.75	
	Medical	Employee	Kaiser Permanente	G	GHB	\$ 1234.83	\$ 0.00	\$ 1234.83	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 1321.12	\$ 0.00	\$ 1321.12	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Kaiser Permanente	P	PHB	\$ 1164.93	\$ 0.00	\$ 1164.93	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
	Medical	Employee	Health Net	P	PHC	\$ 405.83	\$ 0.00	\$ 405.83	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision				Waived				
Medical	Employee	Kaiser Permanente	P	PHA	\$ 1111.70	\$ 0.00	\$ 1111.70		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 495.87	\$ 0.00	\$ 495.87		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					
Medical	Employee	Kaiser Permanente	P	PHA	\$ 517.76	\$ 0.00	\$ 517.76		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 625.44	\$ 0.00	\$ 625.44		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Kaiser Permanente	P	PHA	\$ 546.50	\$ 0.00	\$ 546.50		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Health Net	G	GHD	\$ 731.27	\$ 0.00	\$ 731.27		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		
Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 434.86	\$ 0.00	\$ 434.86		
Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
Vision				Waived					

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE Continued

**LACADA**  
Group Number 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payment will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : SILVER-GOLD-PLATINUM	DENTAL BENEFITS
<b>Employer Contribution for Employee</b>		
<b>Employer Contribution for Dependents</b>		

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
[REDACTED]	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 443.53	\$ 0.00	\$ 443.53	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
<b>COBRA Participants</b>									
[REDACTED]	Medical	Employee	Anthem Blue Cross PPO	G	GPC	\$ 679.36	\$ 0.00	\$ 679.36	
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
								<b>Administration Fee*</b>	<b>\$ 50.00</b>
								<b>Sum of Current Month's Premium(s)</b>	<b>\$271,126.33</b>

\*Administration Fee Schedule: 1-8 EE's-\$30; 9-50 EE's-\$40; 51+ EE's-\$50

See "Invoice Activity" on Page 1 for Total Balance Due

- Please review your invoice and verify all additions, changes and terminations have been processed as requested. It is your responsibility to report any discrepancies to our Customer Service Center no later than the due date of this invoice. Please reference your Administrative Guide - Basic Administration section for submission guidelines for additions, changes, and terminations.
- Change Codes:** A-Add AC-Add Cobra C-Change Plan CA-Age Change CE-Change Enroll Date CI-Change Information CO-Correction DA-Dependent Add DT-Dependent Termination ER-Employee Reinstatement GR-Group Reinstatement NT-New Termination RA-Retro Add RC-Retro Change Plan RDA-Retro Dependent Add RDT-Retro Dependent Termination RT-Retro Termination VC-Life Volume Change IN-Involuntary Termination RE-Resignation
- Tier Codes:** B-Bronze S-Silver G-Gold P-Platinum

Summary of Health Plan / Carrier Contracts by Plan Type			
Plan Type	Health Plan / Carrier	Total for Health Plan / Carrier	Total for Plan Type
Medical	Anthem Blue Cross PPO	\$ 33,583.67	\$ 268,214.93
	Health Net	\$ 67,520.07	
	Kaiser Permanente	\$ 158,651.71	
	United Healthcare	\$ 8,459.48	
Vision	EyeMed Vision	\$ 372.00	\$ 2,861.40
	VSP Vision	\$ 2,489.40	

### MANDATED REGULATORY STATEMENT

Your health plan is billing you for the cost of your health coverage. You must pay all amounts listed in this bill by the due date. If you do not pay this amount by the due date, your health coverage can be cancelled. You will receive a grace period before your Plan can cancel your coverage for not paying the amount due. You can file a complaint with your Plan and with the California Department of Managed Health Care if you think there is a mistake. Learn more about your health care rights and responsibilities in your plan Evidence of Coverage.

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.

# CaliforniaChoice Program

## INVOICE - ADJUSTMENTS

**LACADA**  
GROUP NUMBER 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payments will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that did not reflect on this statement.

JUNE									
Employee Information	Plan Type	Coverage	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
Syed, Obaid	Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66	RA
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	

JULY									
Employee Information	Plan Type	Coverage	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
Carrillo, David	Medical	EE+Family	Kaiser Permanente	P	PHB	\$ 0.00	\$ 564.79	\$ 564.79	DA
		EE+Family	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
McCuller, William	Medical	EE+Spouse	Health Net	G	GHA	\$ 730.10	\$ 798.54	\$ 1528.64	RA
	Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
Ramos, Luis	Medical	EE+Spouse	Health Net	P	PHG	\$ 454.32	\$ 435.89	\$ 890.21	RA
		EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Syed, Obaid	Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66	RA
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	

AUGUST									
Employee Information	Plan Type	Coverage	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Chg Code
Aguilera Capacho, S	Medical	Employee	Kaiser Permanente	G	GHB	\$ 411.61	\$ 0.00	\$ 411.61	RA
		Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Campos, Ernesto	Medical	Employee	Kaiser Permanente	P	PHB	\$ 912.97	\$ 0.00	\$ 912.97	RA
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Carrillo, David	Medical	EE+Family	Kaiser Permanente	P	PHB	\$ 0.00	\$ 564.79	\$ 564.79	DA
		EE+Family	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Corona, Maria	Medical	Employee	Kaiser Permanente	P	PHA	\$ 1187.43	\$ 0.00	\$ 1187.43	RA,DA
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30	
Guzman, Kimberlyn	Medical	Employee	Kaiser Permanente	G	GHB	\$ -493.11	\$ 0.00	\$ -493.11	RT
		Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
Haynes, Tiffany	Medical	Employee	Health Net	G	GHE	\$ 653.08	\$ 0.00	\$ 653.08	RA
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92	
Li, Xiao	Medical	Employee	Health Net	G	GHE	\$ 462.95	\$ 0.00	\$ 462.95	RA
		Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00	

# CaliforniaChoice Program

## INVOICE - ADJUSTMENTS Continued

**LACADA**  
GROUP NUMBER 59393

Invoice Number	4904287
Due Date	08/20/2025
Coverage Period	SEPTEMBER 2025

Premium payments will need to be received by **August 20** for **September** coverage and should be paid as billed. Check your next invoice for any adjustments that did not reflect on this statement.

Employee Name	Plan Type	Benefit Category	Carrier	Code	Rate	Rate	Rate	Rate	Rate	Rate
Mcculler, William	Medical	EE+Spouse	Health Net	G	GHA	\$ 730.10	\$ 798.54	\$ 1528.64		
	Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
	Vision	EE+Family	VSP Vision		10	\$ 12.92	\$ 18.38	\$ 31.30		RA
Ramos, Luis	Medical	EE+Spouse	Health Net	P	PHG	\$ 454.32	\$ 435.89	\$ 890.21		
	Dental	EE+Spouse	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		RA
Syed, Obaid	Medical	Employee	Kaiser Permanente	P	PHA	\$ 539.66	\$ 0.00	\$ 539.66		
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		
	Vision	Employee	VSP Vision		10	\$ 12.92	\$ 0.00	\$ 12.92		RA
Than, Mardy	Medical	Employee	Kaiser Permanente	P	PHB	\$ 671.30	\$ 0.00	\$ 671.30		
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		RA
Zamudio, Jesus	Medical	Employee	Kaiser Permanente	G	GHB	\$ -917.89	\$ 0.00	\$ -917.89		
	Dental	Employee	Dentegra Smile Club		100	\$ 0.00	\$ 0.00	\$ 0.00		RT

### SUMMARY OF ADJUSTMENTS

EE Terms and Dep. Terms	= \$	-1,411.00
Adds and Changes	= \$	12,044.10
<b>Total Adjustments</b>	<b>= \$</b>	<b>10,633.10</b>

# COBRA Participant Cancellation Notification

Fax completed form to (714) 558-8000

Company Name

LACADA

Group #

5 9 3 9 3

Complete this section for COBRA cancellations. If the participant being listed for cancellation is the primary insured, then all covered dependents will also be cancelled, unless a separate election is made. Coverage will end on the last day of the month listed as the "Date of Cancellation". †

**1**

Participant Last Name

Participant First Name

Participant Social Security #

†Date of Cancellation (MM/DD/YYYY)

Reason

- Voluntary cancellation  
 Non-payment of premiums  
 Medicare Entitlement
- Deceased  
 End of COBRA

**2**

Participant Last Name

Participant First Name

Participant Social Security #

†Date of Cancellation (MM/DD/YYYY)

Reason

- Voluntary cancellation  
 Non-payment of premiums  
 Medicare Entitlement
- Deceased  
 End of COBRA

**3**

Participant Last Name

Participant First Name

Participant Social Security #

†Date of Cancellation (MM/DD/YYYY)

Reason

- Voluntary cancellation  
 Non-payment of premiums  
 Medicare Entitlement
- Deceased  
 End of COBRA

**4**

Participant Last Name

Participant First Name

Participant Social Security #

†Date of Cancellation (MM/DD/YYYY)

Reason

- Voluntary cancellation  
 Non-payment of premiums  
 Medicare Entitlement
- Deceased  
 End of COBRA

Form must be signed & dated

Authorized Group Contact Signature

Print Name

Date (MM/DD/YYYY)

## General Guidelines

- Notification must be received within 30 days of an event unless otherwise provided for by law.
- CaliforniaChoice® will only give retroactive credit if notification was received within the guidelines provided.
- Dependent qualifying/triggering events should be submitted on an Employee Change Request form and will be effective at the end of the month following the event provided written notification is given within 60 days.



ALL Department Allocation

281,759.43

Sep-25 Dept#					
1	408	SAMHSA CCBHC	11015 Bloomfield SFS, LGBTQ++	3.12%	8783.14
2	408	FCRP	11121 Bloomfield SFS	4.08%	11488.21
3	408	SAMHSA ACT	9300 Santa fe Springs Rd	1.12%	3163.75
4	408	SAMHSA T.R.E.E	5 Bloomfield Ave/ 10210 Orr and Day Rd		
5	408	0	0		
6	408	Drug Medical Residential Nuestra Casa	8919 California Ave, Southgate	8.99%	25341.11
7	408	SAMHSA M.A.T	1015 Bloomfield SFS and Orr and D:	1.06%	2983.78
8	408	Drug Medical OP SFS	11015 Bloomfield SFS	7.35%	20712.89
9	408	0	0		
10	408	0	0		
11	408	0	0		
12	408	0	0		
14	408	City of Hawthorne Outreach	1410 N Garey Ave Pomona	0.50%	1403.36
15	408	Drug Medical Residential Allen House	11111 Bloomfield	11.39%	32095.26
16	408	Federal USPO Allen House			0.00
17	408	SAMHSA Prevention Navigator Corporation	10210 Orr and Day Rd 12070 Telegraph Rd	0.00% 2.12%	189.17
18	408	Court Ordered SFS	11015 Bloomfield Ave	0.07%	0.00
19	408	HIV TESTING (Expired May 2025)	305-307 South Central Ave. LA	0.00%	200.92
20	408	Court Ordered LA	San Pedro St. LA / 305-307 South C	0.07%	0.00
21	408	SGV - High Acuity - Expired	375 Huntington Dr, Ste 101, Pasade	0.00%	3764.63
22	408	CPMP	10425 Painter Ave	1.34%	17543.95
23	408	Drug Medical OP Long Beach	5861 Cherry Ave Long Beach	6.23%	
24	408	0	0		
25	408	0	0		
26	408	0	0		
27	408	City of Alhambra Outreach	1410 N Garey Ave Pomona	0.46%	1308.59
28	408	Drug Med OP DTLA	305-307 South Central Ave. LA	5.00%	14096.76
29	408	CHRP - UCLA	305-307 South Central Ave. LA	0.00%	0.00
30	408	SAMHSA Drug Free Community	10210 Orr and Day Rd	0.09%	247.01
31	408	0	0		
32	408	SAFE HAVEN	12580 Lakeland Rd	4.40%	12408.52
33	408	SAMHSA Care Council Partnership	10210 Orr and Day	0.00%	0.00
34	408	Drug Medical Residential Alice House	14100 Giengyle St, Whittier, CA	3.08%	8676.37
35	408	0	0		
36	408	CENS	9300 Santa fe Springs Rd	4.10%	11547.72
37	408	0	0		
38	408	CAL CRG-LAM	426 S. San Pedro St. LA	6.00%	0.00
39	408	IN JAIL Men Central	375 Huntington Dr, Ste 101, Pasade	1.91%	5386.48
40	408	RBH	ALL RBH Sites	7.07%	19918.28
41	408	SAMHSA PPW	Inez St. 12212,12216,12220	1.21%	3396.26
42	408	TTA	10924 Main St	0.49%	1382.96
43	408	0	0		
44	408	Other Outreach Cities		0.00%	0.00
45	408	Drug Medical Youth	10210 Orr and Day Rd	0.63%	1773.84
46	408	0	0		
47	408	Lynwood B-Chip		0.00%	0.00
48	408	Bridge of Hope Community Housing - Hawthorne		0.99%	2794.97
49	408	SGV - Supplemental	1410 N Garey Ave Pomona	2.14%	6025.92
50	408	SGV - Mobile Crisis	1410 N Garey Ave Pomona	0.97%	2741.17
51	408	Drug Medical Outpatient - SRH		0.16%	442.82
52	408	Operation Stay Safe - Montebello		1.84%	5193.04
53	408	Mentored Internship Program (Expired)	12070 Telegraph Rd	0.00%	0.00
54	408	SAMHSA Building Communities of Recovery	305-307 South Central Ave. LA	0.37%	1053.14
55	408	Reentry Intensive Case Management Services	10924 Main St	0.23%	649.36
56	408	In Jail Pitchess Detention Center	375 Huntington Dr, Ste 101, Pasade	1.62%	4569.36
58	408	SAMHSA Adult Reentry Program		0.66%	1866.05
60	408	Sierra Health Foundation - HEAR US		0.00%	0.00
61	408	Teen and Youth Behavioral Health Initiative (EXPIRED JUN	10210 Orr and Day Rd	0.00%	0.00
62	408	Long Beach Reentry Achievement Program (EXPIRED DEC 21	5861 Cherry Ave Long Beach	0.00%	0.00
63	408	Hermosa Beach Outreach		0.96%	2712.96
65	408	Sierra Health Foundation - MAT - Opioid Funding (Expired Apr 2025)		0.00%	0.00
66	408	Drug Medi-Cal Residential - New York Dr	1092 New York Dr	3.65%	10276.03
67	408	City of Azusa - Azusa Resource Center		1.63%	4582.72
68	408	Drug Medical OP DTLA - San Pedro	426 San Pedro St	7.94%	22379.24
69	408	HIV-AIDS Prevention	305-307 South Central Ave. LA	0.20%	556.37
70	440	Sierra Health Foundation - Nuestra Casa (Expired June 202	8919 California Ave, Southgate	0.00%	0.00
71	440	SAPC - Youth Bridge Program	10210 Orr and Day Rd	0.10%	284.71
72	440	Long Beach - Opioid Overdose Prevention	5861 Cherry Ave Long Beach	0.18%	508.88
74	440	Early Care and Education	12070 Telegraph Rd	0.00%	0.00
75	440	Long Beach - HUB & SPOKE	5861 Cherry Ave Long Beach	0.12%	335.53
80	440	Youth Opioid Response	10210 Orr and Day Rd	0.36%	1008.00
				100.00%	281759.43



[Make a Payment](#)

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[Payment Accounts](#)

[Recurring Payments](#)

[Customer Service](#)

[Log Out](#)

## Payment Confirmation

### Thank You

Your payment has been successfully scheduled in the amount of **\$281759.43** for **09/29/25**.

Your confirmation number is **80210673**.

A confirmation email will be sent to the email address provided. You may also choose to print this page now.

To return to CaliforniaChoice Online E-Check main page, please [click here](#).

[Back](#)

[Print](#)

### Office Expenses - September 2025

Date	Description	Amount
09/10/25	Office Expenses	\$43.76
09/26/25	Office Expenses	\$41.33
		<b>\$85.09</b>



Invoice	0000023888
Description	LACADA New Semi Monthly 09/10,

WE APPRECIATE YOUR BUSINESS! - \*NO PAYMENT REQUIRED\*.  
 The amount will be processed for debit from your account on file. Please confirm the debit was completed with your banking institution to ensure the invoice is paid in full.

Bill To: Los Angeles Centers for Alcohol and Drug Abuse  
 12070 Telegraph Rd. Suite 207  
 Santa Fe Springs, California 90670  
 United States

91203243	21 -Wire Drawdown: Kotapay Direct Deposit Wire	Updated					\$25.00
91203252	Delivery Fee: deliveries, adjusted per cycle based on actual deliveries at \$32.50 per delivery (\$22.50 base fee; adult signature required adds \$10.00)						\$32.50
<b>Total</b>						<b>(\$1,166.07)</b>	<b>\$8,785.81</b>

*#2-6440-AM*      *OK*  
*10/1*  
*9-11-2*



Invoice	0000023888
Description	LACADA New Semi Monthly 09/10/

WE APPRECIATE YOUR BUSINESS! - \*NO PAYMENT REQUIRED\*.  
 The amount will be processed for debit from your account on file. Please confirm the debit was completed with your banking institution to ensure the invoice is paid in full.

Bill To: Los Angeles Centers for Alcohol and Drug Abuse  
 12070 Telegraph Rd. Suite 207  
 Santa Fe Springs, California 90670  
 United States

Item #	Description	Product Code	Unit Price	QTY	Discount	Tax	Price
90746496	21 - Coverall Overnight Delivery: Replacement Clock shipped 08-22-2025		\$20.00	1			\$20.00
90795136	Delivery Fee: 4 addtl. Deliveries, adjusted per cycle based on actual deliveries at \$32.50 per delivery (\$22.50 base fee; adult signature required adds \$10.00)		\$32.50	4			\$130.00
90929409	21 -Vendor Setup: Sheriff Department Garnishment Set Up: Vanessa Paniagua 08-28-2025	Updated	\$25.00	1			\$25.00
91112194	21 -Next Day Direct Deposit: Next Day Direct Deposit 8/19/25 Next Day Direct Deposit 9/4/25	Updated	\$105.00	2			\$210.00
91122305	MCV - Additional Implementation Services: Additional Implementation Services fee: Time Clock Department Selection add on plus revert back to original setting Ticket 29250045200	Service Bureau	\$150.00	1			\$150.00
91203221	New Hire Reporting		\$3.50	22			\$77.00
91203222	New Hire Reporting: Item Discount				(\$3.46)		(\$3.46)
91203223	Price Per Check - BI-Weekly/Semi-Monthly Srvc (New)			682			\$2,293.15
91203224	Price Per Check - BI-Weekly/Semi-Monthly Srvc (New): Item Discount				(\$103.19)		(\$103.19)
91203225	Kotapay Direct Deposit (Legacy)			742			\$208.57
91203226	Kotapay Direct Deposit (Legacy): Item Discount				(\$9.39)		(\$9.39)
91203227	TLM Semi-Monthly (Spd)		\$2.74	682			\$1,868.68
91203228	TLM Semi-Monthly (Spd): Item Disco				(\$84.09)		(\$84.09)
91203229	HR Service Semi-Monthly/BW		\$2.74	682			\$1,868.68
91203230	HR Service Semi-Monthly/BW: Item Discount				(\$84.09)		(\$84.09)
91203237	Clock Lease Semi Monthly (S/M)		\$50.00	52			\$2,600.00
91203238	Clock Lease Semi Monthly (S/M): Item Discount				(\$861.90)		(\$861.90)
91203239	21 -Recruitment - Semi Monthly	Updated	\$0.65	682			\$443.31
91203240	21 -Recruitment - Semi Monthly: Item Discount				(\$19.95)		(\$19.95)

--More--

ENTERED

ALL Department Allocation

8,785.81

Sep-25 Dept#					
1	440	SAMHSA CCBHC	11015 Bloomfield SFS, LGBTQ++	3.12%	273.88
2	440	FCRP	11121 Bloomfield SFS	4.08%	358.22
3	440	SAMHSA ACT	9300 Santa fe Springs Rd	1.12%	98.65
4	440	SAMHSA T.R.E.E	5 Bloomfield Ave/ 10210 Orr and Day Rd		
5	440	0	0		
6	440	Drug Medical Residential Nuestra Casa	8918 California Ave, Southgate	8.99%	790.19
7	440	SAMHSA M.A.T	1015 Bloomfield SFS and Orr and Dr	1.06%	93.04
8	440	Drug Medical OP SFS	11015 Bloomfield SFS	7.35%	645.87
9	440	0	0		
10	440	0	0		
11	440	0	0		
12	440	0	0		
14	440	City of Hawthorne Outreach	1410 N Garey Ave Pomona	0.50%	43.76
15	440	Drug Medical Residential Allen House	11111 Bloomfield	11.39%	1000.79
16	440	Federal USPO Allen House			
17	440	SAMHSA Prevention Navigator	10210 Orr and Day Rd	0.00%	0.00
18	440	Corporation	12070 Telegraph Rd	2.12%	186.04
19	440	Court Ordered SFS	11015 Bloomfield Ave	0.07%	5.80
20	440	HIV TESTING (Expired May 2025)	305-307 South Central Ave. LA	0.00%	0.00
21	440	Court Ordered LA	San Pedro St. LA / 305-307 South C	0.07%	6.27
22	440	SGV - High Acuity - Expired	175 Huntington Dr, Ste 101, Pasader	0.00%	0.00
23	440	CPMP	10425 Painter Ave	1.34%	117.29
24	440	Drug Medical OP Long Beach	5861 Cherry Ave Long Beach	6.23%	547.05
25	440	0	0		
26	440	0	0		
27	440	City of Alhambra Outreach	1410 N Garey Ave Pomona	0.46%	40.80
28	440	Drug Med OP DTLA	305-307 South Central Ave. LA	5.00%	439.56
29	440	CHRP - UCLA	305-307 South Central Ave. LA	0.00%	0.00
30	440	SAMHSA Drug Free Community	10210 Orr and Day Rd	0.09%	7.70
31	440	0	0		
32	440	SAFE HAVEN	12580 Lakeland Rd	4.40%	386.92
33	440	SAMHSA Care Council Partnership	10210 Orr and Day	0.00%	0.00
34	440	Drug Medical Residential Africa House	14100 Glengyle St, Whittier, CA	3.06%	270.55
35	440	0	0		
36	440	CENS	8300 Santa fe Springs Rd	4.10%	360.00
37	440	0	0		
38	440	CAL CRG-LAM	426 S. San Pedro St. LA	0.00%	0.00
39	440	IN JAIL Men Central	175 Huntington Dr, Ste 101, Pasades	1.91%	167.96
40	440	RBH	ALL RBH Sites	7.07%	621.09
41	440	SAMHSA PPW	Inez St. 12212,12216,12220	1.21%	105.90
42	440	TTA	10924 Main St	0.49%	43.12
43	440	0	0		
44	440	Other Outreach Cities		0.00%	0.00
45	440	Drug Medical Youth	10210 Orr and Day Rd	0.63%	55.31
46	440	0	0		
47	440	Lynwood B-Chip		0.00%	0.00
48	440	Bridge of Hope Community Housing - Hawthorne		0.99%	87.15
49	440	SGV - Supplemental	1410 N Garey Ave Pomona	2.14%	187.30
50	440	SGV - Mobile Crisis	1410 N Garey Ave Pomona	0.97%	85.48
51	440	Drug Medical Outpatient - SRH		0.16%	13.81
52	440	Operation Stay Safe - Montebello		1.84%	161.83
53	440	Mentored Internship Program (Expired)	12070 Telegraph Rd	0.00%	0.00
54	440	SAMHSA Building Communities of Recovery	305-307 South Central Ave. LA	0.37%	32.64
55	440	Reentry Intensive Case Management Services	10924 Main St	0.23%	20.25
56	440	In Jail Pitchess Detention Center	175 Huntington Dr, Ste 101, Pasader	1.62%	142.48
57	440	SAMHSA Adult Reentry Program		0.66%	58.19
58	440	Sierra Health Foundation - HEAR US		0.00%	0.00
59	440	0	0		
60	440	Men and Youth Behavioral Health Initiative (EXPIRED JUN	10210 Orr and Day Rd	0.00%	0.00
61	440	Long Beach Reentry Achievement Program (EXPIRED DEC 21	5861 Cherry Ave Long Beach	0.00%	0.00
62	440	Hermosa Beach Outreach		0.98%	84.90
63	440	0	0		
64	440	Sierra Health Foundation - MAT - Opioid Funding (Expired Apr 2025)		0.00%	0.00
65	440	Drug Medi-Cal Residential - New York Dr	1092 New York Dr	3.65%	320.43
66	440	City of Azusa - Azusa Resource Center		1.63%	142.90
67	440	Drug Medical OP DTLA - San Pedro	426 San Pedro St	7.84%	687.83
68	440	HIV/AIDS Prevention	305-307 South Central Ave. LA	0.20%	17.35
69	440	Sierra Health Foundation - Nuestra Casa (Expired June 202	8918 California Ave, Southgate	0.00%	0.00
70	440	SAPC - Youth Bridge Program	10210 Orr and Day Rd	0.10%	8.88
71	440	Long Beach - Opioid Overdose Prevention	5861 Cherry Ave Long Beach	0.18%	15.87
72	440	0	0		
73	440	0	0		
74	440	Early Care and Education	12070 Telegraph Rd	0.00%	0.00
75	440	Long Beach - HUB & SPOKE	5861 Cherry Ave Long Beach	0.12%	10.46
76	440	0	0		
77	440	0	0		
78	440	0	0		
79	440	0	0		
80	440	Youth Opioid Response	10210 Orr and Day Rd	0.36%	31.43
				100.00%	8785.81



Invoice	0000024083
Description	LACADA New Semi Monthly 09/26

WE APPRECIATE YOUR BUSINESS! - \*NO PAYMENT REQUIRED\*.  
 The amount will be processed for debit from your account on file. Please confirm the debit was completed with your banking institution to ensure the invoice is paid in full.

Bill To: Los Angeles Centers for Alcohol and Drug Abuse  
 12070 Telegraph Rd. Suite 207  
 Santa Fe Springs, California 90670  
 United States

Item #	Description	Product Code	Unit Price	QTY	Discount	Tax	Price
91299589	21 -Next Day Direct Deposit: Next Day Direct Deposit 9/11/2025	Updated	\$105.00	1			\$105.00
91646420	Price Per Check - Bi-Weekly/Semi-Monthly Srvc (New)			684			\$2,299.73
91646421	Price Per Check - Bi-Weekly/Semi-Monthly Srvc (New): Item Discount				(\$103.49)		(\$103.49)
91646422	Kotapay Direct Deposit (Legacy)			736			\$206.95
91646423	Kotapay Direct Deposit (Legacy): Item Discount				(\$9.31)		(\$9.31)
91646424	TLM Semi-Monthly (Spd)		\$2.74	684			\$1,874.16
91646425	TLM Semi-Monthly (Spd): Item Disco				(\$84.34)		(\$84.34)
91646426	HR Service Semi-Monthly/BW		\$2.74	684			\$1,874.16
91646427	HR Service Semi-Monthly/BW: Item Discount				(\$84.34)		(\$84.34)
91646434	Clock Lease Semi Monthly (S/M)		\$50.00	52			\$2,600.00
91646435	Clock Lease Semi Monthly (S/M): Item Discount				(\$861.90)		(\$861.90)
91646436	21 -Recruitment - Semi Monthly	Updated	\$0.65	684			\$444.60
91646437	21 -Recruitment - Semi Monthly: Item Discount				(\$20.01)		(\$20.01)
91646440	21 -Wire Drawdown: Kotapay Direct Deposit Wire	Updated					\$25.00
91646449	Delivery Fee: deliveries, adjusted per cycle based on actual deliveries at \$32.50 per delivery (\$22.50 base fee; adult signature required adds \$10.00)						\$32.50
<b>Total</b>						(\$1,163.39)	\$8,298.73

*lin*  
*9-30*  
*ADP - 64410 - AV*

**ENTERED**

ALL Department Allocation

8,298.71

Dep't	440					
1	440	SAMHSA CCSHC	11015 Bloomfield SFS, LGBTQ++	3.12%	258.69	
2	440	FCRP	11121 Bloomfield SFS	4.88%	398.36	
3	440	SAMHSA ACT	8300 Santa Fe Springs Rd	1.12%	93.18	
4	440	SAMHSA T.R.E.E	5 Bloomfield Ave/ 10210 Orr and Day Rd			
5	440	0	0			
6	440	Drug Medical Residential Nuestra Casa	8919 California Ave, Southgate	8.99%	746.38	
7	440	SAMHSA M.A.T	1015 Bloomfield SFS and Orr and D:	1.06%	87.88	
8	440	Drug Medical OP SFS	11015 Bloomfield SFS	7.35%	610.66	
9	440	0	0			
10	440	0	0			
11	440	0	0			
12	440	0	0			
14	440	City of Hawthorne Outreach	1410 N Garey Ave Pomona	0.50%	41.20	
15	440	Drug Medical Residential Allen House	11111 Bloomfield	11.39%	945.31	
16	440	Federal USPO Allan House	10210 Orr and Day Rd	0.00%	0.00	
17	440	SAMHSA Prevention Navigator Corporation	12070 Telegraph Rd	2.12%	175.72	
18	440	Court Ordered SFS	11015 Bloomfield Ave	0.07%	5.57	
19	440	HIV TESTING (Expired May 2025)	305-307 South Central Ave. LA	0.00%	0.00	
20	440	Court Ordered LA	San Pedro St LA / 305-307 South C	0.07%	5.92	
21	440	SGV - High Acuity - Expired	375 Huntington Dr, Ste 101, Pasadena	0.00%	0.00	
22	440	CPMP	10429 Painter Ave	1.34%	110.88	
23	440	Drug Medical OP Long Beach	5861 Cherry Ave Long Beach	6.23%	516.73	
24	440	0	0			
25	440	0	0			
26	440	City of Alhambra Outreach	1410 N Garey Ave Pomona	0.46%	38.54	
27	440	Drug Med OP DTLA	305-307 South Central Ave. LA	5.00%	415.19	
28	440	CHRP - UCLA	305-307 South Central Ave. LA	0.00%	0.00	
29	440	SAMHSA Drug Free Community	10210 Orr and Day Rd	0.00%	7.28	
30	440	0	0			
31	440	SAFE HAVEN	12580 Lakeland Rd	4.40%	365.47	
32	440	SAMHSA Care Council Partnership	10210 Orr and Day	0.00%	8.00	
33	440	Drug Medical Residential Alice House	14100 Glenogle St, Whittier, CA	3.88%	255.55	
34	440	0	0			
35	440	CENS	9300 Santa fe Springs Rd	4.10%	340.12	
36	440	0	0			
37	440	CAL CRG-LAM	426 S. San Pedro St. LA	0.00%	- 6.00	
38	440	IN JAIL Men Central	375 Huntington Dr, Ste 101, Pasadena	1.91%	158.65	
39	440	RBH	ALL RBH Sites	7.07%	586.66	
40	440	SAMHSA PPW	Inez St. 12212,12216,12220	1.21%	100.03	
41	440	TTA	10924 Main St	0.49%	40.73	
42	440	0	0			
43	440	Other Outreach Cities	10210 Orr and Day Rd	0.00%	0.00	
44	440	Drug Medical Youth	0	0.63%	52.25	
45	440	0	0			
46	440	Lynwood B-Ship	0	0.00%	0.00	
47	440	Bridge of Hope Community Housing - Hawthorne	0	0.99%	82.32	
48	440	SGV - Supplemental	1410 N Garey Ave Pomona	2.14%	177.42	
49	440	SGV - Mobile Crisis	1410 N Garey Ave Pomona	0.97%	80.74	
50	440	Drug Medical Outpatient - SRH	0	6.16%	513.04	
51	440	Operation Stay Safe - Montebello	0	1.64%	152.95	
52	440	Mentored Internship Program (Expired)	12070 Telegraph Rd	0.00%	0.00	
53	440	SAMHSA Building Communities of Recovery	305-307 South Central Ave. LA	0.37%	31.02	
54	440	Reentry Intensive Case Management Services	10924 Main St	0.23%	19.13	
55	440	In Jail Pitchess Detention Center	375 Huntington Dr, Ste 101, Pasadena	1.52%	124.58	
56	440	SAMHSA Adult Reentry Program	0	0.66%	54.96	
57	440	Sierra Health Foundation - HEAR US	0	0.00%	0.00	
58	440	Iron and Youth Behavioral Health Initiative (EXPIRED JUN	10210 Orr and Day Rd	0.00%	0.00	
59	440	ig Beach Reentry Achievement Program (EXPIRED DEC 21	5861 Cherry Ave Long Beach	0.00%	0.00	
60	440	Hermosa Beach Outreach	0	0.66%	54.96	
61	440	Sierra Health Foundation - MAT - Opioid Funding (Expired Apr 2025)	0	0.00%	0.00	
62	440	Drug Med-Cel Residential - New York Dr	1092 New York Dr	3.65%	302.66	
63	440	City of Azusa - Azusa Resource Center	0	1.63%	134.98	
64	440	Drug Medical OP DTLA - San Pedro	426 San Pedro St	7.94%	659.14	
65	440	HIV-AIDS Prevention	305-307 South Central Ave. LA	0.20%	16.39	
66	440	Sierra Health Foundation - Nuestra Casa (Expired June 202	8919 California Ave, Southgate	0.00%	0.00	
67	440	SAPC - Youth Bridge Program	10210 Orr and Day Rd	0.10%	8.39	
68	440	Long Beach - Opioid Overdose Prevention	5861 Cherry Ave Long Beach	0.12%	14.98	
69	440	Early Care and Education	12070 Telegraph Rd	0.00%	0.00	
70	440	Long Beach - HUB & SPOKE	5861 Cherry Ave Long Beach	0.12%	9.88	
71	440	Youth Opioid Response	10210 Orr and Day Rd	0.36%	29.68	
72	440					
73	440					
74	440					
75	440					
76	440					
77	440					
78	440					
79	440					
80	440					
				100.00%	8298.71	

### Cell Phone- September 2025

Date	Description	Amount
09/01/25	Phone Line	\$66.83
		<b>\$66.83</b>

# Welcome LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE,

## This is your September bill.

We hope you are enjoying your T-Mobile services. This is a summary of your charges this month.

### Total due

**\$2,381.53**

This amount will be charged to your bank account on **Sep 30, 2025**

### Your charges explained

- 3 new lines were added to your account
- You received multiple promotions. See details on page 9.
- (562) 387-9061 P429 Internet ID230037 expires this month.

### Balance from previous bill

**\$0.00**

Previous total due

\$2,330.91

Payments - Thank you!

-\$2,330.91

### Total charges this bill

**\$2,381.53**

Plans

Increased by \$41.65

\$1,859.15

Equipment

Increased by \$4.17

\$225.08

Services

No changes

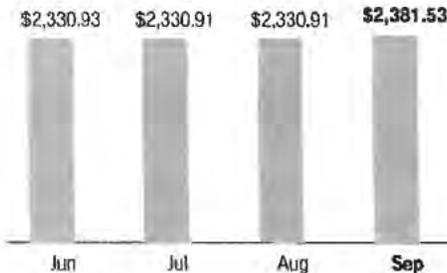
\$18.00

Taxes and fees

Increased by \$4.80

\$279.30

### Your recent charges compared



### Total due

Increased by \$50.62

Autopay: Sep 30, 2025

**\$2,381.53**

*Wen 8.22.25*

ENTERED

## BEFORE THIS BILL

**Balance from previous bill** **\$0.00**

**PREVIOUS TOTAL DUE** **\$2,330.91**

---

**PAYMENTS** **-\$2,330.91**

---

Payment - thank you	Aug 31	-\$2,330.91
---------------------	--------	-------------



**OVERVIEW**

Total no. of lines: 74

	Plans	Usage charges	Equipment	Services	One-time charges	Taxes & Fees	Total \$
No. of Lines	74						
Sea page							
	<b>\$1,859.15</b>	-	<b>\$225.08</b>	<b>\$18.00</b>	-	<b>\$279.30</b>	<b>\$2,381.53</b>

**ACCOUNT BREAKDOWN**

Account charges

\$350.00      -      -      \$1.26      \$351.26

**Unassigned subscribers**

74

Los Angeles Centers For Alcohol And Drug Abuse	p.42	\$30.00	-	-	-	\$5.73	\$35.73
Los Angeles Centers For Alcohol And Drug Abuse	p.28	-	-	\$29.17	-	\$5.62	\$34.79
Los Angeles Centers For Alcohol And Drug Abuse	p.28	\$30.00	-	\$29.17	-	\$5.73	\$64.90
Los Angeles Centers For Alcohol And Drug Abuse	p.29	\$30.00	-	\$9.50	-	\$5.73	\$45.23
Los Angeles Centers For Alcohol And Drug Abuse	p.31	\$20.00	-	-	-	\$1.60	\$21.60
Los Angeles Centers For Alcohol And Drug Abuse	p.31	\$30.00	-	\$9.50	-	\$5.73	\$45.23
Los Angeles Centers For Alcohol And Drug Abuse	p.36	\$30.00	-	\$16.18	-	\$5.73	\$51.91
Los Angeles Centers For Alcohol And Drug Abuse	p.10	-	-	-	-	\$5.62	\$5.62
Los Angeles Centers For Alcohol And Drug Abuse	p.11	-	-	-	-	\$5.62	\$5.62
Los Angeles Centers For Alcohol And Drug Abuse	p.32	\$30.00	-	\$9.50	-	\$5.73	\$45.23
Los Angeles Centers For Alcohol And Drug Abuse	p.16	-	-	-	\$9.00	\$5.62	\$14.62
Los Angeles Centers For Alcohol And Drug Abuse	p.22	\$12.50	-	-	-	\$1.60	\$14.10
Los Angeles Centers For Alcohol And Drug Abuse	p.23	\$12.50	-	-	-	\$1.60	\$14.10
Los Angeles Centers For Alcohol And Drug Abuse	p.23	\$25.00	-	-	-	\$1.60	\$26.60

**OVERVIEW**

Total no. of lines: 74

			Plans	Usage charges	Equipment	Services	One-time charges	Taxes & Fees	Total \$
	No. of Lines	See page	<b>\$1,859.15</b>	-	<b>\$225.08</b>	<b>\$18.00</b>	-	<b>\$279.30</b>	<b>\$2,381.53</b>
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.23	\$25.00	-	-	\$1.60	\$26.60
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.24	\$25.00	-	-	\$1.60	\$26.60
📞			Los Angeles Centers For Alcohol And Drug Abuse	p.24	-	-	-	\$5.62	\$5.62
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.24	\$50.00	-	-	\$1.60	\$51.60
📞			Los Angeles Centers For Alcohol And Drug Abuse	p.24	-	\$21.13	\$9.00	\$5.62	\$35.75
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.31	\$20.00	-	-	\$1.60	\$21.60
📞			Los Angeles Centers For Alcohol And Drug Abuse	p.25	-	-	-	\$5.62	\$5.62
📞			Los Angeles Centers For Alcohol And Drug Abuse	p.26	-	-	-	\$5.62	\$5.62
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.17	\$20.00	-	-	\$1.60	\$21.60
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.18	\$20.00	-	-	\$1.60	\$21.60
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.18	\$20.00	-	-	\$1.60	\$21.60
📞			Los Angeles Centers For Alcohol And Drug Abuse	p.26	-	-	-	\$5.62	\$5.62
📞			Los Angeles Centers For Alcohol And Drug Abuse	p.27	-	-	-	\$5.62	\$5.62
📞			Los Angeles Centers For Alcohol And Drug Abuse	p.27	-	-	-	\$5.62	\$5.62
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.19	\$20.00	-	-	\$1.60	\$21.60
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.19	\$20.00	-	-	\$1.60	\$21.60
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.20	\$20.00	-	-	\$1.60	\$21.60
📱			Los Angeles Centers For Alcohol And Drug Abuse	p.20	\$20.00	-	-	\$1.60	\$21.60

Line Type : 📞 - VOICE LINE

📱 - CONNECTED DEVICE



CONTINUES..

**OVERVIEW**

Total no. of lines: 74

			Plans	Usage charges	Equipment	Services	One-time charges	Taxes & Fees	Total \$
		No. of Lines	See page	\$1,859.15	-	\$225.08	\$18.00	\$279.30	\$2,381.53
	Los Angeles Centers For Alcohol And Drug Abuse	p.21	\$20.00	-	-	-	-	\$1.60	\$21.60
	Los Angeles Centers For Alcohol And Drug Abuse	p.21	\$20.00	-	-	-	-	\$1.60	\$21.60
	Los Angeles Centers For Alcohol And Drug Abuse	p.22	\$20.00	-	-	-	-	\$1.60	\$21.60
	Los Angeles Centers For Alcohol And Drug Abuse	p.37	\$30.00	-	-	-	-	\$5.73	\$35.73
	Los Angeles Centers For Alcohol And Drug Abuse	p.9	\$25.00	-	-	-	-	\$1.60	\$26.60
	Los Angeles Centers For Alcohol And Drug Abuse	p.33	\$25.00	-	\$3.75	-	-	\$1.60	\$30.35
	Los Angeles Centers For Alcohol And Drug Abuse	p.35	\$30.00	-	\$9.50	-	-	\$5.73	\$45.23
	Los Angeles Centers For Alcohol And Drug Abuse	p.29	\$12.50	-	-	-	-	\$1.60	\$14.10
	Los Angeles Centers For Alcohol And Drug Abuse	p.30	\$30.00	-	\$9.50	-	-	\$5.73	\$45.23
	Los Angeles Centers For Alcohol And Drug Abuse	p.30	\$30.00	-	\$9.50	-	-	\$5.73	\$45.23
	Los Angeles Centers For Alcohol And Drug Abuse	p.43	\$8.33	-	\$4.17	-	-	\$1.60	\$14.10
	Los Angeles Centers For Alcohol And Drug Abuse	p.44	\$16.66	-	-	-	-	\$1.60	\$18.26
	Los Angeles Centers For Alcohol And Drug Abuse	p.35	\$30.00	-	\$9.50	-	-	\$5.73	\$45.23
	Los Angeles Centers For Alcohol And Drug Abuse	p.33	\$30.00	-	\$9.50	-	-	\$5.73	\$45.23
	Los Angeles Centers For Alcohol And Drug Abuse	p.34	\$30.00	-	\$9.50	-	-	\$5.73	\$45.23
	Los Angeles Centers For Alcohol And Drug Abuse	p.44	\$16.66	-	-	-	-	\$1.60	\$18.26
	Los Angeles Centers For Alcohol And Drug Abuse	p.17	-	-	-	-	-	\$5.62	\$5.62
	Los Angeles Centers For Alcohol And Drug Abuse	p.34	\$30.00	-	\$9.50	-	-	\$5.73	\$45.23

**OVERVIEW**

Total no. of lines: 74

			Plans	Usage charges	Equipment	Services	One-time charges	Taxes & Fees	Total \$	
		No. of Lines	See page	<b>\$1,859.15</b>	-	<b>\$225.08</b>	<b>\$18.00</b>	-	<b>\$279.30</b>	<b>\$2,381.53<sup>1</sup></b>
☎	Los Angeles Centers For Alcohol And Drug Abuse		p.9	-	\$17.01	-	-	\$5.62	\$22.63	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.10	\$35.00	-	-	-	\$1.60	\$36.60	
☎	Los Angeles Centers For Alcohol And Drug Abuse		p.36	\$30.00	\$9.50	-	-	\$5.73	\$45.23	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.11	\$20.00	-	-	-	\$1.60	\$21.60	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.12	\$20.00	-	-	-	\$1.60	\$21.60	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.12	\$20.00	-	-	-	\$1.60	\$21.60	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.13	\$20.00	-	-	-	\$1.60	\$21.60	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.13	\$20.00	-	-	-	\$1.60	\$21.60	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.14	\$20.00	-	-	-	\$1.60	\$21.60	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.14	\$20.00	-	-	-	\$1.60	\$21.60	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.15	\$20.00	-	-	-	\$1.60	\$21.60	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.15	\$20.00	-	-	-	\$1.60	\$21.60	
📶	Los Angeles Centers For Alcohol And Drug Abuse		p.16	\$20.00	-	-	-	\$1.60	\$21.60	
☎	Los Angeles Centers For Alcohol And Drug Abuse		p.42	\$30.00	-	-	-	\$5.73	\$35.73	
☎	Los Angeles Centers For Alcohol And Drug Abuse		p.37	\$30.00	-	-	-	\$5.73	\$35.73	
☎	Los Angeles Centers For Alcohol And Drug Abuse		p.38	\$30.00	-	-	-	\$5.73	\$35.73	
☎	Los Angeles Centers For Alcohol And Drug Abuse		p.38	\$30.00	-	-	-	\$5.73	\$35.73	
☎	Los Angeles Centers For Alcohol And Drug Abuse		p.39	\$30.00	-	-	-	\$5.73	\$35.73	

Line Type : ☎ - VOICE LINE

📶 - CONNECTED DEVICE



CONTINUES...

**OVERVIEW**

Total no. of lines: 74

			Plans	Usage charges	Equipment	Services	One-time charges	Taxes & Fees	Total \$
	No. of Lines	See page	<b>\$1,859.15</b>	-	<b>\$225.08</b>	<b>\$18.00</b>	-	<b>\$279.30</b>	<b>\$2,381.53</b>
☎	[REDACTED]	Los Angeles Centers For Alcohol And Drug Abuse	p.43	\$30.00	-	-	-	\$5.73	\$35.73
☎	[REDACTED]	Los Angeles Centers For Alcohol And Drug Abuse	p.39	\$30.00	-	-	-	\$5.73	\$35.73
☎	[REDACTED]	Los Angeles Centers For Alcohol And Drug Abuse	p.40	\$30.00	-	-	-	\$5.73	\$35.73
☎	[REDACTED]	Los Angeles Centers For Alcohol And Drug Abuse	p.40	\$30.00	-	-	-	\$5.73	\$35.73
☎	[REDACTED]	Los Angeles Centers For Alcohol And Drug Abuse	p.41	\$30.00	-	-	-	\$5.73	\$35.73
☎	[REDACTED]	Los Angeles Centers For Alcohol And Drug Abuse	p.41	\$30.00	-	-	-	\$5.73	\$35.73

## MONTHLY REPORTS

Great news! No lines had usage charges this month!

### HIGHEST PLAN COSTS

	No. of Lines	Cost \$
1. Bus Unl Phone Reduced price	26	\$780.00
2. Bus Unl Phone Reduced price	13	\$350.00
3. T-Mobile Essentials Bus Tab	12	\$240.00
4. T-Mobile Essentials Tablet T4B	10	\$200.00
5. Bus Mobile Internet 5GB TE	7	\$137.50

### MONTHLY DISCOUNTS

Autopay discounts	-\$40.00
Service discounts	-\$1,155.84
Device discounts	-\$27.88
<b>Total discounts</b>	<b>-\$1,223.72</b>

### EQUIPMENT INSTALLMENT PLANS

Total active EIPs	17
EIP this month	\$249.21
Total balance remaining	\$2,345.60

To manage your plans and subscribers, visit [t-mobile.com/business](https://t-mobile.com/business)



DRUG MEDICAL

159.6

Sep-25

Dept#					
1	525	SAMHSA CCBHC	11015 Bloomfield SFS, LGBTQ++		
2	525	FCRP	11121 Bloomfield SFS		
3	525	SAMHSA ACT	9300 Santa fe Springs Rd		
4	525	SAMHSA T.R.E.E	5 Bloomfield Ave/ 10210 Orr and Day		
5	525				
6	525	Drug Medical Residential Nuestra Casa	8919 California Ave, Southgate	16.53%	26.3
7	525	SAMHSA M.A.T	1015 Bloomfield SFS and Orr and Day		
8	525	Drug Medical OP SFS	11015 Bloomfield SFS	13.51%	21.5
9	525				
10	525				
11	525				
12	525				
14	525	City of Hawthorne Outreach	1410 N Garey Ave Pomona		
15	525	Drug Medical Residential Allen House	11111 Bloomfield SFS	20.93%	33.4
16	525	Federal USPO Allen House	8919 California Ave, Southgate		
17	525	SAMHSA Prevention Navigator	10210 Orr and Day Rd		
18	525	Corporation	12070 Telegraph Rd		
19	525	Court Ordered SFS	11015 Bloomfield Ave		
20	525	HIV TESTING (Expired May 2025)	305-307 South Central Ave. LA		
21	525	Court Ordered LA	San Pedro St. LA / 305-307 South C		
22	525	SGV - High Acuity - Expired	175 Huntington Dr, Ste 101, Pasadena		
23	525	CPMP	11121 Bloomfield SFS		
24	525	Drug Medical OP Long Beach	5861 Cherry Ave Long Beach	11.44%	18.2
25	525				
26	525				
27	525	City of Alhambra Outreach	1410 N Garey Ave Pomona		
28	525	Drug Med OP DTLA	305-307 South Central Ave. LA	9.19%	14.6
29	525	CHRP - UCLA	305-307 South Central Ave. LA		
30	525	SAMHSA Drug Free Community	10210 Orr and Day Rd		
31	525				
32	525	SAFE HAVEN	12580 Lakeland Rd		
33	525	SAMHSA Care Council Partnership	10210 Orr and Day		
34	525	Drug Medical Residential Alice House	14100 Glengyle St, Whittier, CA	5.66%	9.0
35	525				
36	525	CENS	9300 Santa fe Springs Rd		
37	525				
38	525	CAL CRG-LAM	426 S. San Pedro St. LA		
39	525	IN JAIL Men Central	175 Huntington Dr, Ste 101, Pasadena		
40	525	RBH	2800 Alhambra Blvd.		
41	525	SAMHSA PPW	Inez St. 12212,12216,12220		
42	525	TTA	10924 Main St		
43	525				
44	525	Other Outreach Cities	1410 N Garey Ave Pomona		
45	525	Drug Medical Youth	10210 Orr and Day Rd	1.16%	1.8
48	525	Bridge of Hope Community Housing - Hawthorne	1410 N Garey Ave Pomona		
49	525	SGV - Supplemental	1410 N Garey Ave Pomona		
50	525	SGV - Mobile Crisis	1410 N Garey Ave Pomona		
51	525	Drug Medical Outpatient - SRH	1212,12216,12220 and 14100 Glengy	0.29%	0.4
52	525	Operation Stay Safe - Montebello	1410 N Garey Ave Pomona		
53	525	Mentored Internship Program (Expired)	12070 Telegraph Rd		
54	525	SAMHSA Building Communities of Recovery	305-307 South Central Ave. LA		
55	525	Reentry Intensive Case Management Services	10924 Main St		
56	525	In Jail Pitchess Detention Center	175 Huntington Dr, Ste 101, Pasadena		
59	525	SAMHSA Adult Reentry Program	11015 Bloomfield Ave		
60	525	Sierra Health Foundation - HEAR US	15-307 Central Ave, Whittier LGBTQ++		
61	525	Men and Youth Behavioral Health Initiative (EXPIRED JUN	10210 Orr and Day Rd		
62	525	Long Beach Reentry Achievement Program (EXPIRED DEC 2	5861 Cherry Ave Long Beach		
63	525	Hermosa Beach Outreach	1410 N Garey Ave Pomona		
65	525	Sierra Health Foundation - MAT - Opioid Funding (Expired Apr	11111 Bloomfield SFS		
66	525	Drug Medi-Cal Residential - New York Dr	1092 New York Dr	6.70%	10.71
67	525	City of Azusa - Azusa Resource Center	1410 N Garey Ave Pomona		
68	440	Drug Medical OP DTLA - San Pedro	426 San Pedro St	14.59%	23.21
69	525	HIV-AIDS Prevention	305-307 South Central Ave. LA		
70	441	Sierra Health Foundation - Nuestra Casa (Expired June 20:	8919 California Ave, Southgate		
				100.00%	159.61



#01-6525 -DMC	159.6
#01-6525-014	66.83
#01-6525-015	21.6
#01-6525-017	191.84
#01-6525-018	72.22
#01-6525-023	84.87
#01-6525-027	78.93
#01-6525-036	108
#01-6525-039	21.6
#01-6525-040	75.87
#01-6525-044	495.39
#01-6525-048	80.96
#01-6525-049	419.52
#01-6525-050	200.03
#01-6525-052	155.36
#01-6525-054	22.48
#01-6525-055	35.97
#01-6525-063	45.23
#01-6525-067	45.23
Total	2381.53

**Gas for Van - September 2025**

Date	Description	Amount
09/01/25	Gas for Van	\$201.67

**\$201.67**



PO BOX 1239  
COVINGTON, LA 70434

Local Office: ARCO Business Solutions  
For billing questions call: (800) 326-3675

Account Number: 2342963

Please reference account # on all payments

Statement #	NP69092079
Statement Date	09/03/2025
Current Balance	\$9,788.51
<b>Amount Due on 09/15/2025</b>	<b>\$9,788.51</b>
Credit/Spend Limit	\$14,700.00

LOS ANGELES CENTERS FOR ALCOHO  
12070 TELEGRAPH RD SUITE 207  
SANTA FE SPRINGS CA 90670

Customer Statement Activity: 8/3/2025 - 9/2/2025			
Previous Statement Balance	Payment Activity	Purchases & Adjustments	New Balance Due
\$10,033.48	(\$10,033.48)	\$9,788.51	\$9,788.51

**Current Activity**

Fees This Period: Total \$211.54

2% Service Fee	\$	191.54
2nd Day Card Delivery	\$	20.00

Date	Description	Gallons	Amount Due
08/05/2025	PAYMENT: Online Payment (BT)		(\$10,033.48)
09/03/2025	Fleet # 2385015 Name: LOS ANGELES CENTERS FOR ALCOHO	2,269.882	\$9,788.51



PLEASE INCLUDE ONLY CHECK AND REMITTANCE COPY BELOW IN THE ENVELOPE PROVIDED. REMITTANCES ARE TRANSMITTED TO FLEETCOR TREASURY, COVINGTON, LA. ANY ADDITIONAL CORRESPONDENCE SHOULD BE DIRECTED TO THE ADDRESS IN THE TOP LEFT AREA OF THIS STATEMENT

REMITTANCE COPY - RETURN THIS STUB WITH PAYMENT

Account # 2342963



LOS ANGELES CENTERS FOR ALCOHO  
12070 TELEGRAPH RD SUITE 207  
SANTA FE SPRINGS CA 90670

Amount Due on 09/15/2025 \$9,788.51

REMIT TO:

PAYMENT AMOUNT \$

ARCO BUSINESS SOLUTIONS  
PO BOX 740285  
ATLANTA GA 30374-0285

000000000000002342963200009788515





PO BOX 1239  
COVINGTON, LA 70434

### FLEET MANAGEMENT REPORT

**Account #** 2342963  
**FLEET #** 2385015  
**Name:** LOS ANGELES CENTERS FOR ALCOHO  
**MATCHING STATEMENT #** NP69092079  
**Page:** 2 of 8

DATE	TIME	SITE	DRIVER	ODOMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCEPT CODE**
<b>15 - Vehicle 33 (continued)</b>											
09/02	15:09	530326	employee 3	65321						\$11.99	
						TBA/Service					
						<b>Sub Total:</b>				<b>\$26.99</b>	
			<b>Vehicle Total:</b>							<b>\$413.23</b>	
<b>16 - Vehicle 16</b>											
08/14	13:56	340677	Vehicle 16	7098	0.0	UE10	12.185	2.91920	1.02017	\$48.00	11
08/26	07:51	338940	Vehicle 16	27051	0.0	UE10	21.196	3.15770	1.04211	\$89.00	
08/28	08:20	338940	Vehicle 16	7287	0.0	UE10	12.079	3.15760	1.04176	\$50.72	11
			<b>Miles:</b>				<b>45.460</b>			<b>\$187.72</b>	
<b>Non-Fuel Transactions</b>											
08/14	13:56	340677	Vehicle 16	7098						\$10.00	
						Car Wash					
			<b>Vehicle Total:</b>			<b>Sub Total:</b>				<b>\$10.00</b>	
										<b>\$197.72</b>	
<b>17 - Vehicle 17</b>											
08/21	10:42	585196	Employee 1	11394	45.4	PE10	13.520	3.75960	1.04065	\$64.88	
09/02	17:43	338694	Employee 1	11765	31.9	UE10	11.631	3.24310	1.05620	\$50.00	
			<b>Miles:</b>	<b>985</b>	<b>38.7</b>		<b>25.151</b>			<b>\$114.88</b>	
<b>18 - Vehicle 18</b>											
08/06	08:40	401186	employee 1	5079	15.5	UE10	15.962	2.73090	1.02806	\$60.00	
08/13	09:40	335394	employee 1	5332	16.0	UE10	15.794	2.80300	0.99542	\$60.00	
08/19	14:25	563938	employee 1	5643	20.7	UE10	15.004	2.95720	1.04114	\$60.00	
08/27	08:38	563938	employee 1	5864	16.5	UE10	13.418	3.05340	1.04603	\$55.00	
08/28	11:30	335394	employee 1	5955	37.3	UE10	2.440	3.09020	1.00763	\$10.00	
			<b>Miles:</b>	<b>1123</b>	<b>21.2</b>		<b>62.618</b>			<b>\$245.00</b>	
<b>Non-Fuel Transactions</b>											
08/13	09:40	335394	employee 1	5332						\$15.00	
						Car Wash					
08/28	11:30	335394	employee 1	5955						\$15.00	
						Car Wash					
			<b>Vehicle Total:</b>			<b>Sub Total:</b>				<b>\$30.00</b>	
										<b>\$275.00</b>	
<b>19 - Vehicle 19</b>											
08/04	12:23	335267	Employee	32810	0.0	UE10	16.377	3.18500	1.01371	\$68.77	
08/08	18:20	335267	Employee	3792	0.0	UE10	13.399	3.18610	1.01352	\$56.26	11
08/09	15:21	335267	Employee	8638	0.0	UE10	10.749	3.18630	1.01391	\$45.14	
08/14	17:42	335267	Employee	33574	0.0	UE10	13.219	3.18710	1.01308	\$55.51	
08/16	23:13	335267	Employee	23494	0.0	UE10	2.135	3.18970	1.01055	\$8.96	11
08/18	08:58	335267	Employee	33872	0.0	UE10	13.777	3.18500	1.01338	\$57.85	
08/18	09:51	335267	Employee	23508	0.0	PE10	7.288	3.66080	1.03725	\$34.25	11
08/19	11:03	335267	Employee	9130	0.0	UE10	7.269	3.18200	1.01443	\$30.52	11
08/21	14:34	355569	Employee	34259	0.0	UE10	16.164	2.93060	1.02860	\$63.99	
08/26	08:26	335267	Employee	34661	25.8	UE10	15.588	3.22360	1.01566	\$66.08	
08/27	11:38	335267	Employee	9538	0.0	UE10	9.514	3.22370	1.01554	\$40.33	11
08/30	14:23	335267	Employee	35005	0.0	UE10	15.193	3.28050	1.01803	\$65.31	
09/02	14:58	335267	Employee	9727	0.0	UE10	8.174	3.28110	1.01771	\$35.14	11
			<b>Miles:</b>	<b>402</b>	<b>25.8</b>		<b>148.846</b>			<b>\$628.11</b>	
<b>2 - VEHICLE 2</b>											
08/04	16:11	340022	EMPLOYEE 2	7762	0.0	UE10	13.547	2.68330	1.01659	\$50.11	
08/04	16:31	340022	EMPLOYEE 2	15789	0.0	PE10	6.505	2.96700	1.03073	\$26.01	
08/15	13:40	340022	EMPLOYEE 2	4582	0.0	UE10	17.033	2.74000	1.01871	\$64.03	11
08/21	18:45	340022	EMPLOYEE 2	8000	0.0	UE10	14.485	2.87330	1.02616	\$56.48	



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### FLEET MANAGEMENT REPORT

Account # **2342963**  
 FLEET # **2385015**  
 Name: **LOS ANGELES CENTERS FOR ALCOHO**  
 MATCHING STATEMENT # **NP69092079**  
 Page: **3 of 8**

DATE	TIME	SITE	DRIVER	ODOMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCEPT CODE**
<b>2 - VEHICLE 2 (continued)</b>											
08/21	19:01	340022	EMPLOYEE 2	15849	0.0	UE10	7.438	2.87040	1.02756	\$29.00	
08/22	16:01	340022	EMPLOYEE 2	4553	0.0	UE10	15.610	2.87250	1.02628	\$60.86	11
				<b>Miles:</b>	<b>----</b>		<b>74.618</b>			<b>\$286.49</b>	
<b>20 - Vehicle 20</b>											
08/07	10:21	336716	Employee 2	35183	0.0	UE10	17.009	3.40230	1.05602	\$75.84	
08/07	20:38	340022	Employee 2	31824	0.0	UE10	15.562	2.74000	1.01919	\$58.50	11
08/18	14:32	333498	Employee 2	22148	0.0	UE10	12.444	2.77640	1.02168	\$47.27	11
08/19	14:54	340022	Employee 2	35520	0.0	UE10	12.499	2.77780	1.02082	\$47.48	
08/26	07:52	340022	Employee 2	32199	0.0	UE10	15.754	2.96750	1.03140	\$63.00	11
08/26	11:01	340022	Employee 2	35846	0.0	UE10	14.715	2.96840	1.03115	\$58.85	
08/27	09:26	340022	Employee 2	22529	0.0	UE10	15.004	2.96650	1.03181	\$60.00	11
09/02	12:55	340022	Employee 2	22383	0.0	ME10	12.412	3.21300	1.04557	\$52.86	11
				<b>Miles:</b>	<b>----</b>		<b>115.399</b>			<b>\$463.80</b>	
<b>Non-Fuel Transactions</b>											
08/27	09:26	340022	Employee 2	22529						\$7.00	
						Car Wash					
						<b>Sub Total:</b>				<b>\$7.00</b>	
<b>Vehicle Total:</b>										<b>\$470.80</b>	
<b>21 - Vehicle 21</b>											
08/14	08:44	332364	employee	3200	17.6	UE10	10.259	2.86380	1.03472	\$40.00	
				<b>Miles:</b>	<b>181</b>	<b>17.6</b>	<b>10.259</b>			<b>\$40.00</b>	
<b>21 - VEHICLE 36</b>											
08/08	15:01	323670	VEHICLE 36	40001	0.0	UE10	10.259	2.86380	1.03472	\$40.00	
08/22	14:49	323670	VEHICLE 36	56294	0.0	UE10	12.842	2.95900	1.04046	\$51.36	
08/26	08:45	323670	VEHICLE 36	40184	0.0	UE10	10.003	2.95910	1.04013	\$40.00	11
				<b>Miles:</b>	<b>----</b>		<b>33.104</b>			<b>\$131.36</b>	
<b>Non-Fuel Transactions</b>											
08/22	14:49	323670	VEHICLE 36	56294						\$10.00	
						Car Wash					
						<b>Sub Total:</b>				<b>\$10.00</b>	
<b>Vehicle Total:</b>										<b>\$141.36</b>	
<b>22 - VEHICLE 37</b>											
08/05	14:38	603544	VEHICLE 37	27650	14.6	PE10	14.074	3.15690	1.04204	\$59.10	
08/11	15:32	337610	VEHICLE 37	27847	13.5	PE10	14.558	3.02450	1.03477	\$59.09	
08/20	12:21	340022	VEHICLE 37	28067	14.3	PE10	15.430	3.11860	1.04031	\$64.17	
08/26	15:30	340022	VEHICLE 37	28212	11.4	PE10	12.681	3.25290	1.04716	\$54.52	
08/29	13:53	340022	VEHICLE 37	28381	18.4	PE10	9.176	3.30860	1.04987	\$40.00	
				<b>Miles:</b>	<b>937</b>	<b>14.4</b>	<b>65.919</b>			<b>\$276.88</b>	
<b>Non-Fuel Transactions</b>											
08/29	13:53	340022	VEHICLE 37	28381						\$7.00	
						Car Wash					
						<b>Sub Total:</b>				<b>\$7.00</b>	
<b>Vehicle Total:</b>										<b>\$283.88</b>	
<b>24 - Vehicle 24</b>											
08/05	11:21	340022	EMPLOYEE 2	91529	15.7	UE10	13.158	2.68350	1.01624	\$48.67	
08/07	10:47	338694	EMPLOYEE 2	91731	15.0	UE10	13.448	2.95960	1.04033	\$53.78	
08/08	12:00	357345	EMPLOYEE 2	83318	0.0	UE10	10.109	3.09030	1.00917	\$41.44	11
08/09	13:48	460501	EMPLOYEE 2	91987	0.0	ME10	16.587	3.43040	1.06797	\$74.62	
08/11	13:59	357345	EMPLOYEE 2	83509	0.0	ME10	14.376	3.37580	1.02284	\$63.24	11
08/12	18:44	331243	EMPLOYEE 2	92217	0.0	ME10	13.784	3.18490	1.01328	\$57.88	
08/14	13:15	338694	EMPLOYEE 2	92424	15.2	UE10	13.642	2.95780	1.04091	\$54.55	
08/16	04:06	357345	EMPLOYEE 2	92622	13.7	ME10	14.455	3.37530	1.02313	\$63.59	



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### FLEET MANAGEMENT REPORT

**Account #** 2342963  
**FLEET #** 2385015  
**Name:** LOS ANGELES CENTERS FOR ALCOHO  
**MATCHING STATEMENT #** NP69092079  
**Page:** 4 of 8

DATE	TIME	SITE	DRIVER	ODOMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCEPT CODE**
<b>24 - Vehicle 24 (continued)</b>											
08/17	14:06	357345	EMPLOYEE 2	83691	0.0	ME10	10.929	3.37730	1.02266	\$48.08	11
08/20	14:34	530323	EMPLOYEE 2	92905	0.0	UE10	12.503	2.99530	1.00396	\$50.00	
08/22	09:40	338479	EMPLOYEE 2	93108	14.7	UE10	13.821	3.18430	1.01349	\$58.03	
08/22	13:56	357345	EMPLOYEE 2	83913	0.0	UE10	10.811	3.18660	1.01282	\$45.40	11
08/25	09:57	324129	EMPLOYEE 2	93327	0.0	UE10	13.612	2.93050	1.02963	\$53.89	
08/26	09:18	324129	EMPLOYEE 2	84013	0.0	UE10	6.213	2.93260	1.02761	\$24.60	11
08/27	12:09	530323	EMPLOYEE 2	93604	0.0	UE10	14.638	3.08990	1.00902	\$60.00	
08/29	10:42	338694	EMPLOYEE 2	93769	13.0	UE10	12.698	3.14930	1.05080	\$53.32	
08/29	12:07	338694	EMPLOYEE 2	84116	0.0	UE10	6.517	3.14560	1.05184	\$27.36	11
08/31	13:35	323784	EMPLOYEE 2	94015	0.0	UE10	13.956	3.28100	1.01809	\$60.00	
09/02	21:04	530323	EMPLOYEE 2	94203	13.7	ME10	13.723	3.28140	1.01850	\$59.00	
<b>Miles:</b>				<b>1369</b>	<b>14.4</b>		<b>238.980</b>			<b>\$997.45</b>	
<b>Non-Fuel Transactions</b>											
08/05	11:21	340022	EMPLOYEE 2	91529						\$7.00	
						Car Wash				\$12.00	
08/25	09:57	324129	EMPLOYEE 2	93327						\$12.00	
						Car Wash				\$12.00	
08/26	09:18	324129	EMPLOYEE 2	84013						\$12.00	
						Car Wash				\$12.00	
<b>Sub Total:</b>										<b>\$31.00</b>	
<b>Vehicle Total:</b>										<b>\$1028.45</b>	
<b>24 - vehicle 28</b>											
08/04	15:32	362034	vehicle 28	20353	0.0	UE10	15.034	2.70790	0.99082	\$55.61	11
08/08	10:27	340788	vehicle 28	20521	14.4	UE10	11.672	3.06290	1.03653	\$47.84	
08/08	15:46	362034	vehicle 28	55614	0.0	UE10	15.104	2.70860	0.99071	\$55.87	
08/13	14:35	362034	vehicle 28	20760	0.0	UE10	15.014	2.70810	0.99038	\$55.54	11
08/18	10:58	317137	vehicle 28	20910	16.6	UE10	9.054	2.83410	1.02421	\$34.94	
08/21	13:29	317137	vehicle 28	21129	14.8	UE10	14.748	2.83500	1.02391	\$56.91	
08/26	09:57	324171	vehicle 28	21338	14.2	UE10	14.682	2.93690	1.00165	\$57.83	
08/29	10:55	317137	vehicle 28	21546	21.1	UE10	9.855	3.02490	1.03426	\$40.00	
09/02	09:42	362034	vehicle 28	56625	0.0	UE10	13.371	2.89960	0.99970	\$52.13	
<b>Miles:</b>				<b>954</b>	<b>16.2</b>		<b>118.534</b>			<b>\$456.67</b>	
<b>Non-Fuel Transactions</b>											
08/21	13:29	317137	vehicle 28	21129						\$12.00	
						Car Wash				\$12.00	
08/29	10:55	317137	vehicle 28	21546						\$12.00	
						Car Wash				\$12.00	
<b>Sub Total:</b>										<b>\$24.00</b>	
<b>Vehicle Total:</b>										<b>\$480.67</b>	
<b>25 - vehicle 29</b>											
08/18	10:13	331244	vehicle 29	20741	0.0	UE10	9.758	3.08980	1.00869	\$40.00	
<b>Miles:</b>				<b>---</b>	<b>---</b>		<b>9.758</b>			<b>\$40.00</b>	
<b>25 - Vehicle 34</b>											
08/05	07:58	323672	Vehicle 3	41152	21.8	UE10	10.810	3.01570	1.04337	\$43.88	
08/08	13:40	338477	Vehicle 3	41374	17.1	UE10	12.984	3.10920	1.04963	\$54.00	
08/14	14:53	323672	Vehicle 3	41519	14.0	UE10	10.365	2.82680	1.03256	\$40.00	
08/20	13:49	323672	Vehicle 3	41651	13.5	UE10	9.748	2.86420	1.03555	\$38.01	
08/26	07:54	323672	Vehicle 3	41826	14.3	UE10	12.257	3.03500	1.04430	\$50.00	
09/02	07:32	323672	Vehicle 3	42006	13.9	UE10	12.980	3.03470	1.04508	\$52.95	
<b>Miles:</b>				<b>1090</b>	<b>15.8</b>		<b>69.144</b>			<b>\$278.84</b>	
<b>Non-Fuel Transactions</b>											
08/05	07:58	323672	Vehicle 3	41152						\$15.00	
						Car Wash				\$15.00	



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### FLEET MANAGEMENT REPORT

Account # 2342963  
FLEET # 2385015  
Name: LOS ANGELES CENTERS FOR ALCOHO  
MATCHING STATEMENT # NP69092079  
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DATE	TIME	SITE	DRIVER	ODOMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCEPT CODE**
<b>25 - Vehicle 34 (continued)</b>											
08/14	14:53	323672	Vehicle 3	41519						\$15.00	
						Car Wash				\$15.00	
08/20	13:49	323672	Vehicle 3	41651						\$15.00	
						Car Wash				\$15.00	
08/26	07:54	323672	Vehicle 3	41826						\$15.00	
						Car Wash				\$15.00	
09/02	07:32	323672	Vehicle 3	42006						\$15.00	
						Car Wash				\$15.00	
						<b>Sub Total:</b>				<b>\$75.00</b>	
			<b>Vehicle Total:</b>							<b>\$353.84</b>	
<b>26 - vehicle 35</b>											
08/04	14:21	338694	vehicle 35	8238	17.3	UE10	10.003	2.95910	1.04013	\$40.00	
08/15	07:32	338473	vehicle 35	11157	0.0	UE10	10.002	2.96840	1.03115	\$40.00	
			<b>Miles:</b>	<b>173</b>	<b>17.3</b>		<b>20.005</b>			<b>\$80.00</b>	
<b>26 - vehicle 30</b>											
08/08	14:35	340022	vehicle 30	5291	38.6	ME10	8.430	2.92880	1.02960	\$33.37	
08/14	11:52	337164	vehicle 30	5651	26.1	UE10	13.804	2.96580	1.03183	\$55.20	
08/21	12:50	337164	vehicle 30	6121	31.3	UE10	15.001	3.06110	1.03719	\$61.49	
09/02	07:22	337164	vehicle 30	6561	30.7	UE10	14.312	3.25110	1.04748	\$61.53	
			<b>Miles:</b>	<b>1595</b>	<b>31.7</b>		<b>51.547</b>			<b>\$211.59</b>	
<b>Non-Fuel Transactions</b>											
08/14	11:52	337164	vehicle 30	5651						\$12.00	
						Car Wash				\$12.00	
09/02	07:22	337164	vehicle 30	6561						\$12.00	
						Car Wash				\$12.00	
			<b>Vehicle Total:</b>							<b>\$24.00</b>	
										<b>\$235.59</b>	
<b>27 - vehicle 27</b>											
08/05	08:46	340022	vehicle27	20861	0.0	UE10	13.639	2.68280	1.01602	\$50.45	
08/07	07:08	340022	vehicle27	21160	22.1	UE10	13.521	2.68400	1.01624	\$50.01	
08/18	08:38	340022	vehicle27	21533	35.1	UE10	10.641	2.74130	1.01867	\$40.00	
08/20	13:40	337733	vehicle27	21847	27.9	UE10	11.253	2.96630	1.03204	\$45.00	
08/22	10:43	340022	vehicle27	22116	30.1	UE10	8.949	2.87070	1.02658	\$34.89	
08/26	09:08	340022	vehicle27	22358	24.2	UE10	10.003	2.96810	1.03113	\$40.00	
08/29	13:11	340022	vehicle27	22733	33.8	UE10	11.086	3.02540	1.03519	\$45.00	
09/02	16:42	340022	vehicle27	12210	0.0	UE10	16.104	3.02470	1.03432	\$65.37	11
			<b>Miles:</b>	<b>1872</b>	<b>28.9</b>		<b>95.196</b>			<b>\$370.72</b>	
<b>38 - Vehicle 38</b>											
08/04	07:17	335261	Vehicle 38	11388	0.0	PE10	9.176	3.30860	1.04987	\$40.00	11
08/04	07:21	335261	Vehicle 38	39594	0.0	ME10	10.003	3.11910	1.04013	\$41.60	
08/04	14:15	335261	Vehicle 38	32628	0.0	PE10	11.471	3.30830	1.05073	\$50.00	11
08/07	07:54	335261	Vehicle 38	32761	12.3	PE10	10.782	3.31020	1.04951	\$47.00	
08/07	07:55	335261	Vehicle 38	39699	0.0	PE10	11.894	3.30920	1.05020	\$51.85	
08/12	07:42	335261	Vehicle 38	11644	0.0	PE10	6.138	3.34640	1.05291	\$27.00	11
08/12	07:45	335261	Vehicle 38	39806	0.0	PE10	10.459	3.34740	1.05267	\$46.01	
08/13	08:24	590977	Vehicle 38	33035	0.0	PE10	14.325	3.20350	1.05496	\$61.01	11
08/14	14:22	338473	Vehicle 38	40006	0.0	PE10	17.050	3.34600	1.05253	\$75.00	
08/15	10:30	335261	Vehicle 38	33146	0.0	PE10	7.275	3.34430	1.05276	\$32.00	11
08/15	10:53	335261	Vehicle 38	11915	0.0	PE10	6.819	3.34650	1.05198	\$30.00	11
08/19	08:48	335261	Vehicle 38	40116	0.0	PE10	11.368	3.34620	1.05279	\$50.01	
08/21	15:02	335261	Vehicle 38	40266	10.0	ME10	15.051	3.27090	1.04843	\$65.01	
08/25	07:54	338170	Vehicle 38	33363	0.0	PE10	14.697	3.48920	1.07019	\$67.00	11
08/26	10:39	335261	Vehicle 38	12247	0.0	UE10	9.173	3.12000	1.03904	\$38.15	11
08/27	08:26	335261	Vehicle 38	40439	0.0	ME10	16.540	3.34640	1.05234	\$72.76	



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COVINGTON, LA 70434

### FLEET MANAGEMENT REPORT

**Account #** 2342963  
**FLEET #** 2385015  
**Name:** LOS ANGELES CENTERS FOR ALCOHO  
**MATCHING STATEMENT #** NP69092079  
**Page:** 6 of 8

DATE	TIME	SITE	DRIVER	ODOMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCEPT CODE**
<b>38 - Vehicle 38 (continued)</b>											
08/29	11:40	335261	Vehicle 38	33571	0.0	PE10	14.569	3.53490	1.06344	\$67.00	11
08/29	12:59	384248	Vehicle 38	40562	0.0	PE10	13.048	3.52540	1.07381	\$60.01	
09/02	11:06	335261	Vehicle 38	12555	0.0	PE10	7.392	3.53760	1.06130	\$34.00	11
<b>Miles:</b>				<b>283</b>	<b>11.2</b>		<b>217.230</b>			<b>\$955.41</b>	
<b>39 - Vehicle 39</b>											
08/08	08:31	340022	Vehicle 39	21770	36.0	UE10	11.484	2.74030	1.01912	\$43.17	
<b>Miles:</b>				<b>413</b>	<b>36.0</b>		<b>11.484</b>			<b>\$43.17</b>	
<b>4 - VEHICLE 4</b>											
08/05	15:03	332377	EMPLOYEE 4	38659	17.9	UE10	9.535	2.87360	1.02561	\$37.18	
08/09	15:23	332377	EMPLOYEE 4	38872	19.8	UE10	10.772	2.87410	1.02557	\$42.00	
08/11	10:21	340788	EMPLOYEE 4	39039	34.2	UE10	4.879	3.06210	1.03635	\$20.00	
08/13	19:26	332377	EMPLOYEE 4	39160	13.5	UE10	8.977	2.87180	1.02706	\$35.00	
08/16	14:03	332377	EMPLOYEE 4	39334	22.6	UE10	7.694	2.87240	1.02595	\$30.00	
08/20	07:57	332377	EMPLOYEE 4	39455	13.1	UE10	9.210	2.87080	1.02732	\$35.91	
08/22	14:20	332377	EMPLOYEE 4	39689	23.4	UE10	10.003	2.96810	1.03113	\$40.00	
08/25	18:45	332377	EMPLOYEE 4	39929	21.3	UE10	11.253	2.96630	1.03204	\$45.00	
08/28	08:38	332377	EMPLOYEE 4	40069	16.4	UE10	8.520	2.96710	1.03212	\$34.07	
09/02	08:15	332377	EMPLOYEE 4	40303	24.0	UE10	9.758	3.06210	1.03636	\$40.00	
<b>Miles:</b>				<b>1815</b>	<b>20.6</b>		<b>90.601</b>			<b>\$359.16</b>	
<b>Non-Fuel Transactions</b>											
08/11	10:21	340788	EMPLOYEE 4	39039						\$14.00	
						Car Wash					
						<b>Sub Total:</b>				<b>\$14.00</b>	
<b>Vehicle Total:</b>										<b>\$373.16</b>	
<b>5 - VEHICLE 5</b>											
08/07	08:15	324172	EMPLOYEE 5	4267	0.0	PE10	8.512	3.63130	1.06756	\$40.00	11
08/07	08:17	324172	EMPLOYEE 5	47745	0.0	UE10	10.753	2.96660	1.03245	\$43.00	
08/11	08:22	324172	EMPLOYEE 5	4432	0.0	UE10	10.754	3.06310	1.03615	\$44.08	11
08/11	08:27	324172	EMPLOYEE 5	47887	0.0	UE10	10.490	3.06200	1.03769	\$43.00	
08/13	08:20	324172	EMPLOYEE 5	4637	0.0	UE10	10.666	3.06390	1.03602	\$43.72	11
08/13	08:22	324172	EMPLOYEE 5	48061	0.0	UE10	10.747	3.06320	1.03629	\$44.05	
08/15	08:24	324172	EMPLOYEE 5	4804	0.0	UE10	9.080	3.06280	1.03575	\$37.22	11
08/15	08:24	324172	EMPLOYEE 5	48240	0.0	UE10	9.946	3.06150	1.03736	\$40.77	
08/19	08:32	324172	EMPLOYEE 5	5000	21.2	UE10	9.242	3.06100	1.03743	\$37.88	
08/19	08:33	324172	EMPLOYEE 5	48457	0.0	UE10	10.490	3.06200	1.03769	\$43.00	
08/21	08:29	324172	EMPLOYEE 5	5122	0.0	UE10	9.253	3.15570	1.04259	\$38.85	11
08/21	08:30	324172	EMPLOYEE 5	48609	0.0	UE10	9.526	3.15770	1.04155	\$40.00	
08/25	08:14	324172	EMPLOYEE 5	5262	0.0	UE10	9.026	3.25060	1.04811	\$38.80	11
08/26	08:27	324172	EMPLOYEE 5	48831	0.0	UE10	8.141	3.25140	1.04799	\$35.00	
08/28	08:24	324172	EMPLOYEE 5	5456	0.0	UE10	11.631	3.25170	1.04760	\$50.00	11
08/28	08:25	324172	EMPLOYEE 5	48951	0.0	UE10	10.468	3.25090	1.04770	\$45.00	
09/02	07:50	324172	EMPLOYEE 5	3648	0.0	UE10	7.114	3.34690	1.05232	\$31.29	11
<b>Miles:</b>				<b>196</b>	<b>21.2</b>		<b>165.839</b>			<b>\$695.66</b>	
<b>6 - Vehicle10</b>											
08/08	19:35	340022	Employee 6	37771	0.0	UE10	13.251	2.74090	1.01865	\$49.81	11
08/18	08:30	340022	Employee 6	38147	26.8	UE10	14.023	2.73980	1.01860	\$52.71	
08/26	12:14	340022	Employee 6	38434	24.3	UE10	11.815	2.96740	1.03225	\$47.25	
<b>Miles:</b>				<b>663</b>	<b>25.6</b>		<b>39.089</b>			<b>\$149.77</b>	
<b>Non-Fuel Transactions</b>											
08/26	12:14	340022	Employee 6	38434						\$7.00	
						Car Wash					
						<b>Sub Total:</b>				<b>\$7.00</b>	
<b>Vehicle Total:</b>										<b>\$156.77</b>	



PO BOX 1239  
COVINGTON, LA 70434

### FLEET MANAGEMENT REPORT

Account # 2342963

FLEET # 2385015

Name: LOS ANGELES CENTERS FOR ALCOHO

MATCHING STATEMENT # NP69092079

Page: 7 of 8

DATE	TIME	SITE	DRIVER	ODOMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCEPT CODE**
<b>6 - VEHICLE 6</b>											
08/04	09:51	337164	Employee 6	12728	28.9	UE10	5.502	2.86990	1.02676	\$21.45	
08/18	09:44	337164	Employee 6	57114	0.0	UE10	12.306	2.96690	1.03204	\$49.21	
08/24	09:39	337164	Employee 6	57228	31.9	UE10	3.576	3.15720	1.04132	\$15.00	
08/28	10:27	337164	Employee 6	57385	11.0	UE10	14.311	3.15350	1.04191	\$60.05	
				<b>Miles:</b>	<b>430</b>	<b>23.9</b>	<b>35.695</b>			<b>\$145.71</b>	
<b>Non-Fuel Transactions</b>											
08/04	09:51	337164	Employee 6	12728						\$8.00	
						Car Wash					
08/18	09:44	337164	Employee 6	57114						\$10.00	
						Car Wash					
08/24	09:39	337164	Employee 6	57228						\$10.00	
						Car Wash					
08/28	10:27	337164	Employee 6	57385						\$10.00	
						Car Wash					
										<b>Sub Total:</b>	<b>\$38.00</b>
										<b>Vehicle Total:</b>	<b>\$183.71</b>
<b>7 - vehicle 14</b>											
08/04	12:27	337733	Employee 1	58993	24.9	UE10	15.220	2.87320	1.02557	\$59.34	
08/07	13:40	337733	Employee 1	59249	21.4	UE10	11.964	2.87360	1.02547	\$46.65	
08/08	16:58	337733	Employee 1	59385	12.5	UE10	10.847	2.87270	1.02602	\$42.29	
08/13	16:05	337733	Employee 1	59673	18.2	UE10	15.795	2.87180	1.02643	\$61.58	
08/19	12:32	603544	Employee 1	59975	19.1	UE10	15.771	2.87170	1.02673	\$61.49	
08/22	10:04	323668	Employee 1	60302	19.9	UE10	16.449	2.87130	1.02687	\$64.13	
08/28	10:51	338474	Employee 1	60571	16.6	UE10	16.222	3.15810	1.04142	\$68.12	
				<b>Miles:</b>	<b>1957</b>	<b>18.9</b>	<b>102.268</b>			<b>\$403.60</b>	
<b>9 - vehicle 22</b>											
08/03	09:14	338473	employee	57214	14.5	UE10	12.198	3.06200	1.03717	\$50.00	
08/07	15:25	324522	employee	57360	9.3	UE10	15.621	2.91020	1.02869	\$61.53	
08/11	14:12	340788	employee	57482	8.4	UE10	14.488	3.06180	1.03717	\$59.39	
08/15	07:24	324522	employee	57603	12.2	UE10	9.880	2.90990	1.02867	\$38.92	
08/20	09:41	324522	employee	57768	14.0	UE10	11.796	2.96630	1.03259	\$47.17	
08/22	07:31	324522	employee	57871	10.4	UE10	9.903	3.06270	1.03626	\$40.59	
08/26	07:34	324522	employee	58050	13.9	UE10	12.847	3.06300	1.03648	\$52.66	
08/28	09:26	324522	employee	58211	17.2	UE10	9.356	3.09750	1.04017	\$38.72	
08/31	08:54	324522	employee	58396	13.2	UE10	14.034	3.15590	1.04267	\$58.93	
				<b>Miles:</b>	<b>1359</b>	<b>12.6</b>	<b>110.123</b>			<b>\$447.91</b>	
<b>9 - Vehicle 9</b>											
08/04	08:58	340022	EMPLOYEE 9	28011	32.0	UE10	13.737	2.68400	1.01539	\$50.81	
08/06	08:50	337470	EMPLOYEE 9	28195	73.6	UE10	2.501	2.96680	1.03112	\$10.00	
08/11	14:26	340022	EMPLOYEE 9	8741	0.0	UE10	4.371	2.73850	1.01994	\$16.43	11
08/12	16:07	340022	EMPLOYEE 9	28534	0.0	UE10	15.335	2.73820	1.01949	\$57.64	
08/14	09:23	340022	EMPLOYEE 9	8969	0.0	PE10	8.109	3.02500	1.03407	\$32.91	11
08/20	07:17	340022	EMPLOYEE 9	29076	0.0	UE10	15.035	2.77750	1.02140	\$57.12	
08/21	12:58	340022	EMPLOYEE 9	9328	0.0	UE10	7.830	2.83530	1.02371	\$30.22	11
08/25	08:29	340022	EMPLOYEE 9	29559	0.0	UE10	15.007	2.96660	1.03176	\$60.01	
09/01	10:41	340022	EMPLOYEE 9	30075	34.0	UE10	15.197	3.02430	1.03442	\$61.68	
				<b>Miles:</b>	<b>1140</b>	<b>46.5</b>	<b>97.122</b>			<b>\$376.82</b>	
<b>Non-Fuel Transactions</b>											
08/04	08:58	340022	EMPLOYEE 9	28011						\$7.00	
						Car Wash					
08/06	08:50	337470	EMPLOYEE 9	28195						\$9.99	
						Car Wash					
										<b>Sub Total:</b>	<b>\$16.99</b>
										<b>Vehicle Total:</b>	<b>\$393.81</b>



PO BOX 1239  
COVINGTON, LA 70434

## FLEET MANAGEMENT REPORT

Account # 2342963

FLEET # 2385015

Name: LOS ANGELES CENTERS FOR ALCOHO

MATCHING STATEMENT # NP69092079

Page: 8 of 8

### SITE LEGEND

SITE #	SITE NAME	ADDRESS	CITY	STATE
317137	Chand	504 N Barranca Ave	Covina	CA
323668	Arco #42020 Ampm	4895 N Bellflower Blvd	Long Beach	CA
323670	Arco #42287 Ampm	16000 E Foothill Blvd	Azusa	CA
323672	Arco #42553 Ampm	2004 Rosemead Blvd	South El Monte	CA
323784	Arco #42585 Ampm	4860 Huntington Dr S	Los Angeles	CA
324129	Arco #42718 Ampm	3401 Long Beach Blvd	Long Beach	CA
324171	Arco #42499 Ampm	1115 W Arrow Hwy	San Dimas	CA
324172	Arco #42602 Ampm	3706 E Foothill Blvd	Pasadena	CA
324522	Arco #42341 Ampm	5 W Foothill Blvd	Arcadia	CA
331243	Arco #42274	9922 S Main St	Los Angeles	CA
331244	Arco #42205	2171 Fair Oaks Ave	Altadena	CA
332364	Arco #42796	304 E Foothill Blvd	Azusa	CA
332377	Arco #42795	100 W Valley Blvd	San Gabriel	CA
333498	Arco #42022	9151 Painter Ave	Whittier	CA
335261	Arco #42919	8021 California Ave	Huntington Park	CA
335267	Arco #42933	1880 Lake Ave	Altadena	CA
335394	Arco #42303	201 N Grand Ave	West Covina	CA
336716	Arco #42159	9706 Telegraph Rd	Downey	CA
337164	Arco #42289 Ampm	6100 E Washington Blvd	Los Angeles	CA
337470	Arco #42781 Ampm	9824 Flair Dr	El Monte	CA
337610	Arco #42007 Ampm	13010 Lambert Rd	Whittier	CA
337733	Arco #42549 Ampm	5304 Paramount Blvd	Lakewood	CA
338170	Arco #42673 Ampm	8904 Long Beach Blvd	South Gate	CA
338473	Arco #42081	3201 W Valley Blvd	Alhambra	CA
338474	Arco #42565 Ampm	2011 Del Amo Blvd	Lakewood	CA
338477	Arco #42288	10610 Garvey Ave	South El Monte	CA
338479	Arco #42932	5201 Imperial Hwy	South Gate	CA
338686	Arco #42326 Ampm	12525 Hadley St	Whittier	CA
338694	Arco #42187	801 W El Segundo Blvd	Compton	CA
338940	Arco #28274	4015 W El Segundo Blvd	Hawthorne	CA
340022	Arco #42491 Ampm	10717 Carmenita Rd	Whittier	CA
340677	Arco #42755 Ampm	10800 S Prairie Ave	Inglewood	CA
340698	Arco #42056 Ampm	12606 Rosecrans Ave	Santa Fe Springs	CA
340784	Arco #42658 Ampm	1333 W Merced Ave	West Covina	CA
340788	Arco #42391 Ampm	625 Las Tunas Dr	Arcadia	CA
355569	Arco #47028 Ampm	1010 E Washington Blvd	Pasadena	CA
357345	Arco #470331	9600 S Avalon Blvd	Los Angeles	CA
362034	Arco #47037	102 East Arrow Hwy	San Dimas	CA
384248	Arco #21974	4202 Tweedy Blvd	South Gate	CA
401186	Arco #66433	934 S Grand Ave	Glendora	CA
460501	Arco #42237	12131 Long Beach Blvd	Lynwood	CA
530323	Arco #66472	Imperial Hwy & S Avalon B	Los Angeles	CA
530326	Arco #66490	901 N Sunset Ave	West Covina	CA
563938	Arco #22608	910 E Route 66	Glendora	CA
585196	Arco #23929	2603 S Central Ave	Los Angeles	CA
590977	Arco #24228	106 N Long Beach Blvd	Compton	CA
603542	Arco #250878	1131 Pacific Coast Hwy	Hermosa Beach	CA
603544	Arco #42119	8010 Imperial Hwy	Downey	CA



## Your Payment Confirmation

Confirmation #	Account	Invoice #	PO #	Inv Date	Due Date	Pay Amount
334312725	2342963_21090_1	69092079210901		09/03/2025	09/15/2025	9788.51

(USD) Total Amount: \$9788.51



### Lease Van - September 2025

Date	Description	Amount
09/02/25	Toyota RAV 4-0612	\$711.44

**\$711.44**

# BILLING STATEMENT



For customer service, please call Toyota Financial Services at (800) 874-8822, or visit us online at [www.toyotafinancial.com](http://www.toyotafinancial.com).

*Hartman Outreach*

Statement Date **9/2/2025**  
 Account Number **01 0272 A3256**  
 Vehicle/Last 8 of VIN **RAV4/PC23-0612**

### SUMMARY OF CHARGES

Past Due Payment Amount	\$0.00
Unpaid Late Charges	\$0.00
Personal Property Tax	\$0.00
Miscellaneous Charges	\$0.00
Current Payment Due	\$711.44

*o/s  
for  
9-9-25*

**Total Amount Due \$711.44**  
 Payment Due Date **9/19/2025**

To avoid a late charge of **\$35.57** your payment must be received before **9/29/2025**.

*#01-6435-014*

### ACCOUNT INFORMATION

Last Transaction Amount	\$711.44
Date of Last Transaction	8/18/2025
Months Elapsed	28
Months Remaining	8
Maturity Date	5/19/2026

Please refer to the back of this statement for important information on negative credit reporting, check processing and the specially designated address when sending any communication regarding disputed payments.



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Learn more at [toyota.com/crownsignia](http://toyota.com/crownsignia)



### Download the Toyota Financial Services mobile app

Search for Toyota Financial Services (TFS) app on your device's app store and manage your account on the go.

**IMPORTANT:** To ensure timely delivery, please detach this portion and mail in the enclosed envelope with your payment. Make check or money order payable to Toyota Financial Services. Include your account number and name on the front of your check or money order.



Account Number 01 0272 A3256  
 Payment Due Date 9/19/2025  
 Total Amount Due \$711.44

Amount Enclosed

\$

AB 01 001850 65976 H B B  
  
 LOS ANGELES CENTERS FOR  
 12070 TELEGRAPH RD # 207  
 SANTA FE SPRINGS CA 90670-8213

Please fill in circle completely if you're using the form on the reverse side to update your address or phone number.

TOYOTA FINANCIAL SERVICES  
 PO BOX 94316  
 PALATINE IL 60094-4316

02721003256 4 0071144 0074701 3

# City of Redondo Beach

Address 415 Diamond St.  
 City/State/Zip Redondo Beach, CA 90277  
 Phone # 310-318-0655

October 10, 2025

Send to: Ronson Chu; Ronson@southbaycities.org  
 Local Jurisdiction Funds - Measure A

Invoice No: 1

Project Title: Redondo Beach SRO/Motel Beds

Below is the City of Redondo Beach invoice  
 for the billing period: September 2025

Bridge Housing 126 W. D Street, Wilmington, CA 902744	09/1/2025-1/31/26*	Rent for Unit 4, 10, 14, 21, 24	\$ 25,675.00
Motel	09/23/25-09/24/25	Kimberly G. - Del Amo Inn	\$ 95.00

Expenses Sub Total	\$ 25,770.00
<b>TOTAL DUE THIS INVOICE</b>	<b>\$ 25,770.00</b>

Please submit payment to:  
 City of Redondo Beach  
 415 Diamond Street  
 Redondo Beach, CA 90277

2025-2026	\$ 239,150.00
Total budget	\$ 239,150.00
<b>Total Billed To Date</b>	<b>\$ 25,770.00</b>
Balance Remaining	\$ 213,380.00

If you have any questions, please contact me at 310-697-3056  
 Thank you,  
 Stephanie Johnson  
 Quality of Life Prosecutor  
 City of Redondo Beach

**City of Redondo Beach**

Address 415 Diamond St.  
 City/State/Zip Redondo Beach, CA 90277  
 Phone # 310-318-0655

Date: 10/10/2025

Send to: Ronson Chu; Ronson@southbaycities.org  
 Measure A Local Solution Funds  
 Project: Beach Cities Homeless Court

Invoice No: 1

Below is the City of Redondo Beach invoice  
 for the billing period: **August 2025-September 2025**

Operational Expenses	Date	Item	Amount	
		Clear Recovery Invoice	Aug-25	\$ 8,855.00
		Clear Recovery Invoice	Sep-25	\$ 8,305.00

Expenses Sub Total \$ 17,160.00

**TOTAL DUE THIS INVOICE \$ 17,160.00**

Please submit payment to:  
 City of Redondo Beach  
 415 Diamond Street  
 Redondo Beach, CA 90277

If you have any questions, please contact me at 310-372-1171 ext. 3056

Thank you,  
 Stephanie Johnson  
 Quality of Life Prosecutor  
 City of Redondo Beach

2025-2026	\$ 100,000.00
Total budget	\$ 100,000.00
Total Billed To Date	\$ 17,160.00
Balance Remaining	\$ 82,840.00

Clear Inc.

18119 Prairie Ave.  
Torrance, CA 90504

# INVOICE

INVOICE #	DATE
August2025	10/01/2025

BILL TO
City of Redondo Beach

DESCRIPTION	DESCRIPTION	RATE	AMOUNT
	Services for the month of <b>August 2025</b>		
Clinical Services	<b>#34</b>	\$85.00	\$2,890.00
Clinical Services	<b>#31</b>	\$125.00	\$3,875.00
Additional Services	<b>#6</b>	\$85.00	\$510.00
Groups	<b>#8</b>	\$110.00	\$880.00
Expenses	<b>Expenses</b>	\$700.00	\$700.00
		Subtotal	\$8,855.00
		Sales Tax (0.0%)	\$0.00
		<b>Total</b>	<b>\$8,855.00</b>

Clear Inc.

18119 Prairie Ave.  
Torrance, CA 90504

# INVOICE

INVOICE #	DATE
September2025	10/01/2025

BILL TO
City of Redondo Beach

DESCRIPTION	DESCRIPTION	RATE	AMOUNT
	Services for the month of <b>September 2025</b>		
Clinical Services	<b>#32</b>	\$85.00	\$2,720.00
Clinical Services	<b>#31</b>	\$125.00	\$3,875.00
Additional Services	<b>#6</b>	\$85.00	\$510.00
Groups	<b>#5</b>	\$110.00	\$550.00
Expenses	<b>Expenses</b>	\$650.00	\$650.00
		Subtotal	\$8,305.00
		Sales Tax (0.0%)	\$0.00
		<b>Total</b>	<b>\$8,305.00</b>



# Harbor Interfaith Services

670 W. 9th Street San Pedro, CA 90731

10/13/2025

**BILL TO**

City of Torrance  
3031 Torrance Blvd, Torrance CA 90503  
Phone

**FOR**

3290 Operations September 2025: Meals, Utilities, Trash

ITEM DESCRIPTION	AMOUNT
September 2025 3290 Meals	\$21,600.00
September 2025 3290 Utilities (SCE)	\$2,983.48
September 2025 3290 Trash	\$1,891.12
<b>Subtotal</b>	<b>\$26,474.60</b>
<b>TOTAL COST</b>	

**Statement of Activity by Class**  
**Emotional Health Association DBA SHARE!**  
**September 2025**

Distribution account	265 South Bay COG	Total
Income		
Cost of Goods Sold		
<b>Gross Profit</b>		
Expenses		
73999 Salaries Expense		
722000 Salaries Expense by Class	19,548.18	19,548.18
731999 Employee Benefits		
732000 Health Ins.	2,230.39	2,230.39
732050 Dental Ins.	189.73	189.73
<b>Total for 731999 Employee Benefits</b>	<b>2,420.12</b>	<b>\$2,420.12</b>
741300 Workers' Comp Ins. Expense	571.21	571.21
741400 Employment Tax Expense		
741410 FICA	1,077.51	1,077.51
741420 MEDI	294.81	294.81
741440 CA - SUI	0.00	0.00
<b>Total for 741400 Employment Tax Expense</b>	<b>1,372.32</b>	<b>\$1,372.32</b>
<b>Total for 73999 Salaries Expense</b>	<b>23,911.83</b>	<b>\$23,911.83</b>
78000 Telecommunications		
781000 Telephone	500.00	500.00
<b>Total for 78000 Telecommunications</b>	<b>500.00</b>	<b>\$500.00</b>
80000 Occupancy Expenses		
801000 Rent	950.00	950.00
802000 Utilities	250.00	250.00
<b>Total for 80000 Occupancy Expenses</b>	<b>1,200.00</b>	<b>\$1,200.00</b>
831000 Auto Expenses		
831101 Mileage Exp.	1,330.29	1,330.29
<b>Total for 831000 Auto Expenses</b>	<b>1,330.29</b>	<b>\$1,330.29</b>
84000 Client Services	11,250.00	11,250.00
87000 Insurance Expenses		
871000 Commercial & Umbrella Ins.	1,526.28	1,526.28
872000 Directors & Officers Ins.	156.53	156.53
<b>Total for 87000 Insurance Expenses</b>	<b>1,682.81</b>	<b>\$1,682.81</b>
<b>Total for Expenses</b>	<b>39,874.93</b>	<b>\$39,874.93</b>
<b>Net Income</b>	<b>-39,874.93</b>	<b>-\$39,874.93</b>

**Statement of Activity Detail**  
**Emotional Health Association DBA SHARE!**  
September 2025

Transaction date	Name	Memo/Description	Amount
Ordinary Income/Expenses			
Income			
Cost of Goods Sold			
<b>Gross Profit</b>			
Expenses			
84000 Client Services			11,250.00
09/08/2025	Transformational Living Homes, Inc	Amber Smith Payment #1 Supplemental September 2025	450.00
09/08/2025	HB Logistics Management LLC	Kathy Fields Payment #2 September 2025	700.00
09/18/2025	Claire M Curran	Yvette Sanders Payment #2 Security Deposit + September 2025	1,000.00
09/19/2025	First Vessel Sober Living LLC	Ernest James Jr. Payment #1 September 2025	900.00
09/19/2025	First Vessel Sober Living LLC	Robert Lemoine Payment #1 September 2025	900.00
09/19/2025	John Roach	Johnnie Matthews Payment #1 Sec Deposit + September 2025	3,600.00
09/30/2025	First Vessel Sober Living LLC	Jackelin Orozco Tunay Payment #1 September 2025	900.00
09/30/2025	First Vessel Sober Living LLC	Cristian Najarro Alvarenga Payment #1 September 2025	900.00
09/30/2025	House of Precious LLC	Robin Hall Payment #1 September 2025	900.00
09/30/2025	Wassen Elshaied	Anthony Cox Payment #1 September 2025	1,000.00
<b>Total for 84000 Client Services</b>			<b>\$11,250.00</b>
73999 Salaries Expense			
722000 Salaries Expense by Class			19,548.18
9/15/2025			9,842.61
09/30/2025			9,705.57
<b>Total for 722000 Salaries Expense by Class</b>			<b>\$19,548.18</b>
741300 Workers' Comp Ins. Expense			
09/30/2025			571.21
<b>Total for 741300 Workers' Comp Ins. Expense</b>			<b>\$571.21</b>
731999 Employee Benefits			

732000 Health Ins.		2,230.39
09/30/2025		2,230.39
<b>Total for 732000 Health Ins.</b>		<b>\$2,230.39</b>
732050 Dental Ins.		189.73
09/30/2025		189.73
<b>Total for 732050 Dental Ins.</b>		<b>\$189.73</b>
<b>Total for 731999 Employee Benefits with sub-accounts</b>		<b>\$2,420.12</b>
741400 Employment Tax Expense		
741410 FICA		1,077.51
9/15/2025		543.81
09/30/2025		533.70
<b>Total for 741410 FICA</b>		<b>\$1,077.51</b>
741420 MEDI		294.81
9/15/2025		145.02
09/30/2025		149.79
<b>Total for 741420 MEDI</b>		<b>\$294.81</b>
741440 CA - SUI		0.00
09/30/2025		0.00
09/30/2025		0.00
<b>Total for 741440 CA - SUI</b>		<b>\$0.00</b>
<b>Total for 741400 Employment Tax Expense with sub-accounts</b>		<b>\$1,372.32</b>
<b>Total for 73999 Salaries Expense with sub-accounts</b>		<b>\$23,911.83</b>
78000 Telecommunications		
781000 Telephone		500.00
09/15/2025	Windstream	500.00
<b>Total for 781000 Telephone</b>		<b>\$500.00</b>
<b>Total for 78000 Telecommunications with sub-accounts</b>		<b>\$500.00</b>
80000 Occupancy Expenses		
801000 Rent		950.00

09/24/2025	Exempt Russell Trust re S!CC	October 2025 Rent Paid in September 2025	950.00
<b>Total for 801000 Rent</b>			<b>\$950.00</b>
802000 Utilities			250.00
09/29/2025	Edison - S!CC Only - A/C#700341592719		250.00
<b>Total for 802000 Utilities</b>			<b>\$250.00</b>
<b>Total for 80000 Occupancy Expenses with sub-accounts</b>			<b>\$1,200.00</b>
831000 Auto Expenses			
831101 Mileage Exp.			1,330.29
09/15/2025	Donald Montes De Oca	Mileage: 09/01 - 09/15/2025 652 Miles @ 0.67cent	218.42
09/15/2025	Yacoub Omar	Mileage: 09/01 - 09/15/2025 1301 Miles @ 0.67cent	435.84
09/30/2025	Donald Montes De Oca	Mileage: 09/16 - 09/30/2025 567 Miles @ 0.67cent	189.94
09/30/2025	Yacoub Omar	Mileage: 09/16 - 09/30/2025 1451 Miles @ 0.67cent	486.09
<b>Total for 831101 Mileage Exp.</b>			<b>\$1,330.29</b>
<b>Total for 831000 Auto Expenses with sub-accounts</b>			<b>\$1,330.29</b>
87000 Insurance Expenses			
871000 Commercial & Umbrella Ins.			1,526.28
09/30/2025			1,526.28
<b>Total for 871000 Commercial &amp; Umbrella Ins.</b>			<b>\$1,526.28</b>
872000 Directors & Officers Ins.			156.53
09/30/2025			156.53
<b>Total for 872000 Directors &amp; Officers Ins.</b>			<b>\$156.53</b>
<b>Total for 87000 Insurance Expenses with sub-accounts</b>			<b>\$1,682.81</b>
<b>Total for Expenses with sub-accounts</b>			<b>\$39,874.93</b>
<b>Net Income</b>			<b>-\$39,874.93</b>

<b>Name</b>	<b>Position</b>	<b>Gross</b>	<b>SB</b>	<b>% to SB</b>
Azad, Ali	Finance Administrator	\$ 5,123.25	768.49	15.00%
Clark, Laquiesha Taniesha	Peer Bridger Program Manager	\$ 5,749.99	1,150.00	20.00%
Gaither, Steven Micheal	Peer Bridger I	\$ 4,576.00	1,830.40	40.00%
Grey, Chloe Alyse	Executive Assistant	\$ 6,956.48	695.65	10.00%
Haberkorn, Thomas	Director of Housing	\$ 8,333.34	2,083.34	25.00%
Hill, Christina Michelle	Administrative Program Manager	\$ 5,750.00	690.00	12.00%
Izaguirre, Samantha Marie	Administrative Assistant	\$ 3,916.00	391.60	10.00%
Jones, Ethan Francis	Housing Specialist	\$ 3,225.00	483.75	15.00%
Mcewen, Timothy (Sofie)	Acquisitions Coordinator	\$ 4,576.00	1,601.60	35.00%
Montes De Oca, Donald	Peer Bridger I	\$ 4,693.00	938.60	20.00%
Nelson, Megan Nicole	Peer Bridger II	\$ 4,540.25	908.05	20.00%
Omar, Yacoub	Peer Bridger II	\$ 4,985.50	2,492.75	50.00%
Prado, Celina Marie-Alana	Acquisitions Specialist	\$ 3,520.00	704.00	20.00%
Ritchey, John Stanley	Homeowner Liaison & Acquisitions Program Manager	\$ 6,250.00	1,875.00	30.00%
Ulf, Brian David	Chief Executive Officer	\$ 22,043.14	1,102.16	5.00%
Urquhart, Daniel	Peer Bridger I	\$ 3,987.50	797.50	20.00%
Villafane, Peter Cornelio Arcilla	Administrative Assistant	\$ 2,958.00	1,035.30	35.00%
			<b>\$19,548.18</b>	
			<b>FICA</b>	\$1,077.51
			<b>Medi</b>	\$294.81
				<b>\$20,920.50</b>

# west drift

MANHATTAN BEACH | CA

**CATERING SALES AGREEMENT**

**DESCRIPTION OF GROUP AND EVENT**

The following represents an agreement between westdrift Manhattan Beach, Autograph Collection, 1400 Parkview Avenue, Manhattan Beach, CA, 90266, (310) 546-7511 and South Bay Cities Council of Governments.

ORGANIZATION: South Bay Cities Council of Governments  
 CONTACT: Name: Bernadette Suarez  
 Andreya Mulligan/David Leger/Jacki Bacharach  
 Street Address: 357 Van Ness Way  
 City, State, Postal Code: Torrance, CA 90501  
 Country/Region: USA  
 Phone Number: (310) 371-7222  
 E-mail Address: andreya@southbaycities.org /davidl@southbaycities.org

NAME OF EVENT: SB Cities Council of Governments Annual Assembly

REFERENCE #: M-VMOW89N

OFFICIAL PROGRAM DATES: Wednesday, 03/25/2026 - Thursday, 03/26/2026

**FUNCTION INFORMATION AGENDA/EVENT AGENDA**

Based on the requirements outlined by South Bay Cities Council of Governments, the Hotel has reserved the function space set forth on the below Function Information Agenda/Event Agenda.

Date	Day	Start Time	End Time	Function Type	Setup	# People	Rental	Related Events
03/25/2026	Wed	6:00 PM	10:00 PM	Set Up	Rounds of 10 Loftlight Ballroom	400	\$5,000.00++	
03/26/2026	Thu	6:00 AM	8:00 AM	Set Up	Rounds of 10 Loftlight	400	Waived	
03/26/2026	Thu	8:00 AM	9:00 AM	Breakfast	Rounds of 10 Loftlight South Foyer	400	Waived	
03/26/2026	Thu	8:00 AM	9:30 AM	Registration	Schoolroom Loftlight East Foyer	4	Waived	
03/26/2026	Thu	8:00 AM	4:00 PM	General Session	Rounds of 10 Loftlight	400	Waived with \$25,000.00++ Catering Minimum	
03/26/2026	Thu	8:00 AM	4:00 PM	Exhibits	Special Loftlight East Foyer	60	Waived	
03/26/2026	Thu	8:00 AM	5:00 PM	Breakout	Conference Coastal	6	Waived	
03/26/2026	Thu	12:00 PM	1:00 PM	Lunch	Rounds of 10 Loftlight South Foyer	400	Waived	
03/26/2026	Thu	4:00 PM	5:00 PM	Teardown	Rounds of 10 Loftlight	1	Waived	

All meeting room, food and beverage, and related services are subject to applicable taxes (currently [10.25]%) and service charge (currently [26]%) in effect on the date(s) of the event.

**DAMAGE TO FUNCTION SPACE**

South Bay Cities Council of Governments agrees to pay for any damage to the function space that occurs while South Bay Cities Council of Governments is using it. South Bay Cities Council of Governments will not be responsible, however, for ordinary wear and tear or for damage that it can show was caused by persons other than South Bay Cities Council of Governments and its attendees.

**MINIMUM BANQUET FOOD AND BEVERAGE REVENUE REQUIREMENT**

South Bay Cities Council of Governments agrees to a minimum banquet food and beverage revenue of **\$25,000.00++**, exclusive of tax and service charge (the “Minimum Banquet Food and Beverage Revenue”). Hotel will confirm the food and beverage prices [3 days] prior to South Bay Cities Council of Governments’ arrival date. Hotel is relying upon South Bay Cities Council of Government’s Minimum Food and Beverage Revenue as described below. South Bay Cities Council of Governments agrees that at the conclusion of the Event, if the actual banquet food and beverage revenue is less than the Minimum Food and Beverage Revenue, eighty percent (80%) of the difference will be posted to the Master Account. These charges represent a reasonable effort on behalf of the Hotel to establish its loss prospectively and shall be due as liquidated damages.

**OUTSIDE FOOD AND BEVERAGE POLICY**

All food and beverages served at functions associated with the Event must be provided, prepared, and served by Hotel, and must be consumed on Hotel premises.

**SPECIAL CONCESSIONS**

In consideration of the functions identified on the Function Information Agenda/Event Agenda, Hotel will provide South Bay Cities Council of Governments with the following special concessions:

- \$15.00 Self-Parking \$30.00 Valet
- (15) Comp Self-Parking Passes
- Marriott Rewards Points
- One Comp Suite arriving March 25<sup>th</sup>,2026
- One Raffle Item to include a weekend stay with Breakfast for two

**NO ROOM TRANSFER BY GUEST**

South Bay Cities Council of Governments agrees that neither South Bay Cities Council of Governments nor attendees of the Event nor any intermediary shall be permitted to assign any rights or obligations under this Group Sales Agreement, or to resell or otherwise transfer to persons not associated with South Bay Cities Council of Governments reservations for guestrooms, meeting rooms or any other facilities made pursuant to this Group Sales Agreement.

**PAYMENT BY CREDIT CARD OR COMPANY CHECK**

If South Bay Cities Council of Governments wishes to pay any portion of its obligation by credit card or company check, the credit card information must be entered into our secure online website.

Prior to the execution of this agreement South Bay Cities Council of Governments shall provide hotel with credit card authorization information. A Credit Card Information Request e-mail will be sent to the e-mail address provided by South Bay Cities Council of Governments.

This process must also be followed if direct billing has not been approved and the Master Account charges will be paid by credit card or company check.

South Bay Cities Council of Governments agrees that the Hotel may charge to this credit card any payment as required under this Group Sales Agreement.

**METHOD OF PAYMENT**

The method of payment of the Master Account will be established upon approval of South Bay Cities Council of Governments credit. If credit is approved, the outstanding balance of South Bay Cities Council of Governments Master Account (less any advance deposits and exclusive of disputed charges) will be due and payable upon receipt of invoice.

South Bay Cities Council of Governments will raise any disputed charges within [14] days after receipt of the invoice. The Hotel will work with South Bay Cities Council of Governments in resolving any such disputed charges, the payment of which will be due upon receipt of invoice after resolution of the dispute. If payment of any invoice is not received within thirty (30) days of the date on which it was due, Hotel will impose a finance charge at the rate of 1-1/2% per month (18% annual rate) on the unpaid balance commencing on the invoice date.

South Bay Cities Council of Governments has indicated that it has elected to use the following form of payment:

- Cash, money order, or other guaranteed form of payment
- Credit card (We accept all major credit cards) *A 3% processing fee will be applied to every credit card transaction*
- Company check or Electronic Funds Transfer- Client paying by check
- \_\_\_\_\_ [agreed alternative]

South Bay Cities Council of Governments may not change this form of payment.

In the event that credit is not approved, South Bay Cities Council of Governments agrees to pay an advance deposit in an amount to be determined by the Hotel in its reasonable discretion, with the full amount due prior to the start of the group's event.

**ADVANCE PAYMENT SCHEDULE**

South Bay Cities Council of Governments agrees to make the following advance payments:

Friday, December 8 <sup>th</sup> , 2025	\$12,000.00
Friday, January 16 <sup>th</sup> , 2026	\$6,000.00
Friday, February 13 <sup>th</sup> , 2026	\$12,000.00
Friday, March 20 <sup>th</sup> , 2026	Balance of Master Account

The above payments will be applied to payment of the Master Account. In the event that the payments exceed the balance of the Master Account, including any liquidated damages associated with cancellation/attrition by South Bay Cities Council of Governments, Hotel will refund the difference between the payments and the balance of the Master Account within thirty (30) days.

**CANCELLATION – Food and Beverage Only Events**

South Bay Cities Council of Governments agrees that it will provide a Minimum Banquet Food and Beverage Revenue of **\$25,000.00++** (exclusive of applicable service charges and taxes) for the Event.

In the event of a group cancellation occurring from the Date of this Agreement to four (4) business days prior to the Event(s), liquidated damages in the amount of eighty percent (80%) of the Minimum Banquet Food and Beverage Revenue will be due, plus applicable taxes.

In the event of a group cancellation within three (3) business days of the Event(s), liquidated damages in the amount of one hundred percent (100%) of the Minimum Banquet Food and Beverage Revenue and Total Meeting Room Rental will be due, plus applicable taxes.

**PHISHING**

Please be aware that bad actors can impersonate Hotel employees. Group should never rely solely on contact information sent in an email or respond directly to any email requesting a bank account information change. If Group receives a request from Hotel regarding bank account information, Group should contact the Hotel via verified phone number or in person to confirm the request prior to providing such information.

**IMPOSSIBILITY**

The performance of this Agreement is subject to termination without liability upon the occurrence of any circumstance beyond the control of either party – such as acts of God, war, acts of terrorism, government regulations, disaster, strikes, civil disorder, or curtailment of transportation facilities – to the extent that such circumstance makes it illegal or impossible for the Hotel to provide, or for groups in general to use, the Hotel facilities. The ability to terminate this Agreement without liability pursuant to this paragraph is conditioned upon delivery of written notice to the other party setting forth the basis for such termination as soon as reasonably practical - but in no event longer than ten (10) days - after learning of such basis.

**COMPLIANCE WITH LAW**

This Agreement is subject to all applicable federal, state, and local laws, including health and safety codes, alcoholic beverage control laws, disability laws, federal anti-terrorism laws and regulations, and the like. Hotel and South Bay Cities Council of Governments agree to cooperate with each other to ensure compliance with such laws.

**CHANGES, ADDITIONS, STIPULATIONS, OR LINING OUT**

Any changes, additions, stipulations or deletions including corrective lining out by either Hotel or South Bay Cities Council of Governments will not be considered agreed to or binding on the other unless such modifications have been initialed or otherwise approved in writing by the other.

**LITIGATION EXPENSES**

The parties agree that, in the event litigation relating to this Agreement is filed by either party, the non-prevailing party in such litigation will pay the prevailing party's costs resulting from the litigation, including reasonable attorneys' fees.

**LIQUOR LICENSE**

South Bay Cities Council of Governments understands that Hotel's liquor license requires that beverages only be dispensed by Hotel employees or bartenders. Alcoholic beverage service may be denied to those guests who appear to be intoxicated or are underage.

**COMPLIANCE WITH EQUAL OPPORTUNITY LAWS**

This section describes Marriott's obligations as a U.S. federal contractor. It does not apply to customers that are not part of the U.S. federal government or using funds from the U.S. federal government for this contract.

Marriott shall comply with all applicable laws, statutes, rules, ordinances, codes, orders and regulations of all federal, state, local and other governmental and regulatory authorities and of all insurance bodies applicable to the Hotel premises in performing its obligations under this Agreement.

Marriott (referred to as "contractor" in this section) shall comply with Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act, as amended, which are administered by the United States Department of Labor ("DOL"), Office of Federal Contract Compliance Programs ("OFCCP"). The equal employment opportunity clauses of the implementing regulations, including but not limited to 41 C.F.R. §§ 60.1-4, 60-300.5(a), and 60-741.5(a), are hereby incorporated by reference, with all relevant rules, regulations and orders pertaining thereto. **This contractor and subcontractor shall abide by the requirements of 41 C.F.R. §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status or disability.**

Marriott also shall comply with Executive Order 13496 and with all relevant rules, regulations and orders pertaining thereto, to the extent applicable. The employee notice clause and all other provisions of 29 C.F.R. Part 471, Appendix A to Subpart A, are hereby incorporated by reference.

To the extent applicable, Marriott shall include the provisions of this section in every subcontract or purchase order so that such provisions shall be binding upon each contractor, subcontractor or vendor performing services or providing materials relating to this Agreement and the services provided pursuant to the terms hereof.

### **PRIVACY**

Marriott International, Inc. (“Marriott”) is committed to complying with obligations applicable to Marriott under applicable privacy and data protection laws, including to the extent applicable EU data protection laws. Hotel shall comply with the then-current Marriott Group Global Privacy Statement (the “Privacy Statement,” currently available at <http://www.marriott.com/about/privacy.mi>) with respect to any personal data received under this Agreement.

Without limiting the foregoing obligation, Hotel has implemented measures designed to: (1) provide notice to individuals about its collection and use of their personal data, including through the Privacy Statement; (2) use such personal data only for legitimate business purposes; (3) provide means by which individuals may request to review, correct, update, suppress, restrict or delete or port their personal data, consistent with applicable law; (4) require any service providers with whom personal data is shared to protect the confidentiality and security of such data; and (5) use technical and organizational measures to protect personal data within its organization against unauthorized or unlawful access, acquisition, use, disclosure, loss, or alteration.

South Bay Cities Council of Governments will obtain all necessary rights and permissions prior to providing any personal data to Hotel, including all rights and permissions required for Hotel, Hotel affiliates, and service providers to use and transfer the personal data to locations both within and outside the point of collection (including to the United States) in accordance with Hotel’s privacy statement and applicable law. Notwithstanding any other provision, Hotel may use an individual’s own personal data to the extent directed by, consented to or requested by such individual.

### **IN-HOUSE EQUIPMENT**

Hotel will provide, at no charge, a reasonable amount of meeting equipment (for example, chairs, tables, etc.). These complimentary arrangements do not include special setups or extraordinary formats that would deplete Hotel’s present in-house equipment to the point of requiring rental of an additional supply to accommodate South Bay Cities Council of Governments’s needs. If such special setups or extraordinary formats are requested, Hotel will present South Bay Cities Council of Governments two (2) alternatives: (1) charging South Bay Cities Council of Governments the rental cost for additional equipment, or (2) changing the extraordinary setup to a standard format, avoiding the additional cost.

### **TECHNICAL SERVICES**

[Encore] is Hotel’s preferred provider for audio/visual needs. Because the use of another provider will necessarily involve the use of some of Hotel’s and [Encore]’s equipment and expertise, an hourly fee will be charged if South Bay Cities Council of Governments selects such a provider.

### **UNATTENDED ITEMS/ADDITIONAL SECURITY**

The Hotel cannot ensure the security of items left unattended in function rooms. Special arrangements may be made with the Hotel for securing a limited number of valuable items. If South Bay Cities Council of Governments requires additional security with respect to such items or for any other reason, the Hotel will assist in making these arrangements. All security personnel to be utilized during the Event are subject to Hotel approval.

### **USE OF OUTSIDE VENDORS**

If South Bay Cities Council of Governments wishes to hire outside vendors to provide any goods or services at Hotel during the Event, South Bay Cities Council of Governments must notify Hotel of the specific goods or services to be provided and provide sufficient advance notice to the Hotel so that the Hotel can (i) determine, in Hotel’s sole discretion, whether such vendor must provide Hotel, in form and amount reasonably satisfactory to Hotel, an indemnification agreement and proof of adequate insurance, and (ii) approve, using reasonable judgment, the selection of the outside vendor and the goods or services to be provided by such outside vendor to South Bay Cities Council of Governments, taking into consideration: (a) whether Hotel offers such goods and services; (b) the risk level posed by certain activities; and (c) the safety and well-being of guests at Hotel.

### **PERFORMANCE LICENSES**

South Bay Cities Council of Governments will be solely responsible for obtaining any necessary licenses or permission to perform, broadcast, transmit, or display any copyrighted works (including without limitation, music, audio, or video recordings, art, etc.) that South Bay Cities Council of Governments may use or request to be used at the Hotel.

**MARRIOTT BONVOY EVENTS**

Marriott Bonvoy Events provides Points or Miles to eligible Marriott Bonvoy Members who book and hold qualifying meetings and events at Participating Properties.

Approximately ten (10) business days after the conclusion of the Event (provided that the Event is not cancelled and South Bay Cities Council of Governments has otherwise complied with the material terms and conditions of this Agreement), the Hotel will award Points or Miles to the Member and relevant account identified below. By inserting the airline frequent flyer account information, the recipient elects to receive Miles instead of Points.

Marriott Bonvoy Events is not available in certain circumstances, including (1) for any government employee or official booking a government event (U.S. government event or non-U.S. government event); (2) for any employee of a state-owned or state-controlled entity (“SOE”) booking an event on behalf of the SOE; or (3) for any other planner or intermediary when booking an event on behalf of a non-U.S. governmental entity or SOE. Hotels in the Asia Pacific region are restricted from awarding Points or Miles to any intermediary booking an event on behalf of any governmental entity or SOE.

**GROUP MUST CHECK ONE OPTION BELOW:**

- The Contact (as identified on page 1 of this Agreement or the Authorized Signer of this Agreement) is eligible to receive Points or Miles.

Member Name Jacki Bacharach  
Marriott Bonvoy Membership Number 256009038

Member Name David Leger  
Marriott Bonvoy Membership Number 192248731

OR

- The Contact (as identified on page 1 of this Agreement or the Authorized Signer of this Agreement) declines or is not eligible to receive Points or Miles and hereby waives the right to receive Points or Miles in connection with the Event.

The individual identified above to receive either Points or Miles may not be changed without such individual’s prior written consent. The number of Points or Miles to be awarded shall be determined pursuant to the Marriott Bonvoy Terms and Conditions (the “Terms and Conditions”), as in effect at the time of award. All Marriott Bonvoy Terms and Conditions apply. The Terms and Conditions are available on-line at <https://www.marriott.com/loyalty/terms/default.mi> and may be changed at the sole discretion of Marriott International, Inc. at any time and without notice. Capitalized terms used in this section have the meanings given to them in the Terms and Conditions.

\*Electronic selection – This may be done in Microsoft Word by double-clicking on the above unfilled box, choosing a blackened box, and then clicking “Insert.” Alternatively, one can use the commands “Insert” and “Symbol,” choose the blackened box, and then click “Insert.”

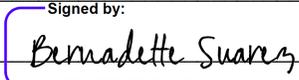
**ACCEPTANCE**

When presented by the Hotel to South Bay Cities Council of Governments, this document is an invitation by the Hotel to South Bay Cities Council of Governments to make an offer. Upon signature by South Bay Cities Council of Governments, this document will be an offer by South Bay Cities Council of Governments. Only upon signature of this document by all parties will this document constitute a binding agreement. Unless the Hotel otherwise notifies South Bay Cities Council of Governments at any time prior to South Bay Cities Council of Government’s execution of this document, the outlined format and dates will be held by the Hotel for South Bay Cities Council of Governments on a first-option basis until **Monday, December 1<sup>st</sup>, 2025**. If South Bay Cities Council of Governments cannot make a commitment prior to that date, this invitation to offer will revert to a second-option basis or, at the Hotel’s option, the arrangements will be released, in which case neither party will have any further obligations.

Upon signature by both parties, South Bay Cities Council of Governments and the Hotel shall have agreed to and executed this Agreement by their authorized representatives as of the dates indicated below.

**SIGNATURES**

Approved and authorized by South Bay Cities Council of Governments:

Name: (Print) Bernadette Suarez  
Title: (Print) SBCCOG Board Chair  
Signature:   
Date: 12/1/2025

Approved and authorized by Hotel:  
Name: (Print) LaTisa Coleman  
Title: (Print) Senior Catering Sales Manager  
Signature:   
Date: 12/1/2025

Name: (Print) Jim McCafferty  
Title: (Print) Director of Catering  
Signature:   
Date: 12/1/2025

**Subject:** Re: Check question  
**Date:** Wednesday, January 14, 2026 at 2:35:00 PM Pacific Standard Time  
**From:** David Leger  
**To:** Christian Horvath  
**CC:** Karina Banales  
**Attachments:** image003.jpg, image004.jpg, image001.png

Hi Christian,

So the SBCCOG deposited that check which means we'll need to issue you a refund check at our next Steering Committee meeting on 2/9. Ara Mihranian should be able to tell you how to handle the making the correct.

I'll try to remember to give you a heads up when the refund check gets sent out.

Best,

**David Leger**  
*Pronouns: he/him/his*  
Program Manager  
(424) 271-4682



357 Van Ness Way, Suite 110  
Torrance, CA 90501  
[southbaycities.org](http://southbaycities.org)

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**From:** Christian Horvath <[chorvath@cityofrh.net](mailto:chorvath@cityofrh.net)>  
**Date:** Wednesday, January 14, 2026 at 12:57 PM  
**To:** David Leger <[davidl@southbaycities.org](mailto:davidl@southbaycities.org)>  
**Cc:** Karina Banales <[kbanales@cityofrh.net](mailto:kbanales@cityofrh.net)>  
**Subject:** RE: Check question

David – that was for the CM Manager Xmas Luncheon. If it shouldn't have gone to the COG – feel free to send back and we can figure it out on our end.

With gratitude,

Christian Horvath  
*Assistant to the City Manager / City Clerk*



**City of Rolling Hills**

2 Portuguese Bend Road, Rolling Hills CA 90274  
o: 310.377.1521 | c: 424.634.1958  
e: [chorvath@cityofrh.net](mailto:chorvath@cityofrh.net)

*This is a transmission from the City of Rolling Hills. The information contained in this email pertains to City business and is intended solely for the use of the individual or entity to whom it is addressed. If the reader of this message is not an intended recipient, or the employee or agent responsible for delivering the message to the intended recipient and you have received this message in error, please advise the sender by reply email and delete the message.*

*WARNING: Computer viruses can be transmitted by e-mail. The recipient should check this e-mail and any attachments for the presence of viruses. The CITY OF ROLLING HILLS accepts no liability for any damage caused by any virus transmitted by this e-mail.*

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**From:** David Leger <[davidl@southbaycities.org](mailto:davidl@southbaycities.org)>  
**Sent:** Wednesday, January 14, 2026 12:49 PM  
**To:** Christian Horvath <[chorvath@cityofrh.net](mailto:chorvath@cityofrh.net)>  
**Subject:** Check question

Hi Christian, I hope your new year is off to a good start!

Lara is out on leave right now and the accounting firm we have helping out was inquiring about a \$100 check we received from the City back in December. It was check # 029125, but they don't see a corresponding invoice in our Quickbooks system to apply it to.

Do you happen to have any info on that payment?

Thanks in advance!

Best,

**David Leger**  
*Pronouns: he/him/his*  
Program Manager  
(424) 271-4682



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