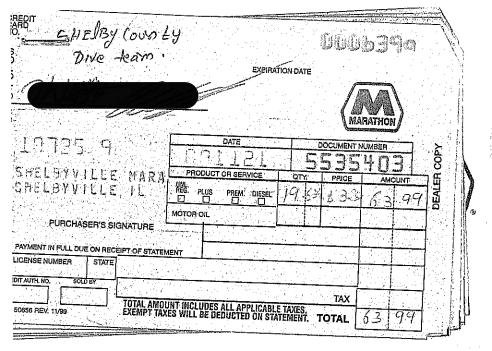
| •                         | s. Claimant Shelbyville Mara                                   | than                       |
|---------------------------|----------------------------------------------------------------|----------------------------|
| ounty of Shelby           | ~                                                              |                            |
|                           | penalty of perjury that the foregoing claim and items as her   |                            |
|                           | n heretofore paid and that the amount is justly due against th |                            |
| ounting to the total sum  | of two huded life and 56/100                                   | doll                       |
| Fuel Det                  | 5535403,5535404,5535406 and is specif<br>553540745535408       | ically set forth below.    |
| _                         |                                                                |                            |
| bmission Date:/           | Signature of Claiman                                           | nt/Office Head∜            |
| BUDGET LINE<br>ITEM FUND# | ITEM DESCRIPTION                                               | AMOUNT<br>OWED             |
| 01-033-74230              | Dive Team Equipment & Maint                                    | 250.56                     |
|                           |                                                                |                            |
|                           |                                                                |                            |
|                           |                                                                |                            |
|                           |                                                                |                            |
| 44.4                      |                                                                |                            |
|                           |                                                                |                            |
|                           |                                                                |                            |
|                           |                                                                |                            |
|                           |                                                                |                            |
|                           |                                                                |                            |
|                           |                                                                |                            |
| HER THIS ROY FOR          | SPECIAL REQUESTS/DIRECTIONS (ie separate checks, retur         | n check to requester, etc. |



Shelbyville Marathon 1200 West Main St Shelbyville IL. 62565

We have enclosed a copy of your charge receipts for Sep. 1st

Thru Sep.30th your total chargers for the Month of Sep. are

\$ 224.67

48.42

LESSTAL LINES

neteradds 92.83

Total charge due are \$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please remit in full payment by Oct. 15th, 2021 to:-

Shelbyville Marathon 1200 west main st Shelbyville IL. 62565

Any questions please call 217-774-2947 Thank you for allowing us to serve you. "All late payments will have \$ 30.00 late fee charge attached"

Sincerely,

You're Marathon

Fast and friendly serves with free smile only at Shelbyville Marathon

. . . . . . .

| COO                                | 4 FETES | $\Delta \mathbf{r}$ | TT T | TRI   | ATO  |  |
|------------------------------------|---------|---------------------|------|-------|------|--|
| $\mathbf{S} \mathbf{I} \mathbf{A}$ | VII.    | C)F                 | 11.1 | JI IN | OISI |  |

| County of Shelby           | Ss. Claimant Omn Scub                | a, POBOX 21,              | Effingham I           | 162401           |
|----------------------------|--------------------------------------|---------------------------|-----------------------|------------------|
| certifies or declares unde | er penalty of perjury that the foreg | going claim and items a   | s herein set are tru  | ie and correct;  |
| that no part thereof has b | een heretofore paid and that the an  | nount is justly due again | st the County of S    | helby, Illinois, |
| amounting to the total su  | m of one thousand Nine h             | urdeed six and            | 50/100 -              | dollars          |
| for Dry Suit 4             | Under garments                       | and is s                  | pecifically set forth | h below.         |
|                            | •                                    | 1                         | $\sim$ 1              |                  |
| Submission Date: 7-2       | 19-22                                | Signature of Cla          | imant/Office Head     |                  |

| BUDGET LINE<br>ITEM FUND #                      | ITEM DESCRIPTION                                                           | AMOUNT<br>OWED       |
|-------------------------------------------------|----------------------------------------------------------------------------|----------------------|
| 001-033-74230<br>001-033-74000<br>501-033-84100 | Dry Suit + Undergarments Dry Suit + Undergarments Dry Suit + Undergarments | 4 687.87<br>4 871.89 |
| 15/1-033-29/00                                  | Total                                                                      | 11906.50             |
|                                                 |                                                                            |                      |
|                                                 |                                                                            |                      |
|                                                 |                                                                            |                      |

| USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, |   |   | ester, etc  |      |   |
|----------------------------------------------------------------------------------------------|---|---|-------------|------|---|
|                                                                                              | - | - |             |      | • |
|                                                                                              |   |   |             |      |   |
|                                                                                              |   |   |             |      |   |
|                                                                                              |   |   |             |      |   |
|                                                                                              |   |   |             |      |   |
|                                                                                              |   |   |             |      |   |
|                                                                                              |   |   |             |      |   |
|                                                                                              |   |   |             |      |   |
|                                                                                              |   |   | <del></del> | <br> |   |

### **OMNI SCUBA**

### PO BOX 21 EFFINGHAM, IL. 62401

### UIUDIVER@GMAIL.COM

217-821-4378

Shelby County Dive Team

08-29-22

Shelbyville, IL.

Invoice

Quantity

Item

Price

Extended Price

Down payment on a XL King Dry Suit and MK -1 Underwear \$1906.50

Ordered will be placed for a DUI or Aqua Lung Dry Suit per customer desire

| TATE OF ILLINOIS          | \$\$•                                                                 | 101 ///                            |
|---------------------------|-----------------------------------------------------------------------|------------------------------------|
| ounty of Shelby           | claimant Austin Pritchard, 19036700 16                                | · (60)                             |
| rtifies or declares unde  | penalty of perjury that the foregoing claim and items as herein set   | are true and correct               |
| at no part thereof has be | en heretofore paid and that the amount is justly due against the Coun | ty of Shelby, Illinois             |
| mounting to the total sur | n of four hundred 29/100                                              | dollars                            |
| or                        | and is specifically s                                                 | set forth below.                   |
|                           | 1 -                                                                   | 1 2 1 2 2 1 1 1 1                  |
| BUDGET LINE               | Signature of Claimant Once                                            | AMOUNT OWED                        |
| BUDGET LINE<br>ITEM FUND# | Signature of Claimant Onte                                            | AMOUNT                             |
| BUDGET LINE<br>ITEM FUND# | Signature of Claimant One                                             | AMOUNT<br>OWED                     |
|                           | Signature of Claimant Onte                                            | AMOUNT<br>OWED<br>292.05<br>108.24 |
| BUDGET LINE<br>ITEM FUND# | Signature of Claimant Onte                                            | AMOUNT OWED                        |

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.

LAKEVIEW FAMILY RESTAURANT 1988 ILLINOIS 16 SHELBYVILLE, IL 62565 217-450-1147

Merchant IO: 050017508 Term ID: 0002

#### Sale

Application Label: US Debit

MASTERCARD

XXXXXXXXXXXX6786

AID: A0000000042203

Authorizing Network: MASTERCARD

Entry Method: Chip Read

Approd: Online

Batch#: 000004

02/12/22

06:31:47

Inv#: 00000004

Appr Code: 221214

Amount:

97.36

Tip:

Total:

97.36

Mode: Issuer TVR: 8000008000

IAD: 0110501001220000000000000000

0000000FF TSI: 6800 ARC: 00

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

\$

PRITCHARD/AUSTIN W

Customer Cory

THANK YOU

LAKEVIEW FAMILY RESTAURANT 1988 ILLINOIS 16 SHELBYVILLE. IL 62565 217-450-1147

Merchant ID: 050017508 Term ID: 0002

#### Sale

MASTERCARD XXXXXXXXXXXXX9697

Entry Method: FSwipe

Approd: Online

BatchII: 000002

03/12/22

06:15:17

Inv#: 00000005

Appr Code: 02350B

Amount:

\$

66.32

Tip:

10

Total:

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

PRITCHARD JR/AUSTIN

Customer Copy

THANK YOU

LAKEVIEW FAMILY RESTAURANT 1988 ILLINOIS 16 SHELBYVILLE, IL 62565 217-450-1147

Merchant ID: 050017508 Term ID: 0002

#### Sale

Application Label: US Debit

MASTERCARD

XXXXXXXXXXXXX6786

ATD: A0000000042203

Authorizing Network: MASTERCARD

Entry Method: Chip Read

Approd: Online

Batchii: 000001

04/09/22

05:25:11

Inv#: 00000007

Appr Code: 245004

Amount:

\$

49.22

Tip:

Total:

00

Mode: Issuer

TVR: 8000008000

IAD: 01106010012200000000000000000

0000000FF TSI: 6800 ARC: 00

> I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

> > PRITCHARD/AUSTIN W

Customer: Copy

THANK YOU

# H+

#### DAIRY QUEEN 1600 W. MAIN STREET 217-774-3632

#### FRI APRIL 1,2022 CHECK #2834442-1

| 1 -4 PC strip BSKT     | \$7.19  |
|------------------------|---------|
| 1 GRAVY                | \$0.00  |
| 1 W/VM FRY             | \$0.00  |
| 1 CHZBURG              | \$3,99  |
| 1 NO PICKL             | \$0.00  |
| 1 RG COKE              | \$2.39  |
| 1 2 FOR \$5 SNACK PACK | \$5.00  |
| 1 RG DRINK             | \$0.00  |
| 1 COKE                 | \$0.00  |
| 1 RG DRINK             | \$0.00  |
| 1 COKE                 | \$0.00  |
| 1 –4 PC strip BSKT     | \$7.19  |
| 1 GRAVY                | \$0.00  |
| 1 W/VM FRY             | \$0.00  |
| 1 –4 PC strip BSKT     | \$7.19  |
| 1 GRAVY                | \$0.00  |
| 1 W/VM FRY             | \$0.00  |
| 1 2 FOR \$5 SNACK PACK | \$5.00  |
| 1 RG DRINK             | \$0.00  |
| 1 COKE                 | \$0.00  |
| 1 RG DRINK             | \$0.00  |
| 1 COKE                 | \$0.00  |
| SUB-TOTAL :            | \$37.95 |
| TAX :                  | \$3.13  |
| TOTAL \$41             | . 08    |

Visit DqFanFeedback.com
&Tell Us About Your Visit for
a free Dilly Bar!!
Enter Phone #: 217-774-3632
Validation Code:
Valid 1/visit at this DQ only!
TAKE DUT
Time: 12:58 1 CUSTOMER

WELCOME TO DQ SHELBYVILLE

YOU HAVE BEEN SERVED BY : SUE D

| ORDER | 2042 |
|-------|------|
|       |      |

CASH : \$60.00 CHANGE : \$18.92 A.P.

Give us feedback @ survey.walmart.com Thank you! ID #:7RF87H1H3V1P

### Walmart > '<

217-774-1560 Mgr:ISAAC
2607 W. MAIN ST.
SHELBYVILLE IL 62565
ST# 04259 0P# 009043 TE# 43 TR# 06377
DONUTS 020047400428 F 4.28 Y
DONUTS 020070700428 F 4.28 Y
DONUTS 007874298100 F 4.28 Y
DONUTS 007874298100 F 4.28 Y
VOIDED BANKCARD TRANSACTION
TERMINAL # SC010199
TRANSACTION NOT COMPLETE

04/02/22 06:40:18 SUBTOTAL 17.12 TAX 2 1.000 % 0.17 TOTAL 17.29 MCARD TEND 17.29

MCARD TEND 17.29
ACCOUNT # \*\*\*\* \*\*\*\* 9697 F
APPROVAL # 01286B

APPROVAL # 01286B REF # 1042000314 TERMINAL # \$C010199 04/02/22

04/02/22 06:40:44 CHANGE DUE 0.00 # ITEMS SOLD 4 TC# 7022 0761 4936 0650 1370



# Walmart ‡ (



Become a member today Scan for 30-day free trial.

Starting Feb. 1st, gift cards won't discount Walmart or Murphy USA fuel. 04/02/22 06:40:45

\*\*\*CUSTOMER COPY\*\*\*



2605 WEST MAIN ST SHELBYVILLE, IL 62565 217-774-2200

Ticket: 132258 Date: 11/13/21 Store: 2187

Time: 11:06 AM Register: 1

Cashier: Joselyn

Item Qty TSC POLY 32IN CHEST 1092521 1 Price Amount

Subtotal 99,99 fan 8,25 Total 108,24

99,99

Cash 150,00

Change Cash

(41.76)

99.99

Neighbor's Club makes Life Out Here more rewarding Download the Tractor Supply mobile app,go to www.neighborsclub.com, or ask a team member to join or for more details on points earning, rewards and more.

Enter Survey Code #: 2187-01-132258-111321-1106-6 SOLO ITEM COUNT = 1



| •                             | •                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF ILLINOIS     ss.     | ~ 11                                    | 0 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| County of Shelby              | Claimant Shelby                         | County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TTI PORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| certifies or declares under p | enalty of perjury that the foregoing cl | aim and items as he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rein set are true and correc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                               | heretofore paid and that the amount is  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| amounting to the total sum of | of Sevent Seven an<br>Augas-November    | nd) 13/100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dollars                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| for Im# 369                   | Augas-November                          | and is speci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fically set forth below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                               |                                         | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 77/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Submission Date:              |                                         | mum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                                         | Signature of Claimar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nt/Office Head                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| BUDGET LINE<br>ITEM FUND#     | ITEM DESCRI                             | PTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AMOUNT<br>OWED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 001-033-74230                 | Inv#369 Augas-V                         | Vovenber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 77,15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Dive Equip+ Maint             | J                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                               |                                         | was seen to the se | 467-00-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                               |                                         | - AAA-AAWAARARA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                               |                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                               |                                         | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                               |                                         | Marie 40 (10 ) (1 ) (1 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TICE TIME DOV FOR CO          | ECIAL REQUESTS/DIRECTIONS (ie s         | enarate checks, retur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n check to requester, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| USE THIS BOX FOR SP           | ECIAL REQUESTION RECTIONS (IE S         | epurate enecus, remri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t cheen to requester, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the state of t |
|                               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### SHELBY COUNTY AIRPORT

# INVOICE

PO Box 174

Assumption, IL 62510

Phone: (217-825-9841

INVOICE#

DATE

369

12/1/2021

BILL TO

Shelby County Dive Team

**CUSTOMER ID** 

TERMS

SCDT

**Due Upon Receipt** 

Shelbyville, IL 62565 217-000 -0000

| DESCRIPTION                  | QTY   | UNIT PRICE | AMOUNT   |
|------------------------------|-------|------------|----------|
| 100LL Avgas—November         | 16.04 | 4.81       | 77.15    |
|                              |       | -          |          |
|                              |       |            |          |
|                              |       |            |          |
|                              |       |            | _        |
|                              |       |            | -        |
|                              |       |            | _        |
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|                              |       |            |          |
|                              |       |            | _        |
|                              |       |            |          |
| · ·                          |       |            | -        |
| Thank you for your business! | SUBTO | DTAL       | 77.15    |
|                              | TAX R | ATE        | 0.000%   |
| •                            | TAX   |            |          |
| ,                            | TOTA  | <b>\L</b>  | \$ 77.15 |

| STATE OF ILLINOIS          |                                                                       |                      |
|----------------------------|-----------------------------------------------------------------------|----------------------|
| j                          | claimant Shelby County Airport, Pa Bo                                 | x 174 Ass            |
| County of Shelby           |                                                                       | -F C                 |
|                            | r penalty of perjury that the foregoing claim and items as herein se  |                      |
| at no part thereof has be  | een heretofore paid and that the amount is justly due against the Cou | nty of Shelby, Illin |
| mounting to the total su   | m of one hundred forty and 13/100                                     | dolla                |
| or Augas, July             | 1 + September (Fuel for Boats) and is specifically                    | set forth below.     |
| ubmission Date: <u>9-1</u> | 2. 71                                                                 |                      |
| ubmission Date:            | Signature of Claimant/Offi                                            | ce Head              |
| BUDGET LINE<br>ITEM FUND#  | ITEM DESCRIPTION                                                      | AMOUNT<br>OWED       |
| 001-033-74230              | Inv # 331 Avgas - July                                                | 472.48<br>467.65     |
| 901 -033 - 74230           | Inv # 331 Avgas - July Inv # 346 Avgas - September                    | \$67.65              |
|                            |                                                                       |                      |
|                            | Total                                                                 | 140.13               |
|                            |                                                                       |                      |
|                            |                                                                       |                      |
|                            |                                                                       |                      |
|                            |                                                                       |                      |
|                            |                                                                       |                      |
| USE THIS BOX FOR           | SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return chec          | k to requester, etc. |
|                            |                                                                       | •                    |
|                            |                                                                       |                      |

### SHELBY COUNTY AIRPORT

# INVOICE

**PO Box 174** 

Assumption, IL 62510

Phone: (217-825-9841

**INVOICE#** 

DATE

331

9/1/2021

**BILL TO** 

Shelby County Dive Team

CUSTOMER ID

TERMS

SCDT

**Due Upon Receipt** 

Shelbyville, IL 62565 217-000 -0000

| DESCRIPTION                  | QTY U            | NIT PRICE | AMOUNT   |
|------------------------------|------------------|-----------|----------|
| 100LL AvgasJuly              | 16.07            | 4.51      | 72.48    |
|                              |                  |           |          |
| v                            |                  |           |          |
|                              |                  |           |          |
|                              |                  |           |          |
| ·                            |                  |           | -        |
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|                              | 419,414499991111 |           | -        |
|                              |                  |           | -        |
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|                              |                  |           | -        |
|                              |                  |           | _        |
|                              |                  |           | -        |
|                              |                  |           | **       |
| Thank you for your business! | SUBTOTAL         |           | 72.48    |
| ,                            | TAX RATE         |           | 0.000%   |
|                              | TAX              |           | _        |
|                              | TOTAL            | \$        | 72.48    |

## SHELBY COUNTY AIRPORT

# INVOICE

PO Box 174

Assumption, IL 62510

Phone: (217-825-9841

**INVOICE** #

DATE

346

10/1/2021

**BILL TO** 

CUSTOMER ID

TERMS

Shelby County Dive Team

SCDT

**Due Upon Receipt** 

Shelbyville, IL 62565 217-000 -0000

| DESCRIPTION                  |       | QTY U    | NIT PRICE | AMOUNT                                  |
|------------------------------|-------|----------|-----------|-----------------------------------------|
| 100LL AvgasSeptember         |       | 15       | 4.51      | 67.65                                   |
|                              |       |          |           |                                         |
|                              | •     |          |           | *************************************** |
|                              |       |          |           |                                         |
|                              |       |          |           |                                         |
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|                              |       |          |           | _                                       |
|                              |       |          |           | -                                       |
|                              |       |          |           | _                                       |
| Thank you for your business! |       | SUBTOTAL |           | 67.65                                   |
|                              |       | TAX RATE |           | 0.000%                                  |
|                              |       | TAX      |           | -<br>-                                  |
|                              |       | TOTAL    | \$        | 67.65                                   |

|                              | Sub-Havatics, Inc Braithing Air Sx<br>Claimant 8855 E. Broad St. Reynoldsburg C | stems / Safe         |
|------------------------------|---------------------------------------------------------------------------------|----------------------|
| STATE OF ILLINOIS <br>  ss   | But interior, and St. Remail Chaire C                                           | OH 43068             |
| County of Shelby             |                                                                                 |                      |
|                              | penalty of perjury that the foregoing claim and items as herein set are         |                      |
| nat no part thereof has been | n heretofore paid and that the amount is justly due against the County C        | of Shelby, Illinois, |
| mounting to the total sum    | of Seven hundred six and 48/100                                                 | dollars              |
| for Fill Station Ser         | vice + Air Testing Int-IL74-420 and is specifically set                         | forth below.         |
| Submission Date: <u>8-7-</u> |                                                                                 |                      |
| Submission Datev _1          | Signature of Claimant/Office I                                                  | lead                 |
| BUDGET LINE<br>ITEM FUND#    | ITEM DESCRIPTION                                                                | AMOUNT<br>OWED       |
| 001-033-74230                | Fill Station Service + Air Testing Inv *IL74-420                                | \$ 706 4R            |
|                              |                                                                                 |                      |
|                              |                                                                                 |                      |
|                              |                                                                                 |                      |
|                              |                                                                                 |                      |
|                              |                                                                                 |                      |
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|                              |                                                                                 |                      |
|                              |                                                                                 |                      |
|                              | SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to                | requester, etc.      |
| USE THIS BOX FOR S           | SPECIAL REQUESTS DIRECTIONS (ie separate disease)                               | ,                    |
| ,                            |                                                                                 |                      |
|                              |                                                                                 |                      |
|                              |                                                                                 |                      |
| Rec                          | eipts, invoices, etc. shall be attached upon submission of the claim            |                      |

Sub-Aquatics, Inc Breathing Air Systems / Safe Air Systems 8855 E Broad Street Reynoldsburg OH 43068 United States



Invoice #INV-IL74-420 06/03/2022

Customer ID: 857063

Requested By: Austin Prichard Email: <a href="mailto:shelbycountydiveteam@gmail.com">shelbycountydiveteam@gmail.com</a> Phone: (217) 343-6265 Title:

Bill To SHELBY COUNTY DIVE TEAM

Shelbyville IL 62565 United States

Ship To Shelby County Dive Team 1032 N Morgan St Shelbyville IL 62565 United States

| Terms  | Due Date   | PO #        | Sales Rep  |   |
|--------|------------|-------------|------------|---|
| Net 30 | 07/03/2022 | JUN 2022 PM | Lisa Diehl | - |
| _      |            |             |            |   |

| Item                                                                                                                                             | Quantity | Back Order | Unit Price  | Amount   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-------------|----------|
| PM-1 Annual Preventative Maintenance ** Done on 06/01/2022                                                                                       | 1        | 0          | \$410.00    | \$410,00 |
| <b>SLP-HP-WITH MAINTENANCE</b> Single High Pressure Air Test Kit to be taken by Breathing Air Service Technician as part of the Air Test Program | 1        | 0          | \$105.00    | \$105.00 |
| <b>059183</b><br>Cartridge - Triplex PO                                                                                                          | 2        | 0          | \$41.37     | \$82.74  |
| N04586<br>O-Ring, TRIPLEX                                                                                                                        | 1        | 0          | \$18.57     | \$18.57  |
| N70<br>Element - Intake Filter. NO BOX.                                                                                                          | 1        | 0          | \$15.00     | \$15.00  |
| MD1230<br>Oil, Petroleum, 1 gallon                                                                                                               | 1        | 0          | \$34.83     | \$34.83  |
| HAZ MAT FEE<br>Haz Mat Fee - Oil Disposal                                                                                                        | 1        | 0          | \$8.75      | \$8.75   |
| Shop-Fleet Supplies Shop-Fleet Supplies                                                                                                          | 1        | 0          | \$8.64<br>` | \$8.64   |
| Fuel Surcharge<br>Fuel Surcharge                                                                                                                 | 1        | 0          | \$22.95     | \$22.95  |

Remit Payments to:

Sub-Aquatics, Inc Breathing Air Systems

8855 East Broad St.

Reynoldsburg, OH 43068



Illinois: IL Fleet 74 - Allan



Sub-Aquatics, Inc Breathing Air Systems / Safe Air Systems 8855 E Broad Street Reynoldsburg OH 43068 United States



Invoice #INV-IL74-420

06/03/2022 Customer ID: 857063

| Castonia | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|----------|-----------------------------------------|
| Subtotal | \$706.48                                |
| Shipping | \$0.00                                  |
| Tax (%)  | \$0.00                                  |

Total \$706.48 Amount Paid \$0.00

Amount Due \$706.48

Shipping Method: Tracking #:

For Invoice questions, please contact our Accounts Receivable Department call 614-864-1235 or email ar@breathingair.com.

PAYMENT TERMS: PAST DUE INVOICES ARE SUBJECT TO LATE CHARGES AT THE RATE OF 1.5% PER MONTH (ANNUAL 18%).

ALL PARTS RETURNS OR EXCHANGES MUST BE COMPLETED WITHIN 45 DAYS FROM INVOICE DATE. ALL RETURNS REQUIRE A RETURN MERCHANDISE AUTHORIZATION. ALL RETURNS ARE SUBJECT TO A 15% RESTOCKING FEE.

NOTE: PAYMENTS BY CREDIT CARD WILL INCUR A CONVENIENCE FEE TOTALING 3.0% OF THE INVOICE TOTAL ON ALL TRANSACTIONS EXCEEDING \$1,200.00.

#### Remit Payments to:

Sub-Aquatics, Inc Breathing Air Systems

8855 East Broad St.

Reynoldsburg, OH 43068



Illinois : IL Fleet 74 - Allan

| STATE OF ILLINOIS                  |                                     |                             |                        |                  |
|------------------------------------|-------------------------------------|-----------------------------|------------------------|------------------|
| County of Shelby   S               | s. Claimant TJ Watters:             | Supply INC. 589             | '3 State Rt 140        | 1, Moro IL 6206. |
| certifies or declares under        | penalty of perjury that the foregoi | ing claim and items as h    | erein set are true a   | nd correct;      |
| that no part thereof has bee       | n heretofore paid and that the amo  | unt is justly due against t | he County of Shell     | oy, Illinois,    |
| amounting to the total sum         | of Sixty-one and 24/100             |                             |                        | dollars          |
| for Sonar Transduc                 |                                     | and is spec                 | cifically set forth be | elow.            |
|                                    |                                     |                             |                        |                  |
| Submission Date: <u>07-08-2022</u> |                                     | Signature of Claims         | ant/Office Head        |                  |
| NATIO CIESTI I ANTE                | TTEM DE                             | SCRIPTION                   | AMO                    | UNT              |

| BUDGET LINE<br>ITEM FUND# | ITEM DESCRIPTION       | AMOUNT<br>OWED |
|---------------------------|------------------------|----------------|
| 001-033-74230             | Sonar Transducer Cable | \$ 61.24       |
|                           |                        |                |
|                           |                        |                |
|                           |                        |                |
|                           |                        |                |
|                           |                        |                |
|                           |                        |                |

| USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to request |  |  |  |  |   |
|-------------------------------------------------------------------------------------------|--|--|--|--|---|
|                                                                                           |  |  |  |  | • |
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|                                                                                           |  |  |  |  |   |
|                                                                                           |  |  |  |  |   |
|                                                                                           |  |  |  |  |   |

### TJ WATTERS SUPPLY, INC.

07/4/2022

5893 State Route 140

Moro, IL 62067

Home: 618-377-4767 Fax: 618-377-9519

Cell: 618-304-0057 Cell: 618-401-1669 teamwatters@aol.com teamwatterssonar.com

Invoice:

Austin Pritchard

Commander, Shelby County Dive Team

1000 12 750 No. 10 Pol

Shelbyville, IL. 62565

Quantity:

Description:

List:

Cost:

[1]

Humminbird Mega 360 7 pin Transducer Cable

\$51.99

\$51.99

Shipping:

\$9.25

Total Amount:

\$61.24

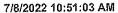
Thank You!

| STATE OF ILLINOIS Undersea Systems International, Inc                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of Shelby   Claimant dba: Ocean Technology Systems, 3133 W. Harvard St.  Santa ANA CA 92704                                                                   |
| certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct;                                                |
| amounting to the total sum of <u>one thousand nine hundred ninty-four and notice</u> dollars  for MK-7 Diver Communication Unit and is specifically set forth below. |
| Submission Date: 07-08-2022 Signature of Claimant/Office Head                                                                                                        |

| BUDGET LINE<br>ITEM FUND # | ITEM DESCRIPTION           | AMOUNT<br>OWED |
|----------------------------|----------------------------|----------------|
| 001-033-74230              | MK-7 Buddyline, Y- Adaptor | 11994 00       |
|                            |                            |                |
|                            |                            |                |
|                            |                            |                |
|                            |                            |                |
|                            |                            |                |

| _ | USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc. |
|---|---------------------------------------------------------------------------------------------------|
|   |                                                                                                   |
|   |                                                                                                   |
|   |                                                                                                   |
|   |                                                                                                   |
|   |                                                                                                   |
| ı |                                                                                                   |

### Pro Forma Invoice





0.00

1,994.00

Order:

C000107485

Date Order:

7/8/2022

Prepaid:

Total:

Cust PO:

W-33805 JULY4FREESHIP

Salesperson:

KURTIS R. SCHMID

Route To:

10632

Ship To:

AUSTIN PRITCHARD

SHELBY COUNTY DIVE TEAM

PO BOX 326

SHELBYVILLE IL 62565

AUSTIN PRITCHARD

USA

SHELBYVILLE IL 62565

USA

| Line/Release: | ltem                                                                                                                    | Due Date | Item Description             | Qty                  | Unit Price  | Net Ar   |        |
|---------------|-------------------------------------------------------------------------------------------------------------------------|----------|------------------------------|----------------------|-------------|----------|--------|
| 1             | 900104-00                                                                                                               | 0        |                              | 1.000                | 1,555.00000 | 1,5      | 555.00 |
|               |                                                                                                                         | 8/3/2022 | MK-7 BUDDYLINE,INTRCOM W/H   | EADSET               |             |          |        |
| 2             | 910034-00                                                                                                               | 0        |                              | 1.000                | 439.00000   | 2        | 439.00 |
|               |                                                                                                                         | 8/3/2022 | YAD-S,Y-ADAPTOR SPLIT AT SUI | RFACE                |             |          |        |
| Remit To:     |                                                                                                                         |          |                              | Sales                | Amount:     | 1,994.00 |        |
| -             | Undersea Systems International, Inc.<br>dba: OCEAN TECHNOLOGY SYSTEMS<br>3133 WEST HARVARD STREET<br>SANTA ANA CA 92704 |          |                              | Order Disc(0.0000%): |             | 0.00     |        |
|               |                                                                                                                         |          |                              |                      |             |          |        |
| 3133 WEST I   |                                                                                                                         |          |                              | Su                   | ırcharge:   | N/A      |        |
| SANTA ANA     |                                                                                                                         |          |                              | S                    | ales Tax:   | 0.00     |        |
| USA           |                                                                                                                         |          |                              |                      |             |          |        |
|               |                                                                                                                         |          |                              |                      | Freight:    | 0.00     |        |
|               |                                                                                                                         |          |                              |                      | Misc:       | 0.00     |        |

Terms:

Wire To:

Bank Transit Number:

Account Number:

**PREPAY** 

Thank you for your business. All currency is in U.S. dollars.

Note: A finance charge may be applied to all past due invoices.

Union Bank

Undersea Systems International, Inc., dba: OCEAN TECHNOLOGY SYSTEMS, 3133 WEST HARVARD STREET, SANTA ANA, CA, 92704, USA P: 714-754-7848

> www.otscomm.com Page 1 of 2

### Pro Forma Invoice



7/8/2022 10:51:03 AM

Line/Release:

Item

Due Date

Item Description

Qty

Unit Price

**Net Amount** 

FAX: 714-966-1639 WWW.OCEANTECHNOLOGYSYSTEMS.COM

Undersea Systems International, Inc., dba: OCEAN TECHNOLOGY SYSTEMS, 3133 WEST HARVARD STREET, SANTA ANA, CA, 92704, USA
P: 714-754-7848

| TATE OF ILLINOIS           | S                                                             | 171 A - 12 - 12                 |
|----------------------------|---------------------------------------------------------------|---------------------------------|
| ounty of Shelby            | Claimant Shellby Co. Hicfort, P.O. Box                        |                                 |
| rtifies or declares under  | penalty of perjury that the foregoing claim and items as he   | erein set are true and correct; |
| at no part thereof has bee | n heretofore paid and that the amount is justly due against t | he County of Shelby, Illinois,  |
| nounting to the total sum  | of sixty-one and 03/100                                       | dollars                         |
|                            | and is spec                                                   |                                 |
|                            | Λ                                                             |                                 |
| ubmission Date: 7-5-       | 2022 Signature of Claims                                      | ant/Office Head                 |
|                            | Signature of Claims                                           | and Girage Azona                |
| BUDGET LINE<br>ITEM FUND # | ITEM DESCRIPTION                                              | AMOUNT<br>OWED                  |
| 901-033-74230              | Boat Fuel                                                     | 161.03                          |
|                            |                                                               |                                 |
|                            |                                                               |                                 |
|                            |                                                               |                                 |
|                            |                                                               |                                 |
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|                            |                                                               |                                 |
|                            |                                                               |                                 |

### ZÁELBY COUNTY AIRPORT

INVOICE

**PO Box 174** 

**BILL TO** 

Assumption, IL 62510

Phone: (217-825-9841

INVOICE # 🗞

DATE

430

6/1/2022

CUSTOMER ID

TERMS

Shelby County Dive Team

SCDT /

**Due Upon Receipt** 

| DESCRIPTION                  | QTY U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NIT PRICE | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 100LL AvgasMay               | 10.84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5.63      | 61.03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                              | Annual Statement of Administration and the Statement of S |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Thank you for your business! | SUBTOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _:        | 61.03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| STATE OF ILLINOIS           | SS.                          |                                    |                                |
|-----------------------------|------------------------------|------------------------------------|--------------------------------|
| County of Shelby            | Claimant Omni                | Scuba, POBOX21, Effin              | gham IL 62401                  |
| certifies or declares unde  | r penalty of perjury that th | ne foregoing claim and items as l  | nerein set are true and correc |
| that no part thereof has be | en heretofore paid and tha   | t the amount is justly due against | the County of Shelby, Illinoi  |
| amounting to the total sur  | n of one thousard tou        | ohundred ninty and n               | dollars                        |
| for Facley Diver T          |                              |                                    | cifically set forth below.     |
| Submission Date: <u>07-</u> |                              | Signature of Claim                 | ant/Office Head                |
| BUDGET LINE<br>ITEM FUND#   | IT                           | EM DESCRIPTION                     | AMOUNT<br>OWED                 |
| 001-033-84/00               | Diver Training               |                                    | \$ 129000                      |
|                             |                              |                                    |                                |
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|                             |                              |                                    |                                |
| USE THIS BOX FOR            | SPECIAL REQUESTS/DIR         | RECTIONS (ie separate checks, ret  | urn check to requester, etc.   |

### OMNI SCUBA INVOICE

PO Box 21 Effingham, IL. 62401

uiudiver@gmail.com 618-829-3483

**Shelby County Dive Rescue** 

6-14-22

Shelbyville, IL.

| No tax govt account                      | Total | \$1290 |
|------------------------------------------|-------|--------|
| 2 Emergency Response Diver 1 course      | \$695 | \$695  |
| 1 Open water diver certification courses | \$595 | \$595  |

Divers: Farley