

Iowa Department of Justice
 Crime Victim Assistance Division (CVAD)
 Claim Voucher

Fund: DA-Domestic Abuse & SA-Sexual Abuse

Month: November

Program Crisis Intervention & Advocacy Center

Address PO Box 40

City Adel

E-mail Contact

Phone/Ext. 515-993-4095

Vendor #

Contract # →

DA-14-1-DAC

SA-14-

Expense	Budget	Claim	YTD	Balance	Budget	Claim	YTD	Balance
Payroll	102,385	6,410.09	28,026.91	74,358.09	-	-	-	-
Benefits	30,129	2,029.29	9,010.84	21,118.16	-	-	-	-
Travel & Training	10,000	736.85	5,928.12	4,071.88	-	-	-	-
Contracted Svc.	4,500	1,657.81	3,254.66	1,245.34	-	-	-	-
Equipment	7,000	-	3,709.91	3,290.09	-	-	-	-
Repairs & Maint.	4,500	43.75	701.23	3,798.77	-	-	-	-
Rent	18,000	1,810.24	9,189.43	8,810.57	-	-	-	-
Utilities	1,800	184.37	731.91	1,068.09	-	-	-	-
Communications	7,095	561.91	2,033.93	5,061.07	-	-	-	-
Advertising	4,500	-	-	4,500.00	-	-	-	-
Supplies	2,500	-	814.15	1,685.85	-	-	-	-
Insurance	7,500	365.28	1,779.44	5,720.56	-	-	-	-
Other Direct	5,000	169.36	339.72	4,660.28	-	-	-	-
Total	204,909	13,968.95	65,520.25	139,388.75	-	-	-	-

PAID
 JAN 24 2014

RECEIVED
 14 JAN -7 AM 10:54
 ATTORNEY GENERAL'S OFFICE
 CRIME VICTIM ASSISTANCE

Total DA/SA 13,968.95

Program Signature

Johna Sullivan

Date January 6, 2013

CVAD Signature

[Signature]

Date 1/9/13

Original or First claim
 Doc # AGKH 090313001
 Date Paid 09/04/13

Payroll Summary for Claim Vouchers

Time Period: Nov-13

Program City: Adel

Program: Domestic Abuse Comprehensive

Employee	Title	Direct Service %	Gross Wages	Total Payroll Claimed	Total Payroll Claimed for Each Pay Period	DA	FV	VA
Volunteer Coordinator		100%	\$3,108.00	\$1,522.92	\$761.46			\$761.46
Training Director		85%	\$3,333.34	\$1,666.67	\$833.34	\$833.34		\$761.46
Domestic Abuse Specialist		100%	\$245.21	\$245.21	\$833.33	\$833.33		
Domestic Abuse Specialist		100%	\$2,500.00	\$2,500.00	\$245.21		\$245.21	
Domestic Abuse Specialist		100%	\$2,500.00	\$2,500.00	\$1,250.00	\$612.50	\$637.50	
Administrative Assistant/Alice		50%	\$180.00	\$90.00	\$1,250.00	\$612.50	\$637.50	
				\$90.00	\$90.00	\$90.00		
Housing/Economic Coordinator		95%	\$2,686.66	\$895.55	\$447.77			\$447.77
Domestic Abuse Specialist		100%	\$2,833.34	\$2,833.34	\$447.78			\$447.78
Executive Director		50%	\$4,523.50	\$2,011.75	\$1,416.67	\$708.33		\$708.34
				\$2,011.75	\$1,416.67	\$708.34		\$708.33
				\$0.00	\$1,005.88	\$1,005.87		
				\$0.00	\$1,005.87	\$1,005.88		
				\$0.00	\$0.00			
				\$0.00	\$0.00			
				\$0.00	\$0.00			
				\$0.00	\$0.00			
Total:				\$19,410.05	\$11,765.44	\$6,410.09	\$1,275.00	\$4,080.35

Gross Wages: \$19,410.05
 Total Payroll Claim: \$11,765.44
 DA: \$6,410.09
 FV: \$1,275.00
 VA: \$4,080.35

FICA & Benefit Summary for Claim Vouchers

Time Period: Nov-13

Program City: Adel

Program: Domestic Abuse Comprehensive

Employee	Title	FICA Benefit	Total FICA Claim	DA	FV	VA
	Volunteer Coordinator	\$225.01	\$112.51			\$112.51
	Training Director	\$255.00	\$127.50	\$127.50	-	
	DA Specialist	\$18.77	\$18.77			\$18.77
	DA Specialist	\$191.25	\$191.25	\$93.71	\$97.54	
	Housing/Econ Coor	\$205.53	\$68.51			\$68.51
	DA Specialist	\$216.75	\$216.75	\$108.37	-	\$108.38
	Executive Director	\$338.39	\$169.20	\$169.20	-	
	Administrative Asst	\$13.77	\$6.89	\$6.89	-	
		\$676.60	\$270.64			\$270.64
employment		\$2,141.07	\$1,182.02	\$505.67	\$97.54	\$578.81
		Gross				

Employee	Type of Invoice	BCBS Health Benefit	Avesis Vision Benefit	Retirement Benefit	Life Insurance	Total Benefit Claim	DA	FV	VA
	BCBS/Avesis/Dear	582.73	\$18.12	\$50.00	\$39.90	\$345.37			\$345.37
	BCBS/Avesis/Dear	412.80	\$8.62		\$39.90	\$230.66	\$230.66		
	BCBS/Avesis/Dear	96.40				\$96.40			\$96.40
	BCBS/Avesis/Dear		\$8.62			\$8.62			\$8.62
	BCBS/Avesis/Dear	725.59	\$8.62		\$39.90	\$774.11	\$387.05		\$387.06
	BCBS/Avesis/Dear	1749.55	\$22.39		\$39.90	\$905.91	\$905.91		
		\$3,567.07	\$66.37	\$50.00	\$159.60	\$2,361.07	\$1,523.62	\$0.00	\$837.45
Total Health Benefit			Total Vision Benefit	Total Retirement Benefit	Total Life Insurance Benefit	Total Benefit Claim			

DA 2029.29
FV 97.54
VA 1416.26

Total FICA & Benefits

Payroll Summary for Claim Vouchers

Time Period: Nov-13

Program City: Adel

Program: SAC and DAC

Employee	Title	Direct Service %	Gross Wages	Total Payroll Claimed	Total Payroll Claimed for Each Pay Period	DA	FV	SS	SA	VA-DAC	VA-SAC	
	Volunteer Coordinator	100%	\$3,108.00	\$3,108.00	\$1,554.00					\$761.46	\$792.54	
	Training Director	85%	\$3,333.34	\$3,333.34	\$1,666.67	\$833.34			\$833.33	\$761.46	\$792.54	
	Domestic Abuse Specialist	100%	\$245.21	\$245.21	\$1,666.67	\$833.33			\$833.34			
	Domestic Abuse Specialist	100%	\$2,500.00	\$2,500.00	\$1,250.00	\$612.50	\$637.50					
	Administrative Assistant/Alice	50%	\$180.00	\$180.00	\$1,250.00	\$612.50	\$637.50					
					\$180.00	\$90.00		\$90.00				
	Sexual Abuse Specialist	100%	\$2,500.00	\$1,706.00	\$853.00			\$426.50		\$426.50	\$426.50	
	Domestic Abuse Specialist	100%	\$2,833.34	\$2,833.34	\$853.00			\$426.50		\$426.50	\$426.50	
	Housing/Econ Coordinator	100%	\$2,686.66	\$1,791.10	\$1,416.67	\$708.33			\$708.34	\$708.34		
	Sexual Abuse Specialist	100%	\$2,756.00	\$1,209.00	\$1,416.67	\$708.34			\$708.33	\$708.33		
					\$895.55				\$302.25	\$302.25		
					\$895.55				\$302.25	\$302.25		
					\$604.50				\$302.25	\$302.25		
					\$604.50				\$302.25	\$302.25		
					\$2,011.75	\$1,005.87			\$1,005.88			
					\$2,011.75	\$1,005.88			\$1,005.87			
Total:				\$24,666.05	\$20,929.49	\$20,929.49	\$6,410.09	\$1,275.00	\$1,457.50	\$4,372.92	\$4,080.35	\$3,333.63

Combined

Kabel Business Services Check Register

EMPLOYEE NAME DEPT. SEC.	CLOCK NUM. FREQ.	EARNINGS		CURRENT		Y.T.D.		TAXES		CURRENT		Y.T.D.		DEDUCTIONS		CURRENT		Y.T.D.		CHECK # NET PAY		
		HOURS	RATE	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	FICA	MEDFICA	FED WTH	IA	AMOUNT	HOURS	AMOUNT	FICA	MEDFICA	FED WTH	IA		AMOUNT	HOURS
SEM M0 M0				1554.00		31488.00		FICA MEDFICA FED WTH IA	91.18 21.32 131.54 66.00 310.04	1838.59 429.99 2488.88 1289.00 6046.46	1833.26 550.00		C-MD125 C0403B M	83.33 25.00						3023V 1160.63		
TOTALS				1554.00		31488.00																
SEM S0 S0				1666.67		32433.38		FICA MEDFICA FED WTH IA	103.33 24.16 224.12 73.00 424.61	2010.87 470.28 4192.28 1366.00 8039.43										3024V 1242.06		
TOTALS				1666.67		32433.38																
SEM S2 S0				1250.00		2500.00		FICA MEDFICA FED WTH IA	77.50 18.12 106.41 52.00 254.03	155.00 36.25 212.82 104.00 508.07										10244 995.97		
TOTALS				1250.00		2500.00																
SEM M5 S0				1250.00		5604.15		FICA MEDFICA FED WTH IA	77.50 18.12 9.17 59.00 163.79	347.46 81.26 18.34 195.00 642.06										3025V 1086.21		
TOTALS				1250.00		5604.15																
SEM S0 S0				1250.00		7500.00		FICA MEDFICA FED WTH IA	77.50 18.12 155.16 49.00 299.78	493.61 115.44 1031.11 320.00 1940.16											3026V 950.22	
TOTALS				1250.00		7500.00																
SEM M2 M2				1416.67		28104.94		FICA MEDFICA FED WTH IA	87.84 20.54 74.69 56.00 239.07	1742.51 407.92 1334.78 1032.00 4516.81											3027V 1177.60	
TOTALS				1416.67		28104.94																
S14 S14				1343.33	32.00	496.04		FICA MEDFICA IA	83.29 19.48 36.00 138.77	363.90 85.11 144.00 593.01											10245 1204.56	
TOTALS				1343.33	32.00	496.04																
S0 S0				1378.00		28912.00		FICA MEDFICA FED WTH IA	85.43 19.98 174.36 56.00 335.77	1792.54 419.22 3625.32 1160.00 6997.08												3028V 1042.23
TOTALS				1378.00		28912.00																

Kabel Business Services Check Register

EMPLOYEE NAME DEPT. NUM. CLOCK SEC. FREQ. MYS EX	EARNINGS		TAXES		DEDUCTIONS		CHECK #		
	CURRENT HOURS	RATE	CURRENT AMOUNT	CURRENT AMOUNT	CURRENT AMOUNT	CURRENT AMOUNT	Y T D AMOUNT	NET PAY	
M1	SALARY	2261.75	48704.58	FICA MEDFICA FED WTH IA	137.12 32.07 242.70 110.00 521.89	C-MD125	50.00	1100.00	3029V
	TOTALS	2261.75	48704.58				50.00	1100.00	1689.86
S0	REGULAR	12.00 15.0000	5047.50	FICA MEDFICA FED WTH IA	11.16 2.61 5.03 1.00 23.60				3030V
	TOTALS	12.00	5047.50						156.40
S0	SALARY	370.83	2966.64	FICA MEDFICA IA	22.99 5.38 7.00 35.37				3031V
	TOTALS	370.83	2966.64						335.46
0300 STAFF CURRENT PAY TOTALS	REGULAR SALARY	12.00		FICA MEDFICA FED WTH STATE	854.84 199.90 1126.98 565.00 2746.72	C-MD125 C0403B M	133.33 25.00		CHKS: 11
	TOTALS	12.00	13921.25				133.33		11041.20
9902 BUREAULIFE INSURANCE DEDUCTION PAYMENT)	REGULAR SALARY	12.00		FICA MEDFICA FED WTH STATE	854.84 199.90 1126.98 565.00 2746.72	C-MD125 C0403B M	133.33 25.00		11
	TOTALS	12.00	13921.25				133.33		11041.20
9900 BUSINESS SERVICES DEDUCTION PAYMENT)	TOTALS								10246
	TOTALS								25.00
9900 BUSINESS SERVICES INVOICE PAYMENT)	TOTALS								3032V
	TOTALS								133.33
9900 BUSINESS SERVICES INVOICE PAYMENT)	TOTALS								VOUCHER
	TOTALS								83.85
9900 BUSINESS SERVICES INVOICE PAYMENT)	TOTALS								3
	TOTALS								242.18

CIAC - CRISIS INTERVENTION CENTER

Kabel Business Services Check Register

Access Date - NOV 21, 2013

EMPLOYEE NAME DEPT. NUM. SEC. FREQ. M/S. EX.	EARNINGS		TAXES		DEDUCTIONS		CHECK #		
	CURRENT HOURS	CURRENT RATE	CURRENT AMOUNT	CURRENT AMOUNT	CURRENT AMOUNT	CURRENT AMOUNT	Y.T.D. AMOUNT	Y.T.D. AMOUNT	NET PAY
COMPANY TOTALS CRISIS INTERVENTION CENTER	12.00		180.00 13741.25	FICA 854.84 MEDICA 199.90 FED WITH 1126.98 STATE 565.00 2746.72	C-MD125 133.33 C0403B M 25.00			14	11263.38
TOTALS	12.00		13921.25						

Kabel Business Services Check Register

EMPLOYEE NAME DEPT SEC	CLOCK NUM. M/S/EX	EARNINGS		TAXES		DEDUCTIONS		CHECK #			
		CURRENT HOURS	RATE	CURRENT AMOUNT	Y-T-D AMOUNT	Y-T-D AMOUNT	CURRENT AMOUNT		Y-T-D AMOUNT		
SEM M0 M0				1554.00	29784.00 150.00	FICA MEDFICA FED WTH IA	91.18 21.33 131.54 66.00 310.05	1747.41 408.67 2357.34 1223.00 5736.42	83.33 25.00 83.33	1749.93 525.00 1749.93	3012V 3013V 1242.04
SEM S0 S0				1666.67	30766.71	FICA MEDFICA FED WTH IA	103.34 24.17 224.12 73.00 424.63	1907.54 446.12 3968.16 1293.00 7614.82			3013V 1242.04
SEM S1 S0			17.00	245.21	245.21 3750.00 230.72	FICA MEDFICA FED WTH IA	15.21 3.56 2.00 20.77	267.01 61.28 426.95 168.00 918.24			3014V 224.44
SEM S2 S0				1250.00	1250.00	FICA MEDFICA FED WTH IA	77.50 18.13 106.41 52.00 254.04	77.50 18.13 106.41 52.00 254.04			10241 995.96
SEM M5 S0				1250.00	4354.15 4354.15	FICA MEDFICA FED WTH IA	77.50 18.13 9.17 59.00 163.80	269.96 63.14 9.17 136.00 478.27			3015V 1086.20
SEM S0 S0				1250.00	6250.00 461.44	FICA MEDFICA FED WTH IA	77.50 18.13 155.16 49.00 299.79	416.11 97.32 855.95 271.00 1640.38			3016V 950.21
SEM M2 M2				1416.67	26688.27	FICA MEDFICA FED WTH IA	87.83 20.54 74.69 56.00 239.06	1654.67 386.98 1260.09 976.00 4277.74			3017V 1177.61
SEM S14 S14			32.00	1343.33	496.04 4029.99 1526.03	FICA MEDFICA FED WTH IA	83.28 19.48 30.00 138.75	280.61 65.63 108.00 454.24			10242 1204.57

Kabel Business Services Check Register

REF. NAME DEPT. NUM. CLOCK C. FREQ. MYS EX.	EARNINGS		CURRENT		Y-T-D		TAXES		CURRENT		Y-T-D		DEDUCTIONS		CURRENT		Y-T-D		CHECK # NET. PAY
	HOURS	RATE	AMOUNT	HOURS	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
SEM S0 S0	SALARY		1378.00		27534.00	FICA	85.44	0707.11											3018V
	TOTALS		1378.00		27534.00	MEDFICA	19.98	399.24											
MO M1	SALARY		2261.75		46442.83	FICA	137.13	2834.36											3019V
	TOTALS		2261.75		46442.83	MEDFICA	32.07	658.20											
M4 S0	SALARY		370.83		2595.81	FICA	22.99	160.94											3020V
	TOTALS		370.83		2595.81	MEDFICA	5.38	37.64											
PARTMENT # 0300 STAFF CURRENT PAY TOTALS	VACTION SALARY	17.00	245.21			FICA	858.90												CHKs: 1.1
	TOTALS	17.00	13986.46			MEDFICA	200.90												
VISION # CRISIS INTERVENTION CENT	VACTION SALARY	17.00	245.21			FICA	858.90												11
	TOTALS	17.00	13986.46			MEDFICA	200.90												
BUREAU LIFE INSURANCE 9902 DEDUCTION PAYMENT)	TOTALS					FICA	858.90												10243
	TOTALS					MEDFICA	200.90												
L BUSINESS SERVICES 9900 DEDUCTION PAYMENT)	TOTALS					FICA	858.90												3021V
	TOTALS					MEDFICA	200.90												
L BUSINESS SERVICES INVOICE PAYMENT)	TOTALS					FICA	858.90												VOUCHER
	TOTALS					MEDFICA	200.90												
VISION # 99 CRISIS INTERVENTION CENT	TOTALS					FICA	858.90												3
	TOTALS					MEDFICA	200.90												

Kabel Business Services Check Register

EMPLOYEE NAME DEPT. REC.	CLOCK FREQ. M/S:EX	EARNINGS		HOURS		CURRENT		Y.T.D. HOURS	Y.T.D. AMOUNT	TAXES	CURRENT		DEDUCTIONS		Y.T.D. AMOUNT	Y.T.D. AMOUNT	CHECK # NET-PAY
		AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	AMOUNT				AMOUNT	AMOUNT					
COMPANY TOTALS CRISIS INTERVENTION CENTER		17.00		245.21		13741.25				FICA MEDICA FED WITH STATE	858.90 200.90 1118.15 566.00 <u>2743.95</u>	C-MD125 CD403B M	133.33 25.00				14
	TOTALS	17.00		13986.46									133.33				11351.36

Member Name	Member Number	Premiums Due				TOC	ES	Comments	Premiums Due
		Health	Dental	Life and Disability	Other				
CURRENT PREMIUMS									
		486.33	96.40	0.00	0.00	127	A		582.73
		384.65	28.15	0.00	0.00	101	A		412.80
		0.00	96.40	0.00	0.00	119	A		96.40
		697.44	28.15	0.00	0.00	101	A		725.59
		293.37	28.15	0.00	0.00	101	A		321.52
		697.44	28.15	0.00	0.00	101	A		725.59
		384.65	28.15	0.00	0.00	101	A		412.80
		1,659.15	96.40	0.00	0.00	127	A		1,729.55
Total Current		4,597.03	429.95	0.00	0.00			TOTAL	\$ 5,026.98
Please pay amount shown in Total Amount Due on page 1. Instead of Total shown on this page as these totals may be different.									
							TTL CONTRACTS		
							101	5	
							111	0	
							119	1	
							127	2	
							TTL	8	
<p>DA</p> <p>874.77</p> <p>206.40</p> <p>362.79</p> <p><u>1443.96</u></p>									

ES (Employee Status)

- A Active
- R Retiree
- C Cobra

TOC (Type of Contract)

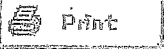
- 101 Single
- 111 2-person
- 119 Mbr + child(ren)

OK 29175

CURRENT BILL FOR DECEMBER 2013

Is The Billing Invoice Below Correct?

CLICK YES OR NO AT THE BOTTOM OF THIS PAGE.



Crisis Intervention Center

ATTN:
PO Box 40
Adel, IA 50003

Group
Coverage : December 2013
Due Date : 12/1/2013

Rates:

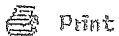
Employee Only-(EE)	\$8.62
Employee + 1 Dependent-(DEP)	\$15.13
Employee + Family-(FAM)	\$22.39
Employee + Children-(CHD)	\$18.12

MEMBER #, COVERAGE	MEMBER NAME	EFFECTIVE	AMOUNT
.....		7/1/2008	\$18.12
.....		7/1/2012	\$8.62
.....		12/1/2013	\$8.62
.....		12/1/2013	\$8.62
.....		8/1/2011	\$8.62
.....		3/1/2012	\$8.62
.....		6/1/2006	\$22.39
*** Invoice Summary ***			
	Employee Only [5]	\$43.10	
	Employee + Family [1]	\$22.39	
	Employee + Children [1]	\$18.12	
	Current Month Due	\$83.61	

Is the Billing Invoice above correct?

Yes. This information is correct. Submit the AMOUNT DUE to Avesis.

NO. This information is NOT correct and I would like to make changes.



DA

11.19

4.31

4.31

19.81

29174

Dearborn National

Underwritten by Dearborn National Life Insurance Company

MEMBERSHIP BILLING: (800)348-4512
 MEMBERSHIP CHANGES: contactus@dearbornnational.com
 FAX NUMBER: (312) 240-0143
 FORM DOWNLOAD: www.dearbornnational.com

CRISIS INTERVENTION CENTER
 ATTN: [REDACTED]
 PO BOX 40
 ADEL, IA 50003

STATEMENT DATE: 11/20/2013
 PAID TO DATE: 12/01/2013
 FOR THE PERIOD: 12/01/2013 THRU 02/28/2014

Email Address: CALL 1-800-348-4512 TO UPDATE

Group/Account Number:



Member ID	Employee Name	Product	Coverage Amt.	Adjustment Date	Member Adjustment	Modal Premium	Total Premium	
		ADD	10000			1.20		
		LIFE	10000			8.40		
		STD	100			30.30		
		EMPLOYEE TOTAL				\$0.00	\$39.90	\$39.90
		ADD	10000			1.20		
		LIFE	10000			8.40		
		STD	100			30.30		
		EMPLOYEE TOTAL				\$0.00	\$39.90	\$39.90
		ADD	10000			1.20		
		LIFE	10000			8.40		
		STD	100			30.30		
		EMPLOYEE TOTAL				\$0.00	\$39.90	\$39.90
		ADD	10000			1.20		
		LIFE	10000			8.40		
		STD	100			30.30		
		EMPLOYEE TOTAL				\$0.00	\$39.90	\$39.90
		ADD	10000			1.20		
		LIFE	10000			8.40		
		STD	100			30.30		
		EMPLOYEE TOTAL				\$0.00	\$39.90	\$39.90
		ADD	10000			1.20		
		LIFE	10000			8.40		
		STD	100			30.30		
		EMPLOYEE TOTAL				\$0.00	\$39.90	\$39.90
TOTAL EMPLOYEES			6		\$0.00	\$239.40	\$239.40	

SUMMARY BY GROUP			
COVERAGE	VOLUME	PREMIUM AMOUNT	NUMBER INSURED
ADD	60000	\$7.20	6
LIFE	60000	\$50.40	6
STD	600	\$181.80	6
TOTAL MEMBER PREMIUM		\$239.40	
TOTAL MEMBER ADJUSTMENTS		\$0.00	
TOTAL PREMIUM		\$239.40	
GROUP UNDER/OVER PAYMENT		\$0.00	
CURRENT PREMIUM DUE 12/01/2013		\$239.40	

DA
 19.95
 19.95
 19.95

 59.85

\$239.40

Expense Summary

Program: *Crisis Intervention & Advocacy Center*

Month/Year: *November*

VSS Fund: *Domestic Abuse*

Travel & Training:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
Oct/Nov/Dec	Travel x 3	119.73
November	Travel x 1	138.45
November	Travel x 1	123.63
November	Bus-travel x 1	83.73
November	Travel x 1	127.92
Sep/Nov	Travel x 3	102.96
November	Meal	\$18.77
October	Los Altos	\$21.66

Total: \$736.85

Contractual Services:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
1-Nov-13	Kable Business	6.50
13-Nov-13	Kable Business	41.93
21-Nov-13	Kable Business	41.92
September	ICADV-Americorp	1567.46

Total: \$1,657.81

Equipment:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
--------------	-------------------------	----------------

Total: \$0.00

Repairs & Maintenance

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
4-Nov-13	Access	\$30.00
12-Nov-13	Access	\$13.75

Total: \$43.75

Rent

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
November	Rent	\$600.00

Cont.

November JASS, LLC-Rent
11-Nov-13 Access Systems Leasing

\$890.00
\$320.24

+200

Total: \$1,810.24

Utilities

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
11-15.13	Mid American	\$115.15
31-Oct-13	City of Adel	\$25.50
19-Nov-13	City of Adel	\$43.72

Total: \$184.37

Communications:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
11/19/2013	Century Link	199.1
11/4/2013	Century Link	63.33
10/28/2013	Century Link	60.36
15-Nov-13	Verizon	\$187.86
15-Nov-13	Verizon	\$51.26

Total: \$561.91

Supplies:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
--------------	-------------------------	----------------

Total: \$0.00

Insurance:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
1-Nov-13	West Bend Insurance	\$365.28

Total: \$365.28

Other Direct:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
November	Supter 8	169.36
	Total:	<u>\$169.36</u>

TOTAL EXPENSES*: \$5,529.57

*doesn't include payroll

Crisis Intervention & Advocacy Center
Mileage Expense Sheet

Date of Trip	Purpose	Left From	Returned To	Total Mileage	Minus Mileage Not Covered	Total Adjusted Mileage	State Rate: 0.39 Per Mile
2013							
10/30/2013	Winterset	Adel	Adel			40	15.60
11/01/2013	On Call Perry Pd	Dallas Center	Dallas Center			44	17.16
11/04/2013	Perry to Adel	Adel	Adel			40	15.60
11/05/2013	Winterset	Adel	Adel			40	15.60
11/06/2013	Methodist West - Van Meter	Dallas Center	WDM Van Meter Dallas Center			66	25.94
11/10	Perry - Donation	Perry				44	17.16
11/11	Winterset - staff						15.60
11/12	Winterset						15.60
							35.10
Total							138.06

173.16

CV 79149

Check Number

Employee's Signature (73,710) DA THT

Crisis Intervention & Advocacy Center
 Mileage Expense Sheet

Date of Trip	Purpose	Left From	Returned To	Total Mileage	Minus Mileage Not Covered	Total Adjusted Mileage	State Rate: 0.39 Per Mile
2013							
/21/13	SA - Methodist West, Des Moines	Adel	Adel	36		36	14.04
/21/13	SA - Methodist West, Des Moines	Adel	Adel	36		36	14.04
/22/13	Direct Service and Networking-Greenfield and Creston.	Adel	Adel	148		148	57.72
total				***	***	***	\$85.80

Employee's Signature CASSANDRA TIT Check Number 29140
 (\$85.80)

Crisis Intervention & Advocacy Center
Mileage Expense Sheet

Date of Trip	Purpose	Left From	Returned To	Total Mileage	Minus Mileage Not Covered	Total Adjusted Mileage	State Rate: 0.39 Per Mile
2013							
1/4	Presentation - Lamoni	Adel	Adel	174		174	67.86
1/6	Presentation - Creston	Adel	Adel	108		108	42.62
1/14	Meeting - Des Moines	Adel	Adel	56		56	21.84
1/19	Presentation - Creston	Adel	Adel	112		112	43.68
1/19	Meeting - Des Moines	Adel	Adel	56		56	21.84
1/20	Meeting - Johnston	Adel	Adel	46		46	17.94
1/21	Meeting - Johnston	Adel	Adel	46		46	17.94
1/25	Meeting - Des Moines	Adel	Adel	40		40	15.60
1/26	Direct Service - Des Moines	Adel	Adel	56		56	21.84
1/30	Line Transfer - Adel	Dallas Conv Dallas Conv	Dallas Conv	160		160	62.64
Total							\$276.90

Employee's Signature: _____

(138.45) DATT

Check Number 29176

Crisis Intervention Advocacy Center
 Mileage Expense Sheet

NOVEMBER

Date of Trip	Purpose	Left From	Returned To	Total Mileage	Minus Mileage Not Covered	Total Adjusted Mileage	State Rate: 0.39 Per Mile
11/11	Training - Adel	Wintersel	Wintersel	42		42	16.38
11/15	Direct Service - Perry	Adel	Perry	20		20	7.80
11/15	Direct Service - Perry	Perry	Wintersel	40		40	15.60
11/12	Direct Service - Perry	Adel	Perry	20		20	7.80
11/12	Direct Service - Guthrie	Perry	Guthrie	33		33	12.87
11/12	Direct Service - Guthrie	Guthrie	Wintersel	52		52	20.28
11/22	Direct Service - West Des Moines	Adel	West Des Moines	14		14	5.46
11/22	Direct Service	West Des Moines	Wintersel	28		28	10.92
11/25	Direct Service	Adel	Creston	55		55	21.45
11/25	D. Service	Creston	Adel	55		55	21.45
Total		***	***	***	***	317	123.60

Check Number 29168

Employee's Signature YAT

DA TAT

Crisis Intervention & Advocacy Center
 Mileage Expense Sheet

Date of Trip	Purpose	Left From	Returned To	Total Mileage	Mileage Not Covered	Total Adjusted Mileage	State Rate: 0.39 Per Mile
2013							
1/4	Direct Service	Guthrie	Guthrie	56.80	-	-	\$ 22.15
1/6	Direct Service	Adel	Adel	10.27	-	-	\$ 23.50
1/7	Direct Service	Perry	Adel	20.43	-	-	\$ 7.96
1/11	Direct Service	Adel	Adel	46.29	-	-	\$ 15.71
1/12	Direct Service	Perry	Perry	67.66	-	-	\$ 21.38
1/14	Direct Service	Perry	Perry	81.82	-	-	\$ 31.90
1/15	Direct Service	Perry	Perry	81.82	-	-	\$ 31.90
1/18	Direct Service	Guthrie	Adel	20.43	-	-	\$ 7.96
Total							\$ 167.46

Employee's Signature _____ (8373) DA-747
 Check Number 29171

Crisis Intervention & Advocacy Center
 Mileage Expense Sheet

Employee #	Purpose	Left From	Returned To	Total Mileage	Minus Mileage Not Covered	Total Adjusted Mileage	State Rate: 0.39 Per Mile
13							
913	Landfill - Madison County	Wintert	Wintert	10	-	10	3.90
113	Direct Service - Madison County	Wintert	Wintert	20	-	20	7.80
113	Direct Service - Perry	Adel	Adel	40	-	40	15.60
1513	Direct Service - Perry	Adel	Adel	40	-	40	15.60
2213	Direct Service - Adel	Wintert	Wintert	40	-	40	15.60
413	Direct Service/Outgoing - Cresfox	Wintert	Wintert	79	-	79	30.81

Employee's Signature _____
 Check Number 29157

(44.65) DATA

MI PUEBLITO MEXICAN
103 N. JOHN WAYNE
WINTERSSET IA 50273

Terminal ID : 01019817 0003

11/27/13 13:24
VISA
*****6962
SALE REF#: 019
BATCH N: 212 AUTH N: 217321
AMOUNT \$37.54
TIP \$
TOTAL \$

APPROVED

CUSTOMER COPY

29176

Mi Pueblito Mexican Restaurant Check 4441
4
103 N. John Wayne Dr.
Winterset IA 50273
Tel. (515) 462--1640

11/27/13 12:27 PM
Table B-2 Cust 1
Waiter 5 MIGUEL

- 1 GUACAMOLE DIP 3.50
- GUACA DIP
- 1 S/RICE 1.65
- S/ARROZ
- 1 S/ENCHI CARNE 1.95
- 1 COMBO #31 7.25
- 1 ICE TEA 1.99
- 1 PEPSI 1.99
- PEPSI
- 2 FRIED ICE CREAM 6.50
- 1 L/HUEVOS RANCHEROS 5.00
- 1 LUNCH #9 5.25

Taxable: 35.08

Sub-total: 35.08
Sales Tax: 2.46

Total Due: 37.54

29176
Thank you for visiting Mi Pueblito
Mexican Restaurant

\$ 314.44

18.77

DA T&T

GUEST CHECK

Date Table Guests Server 10 307829

APPT - SOUP/SAL - ENTREE - VEG/POT - DESSERT - BEV

	<i>Chimichurri</i>		
	<i>F. Concom - No</i>		
	<i>Cress</i>		
	<i>Q.F. Mix</i>		
	<i>- No vegetables</i>		
	<i>o/Ay F</i>		
	<i>E.C. con cebolla</i>		
	<i>E.C.</i>		
	<i>o/guacacole</i>		
	<i>o/cheese dip</i>		
		Tax	
		Total	
Thank You — Please Come Again			

LOS ALTOS MEXICAN RESTAURANT LLC
302 SE KENT STREET
GREENFIELD, IA 50849
(641) 221-9081

LOS ALTOS
302 SE KENT ST
GREENFIELD IA 50849
641-221-9081

0 - G
5 - 75 +
12 - 99 +
5 - 75 +
1 - 75 +
1 - 75 +
2 - 20 +
2 - 20 +
1 - 75 +
2 - 99 +
2 - 99 +
0 - 35 +
40 - 47 0
7 - %
2 - 84 +
43 - 31 *

Terminal ID: 00993279 54
10/17/13 12:54
SERVER #: 10

VISA
ACCT #: *****0589
CREDIT SALE
UID: 329018875750 REF #: 58
BATCH #: 218 AUTH #: 0097

AMOUNT \$43.
TIP \$
TOTAL \$

APPROVED
CUSTOMER COPY

OK 29170

#21.66

DA TAT

CT-G7000

Nov 2013

Invoice

KABEL BUSINESS SERVICES - FLEX

1454 30th Street, Suite 105
West Des Moines, Iowa 50266-1312
515-224-9400/1-800-300-9691
Fax 515-224-9256

DATE	11/1/2013
INVOICE #	M-FEES
TERMS	Due on receipt
Balance Due	\$13.00
Amount Enclosed:	

BILL TO
CRISIS INTERVENTION CENTER
PO BOX 40 ADEL, IA 50003

Please tear off above payment stub and return with your check

DESCRIPTION	AMOUNT
<p>MONTHLY PARTICIPANT FEES FOR FLEX PLAN (2 PARTICIPANTS x \$6.50/PARTICIPANT/MONTH)</p> <p>***** DO NOT SEND PAYMENT *****</p> <p>THIS INVOICE IS INFORMATIONAL ONLY. THE AMOUNT DUE WILL BE PULLED ELECTRONICALLY FROM YOUR BANK ACCOUNT ON RECORD WITH KABEL BUSINESS SERVICES APPROXIMATELY 2-3 BUSINESS DAYS AFTER THE INVOICE DATE.</p> <p><i>Contracted SVCS</i></p>	13.00
<p>WE'VE MOVED!!! PLEASE NOTE OUR NEW SUITE NUMBER BELOW:</p> <p>KABEL BUSINESS SERVICES - FLEX 1454 30TH ST, SUITE 105 WEST DES MOINES, IA 50266-1312</p>	<p><i>6.50 DA Contracted Services</i></p> <p>Total \$13.00</p> <p>Payments/Credits \$0.00</p>

Kabel Business Services Check Register

EMPLOYEE NAME PT. NUM. CLOCK FREQ. M/S/EX	EARNINGS - CURRENT		TAXES		CURRENT AMOUNT		Y-T-D AMOUNT		DEDUCTIONS - CURRENT		Y-T-D AMOUNT		CHECK #	NET PAY
	HOURS	RATE	AMOUNT	HOURS	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT			
SEM S0 S0	SALARY		1378.00		27534.00	FICA 85.44 MEDFICA 19.98 FED WTH 174.36 IA 56.00		1707.11 399.24 3450.96 1104.00					3018V	
	TOTALS		1378.00		27534.00		5661.31							1042.22
SEM M0 M1	SALARY		2261.75		46442.83	FICA 137.13 MEDFICA 32.07 FED WTH 242.70 IA 110.00		2814.36 658.20 4938.62 2230.00		C-MD125 50.00		1050.00	3019V	
	TOTALS		2261.75		46442.83		521.90	10641.18				1050.00		1689.85
SEM M4 S0	SALARY		370.83		2595.81	FICA 22.99 MEDFICA 5.38 IA 7.00		160.34 37.64 49.00					3020V	
	TOTALS		370.83		2595.81		35.37	247.58						335.46
RTMENT # 0300 AFF CURRENT PAY TOTALS	SALARY	17.00	245.21			FICA 858.90 MEDFICA 200.90 FED WTH 1118.15 STATE 566.00				C-MD125 133.33 C0403B M 25.00			CHKS: 11	
	TOTALS	17.00	13986.46				2743.95					133.33		11109.18
SSION # ISIS INTERVENTION CENT	SALARY	17.00	245.21			FICA 858.90 MEDFICA 200.90 FED WTH 1118.15 STATE 566.00				C-MD125 133.33 C0403B M 25.00			11	
	TOTALS	17.00	13986.46				2743.95					133.33		11109.18
UREAULIFE INSURANCE 9902 UCTION PAYMENT)	TOTALS												10243	25.00
	TOTALS												3021V	133.33
BUSINESS SERVICES 9900 UCTION PAYMENT)	TOTALS												VOUCHER	83.85
	TOTALS													242.18
SSION # 99 ISIS INTERVENTION CENT	TOTALS													
	TOTALS													

41.93
DA Contacted
Services

Kabel Business Services Check Register

EMPLOYEE NAME PT. NUM. CLOCK FREQ. M/S EX	EARNINGS		TAXES		DEDUCTIONS		CHECK #	
	CURRENT HOURS	CURRENT AMOUNT	CURRENT AMOUNT	Y T D AMOUNT	CURRENT AMOUNT	Y T D AMOUNT	CURRENT AMOUNT	NET PAY
M1	SALARY	2261.75	FICA MEDFICA FED WTH IA	2951.48	C-MD125	1100.00	3029V	
	TOTALS	2261.75					1689.86	
S0	REGULAR	180.00	FICA MEDFICA FED WTH IA	312.95			3030V	
	TOTALS	180.00					156.40	
S0	SALARY	370.83	FICA MEDFICA IA	183.93			3031V	
	TOTALS	370.83					335.46	
0300	REGULAR SALARY	180.00 13741.25	FICA MEDFICA FED WTH STATE	133.33 25.00	C-MD125 C0403B M	11041.20	CHKS: 11	
	TOTALS	13921.25					11041.20	
9900	REGULAR SALARY	180.00 13741.25	FICA MEDFICA FED WTH STATE	133.33 25.00	C-MD125 C0403B M	11041.20	11	
	TOTALS	13921.25					11041.20	
9900	TOTALS						10246	
	TOTALS						25.00	
9900	TOTALS						3032V	
	TOTALS						133.33	
9900	TOTALS						VOUCHER	
	TOTALS						83.85	
9900	TOTALS						3	
	TOTALS						242.18	

Iowa Coalition Against Domestic Violence

Invoice

3030 Merle Hay Road
Des Moines, IA 50310

Date	Invoice #
9/30/2013	194

Bill To
Crisis Intervention Services
P.O. Box 40 Adel, IA 5003

Ship To

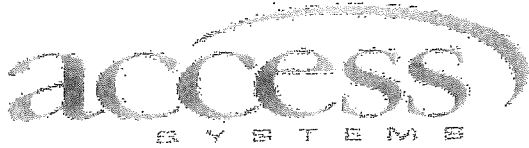
Quantity	Item Code	Description	Price Each	Amount
	AmeriCorps Living...	September AmeriCorps Living Allowance	567.59	567.59
	AmeriCorps Benefits	September AmeriCorps FICA/Med.	77.14	77.14
	AmeriCorps Insura...	September AmeriCorps Health Insurance	139.00	139.00
	AmeriCorps Living...	September AmeriCorps Living Allowance	567.59	567.59
	AmeriCorps Benefits	September AmeriCorps FICA/Med.	77.14	77.14
	AmeriCorps Insura...	September AmeriCorps Health Insurance	139.00	139.00
	AmeriCorps Living...	September AmeriCorps Living Allowance	638.55	638.55
	AmeriCorps Benefits	September AmeriCorps FICA/Med.	86.78	86.78
	AmeriCops Insura...	September AmeriCorps Health Insurance	139.00	139.00

DA Contracted Services

~~\$1,215.89~~

\$1,567.46

Total	\$2,431.79
-------	------------



1050 SE Olson Drive, Suite I Waukee, Iowa 50263
 P: 515.987.6227 F: 515.987.6228

CONTRACT INVOICE

Invoice Number: INV207477
 Invoice Date: 11/04/2013

Bill To: Crisis Intervention & Advocacy Center

Customer: Crisis Intervention & Advocacy Center

Account No.	Payment Terms	Due Date	Invoice Total	Balance Due	
	Due Upon Receipt	11/04/2013	\$ 60.00	\$ 60.00	
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
CT0259-01		\$ 60.00		09/01/2008	
Remarks					
Postini - AntiSpam (Quantity 12)					

Summary:

Contract base rate charge for the 11/01/2013 to 11/30/2013 billing period

\$60.00
 \$60.00

Detail:

Equipment included under this contract

Number	Serial Number	Base Adj.	Location
--------	---------------	-----------	----------

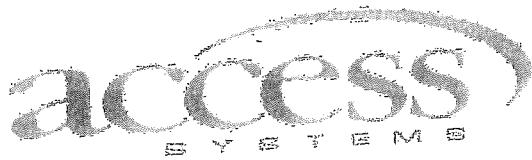
*Repairs +
 minutes*

30.00

DA Ram

*\$136.00
 CK 29172*

Invoice SubTotal	\$60.00
Tax:	\$0.00
Invoice Total	\$60.00
Balance Due:	\$60.00



1050 SE Olson Drive, Suite I Waukee, Iowa 50263
 P: 515.987.6227 F: 515.987.6228

Service Invoice

with Details

Invoice Number: INV210277
 Date: 11/22/2013
 Account Number: QB00185
 PO Number:
 Invoice Total: \$27.50

Bill To: Crisis Intervention & Advocacy Center

PO Box 40
 Adel, IA 50003

Work Order Date	Work Order No.	Payment Terms	Payment Due
11/08/2013	WO98527	15 Days	12/07/2013
Description			

Call Number	Equipment Number	Serial Number	Make/Model	Labor Charges	Travel Charges	Materials Charges	Other Charges	Total Charges
SC99960	EQ11973		ACCESS - GENERIC	\$ 27.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 27.50

Service Date: 11/12/2013 Contract Number:
 Location: Crisis Intervention & Advocacy Center
 911 Court Avenue Adel, IA 50003
 PO #: PO #:
 Caller: Caller:
 Contact: Contact:
 Phone: 515-993-4095 Phone: 515-993-4095
 Fax: Fax:
 Description: Need to move phone Extension 23 to a new location.
 Remarks: Visited location for a few different items. First, looked at the phone that needed to be moved. Was able to track the line down to the patch panel. Found the two phone extensions that needed to be swapped and change them in the phone system. Tested and now working fine. (MV: 25hrs)

Labor Charges		Service Date	Start Time	End Time	Standard Hours	Standard Rate	Standard Charge	Overtime Hours	Overtime Rate	Overtime Charge	Labor Charge	
Technician:												
Matt Van Boening		11/12/2013	2:15 pm	2:30 pm	CST	0.25	\$ 110.00	\$ 27.50	0.00	\$ 110.00	\$ 0.00	27.50
Remarks: cal												

Totals:	\$ 27.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 27.50
---------	----------	---------	---------	---------	----------

Invoice Subtotal:	\$27.50
Tax:	\$0.00
Invoice Total:	\$27.50
Balance Due:	\$27.50

13.75
 DA RIM

ck 29172

Prepared by: Matthew J. Hemphill
218 S. 9th Street, Adel, IA 50003

Rent

LEASE - BUSINESS PROPERTY - SHORT FORM

THIS AGREEMENT, made and entered into this 30 day of April, 2012, by and between _____ husband and wife ("Landlord"), whose address, for the purpose of this lease, _____ IA 50003, and Crisis Intervention and Advocacy Center ("Tenant"), whose address for the purpose of this lease is P.O. Box 40, Adel, IA 50003.

The parties agree as follows:

1. **PREMISES AND TERM.** Landlord leases to Tenant the following real estate, situated in Dallas County, Iowa:

Iowa, consisting of approximately

1300 square feet, more or less,

together with all improvements thereon, and all rights, easements and appurtenances thereto belonging, for a term beginning on the 1st day of July, 2012, and ending on the 30th day of June, 2017, upon the condition that Tenant performs as provided in this lease.

2. **RENT.** Tenant agrees to pay Landlord as rent \$1,200.00 per month, in advance commencing on the 1st day of July, 2012, and on the 1st day of each month thereafter, during the term of this lease. Rent for any partial month shall be prorated as additional rent.

600.00 DA Rent

All sums shall be paid at the address of Landlord, or at such other place as Landlord may designate in writing. Delinquent payments shall draw interest at 12% per annum. A payment shall be delinquent if not paid within thirty (30) days of its due date.

3. **POSSESSION.** Tenant shall be entitled to possession on the first day of the lease term, and shall yield possession to Landlord at the termination of this lease. SHOULD LANDLORD BE UNABLE TO GIVE POSSESSION ON SAID DATE, TENANT'S ONLY DAMAGES SHALL BE A PRO RATA ABATEMENT OF RENT.

4. **USE.** Tenant shall use the premises only for those uses associated with the official business of Tenant.

5. CARE AND MAINTENANCE.

(a) Tenant takes the premises as is, except as herein provided.

(b) Landlord shall keep the following in good repair: roof, exterior walls, foundation, sewer, plumbing, heating, wiring, air conditioning, plate glass, windows and window glass, parking area, driveways, sidewalks, exterior decorating, interior decorating. Landlord shall not be liable for failure to make any repairs or replacements unless Landlord fails to do so within a reasonable time after written notice from Tenant.

(c) Tenant shall maintain the premises in a reasonable safe, serviceable, clean and presentable condition, and except for the repairs and replacements provided to be made by Landlord in subparagraph (b) above, shall make all repairs, replacements and improvements to the premises, INCLUDING ALL CHANGES, ALTERATIONS OR ADDITIONS ORDERED BY ANY LAWFULLY CONSTITUTED GOVERNMENT AUTHORITY DIRECTLY RELATED TO TENANT'S USE OF THE PREMISES. Tenant shall make no structural changes or alterations without the prior written consent of Landlord. Tenant agrees to be responsible for snow and ice removal in the front of the Premises as defined in paragraph one (1), above. Landlord shall be responsible for snow and ice removal from the rear of the Premises.

(d) Tenant shall be responsible for replacing furnace filters in the premises at its own cost. Tenant shall further be obligated to check furnace filters monthly for the purpose of possible replacement. Tenant shall use its discretion in determining when a furnace filter needs replaced.

6. **UTILITIES AND SERVICES.** Tenant shall pay for all utilities and services which may be used on the premises. Landlord shall not be liable for damages for failure to perform as herein provided, or for any stoppage for needed repairs or for improvements or arising from causes beyond the control of Landlord, provided Landlord uses reasonable diligence to resume such services.

"Utilities and services" include water, sewer, electric, gas, and trash removal.

7. **TAXES.** Landlord shall be responsible for property taxes.

8. **SURRENDER.** Upon the termination of this lease, Tenant will surrender the premises to Landlord in good and clean condition, except for ordinary wear and tear or damage without fault or liability of Tenant. Continued possession, beyond the term of this Lease and the acceptance of rent by Landlord shall constitute a month-to-month extension of this lease.

9. **ASSIGNMENT AND SUBLETTING.** No assignment or subletting, either voluntary or by operation of law, shall be effective without the prior written consent of Landlord, which consent shall not unreasonably be withheld.

10. **INSURANCE.**

A. **PROPERTY INSURANCE.** Landlord and Tenant agree to insure their respective real and personal property for the full insurable value. Such insurance shall cover losses included in the Insurance Services Office Broad Form Causes of Loss (formerly fire and Landlord and extended coverage). To the extent permitted by their policies, the Landlord and Tenant waive all rights of recovery against each other.

B. **LIABILITY INSURANCE.** Tenant shall obtain commercial general liability insurance in the amounts of \$1,000,000 each occurrence and \$1,000,000 annual aggregate per location. This policy shall be endorsed to include the Landlord as an additional insured.

11. **LIABILITY FOR DAMAGE.** Each party shall be liable to the other for all damage to the property of the other negligently, recklessly or intentionally caused by that party (or their agents, employees or invitees), except to the extent the loss is insured and subrogation is waived under the owner's policy.

12. **INDEMNITY** Except for any negligence of Landlord, Tenant will protect, defend, and indemnify Landlord from and against any and all loss, costs, damage and expenses occasioned by, or arising out of, any accident or other occurrence causing or inflicting injury or damage to any person or property, happening or done in, upon or about the premises, or due directly or indirectly to the tenancy, use or occupancy thereof, or any part thereof by Tenant or any person claiming through or under Tenant.

13. **DAMAGE.** In the event of damage to the premises, so that Tenant is unable to conduct business on the premises, this lease may be terminated at the option of either party. Such termination shall be effected by notice of one party to the other within twenty days after such notice; and both parties shall thereafter be released from all future obligations hereunder.

14. **MECHANICS' LIENS.** Neither Tenant, nor anyone claiming by, through, or under Tenant, shall have the right to file any mechanic's lien against the premises. Tenant shall give notice in advance to all contractors and subcontractors who may furnish, or agree to furnish, any material, service or labor for any improvement on the premises.

15. DEFAULT, NOTICE OF DEFAULT AND REMEDIES.

EVENTS OF DEFAULT

A. Each of the following shall constitute an event of default by Tenant: (1) Failure to pay rent when due; (2) failure to observe or perform any duties, obligations, agreements, or conditions imposed on Tenant pursuant to the terms of the lease; (3) abandonment of the premises. "Abandonment" means the Tenant has failed to engage in its usual and customary business activities on the premises for more than fifteen (15) consecutive business days; (4) institution of voluntary bankruptcy proceedings by Tenant; institution of involuntary bankruptcy proceedings in which the Tenant thereafter is adjudged a bankruptcy; assignment for the benefit of creditors of the interest of Tenant under this lease agreement; appointment of a receiver for the property or affairs of Tenant, where the receivership is not vacated within ten (10) days after the appointment of the receiver.

NOTICE OF DEFAULT

B. Landlord shall give Tenant a written notice specifying the default and giving the Tenant ten (10) days in which to correct the default. If there is a default (other than for nonpayment of a monetary obligation of Tenant, including rent) that cannot be remedied in ten (10) days by diligent efforts of the Tenant, Tenant shall propose an additional period of time in which to remedy the default. Consent to additional time shall not be unreasonably withheld by Landlord. Landlord shall not be required to give Tenant any more than three notices for the same default within any 365 day period.

REMEDIES

C. In the event Tenant has not remedied a default in a timely manner following a Notice of Default, Landlord may proceed with all available remedies at law or in equity, including but not limited to the following: (1) Termination. Landlord may declare this lease to be terminated and shall give Tenant a written notice of such termination. In the event of termination of this lease, Landlord shall be entitled to prove claim for and obtain judgment against Tenant for the balance of the rent agreed to be paid for the term herein provided, plus all expenses of Landlord in regaining possession of the premises and the reletting thereof, including attorney's fees and court costs, crediting against such claim, however, any amount obtained by reason of such reletting; (2) Forfeiture. If a default is not remedied in a timely manner, Landlord may then declare this lease to be forfeited and shall give Tenant a written notice of such forfeiture, and may, at the time, give Tenant the notice to quit provided for in Chapter 648 of the Code of Iowa.

16. **SIGNS.** Landlord, during the last ninety days of this lease, shall have the right to maintain on the premises either or both a "For Rent" or "For Sale" sign. Tenant will permit prospective tenants or buyers to enter and examine the premises.

Tenant may maintain a sign regarding its business on the premises so long as any signage meets all City of Adel requirements. Any signage Tenant maintains must also meet the prior approval of Landlord.

17. **NOTICES AND DEMANDS.** All notices shall be given to the parties hereto at the addresses designated unless either party notifies the other, in writing, of a different address. Without prejudice to any other method of notifying a party in writing or making a demand or other communication, such notice shall be considered given under the terms of this lease when it is deposited in the U.S. Mail, registered or certified, properly addressed, return receipt requested, and postage prepaid.

18. **PROVISIONS BINDING.** Each and every covenant and agreement herein contained shall extend to and be binding upon the respective successors, heirs, administrators, executors and assigns of the parties hereto.

19. ADDITIONAL PROVISIONS.

Landlord shall ensure that there are two (2) ten-foot-by-fourteen-foot (10'x14') inner offices and one (1) twelve-foot-by-sixteen-foot (12'x16') inner office in the premises prior to Tenant's possession. Landlord will further make any and all necessary changes to the premises' current ventilation system and provide for Tenant's electrical needs after organizing the premises as detailed in this paragraph.

Landlord shall install two (2) plate glass windows on the west wall of the premises prior to Tenant taking possession of the premises.

Landlord shall install laminate flooring on the area of the premises from the kitchen archway to the front end (north) of the premises prior to Tenant's possession of the premises.

Landlord shall patch and otherwise repair the existing sheet rock on the interior of the premises in order to make all sheet rock surfaces ready for painting by Tenant.

Tenant may thereafter paint all walls on the interior of the premises at its full expense.

Landlord shall, to the best of its ability, insulate the interior walls and ceiling to minimize sound transfer out of the premises.

Landlord shall insert a glass plate/insert on the front door of the premises.

Landlord shall stain and/or otherwise finish any and all new woodwork and/or wood trim in the premises.

LANDLORD

TENANT

Earl Sande

By: _____

Crisis Intervention and Advocacy Center

Ruth Sande

JASS LLC

Lease Agreement

THIS AGREEMENT, made and entered into this 15th day of August, 2012, by and between JASS LLC (Management), whose address, for the purpose of this lease, and Crisis Intervention and Advocacy Center (Resident), whose address for the purpose of this lease is P.O. Box 40, Adel, IA 50003.

The parties agree as follows:

1. PREMISES AND TERM. Management leases to Resident the following real estate, situated in

Madison County, Iowa: Winterset, Madison County, Iowa, consisting of approximately 3348 square feet, more or less, together with all improvements thereon, and all rights, easements and appurtenances thereto belonging, for a term beginning on the 15th day of August, 2012, and ending on the 15th day of August, 2015, upon the condition that Resident performs as provided in this lease.

2. RENT. Resident agrees to pay Management as rent;

Management will lease 3348 total square feet for housing and office space. Management will begin leasing 2988 square feet on August 15 for \$2000.00/month for rent and utilities. By November 1 JASS will begin renting the remaining 360 square feet for \$2500.00 for rent and utilities/month. The lease will begin August 15, 2012.

890.00 DA Rent

\$2500.00 per month, in advance commencing by the 1st day of November, 2012, and on the 1st day of each month thereafter, during the term of this lease.

Rent for any partial month shall be prorated as additional rent. All sums shall be paid at the office of or at such other place as Landlord may designate in writing. Delinquent payments shall draw interest at 12% per annum. A payment shall be delinquent if not paid within thirty (30) days of its due date.

3. POSSESSION. Resident shall be entitled to possession on the first day of the lease term, and shall yield possession to Management at the termination of this lease. SHOULD LANDLORD BE UNABLE TO GIVE POSSESSION ON SAID DATE, RESIDENT'S ONLY DAMAGES SHALL BE A PRO RATA

ABATEMENT OF RENT.

4. USE. Resident shall use the premises only for those uses associated with the official business of Resident.

5. CARE AND MAINTENANCE.

personal property for the full insurable value. Such insurance shall cover losses included in the Insurance Services Office Broad Form Causes of Loss (formerly fire and Landlord and extended coverage). To the extent permitted by their policies, the Management and Resident waive all rights of recovery against each other.

B. LIABILITY INSURANCE. Resident shall obtain commercial general liability insurance in the amounts of \$1,000,000 each occurrence and \$1,000,000 annual aggregate per location. This policy shall be endorsed to include the Management as an additional insured.

11. LIABILITY FOR DAMAGE. Each party shall be liable to the other for all damage to the property of the other negligently, recklessly or intentionally caused by that party (or their agents, employees or invitees), except to the extent the loss is insured and subrogation is waived under the owner's policy.

12. INDEMNITY Except for any negligence of Management, Resident will protect, defend, and indemnify Management from and against any and all loss, costs, damage and expenses occasioned by, or arising out of, any accident or other occurrence causing or inflicting injury or damage to any person or property, happening or done in, upon or about the premises, or due directly or indirectly to the tenancy, use or occupancy thereof, or any part thereof by Resident or any person claiming through or under Resident.

13. DAMAGE. In the event of damage to the premises, so that Resident is unable to conduct business on the premises, this lease may be terminated at the option of either party. Such termination shall be effected by notice of one party to the other within twenty days after such notice; and both parties shall thereafter be released from all future obligations hereunder.

14. MECHANICS' LIENS. Neither Resident, nor anyone claiming by, through, or under Resident, shall have the right to file any mechanic's lien against the premises. Resident shall give notice in advance to all contractors and subcontractors who may furnish, or agree to furnish, any material, service or labor for any improvement on the premises.

15. DEFAULT, NOTICE OF DEFAULT AND REMEDIES.

EVENTS OF DEFAULT

Management and Resident agree to the terms of this lease and any attachments that may be made part of this lease. Upon execution of this lease. The undersigned acknowledges the receipt of a copy of this lease.

Resident

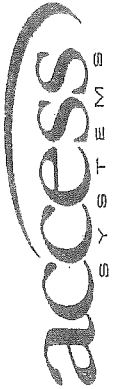
7-19-2012
Date

Management

7-10-2012
Date

17. NOTICES AND DEMANDS. All notices shall be given to the parties hereto at the addresses designated unless either party notifies the other, in writing, of a different address. Without prejudice to any other method of notifying a party in writing or making a demand or other communication, such notice shall be considered given under the terms of this lease when it is deposited in the U.S. Mail, registered or certified, properly addressed, return receipt requested, and postage prepaid.

18. PROVISIONS BINDING. Each and every covenant and agreement herein contained shall extend to and be binding upon the respective successors, heirs, administrators, executors and assigns of the parties hereto.



Access Systems Leasing
 PO Box 660881
 Dallas, TX 75266-0881

Keep lower portion for your records - Please return upper portion with your payment

Agreement Number: 14456496
 Invoice Number: 11/1/2013
 Invoice Print Date: 12/10/2013
 Invoice Due Date: \$640.48
 Total Due:

Important Messages

We appreciate your business!

Please remove the remittance portion of this invoice and include it with your payment.

Dishonored Checks, Drafts Or Orders Shall Be Subject To A Surcharge Of \$30

For questions about these charges, please call 866-803-2657 or visit www.AccountServicing.com. (Para Español, pida la extensión 2344.)

Agreement Number	Description	Due Date	Charge Description	Amount	Tax	Total
1	025-0687759-000 HP ML350 Xeon Quad Core Server	11/10/2013	Standard Payment	320.24		320.24
2		12/10/2013	Standard Payment	320.24		320.24
3	Subtotal					640.48

Total Due

\$640.48

DA Rent

320.24

CK 29169



Customer Service: 800-329-6261
 PO Box 8020 Davenport IA 52808-8020
 www.midamericanenergy.com

Invoice Number: 250331113 Date: 11/15/13
 Service Address: CRISIS INTERVENTION & ADVOC

110 15
 CLEAR
 67 73
 120

ACCOUNT SUMMARY

LAST BILL AMOUNT	PAYMENTS RECEIVED	BALANCE FORWARD	CURRENT ACTIVITY	AMOUNT DUE
\$194.21	\$0.00	\$194.21	\$230.30 ✓	\$424.51

If payment is received after December 9, 2013, a late payment charge of \$6.36 will be assessed on your next bill.

ELECTRIC CHARGES

Meter No: S64087547	Rate: CBS General Service	Winter	10/16/13 to 11/14/13 29 billing days	
Company Reading	11/14/13	50062	Basic Service Charge	11.07
Company Reading	10/16/13	38343	Energy Charge	175.37
Total kWh		1119	1.00% Local Option Tax	1.86
			6.00% State Sales Tax	11.18
Company Reading	11/14/13	6020	Total	\$199.48
Peak KW		6		

GAS CHARGES

Meter No: AY0621885	Rate: SVF Non-Residential	10/17/13 to 11/14/13 28 billing days		
Company Reading	11/14/13	3096	Basic Service Charge	
Company Reading	10/17/13	3072	Delivery Charge	
Total ccf		24	Pipeline Transport Charge	
			Gas Supply Charge	
24 ccf x 0.981 pressure x 1.031 BTU factor = 24 therms			1.00% Local Option Tax	
			6.00% State Sales Tax	
			Total	\$27.91

OTHER CHARGES

Late Payment Charge	\$2.91
Total	\$230.30

MESSAGE CENTER

This bill includes a previous balance, so please give this matter your prompt attention if you have recently paid, please disregard this message.
 Once each year, charges are not assessed when a payment is late. In June of 2013 your annual waiver was used.
 This month's *At Your Service* includes a Renewable Advantage quarterly report.
 If you have a question regarding your bill, service or another issue, please call us toll free at 800-329-6261. A business advantage associate is available Monday through Friday between 7 a.m. and 6 p.m. If you have an emergency and need assistance outside of regular business hours, you can reach us 24 hours a day, seven days a week.

15.15
 DA Utilitized

\$230.30

ck 29/84

CITY OF ADEL
P.O. BOX 248

REF: 00071563 10/31/2013 1:19 PM
OPER: FRONT TERM: 999
REF: F 29167

TRM: 1.0000 UTILITY PAYMENTS
01-05140-02 CRISIS INTERVENTION/AD
VOCACY
PAYMENT ON ACCOUNT 81.01CR
BALANCE AFTER PAYMENT 13.07

CK 29/67
\$81.01

TENDERED: 81.01 CHECK
APPLIED: 81.01-
CHANGE: 0.00

25.50
DA Utilized

CUSTOMER ACCOUNT INFORMATION

Name		Service Address		Account Number	
CRISIS INTERVENTION / ADVOCACY					
Service Dates	Number of Days	Bill Date	Penalty Date	Due Date	
From To					
10/21/2013 11/19/2013	29	11/25/2013	12/20/2013	12/20/2013	

PREVIOUS BALANCE 94.08
 PAYMENTS 81.01
 PENALTIES 1.29
 CUTOFF CHARGE 30.00

PAST DUE AMOUNT \$44.36

Water 13.88
 RECYCLING 11.10
 SEWER 13.20
 Storm Water 3.00
 SALES TAX 1.89

CURRENT BILL \$43.07

AMOUNT DUE \$87.43
 AMOUNT DUE AFTER 12/20/2013 \$91.55

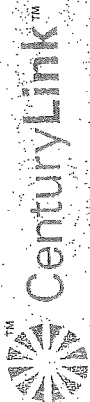
43.72
 DA Utilized

INFO MEETING FOR NILE
 KINNICK ADDITION 12/12/13
 @ 5:30 PM RACCOON COMMUNITY
 HOUSE. CITY OFFICES WILL BE
 CLOSED DEC. 24 & 25 & JAN 1.

CK 29183

Bills payable at City Hall, between 8:30 A.M. and 4:30 P.M. or may be placed in night deposit boxes, located by front door of City Hall or in the library alley. Please enclose statement with payment.
 NOTICE: 10% will be added to the water and sewer charges if not paid by due date of 20th of month. If not paid by due date, water will be shut off following a final notice. The city reserves the right to issue a corrected bill in case of error.
 WATER & SEWER RATES: ON FILE AT CITY HALL

CITY OF ADEL • 301 S. 10TH • P.O. BOX 248 • ADEL, IA 50003 • (515) 993-4525



Visit centurylink.com

Page 1 of 21

CRISIS INTERVENTION

Bill Date: Nov 19, 2013
Account Number:

Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
\$.00	\$398.19	\$398.19	Dec 12, 2013

Account Summary

Previous Balance 400.25
 Charges Payment 400.25
 Balance Forward \$.00

Thank you for your payment

New Charges
 Discounts & Adjustments 30.00
 CenturyLink 299.38
 Long Distance Service 128.81
 Total New Charges \$398.19

TOTAL AMOUNT DUE

\$398.19

199.10

DA Comm

OK 29180

Business needs change regularly. As a valued business customer, we want to work with you to provide a complete and cost effective solution for your business.

Call (888) 544-4495 today for a free account consultation with a dedicated business sales consultant.

For billing or technical questions, please call (877) 453-9407.

COMM
 100.00
 100.00
 100.00
 100.00
 100.00
 100.00

00026 3701678 000261 000521 0001/0011



Visit centurylink.com

Page 1 of 8

CRISIS INTERVENTION

Bill Date: Nov 4, 2013
Account Number:

Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
\$115.64	\$126.66	\$242.30	Nov 27, 2013

Account Summary

Previous Balance Charges
 Balance Forward
 New Charges
 CenturyLink
 Long Distance Service
 Total New Charges

119.24
 7.42
 126.66
 242.30

For questions, call:
1-800-603-6000
1-800-603-6000

TOTAL AMOUNT DUE

63.33

DA Comm

Business needs change regularly. As a valued business customer, we want to work with you to provide a complete and cost effective solution for your business.

Call (888) 544-4495 today for a free account consultation with a dedicated business sales consultant.

For billing or technical questions, please call (877) 453-9407.

CR-29180

03072 3666083 010048 020095 0001/0005



Visit centurylink.com

Page 1 of 6

CRISIS INTERVENTION

Bill Date: Oct 28, 2013

Account Number

Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
\$109.57	\$120.71	\$230.28	Nov 20, 2013

Account Summary

Previous Balance Charges 109.57
 Balance Forward \$109.57

New Charges 113.29
 CenturyLink Long Distance Service 7.42
 Total New Charges \$120.71

For questions, call:
 1-800-603-6000
 1-800-603-6000

TOTAL AMOUNT DUE \$230.28

60,36

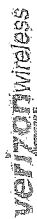
DA Comm

02108 3647322 007036 014071 0001/0004

CK 29180

Business needs change regularly. As a valued business customer, we want to work with you to provide a complete and cost effective solution for your business.
 Call (888) 544-4495 today for a free account consultation with a dedicated business sales consultant.
 For billing or technical questions, please call (877) 453-9407.

\$ 645.56



P.O. BOX 4002
ACWORTH, GA 30101

20000015 03 AT 0.631 **AUTO T1 0 6715 60003-004040 1 E GTPL1509



CRISIS INTERVENTION CTR
EXEC DIRECTOR JOHNA SULLIVAN
PO BOX 40
ADEL, IA 50003-0040

Address Changed? - go to vzw.com/changeaddress

Quick Bill Summary

Oct 16 - Nov 15

Manage Your Account & View Your Usage Details my.verizon.com/myverizon/wireless.com	Account Number	Date Due
	9715023144	Past Due
Address Changed? - go to vzw.com/changeaddress	Invoice Number	

1877.86

DA Comm

Previous Balance (see back for details)	\$637.79
No Payment Received	\$0.00
Balance Forward Due Immediately	\$637.79
Monthly Charges	\$470.97
Usage and Purchase Charges	\$7.96
Verizon Wireless' Surcharges and Other Charges & Credits	\$53.41
Taxes, Governmental Surcharges & Fees	\$31.25
Total Current Charges Due by December 10, 2013	\$563.59

Total Amount Due

\$1,201.38

Get And Pay Your Bill

The Easy Way

Save time, postage and help the environment by enrolling in paperless billing and auto pay. Enroll today at www.vzw.com/myverizon.

\$717.35

OK 29181

Our records indicate your account is past due. Please send payment now to avoid service disruption.

Pay from Wireless	Pay on the Web
my.verizon.com/myverizon/wireless.com	my.verizon.com/myverizon/wireless.com
(877) 476-8888	1-800-922-0204 or 611 from your wireless



P.O. BOX 4002
ACWORTH, GA 30101

20000010 02 AT 0.391 **AUTO T1 0 8715 50003-004040 1 E GTPL1509



CRISIS INTERVENTION CTR
EXEC DIRECTOR JOHNA SULLIVAN
PO BOX 40
ADEL, IA 50003-0040

Manage Your Account & View Your Usage Details	Account Number	Date Due
My Verizon at www.verizonwireless.com	[REDACTED]	Past Due
Address Changed? -- go to vzw.com/changeaddress	Invoice Number	9715023145

Quick Bill Summary

Oct 16 - Nov 15

Previous Balance (see back for details)	\$225.16
No Payment Received	\$0.00
Balance Forward Due Immediately	\$225.16
Account Charges and Credits	\$5.00
Includes Late Fee of \$5.00	\$130.00
Monthly Charges	\$1.99
Usage and Purchase Charges	\$5.58
Verizon Wireless' Surcharges and Other Charges & Credits	\$11.19
Taxes, Governmental Surcharges & Fees	\$153.76
Total Current Charges Due by December 10, 2013	\$378.92

51,260

DA Comm

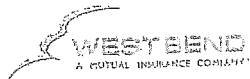
Change To Your Service

Thank you for your wireless business. You recently made a change to your service. Your new bill will reflect usage from your last bill and service adjustments resulting from the plan/feature change.

CK 29181

Our records indicate your account is past due. Please send payment now to avoid service disruption.

Pay from Wireless	Pay on the Web	Questions:
#WV1 (#168)	My Verizon at www.verizonwireless.com	1-800-992-0204 or #611 from your wireless



West Bend Mutual Insurance Company
 1900 S. 18th Avenue | West Bend, WI 53095

INSUREDS

NSE

SCHEDULE OF FUTURE WITHDRAWALS
 AS OF 05/09/2013
 FOR CUSTOMER NUMBER

INSURED

CRISIS INTERVENTION & ADVOCACY
 PO BOX 40
 ADEL IA 50003

		TOTAL POLICY PREMIUM	POLICY TERM
Commercial Lines	NSI1101462 04	5,461.00	06/01/2013 TO 06/01/2014
Workers Compensation	SCI1101463 04	7,051.00	06/01/2013 TO 06/01/2014
	TOTAL	12,512.00	

WITHDRAWAL DATE	PREMIUM DUE	INSTALLMENT FEE	WITHDRAWAL AMOUNT
06/01/2013	1,073.74	1.00	1,074.74
07/01/2013	1,042.66	1.00	1,043.66
08/01/2013	1,042.66	1.00	1,043.66
09/01/2013	1,042.66	1.00	1,043.66
10/01/2013	1,042.66	1.00	1,043.66
11/01/2013	1,042.66	1.00	1,043.66
12/01/2013	1,042.66	1.00	1,043.66
01/01/2014	1,042.66	1.00	1,043.66
02/01/2014	1,042.66	1.00	1,043.66
03/01/2014	1,042.66	1.00	1,043.66
04/01/2014	1,042.66	1.00	1,043.66
05/01/2014	1,042.66	1.00	1,043.66

365 '38
 DA Ins

This is not a bill. This schedule is to inform you the amount and date money will be withdrawn from your bank account number:

If your bank information changes, please contact your agency at least 25 business days before the next withdrawal date.

If you have any coverage questions or policy changes, please call agency below.

AGENT INFORMATION
 THE GLIENKE AGENCY LLC
 (515) 267-8555

14-923



Raccoon Valley Bank

P.O. Box 129 • Perry, IA 50220-0129

www.raccoonvalleybank.com

Adel 515-993-4581
 Dallas Center 515-992-9200
 Bagley 641-427-5234
 Minburn 515-677-2258
 Perry 515-465-3521

829 00003 01
 ACCOUNT:
 DOCUMENTS:

PAGE: 1
 /29/2013

54

265

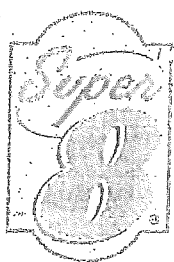
CRISIS INTERVENTION AND
 ADVOCACY CENTER
 PO BOX 40
 ADEL IA 50003-0040

30
 2
 52

REGULAR ACCOUNT

DESCRIPTION	DEBITS	CREDITS	DATE	BALANCE
BALANCE LAST STATEMENT			10/31/13	38,705.76
PAYMENT TO COMMERCIAL LOAN 3062064216	28.44		11/01/13	38,677.32
WEST BEND MUTUAL INS. PREM. 011031289100001	1,043.66		11/01/13	37,633.66
FINANCE AUTHORITY OF AP CRISIS INTERVEN		21,363.87	11/04/13	58,997.53
CRISIS INTERVENT PAYROLL CIAC CIAC	1,067.01		11/04/13	57,930.52
CHECK # 10239	1,204.56		11/04/13	56,725.96
CHECK # 28980	5,882.09		11/04/13	50,843.87
CHECK # 28981	7,419.82		11/04/13	43,424.05
CHECK # 29110	209.04		11/04/13	43,215.01
CHECK # 29113	216.35		11/04/13	42,998.66
KABEL BUSINESS 11.05.13MO	13.00		11/05/13	42,985.66
CHECK # 29163	1,780.00		11/05/13	41,205.66
CHECK # 29165	57.93		11/05/13	41,147.73
CHECK # 29166	169.36		11/05/13	40,978.37
CHECK # 29167	81.01		11/05/13	40,897.36
CHECK # 10240	25.00		11/06/13	40,872.36
CHECK # 29162	121.68		11/06/13	40,750.68
DALLAS COUNTY Payable 02012020047745		375.00	11/08/13	41,125.68
CHECK # 29079	41.73		11/08/13	41,083.95
CHECK # 29156	81.58		11/08/13	41,002.37
CHECK # 29157	109.31		11/08/13	40,893.06
CHECK # 29164	64.19		11/08/13	40,828.87
CHECK # 29153	234.78		11/12/13	40,594.09
CHECK # 29155	216.22		11/12/13	40,377.87
CHECK # 29149	173.16		11/13/13	40,204.71
CHECK # 29154	14.56		11/13/13	40,190.15
CHECK # 29160	378.67		11/13/13	39,811.48
CHECK # 29161	111.79		11/13/13	39,699.69
DEPOSIT		1,120.72	11/14/13	40,820.41
CHECK # 29159	124.80		11/14/13	40,695.61

* * * CONTINUED * * *



SUPER 8 WINTERSET

Phone: (515) 462-4888

Fax: (515) 462-3378

Email: thedebill12@hotmail.com

Printed: 11/3/2013 2:37:02 PM

Folio (Detailed)

Name:
Company:

Confirmation Number: 31778085

Account Number:

Address:

Room: 215 Room Type: DD1, 2 DOUBLES SMK Nights: 2 Guests: 1/0
Rate Plan: SVC Daily Rate: \$75.60 + \$9.08 Tax GTD: CA - CASH
Arrival: 11/1/2013 (Fri) Departure: 11/3/2013 (Sun)

Room Rate:

11/1/2013 (Fri) - 11/2/2013 (Sat) \$75.60 + \$9.08 Tax per night.

Table with 5 columns: Date, Code, Description, Amount, Balance. Rows include room charges, taxes, and a final check entry.

Summary

Summary table with 8 columns: Room, Tax, F&B, Other, CC, Cash, DEB. Totals are listed for each category.

By signing below, I agree to these terms and conditions.

DA Cohen Direct Shelter

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

\$169.36

CK29166