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p. 1

POSEN-ROBBINS SCHOOL DISTRICT 143 ½

FACSIMILE TRANSMITTAL SHEET

TO: Jamal Smith FROM: Alan Vaughn

COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

FAX NUMBER: 803734-5167 TOTAL NO. OF PAGES INCLUDING COVER: 19

PHONE NUMBER: \_\_\_\_\_ SENDER PHONE NUMBER: \_\_\_\_\_

RE: \_\_\_\_\_

URGENT  FOR REVIEW  PLEASE COMMENT  PLEASE REPLY  PLEASE RECYCLE

NOTES/COMMENTS:

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ADMINISTRATIVE CENTER  
14025 HARRISON AVENUE  
POSEN, IL 60469  
(708) 388-7200

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
DOMESTIC RELATIONS DIVISION

4251

8001

1-888-

245-

1938

Boetta Vaughn

Petitioner

Carole Vaughn  
Maura Vaughn  
Kadejan Vaughn

CASE NO. 020V9044

IV-D NO. CC01A00910

Call 0195

Respondent

Alan Vaughn

VISA  
Order Hearing  
ORDER

THIS CAUSE coming to be heard on the matter of Rele Status due notice having been given, the following parties having appeared:  Petitioner  Respondent  Assistant State's Attorney  Respondent's Attorney.

The Court finds:

- ① A rule to show cause was entered on 12-1-00.
- ② Two of the three checks covered under this order emancipated.
- ③ on the 04th part date, SPD requested a continuance to contact the petitioning state of South Carolina to find out how much the current support amount for one check should be, but the petitioning

IT IS HEREBY ORDERED: state has failed to respond.

- ④ Respondent presented proof that money is being withheld directly from his check for this support order, however it is not being received by the Illinois SDU.
- ⑤ Respondent presented a letter from his employer stating that they never received a notice to withhold for this docket number, but are paying under #95-22-43-1840 - which is the petitioning state's docket number.

- ① The rule to show cause is hereby discharged.
- ② This matter is adj. case.

Petitioner's Signature

Richard A. Devina, State's Attorney Of Cook County - 7052

BY: [Signature]

Assistant State's Attorney  
28 North Clark - Room 300  
Chicago, Illinois 60602  
(312)345-2200

Respondent's Signature

Respondent's Attorney

Associate Judge Patricia Marian Logue

ENTERED 10 2008

Circuit Court - 1959

Judge's Signature

Code

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
DOMESTIC RELATIONS DIVISION

*Coetta Vaughn*  
Petitioner  
*Caroline Vaughn*  
*Mary Vaughn*  
*Madeline Vaughn*

Respondent  
*Alan Vaughn*

4251  
8001  
1-888-  
245-  
1938

CASE NO. 02009044  
IV-D NO. 02019040  
Call 0195

*JPSA*  
*Order Hearing*  
**ORDER**

THIS CAUSE coming to be heard on the matter of Rule Status due notice having been given, the following parties having appeared:  Petitioner  Respondent  Assistant State's Attorney  Respondent's Attorney

The Court Finds:

- ① A rule to show cause was entered on 12-1-06.
- ② Two of the three checks covered under this order encasepate.
- ③ on the 04th court date, SPD requested a continuance to contact the petitioning state of South Carolina to find out how much the current support amount for one check should be, but the petitioning state has failed to respond.

IT IS HEREBY ORDERED:

- ④ Respondent presented proof that money is being withheld directly from his check for this support order, however it is not being received by the Illinois SDU.
- ⑤ Respondent presented a letter from his employer stating that they never received a notice to withhold for this docket number, but are paying under #05-DR-43-1840 - which is the petitioning state's docket number.

- ① The rule to show cause is hereby discharged.
- ② This matter is adj. call.

Petitioner's Signature  
  
Richard A. Devine, State's Attorney Of Cook County. #7052  
BY: *[Signature]*  
Assistant State's Attorney  
28 North Clark - Room 300  
Chicago, Illinois 60602  
(312)345-2200

Respondent's Signature  
  
Respondent's Attorney

Associate Judge Patricia Marian Logue  
ENTERED: 1-10-2008  
Circuit Court - 1959

Judge's Signature Code

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
DOMESTIC RELATIONS DIVISION

Illinois Department of Public Aid, ex rel.,

EVETTA VAUGHN, on behalf of  
CAPTOLA VAUGHN  
WADEJAH VAUGHN  
MAKION VAUGHN, a minor child,  
Petitioner

Docket No.: 060090444

IV-D No.: C 01996696

ALAN VAUGHN  
Respondent

Calendar No.: 95

RULE STATUS ORDER

- AGREED -

THIS CAUSE coming before the Court on the matter of RULE STATUS; due notice having been given, the following parties have appeared:  State's Attorney  Court Interpreter  Petitioner  Respondent  Respondent's Attorney

THE COURT FINDS:

Respondent has ~~has not~~ remained current in his child support obligation of \$ 78.77 per week.  
Respondent has ~~has not~~ paid \$ 21.23 per week toward arrears.  
Respondent has /has not paid the \$ \_\_\_\_\_ lump sum to the Clerk of the Court as ordered on \_\_\_\_\_.  
Respondent has /has not maintained the job diary as ordered on \_\_\_\_\_.  
Rule was entered on 12.10.06.  
Respondent allegedly owes \$ 2894.32 in arrears as of 10.26.05  including statutory interest of \_\_\_\_\_  not including statutory interest.

Respondent is employed at Posen-Robbins School Dist. #143 1/2. Respondent presented a letter from the payroll office indicating that the support amount will be deducted from Respondent's paycheck.

IT IS HEREBY ORDERED:

Respondent must remain current in his child support obligation of \$ 78.77 per week.  
Respondent must remain current in his arrears obligation of \$ 21.23 per week.  
Respondent must make a lump sum payment of \$ \_\_\_\_\_ to the Clerk of the Court (28 N. Clark St., Suite 200, Chicago, IL) or State Disbursement Unit on or before the next court date AND bring proof of payment.  
This matter is continued to 12.5.07 at 9:35 A.M. p.m. Calendar 95 Room 1404, 32 West Randolph, Chicago, IL for hearing on RULE STATUS.  
Respondent is ordered to appear on the next court date. Respondent's failure to appear shall result in a Body Attachment.  
Respondent's failure to comply with this Order may result in sanctions on the next court date.  
 The Respondent is to maintain a job diary until the next court date with \_\_\_\_\_ entries per day. The job diary must include: (a) name/address/telephone number of employer; (b) date of application; (c) position applied for; (d) contact person; and (e) date of follow up with contact person.  Job diary has been tendered to the Respondent.

per the support order of 12.1.06, Respondent is not ordered to provide medical insurance in this case. It appears that the medical insurance is cost prohibitive for the Respondent.

Petitioner's Signature

[Signature]  
Respondent's Signature

Petitioner's Attorney

Judge Drena C. Savas  
Respondent's Attorney

Richard A. Devine # 17052  
State's Attorney of Cook County

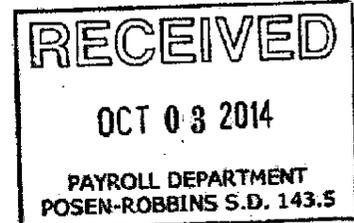
ENTERED: AUG 30 2007

By: [Signature]  
Assistant State's Attorney, Attorney for HFS  
28 North Clark Suite 300  
Chicago, Illinois 60602 (312) 345-2200

[Signature]  
Judge's Signature

Judge's Number

IL Dept of Healthcare and Family Services  
 Division of Child Support Services  
 DATA GATHERING UNIT  
 PO BOX 19152 HFS 2766  
 SPRINGFIELD IL 62794-9152  
 1-800-447-4278



**NOTICE OF INTENT TO PURSUE COLLECTION REMEDIES**

**ESTA ES UNA NOTA MUY IMPORTANTE. SI USTED NO PUEDE LEER INGLES, LLAME AL NUMERO DE TELEFONO QUE APARECE MAS ARRIBA.**

**THIS IS A VERY IMPORTANT NOTICE. IF YOU CANNOT READ ENGLISH, YOU MAY CALL THE TELEPHONE NUMBER LISTED ABOVE.**

ALAN VAUGHN  
 13800 S KEDVALE AVE  
 ROBBINS IL 60472-1422

DATE: SEPTEMBER 30, 2014

NCP RIN: 180515686

Our records show that as of 08/31/2014, you owe past due support in the amount of \$ 20,339.10. This balance may not include all of the interest that you may owe.

It is our intent to collect this amount through the federal administrative offset process and by withholding all or part of your federal income tax refund, Illinois State income tax refund or other federal or state payment(s), to make this information available to consumer reporting agencies (credit bureaus) and take other actions listed below in Section I. Even if you are paying your current and past due support on time, we still have the authority to collect any child support that is past due on any administrative or judicial order docket numbers for which you received notice or any successor docket number under which the past due amount remains owing. If any additional past due support accumulates on the accounts (order dockets) listed in Section V, these missed payments may be added to the debt listed above and will be subject to further collection by the Department without further notice.

You may avoid these actions by paying the full amount of the past due support owed. The Department accepts the following forms of payment: certified check, cashier's check, money order, or credit card (MasterCard, Discover or VISA only). Please use the Payment Instruction form provided on the last page of this notice. Please send your payment to the address listed on the Payment Instruction form.

**IMPORTANT** - This action does not relieve you of your legal obligation to continue to pay all support as ordered by the court or the Department. Even if your child is no longer a minor, we may still submit your name to collect any past due support you may owe.

I. We have the authority to take the following action(s) unless we receive full payment of the above amount:

- Will submit your name to the United States (U.S.) Department of the Treasury for participation in the debt check program and the administrative offset process through the Internal Revenue Service (IRS). Under the administrative offset (31 U.S. C. 3716), certain federal payments which might otherwise be paid to you will be intercepted for payment of current and past due support. This action is authorized pursuant to Sections 454, 464 and 466 of the Social Security Act; Section 6402(c) of the Internal Revenue Code and federal regulations at 45 CFR 302.60 and 303.72 and 26 CFR 301.6402-5; and 89 Ill. Adm. Code 160.70.
- Will submit your name to the State Department if you owe a past due amount of \$2,500 or more. The State Department can refuse to issue a passport to you and may revoke, restrict or limit a passport, which was previously issued to you. This action is authorized via 89 Ill. Adm. Code 160.70.
- Will submit your name to the Illinois Comptroller and/or the Illinois Department of Revenue for interception of state payments. This action is authorized pursuant to Section 10.05a of the Comptroller Act; Section 466(a)(3) of the Social Security Act; federal regulations at 45 CFR 303.102; 89 Ill. Adm. Code 160.70 and 35 ILCS 5/901, 35 ILCS 5/911.3.
- May submit your name to the Department of Financial & Professional Regulation as well as other state licensing agencies to suspend or revoke your professional license. We will submit your name to the Department of Natural Resources to suspend or revoke your recreational license. These actions are authorized pursuant to 5 ILCS 100/10-65, 305 ILCS 5/10-17.6 and Ill. Adm. Code 160.70.

093014

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180515686

C01796896

95-DR-43-1840

HFS 2766 (R-12-13)  
 (SEQ: 18102F)

Page 1 of 4

IL478-1478

Name: ALAN VAUGHN

Date: SEPTEMBER 30, 2014

- Will submit your name to consumer reporting agencies (credit bureaus). This action is authorized pursuant to Section 466 of the Social Security Act, and 89 Ill. Adm. Code 160.70.
- May submit your name to the Illinois Secretary of State to suspend your driver's license. This action is authorized pursuant to 750 ILCS 5/505 and 625 ILCS 5/7-702 et seq.
- May submit your name to private collection agencies to commence collection proceedings for this past due support. This action is authorized pursuant to 89 Ill. Adm. Code 160.70.
- Will submit your name to the Department's Collection and Asset Recovery Unit. This action is authorized pursuant to 89 Ill. Adm. Code 160.70.
- May submit your name to the Department's Delinquent Parent Project Team for potential publication on the Department's website. This action is authorized pursuant to 89 Ill. Adm. Code 160.70.
- May submit your name to gaming organizations, owners and/or advance deposit wagering licensees to withhold past due amounts from gambling winnings that must be reported to the IRS via Form W-2G. This action is authorized pursuant to Sections 27.2 and 34.2 of the Illinois Horse Racing Act of 1975 (230 ILCS 5/27.2 and 5/34.2), Sections 13.05 and 13.2 of the Riverboat Gambling Act (230 ILCS 10/13.05 and 10/13.2), Section 10-17.15 of the Illinois Public Aid Code (305 ILCS 5/10-17.15) and 89 Ill. Adm. Code 160.70.

Bankruptcy laws may prevent the Department from taking some of these actions. You may want to discuss this with an attorney.

- II. If you are or were married, filing a joint income tax return and you incurred this debt separately from your spouse, your spouse may be entitled to receive his or her portion of the joint refund. To claim the refund, Form 8379, Injured Spouse Allocation, and Form 1040X, Amended Federal Income Tax Return, must be attached to the top of form 1040 or 1040A when you file. "Injured Spouse" should be written at the top of Form 1040X. You may obtain these forms from an IRS office. For state returns, file the IL-8857, Request for Innocent Spouse Relief.
- III. You have the right to request that the Division of Child Support Services (DCSS) conduct a redetermination review of your account. If you choose to request a redetermination review of your account, please do so within 15 days of the date of this notice. Any monies collected from federal/state offset will not be released to anyone until your account redetermination review is completed.
- IV. All requests for a redetermination must be made in writing and sent along with the requested documents listed below to the DCSS address at the top of page 1. Please provide a daytime phone and hours you can be reached: Area code ( ) \_\_\_\_\_ Hours: \_\_\_\_\_
- To request a redetermination review, please check the box in Section V and return this form in the envelope provided and:
- 1) Include a copy of the most recent support order(s) with your redetermination request;
  - 2) Include all payment records. **READ CAREFULLY!!! Only certain documents will be accepted as payment instruments/records.** We will have record of all payments made through the State Disbursement Unit or the Department. If you made a payment or payments to the Clerk of the Circuit Court, please include record of those clerk payments.
  - 3) Include your name, social security number and the case identification number(s) on each document submitted with this form;
  - 4) Check the reason(s) for your redetermination request. Such reasons may include:
    - Inaccurate amount of past-due support. Please explain at the end of this form or on a separate sheet of paper.
    - Mistaken identity. (Submit copies of your birth certificate, social security card, driver's license, etc., as proof of identity);
    - Pending bankruptcy proceeding (Send copies of documentation from the U.S. Bankruptcy Court and include the date your bankruptcy petition was filed);
    - Order for support is no longer in effect (Send order showing no support and/or arrearages are owed). **NOTE: All previously due child support amounts prior to a new order, shall be subject to the collection remedies outlined.**

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95-DR-43-1840

HFS 2766 (R-12-13)  
(SEQ: 18102B)

Page 2 of 4

IL478-1478

IL Dept of Healthcare and Family Services  
Division of Child Support Services  
PO BOX 19152 HFS 2766 1  
SPRINGFIELD IL 62794-9152



#200627 012540116#  
ALAN VAUGHN  
13800 S KEDVALE AVE  
ROBBINS IL 60472-1422

SEE REVERSE SIDE OF THIS FORM FOR RETLRN MAILING INSTRUCTIONS.  
Por favor siga las instrucciones para corresponder al reverso de este formulario.

ESTA ES UNA NOTA MUY IMPORTANTE. SI LISTED NO PUEDE LEER INGLES, LLAME ESTE NUMERO DE TELEFONO  
1-800-447-4278.

THIS IS A VERY IMPORTANT NOTICE. IF YOU CANNOT READ ENGLISH, YOU MAY CALL 1-800-447-4278.

\*\*\*\*\* IMPORTANT NOTICE REGARDING YOUR CHILD SUPPORT BALANCE \*\*\*\*\*  
FEDERAL LAW REQUIRES ILLINOIS TO SUBMIT NAMES OF THOSE WHO OWE PAST DUE CHILD SUPPORT FOR THE  
ENFORCEMENT REMEDIES LISTED ON THIS NCTICE.

Our records show you owe past due child support in the amount listed on page 1 of the attached  
notice.

PLEASE NOTE: State and local records are constantly being updated. If you believe the amount you  
owe to be different from the amounts shown on page 1 of the attached notice, please follow the  
directions in Sections III and IV in the attached notice and, within 15 days, mail all listed  
materials in Sections IV to the following address using the enclosed envelope:

IL Dept of Healthcare and Family Services  
Division of Child Support Services  
Data Gathering Unit  
P.O. Box 19152  
Springfield, Illinois 62794-9152

Failure to respond with a complete and timely submission will result in the enforcement actions  
listed in Section I of this Notice. If we receive the appropriate documentation in the allotted  
timeframe, the enforcement actions listed on this notice may be suspended. If your name has already  
been submitted for state, federal or administrative offset, we will hold any money offset while your  
account is being reviewed.

\*\*\*\*\*  
Your correct address and telephone numbers are important to us. If your address above is incorrect  
please write your current address information and telephone numbers on the lines below and return in  
the envelope provided. It is also vital that the United States Postal Service be notified of your  
change of address.

Attention: ~~Address Update Staff~~

Date: \_\_\_\_\_ NCP RIN: 180515686

C/O (In care of Name): \_\_\_\_\_

APT NUMBER: \_\_\_\_\_ Building Number: \_\_\_\_\_ Box Number: \_\_\_\_\_

POST OFFICE BOX NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Telephone Numbers: Residential: ( ) \_\_\_\_\_  
Business: ( ) \_\_\_\_\_ Daytime: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



DIV OF CHILD SUPPORT SERVICES  
DATA GATHERING UNIT  
PO BOX 19152 HFS 2766  
SPRINGFIELD IL 62794-9152

(FOLD HERE)

USE THIS FORM TO RETURN FORM HFS 2766 IN THE ENVELOPE PROVIDED.  
Use este formulario para devolver el Formulario HFS 2766 en el sobre adjunto.

Fold on dotted lines. Insert in return envelope with address showing through window.  
Dobelo por las líneas de puntos. Pongalo en el sobre manera que el nombre y dirección se  
se vean por la ventanilla.

(FOLD HERE)



PAYMENT INSTRUCTION SHEET

THIS SHEET IS ONLY A PAYMENT INSTRUCTION SHEET. DO NOT USE FOR ANY OTHER PURPOSE.

You must send your child support payment to:

Illinois State Disbursement Unit
P.O. Box 5400
Carol Stream, IL 60197-5400

In order for your mailed payment to be processed correctly, you must return this form with your payment.

Make your check or money order payable to: Illinois State Disbursement Unit

NCP Name: ALAN VAUGHN

NCP Rin: 180515686

If this payment is for more than one docket, tell us how much you're paying on each docket.

Table with 4 columns: Docket Number(s), Issuing County Where Order Issued, Payment Amount, Name of the Custodial Parent. The table contains several rows of blank lines for data entry.

Other Payment Options:

www.e-childspay.com

An easy and secure way for child support obligors to make their required child support payments online using a credit card. Obligors will have to register to use this service. For Illinois cases, a convenience fee is not charged. Visa, MasterCard and Discover are accepted. It can take up to 7 business days before your payment is posted to your support account.

www.expertpay.com

An easy and secure way for child support obligors to establish automated payments (weekly, bi-weekly etc). Obligors will have to register to use this service and pay a one-time registration fee of \$2.50. There is a validation period to verify the checking or savings account. It can take up to 5 business days before your payment is posted to your child support account.

Pay by Phone - 1-866-645-6348

There is a registration process for first time users. Once registered, obligors can make payments on-line using Visa, MasterCard or Discover. It can take up to 7 business days before your payment is posted to your child support account.

Out of State Cases/Payments: If you previously made or are currently making child support payments to a location in another state, you should resume or continue to do so.

Name: ALAN VAUGHN

Date: SEPTEMBER 30, 2014

V. According to our records, you are responsible for paying child support on the following cases/orders:

<u>Case ID Number</u>	<u>Docket Number</u>	<u>FIPS Code</u>	<u>Past Due Amount</u>
C01796696	95-DR-43-1840	45085	\$20,339.10

( ) I ask that you do a redetermination of this account. The amount I claim due is : \_\_\_\_\_

Name: ALAN VAUGHN

DATE: SEPTEMBER 30, 2014

<u>Case ID</u> <u>Number</u>	<u>Docket</u> <u>Number</u>	<u>FIPE</u> <u>Code</u>	<u>Past Due</u> <u>Amount</u>
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95-DR-43-1840

HFS 2766 (R-12-13)  
(SEQ: 18103B)

Attachment

IL478-1478

Posen-Robbins ESD 143-5

Pay History Report

Fiscal Year: 2014-2015

From Date: 07/01/2012 To Date: 12/18/2014

Posted Periods Only

Name of Employee	SSN	Employee ID	HOURS	INCOME	DEDUCTIONS EMPLOYEE	Amount	Match	Net Amount
Description			Reg	O/T	Regular	Overtime		

Employee Totals

Pay Source Totals								
Maintenance	\$21.07	5038.00	0.00	\$109,980.18	\$0.00	FED TAX W/H	\$11,220.03	\$0.00
Extra Duty	\$0.00	0.00	0.00	\$92.31	\$0.00	SOCIAL SECURITY	\$5,835.87	\$6,233.02
						MEDICARE	\$1,457.72	\$1,457.72
<b>Totals:</b>		5038.00	0.00	\$104,072.49	\$0.00	EMPLOYER SERVICES PLAN, INC.	\$290.40	\$0.00

Deduction Totals

Legal Shield	\$725.20	\$0.00	\$138.96
Trustmark Voluntary Benefit Solutions	\$976.00	\$0.00	\$0.00
AXA Equitable TSA	\$130.00	\$0.00	\$0.00
AFLAC (Code 29 Pre-tax Sheltered)	\$1,842.43	\$0.00	\$0.00
Blue Cross Blue Shield PPO	\$1,805.60	\$10,341.75	\$0.00
Delta Dental PPO	\$90.69	\$531.08	\$0.00
Vision Service Plan	\$0.00	\$128.52	\$0.00
State Disbursement Unit - Vaughn	\$13,440.00	\$0.00	\$0.00
ILLINOIS STATE TAX W/H	\$4,338.37	\$0.00	\$0.00
IMRF	\$4,633.28	\$10,413.81	\$0.00
UNEMPLOYMENT TAX	\$0.00	\$1,551.09	\$0.00
AFLAC (Code 34 After Tax Not Sheltered)	\$730.80	\$0.00	\$0.00
UnitedHealthcare PPO Plan	\$0.00	\$8,286.00	\$0.00
Dearborn Life Insurance	\$0.00	\$24.18	\$0.00
<b>Total Deductions:</b>	\$47,616.39	\$39,106.13	\$0.00

Insurance Total = \$35,649.79  
 Support Total = \$42,865.90  
 (From 2007 to Dec 2014).  
 Grand Total = \$78,515.69.

Total Gross: \$104,072.49  
 Total Net: \$56,456.10

EMPLOYEE HISTORY

DIST		S.S.N.	LAST NAME		FIRST NAME	MI.	PAY CYCLE		
1435		251080030	VAUCHN		ALAN	K	1		
TYPE	DATE	GROSS	REGULAR	OTHER	ABSENT	TAXABLE GROSS	FICA EARNINGS	MEDC EARNINGS	NET EARNINGS
CHECK #		FEDERAL TAX	STATE TAX	FICA & MEDC	PENSION	EIC	FICA DEDUCT	MEDC DEDUCT	
		CREDIT UNION	INSURANCE	MERCY	UNION DUES	ANNUITY	MISCELLANEOUS	BOARD BENEFITS	
R	4/13/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	92449	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	4/27/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	92748	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	5/11/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	92998	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	5/25/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	93254	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	6/08/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	93519	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
R	6/22/2012	1,422.77	1,422.77	0.00	0.00	990.87	1,084.89	1,084.89	517.45
	93779	97.57	45.60	61.30	64.02	0.00	45.57	15.73	
		0.00	353.88	0.00	0.00	30.00	252.95	0.00	
TOTALS		169,036.88	156,607.43	13,146.81	717.36-	126,244.91	135,531.38	135,531.38	71,447.38
		11,250.67	4,146.84	9,326.12	7,606.47	0.00	7,560.93	1,965.19	
		0.00	33,953.50	0.00	0.00	1,680.00	29,425.90	0.00	

*insurance*  
*04-12*

*support*  
*07/12*

DISTRIBUTION DATA

DIST		S.S.N.	LAST NAME		FIRST NAME	MI.	PAY CYCLE		
1435		251080030	VAUCHN		ALAN	K	1		
COST CENTER		ACCOUNT NUMBER		AMOUNT	COST CENTER		ACCOUNT NUMBER		AMOUNT
360		20	2541	110	62,395.37	365 20 2541		130	11,234.15
361		20	2540	110	95,407.36				

