LACEY BRADSHAW / CYNTHIA J. ATTEBURY INSURANCE INVESTIGATION REPORT

City of Carmi | White County, Illinois

Municipal insurance, elected-officer compensation and public records

Prepared by Landon "Rudy" Rudolph

October 2026

My investigative file connects municipal records with specific statutory elements, identifies what the public records establish, and seeks independent review of unresolved authority, payment and authorization questions.

Contents and reading order

1. My investigative narrative; 2. principal findings; 3. payroll and financial accounting; 4. FOIA response accounting; 5. offense-by-offense statutory analysis; 6. October 2025 council action; 7. evidence cross-reference and legal verification; 8. my conclusion; 9. exhibit table of contents; 10. exhibits A-Q.

All analytical passages are investigator-authored. Source documents are reproduced as one complete original page per exhibit page. The minutes supplied during the investigation appear as a clearly identified transcription, not a certified original. A neutral description replaces the identifying information of a third-party FOIA requester.

My investigative narrative

I examined the City of Carmi's health-insurance arrangements for Alderwoman Lacey Bradshaw after obtaining records of her municipal employment, alderman pay, insurance transactions, and council action. My question is whether this coverage was legally authorized as an elected-official benefit, how it was administered, and whether City funds were spent without the required authority. I am seeking an independent investigation of the particular transactions identified below, not making a finding of criminal guilt.

The City Code assigns Clerk Cynthia J. Attebury duties as Human Resource Director and Health Insurance Administrator. A January 2, 2024 insurance-change form in Bradshaw's name shows $120.34 monthly and the signature "C. Attebury" on the line labeled "Employee Signature." I found no document in the supplied records resolving who authorized that signature or what changes the form caused. A handwritten instruction on the form refers to Holly Healy. [Exhibits A and E]

I compared alderman pay statements and found current insurance-deduction entries of $0.00 on May 30 and October 31, 2024, and May 29 and October 30, 2025. The last checks of both 2024 and 2025 show $601.70 in annual insurance deductions. A January 2026 check shows no such deduction. I cannot infer a stolen amount from these payroll entries; I have requested the carrier's monthly invoices, actual City remittances, participant contributions, credits and refunds. [Exhibits F, G, N]

The October 7, 2025 council minutes identify an eligibility concern, report Attebury's explanation that the plan required 30 hours of work, and record a vote to keep the benefit. The signed resolution recites that no formal prior council approval record had been found. Those records make the history of legal authorization important. Separately, a December 18, 2025 email gives January 1, 2026 as the intended end date, while a membership termination request appears to use February 1. I seek a reconciliation of that interval. [Exhibits K, L, M, N, O]

I believe the record warrants review under the felony provisions for official misconduct, forgery and theft where the remaining statutory elements can be established. I also seek FOIA and Local Records Act review of particular gaps without assuming missing records were fabricated, destroyed or unlawfully concealed.

Ten principal documentary findings

1. I obtained the Carmi Code provisions assigning the City Clerk insurance-administration responsibility. [A]

2. The produced health plan includes elected officials, but the separate ordinance-based compensation history has not been established in the packet. [B]

3. The 2023 alderman pay stubs provided show no current CCHCP deduction entries; they do not establish whether insurance existed in those months. [D]

4. The January 2024 change form carries Attebury's name on an employee-signature line and lists $120.34. [E]

5. Two 2024 paychecks show current plan deductions of $0.00; the year-end check lists $601.70 cumulative deductions. [F]

6. Two 2025 paychecks show current plan deductions of $0.00; the year-end check lists $601.70 cumulative deductions. [G]

7. The signed October 2025 resolution recites no identified prior council approval record. [K]

8. The council minutes record an explanation of the 30-hour eligibility rule, discussion of plan changes, and a vote to continue alderman coverage. [L]

9. A December 2025 email and February 2026 termination form give different effective ending dates. [M,O]

10. My FOIA requests received some records about premiums but no records for the separate calculations, authorizing instruments, certain communications and system logs. [Q]

My payroll reconstruction

I separated current withholding entries from year-to-date amounts. "Zero deduction" means the displayed current payroll line reads $0.00; it does not prove that no contribution was owed or that the City remitted a premium that month.

Year	Current zero entries	What the pay statements establish
2023	May-December produced checks: no CCHCP line	Eight alderman payments; coverage for those months cannot be inferred
2024	May 30; October 31	Other produced statements commonly show $60.17; December YTD $601.70
2025	May 29; October 30	Other produced statements commonly show $60.17; December YTD $601.70
2026	January 22: no plan-deduction line	Email and termination form indicate a coverage-end-date issue

The $120.34 on the January 2024 form equals twice $60.17. Without a benefit-contribution schedule and insurer ledger, I cannot determine whether that relationship reflects a normal deduction cycle, employer share, or an accounting error. [E,F,G]

My financial records request: what is still missing

I requested actual premium costs and the share paid by the City, not merely an explanation of payroll withholding. My September 16 FOIA 26.30 category 4 requested premiums, City spending and participant payments; the City said responsive documents were attached. My September 29 FOIA 26.32 category 5 sought month-by-month total premiums, City-paid amounts, participant contributions, credits, reimbursements and refunds; the City again reported attached documents.

Those responses establish that **the City did produce some financial and insurance materials**. They do not establish that I received a complete reconciled monthly ledger. I also sought records explaining $120.34 versus $60.17; the City expressly reported that none were held. I request carrier premium invoices, check numbers, vendor payment vouchers, payroll deduction registers, amounts received from Bradshaw, and all credits and refunds for the relevant period.

FOIA category-by-category audit: original requests and City answers

I compared the requests submitted in September 2026 against the City responses dated September 22, September 29, and October 22. This table summarizes categories in the original correspondence; it is not a verbatim reproduction of every email. The identity of the third-party requester has been omitted.

Request / #	Records I sought or reviewed	City response
09/05 third-party	City expenditures for coverage	Responsive records attached
09/05 third-party	Participant premiums, reimbursements, payroll deductions and credits	No responsive documents
09/05 third-party	COBRA or other post-employment continuation classification	No responsive documents
09/16 FOIA 26.30	Employment end, separation and eligibility end	Responsive records attached
09/16 FOIA 26.30	Plan eligibility, aldermen, continuation provisions	Responsive records attached
09/16 FOIA 26.30	Enrollment and status transaction history	Responsive records attached
09/16 FOIA 26.30	Premiums, City expenditures, participant payments	Responsive records attached
09/16 FOIA 26.30	Coverage classification and dependents	Responsive records attached
09/16 FOIA 26.30	Ordinance, resolution, council or other legal authority for post-employment / alderman coverage	No responsive documents
09/16 FOIA 26.30	Discovery and handling of insurance status in 2025	Responsive records attached

FOIA category-by-category audit: supplemental response

#	Subject of 9/29 request FOIA 26.32	City response
1	Preparation, signature and authorization of January 2024 form	Responsive records attached
2	Reconciliation of $120.34 form and $60.17 pay deductions	No responsive documents
3	Complete enrollment transaction history	Responsive records attached
4	Tier, dependents and monthly premium amounts	Responsive records attached
5	Month-by-month premium, City share, participant share, refunds and credits	Responsive records attached
6	Final City employment and insurance eligibility dates	Responsive records attached
7	Legal authority to provide elected-official coverage	No responsive documents
8	October 2025 council action and communications	Responsive records attached; attorney privilege redactions
9	January 1 vs. February 1, 2026 termination records	Responsive records attached
10	Communications about coverage and January 2024 enrollment	No responsive documents
11	Enrollment and payroll access / audit logs	No responsive documents
12	Nonprivileged records given to or reviewed by legal counsel	No responsive documents
13	Existing search-methodology notes or records	No responsive documents

FOIA response consequences, not assumptions

I compared September 22 category 4, which reported no participant-payment records, with later payroll productions showing insurance deductions. The apparent difference may reflect request scope, record location, search practice or a genuinely incomplete search. The narrow fact established is that the responses require reconciliation.

FOIA 26.30 category 6 and FOIA 26.32 category 7 both returned no responsive records establishing elected-official authority. The signed October 2025 resolution recites no council-approval record, while the plan itself lists elected officials. I request the legal instrument incorporating the plan into elected compensation; if none exists, that absence needs a properly documented search.

The City announced an extension of FOIA 26.32 through October 14, 2026. After I sent a demand on October 22, the City responded that day. Section 3 of FOIA governs response time and written extension; the late response is an access-compliance issue, not evidence of felony forgery or tampering.

Binding PAC Opinion 24-014 (Dec. 18, 2024) explains that agencies must perform a reasonable search and bears on the evaluation of a no-records response. It did not concern Carmi, and my record does not establish a PAC finding against Carmi in this investigation.

Potential felony: official misconduct

720 ILCS 5/33-3(a)(3) | Class 3 felony

The specific statutory connection

A public officer or employee acting officially commits this form of misconduct when, intending a personal advantage for self or another, the person performs an act beyond lawful authority. I examine the recorded administrative authority, the insurance change transaction and the alleged benefit rather than presuming intent from an employment title.

The City Code makes Cynthia J. Attebury the Health Insurance Administrator. I obtained a January 2024 form with her name on the signature line. The signed resolution says no formal prior council authorization record was found. The October 2025 minutes contain Attebury's explanation of the plan's hours-of-work restriction and record the council's decision to continue coverage. These connect official duty, a specific administrative act, a potential benefit for another, and a question about lawful authority. [A,E,K,L]

To complete this criminal theory I seek the applicable compensation ordinance(s), proof of the authority for the 2024 act, who directed it, whether Lacey Bradshaw authorized it, and evidence establishing purposeful action to secure an advantage beyond authorized benefits. I do not treat the absence of a produced ordinance as proof that none could lawfully exist.

Potential felony: forgery

720 ILCS 5/17-3(a)(1)-(2), (c-5), (d) | Generally Class 3 felony

Forgery requires intent to defraud and knowing creation, alteration, issuance or delivery of a false document capable of defrauding another. Section (c-5) includes material falsity or a document purporting to be made by authority not given. My source document shows "C. Attebury" on the employee-signature line of a form for Lacey Bradshaw, dated January 2, 2024, with a $120.34 monthly notation. [E]

I ask investigators to obtain the original completed form, its submission trail, insurer/administrator transaction logs and Bradshaw's account of what she knew or approved. Signing one's own name on another person's transaction is an investigatory fact; the record does not by itself establish falsity, intent to defraud or an unauthorized submission.

Why the document matters

If the form falsely represented employee authorization and was knowingly used to effect a benefit transaction with the required intent, its content and use could fall within the statutory provision. The legal allegation remains conditioned on that proof.

Potential felony: theft of governmental property

720 ILCS 5/16-1(a)(1)-(2), (b) | Classification requires proved circumstances and value

Theft requires knowingly exerting unauthorized control over property, or obtaining control by deception, together with the specified intent to deprive. Illinois law assigns felony grades in certain thefts of governmental property; the value, ownership and required control must be established before any grade can be asserted. [E,F,G,N,O]

The form and payroll entries demonstrate that insurance-related transactions and withholding occurred. They do not establish actual City-paid premiums, a misappropriated dollar amount, or who caused any allegedly improper disbursement. I ask for City insurer-payment checks and ledgers, payer contributions, coverage dates, claims-based adjustments and refunds. I will calculate a potential loss only from reconciled source transactions.

Separate accounting issues

The two annual $601.70 YTD payroll totals are sums of recorded deductions, not invoices for City spending. The 2024/2025 zero-current-deduction months may reflect payment timing or a missing charge; an actual omission requires reference to the plan's published billing schedule.

Public-records statutes and separate accountability

720 ILCS 5/32-8(a),(d) and 50 ILCS 205/4(a) prescribe Class 4 felony offenses involving knowing and fraudulent interference with public records without lawful authority. To refer an actual count, I would need proof that an identifiable record existed and was deliberately altered, destroyed, defaced, removed or concealed with intent to defraud. I have not obtained that proof. These statutes are identified for preservation and follow-up, not presented as a proven felony.

FOIA 5 ILCS 140/2.5, 3, 3.5, 9 and 11 concerns records of public funds, response deadlines, FOIA officer duties, denial notices and judicial relief. It supplies civil/public-access procedures; the statute is not a shortcut to a criminal charge. [Q]

Municipal compensation law: 65 ILCS 5/3.1-50-5 and -10 requires municipal officer compensation to be fixed by ordinance subject to applicable term restrictions; 50 ILCS 145/2(a) requires elected compensation to be fixed at least 180 days before terms begin. An eligibility definition in the health plan does not alone establish an ordinance that fixes alderman compensation. [A,B,K]

October 7, 2025 council minutes and resolution

The October council minutes supplied to me contain item d addressing Resolution 10.09.2025. They record Cynthia J. Attebury's presentation of the 30-hour employee eligibility rule, her opinion that alderpersons were ineligible under that rule, an approximate family-coverage cost of $26,000 excluding claims, and the statement that the plan could not be changed until 2026. The minutes also record Lacey Bradshaw saying the plan could be changed, and then voting to continue alderman insurance. [L]

The signed resolution states that no record of the City Council formally approving member participation had been identified. It has printed ineligibility language and a handwritten notation saying the council voted against eliminating coverage. I treat the minutes as evidence of the actual motion and roll call; a vote not to terminate coverage is not necessarily an ordinance that first created or validly modified compensation. [K,L]

The minutes cite Prosser v. Village of Fox Lake, 91 Ill. 2d 389 (1982) in counting Doug Hays's abstention with the majority. That case exists, but the treatment of an abstention depends on the voting requirement governing the particular action. I do not claim that the abstention automatically invalidated or ratified compensation.

Cross-reference: legal theory to primary evidence

Legal issue	Source exhibits	What I must obtain to resolve it
Official misconduct	A, B, E, K, L	Adopted compensation authority; acts after notice; purpose and knowledge
Forgery	E, H, I	Original form, authorizer, submission log and intent
Theft of public funds	E, F, G, M, N, O	Actual municipal payment, unauthorized control, value and intent
Records tampering / LRA	Q; City retention sources not yet produced	Identifiable original record, act of tampering, intent
FOIA compliance	Q and City correspondence	Search affidavits, custodians, exemption details and deadlines
Coverage ending	M, N, O, P	Carrier coverage ledger and Jan-Feb adjustments

Legal authority verification

I verified the following references by consulting official Illinois Compiled Statutes text, the Attorney General's published binding PAC opinion, and the reported Illinois Supreme Court decision. Descriptions below track those sources; they are not findings that any offense has occurred.

Authority	Verified subject
720 ILCS 5/33-3(a)(3)	Public officer/employee acting officially; excess of lawful authority; intent to secure advantage for self or another.
720 ILCS 5/17-3(a)(1)-(2), (c-5), (d)	Knowing false document or issue/delivery, apparent capacity to defraud, and intent to defraud; false authority can qualify.
720 ILCS 5/16-1(a),(b)	Unauthorized control or deception, plus intent to deprive; amount, ownership and actual control must be proved.
720 ILCS 5/32-8(a),(d)	Knowingly, without authority and with intent to defraud, alter, destroy, deface, remove or conceal an identifiable public record.
50 ILCS 205/4(a)	Substantially similar elements for local public records; a missing response is not evidence of destruction.
65 ILCS 5/3.1-50-5 and 3.1-50-10	Municipal officer compensation fixed by ordinance, with term and timing restrictions.
50 ILCS 145/2(a)	Elected compensation generally fixed at least 180 days before term begins.
5 ILCS 140/2.5,3,3.5,9,11	Civil/public-access duties, not standalone proof of criminal misconduct.
PAC Binding Opinion 24-014	Specific PAC decision concerning an inadequate search; not a finding against Carmi.
Prosser v. Village of Fox Lake, 91 Ill. 2d 389 (1982)	The minutes cite it; treatment of an abstention depends on statutory wording.

Sources: Illinois General Assembly, Illinois Compiled Statutes (ilga.gov), statutory sections identified above; Illinois Attorney General, Public Access Opinion 24-014, Dec. 18, 2024; Prosser v. Village of Fox Lake, 91 Ill. 2d 389 (1982). Original City ordinances and plan provisions come from the Carmi FOIA production and are not substituted for the enacted text.

My conclusion and requested investigative steps

I seek independent review of the original legal basis for council-member insurance, the January 2024 change form bearing Cynthia Attebury's signature, the City's actual payment history, and whether the benefit remained active during January 2026. The City's produced documents identify a concrete insurance arrangement, an unresolved authorization history, and conflicting ending dates. They warrant examination of the specific elements of official misconduct, forgery and theft, while keeping FOIA compliance and records-retention questions distinct.

I specifically request: (1) all adopted compensation ordinances and health-plan amendments in effect for each affected term; (2) the original insurance-change form and its processing records; (3) a carrier-by-carrier monthly reconciliation of premiums, City payments, deductions, refunds and covered dates; (4) authenticated signed council minutes, motion, vote and recording for October 7, 2025; (5) relevant custodian search declarations, payroll logs and retention schedules. The supporting documentary pages follow in lettered exhibits.

I have made no finding about criminal guilt, determined no stolen dollar amount, and authenticated no authorization from Bradshaw. Those are the precise questions the records put before an independent investigator.

EXHIBIT DIRECTORY AND PAGE GUIDE

The same exhibit letter identifies the same record in both reports.

Records are arranged by function and date: municipal authority; employment and payroll; the 2024 change form; council action; termination; and FOIA responses. **"Full only"** means that the overview intentionally omits those pages, not that the exhibit was renumbered.

Ex.	Document / source	Full report	Overview
	MUNICIPAL AUTHORITY		
A	Municipal code: clerk duties and compensation	19-20	7
B	City health-plan eligibility provisions	21-28	8
	EMPLOYMENT / PAYROLL AND 2024 CHANGE		
C	Employment wage statement	29	Full only
D	2023 alderman pay statements	30-37	Full only
E	January 2, 2024 insurance change request	38	9
F	2024 alderman pay statements	39-50	10-12
G	2025 alderman pay statements	51-62	13-15
	COUNCIL ACTION / AUTHORIZATION		
H	Insurance-related forwarding email	63	Full only
I	Clerk / attorney / council correspondence	64-66	Full only
J	Unsigned draft resolution	67	Full only
K	Signed Resolution 10.09.25 with vote note	68	16
L	October 7, 2025 council minutes (transcription)	69-70	17-18
	COVERAGE END / 2026 PAYROLL		
M	December 18, 2025 coverage-end email	71	19
N	January 22, 2026 pay statement	72	20
O	Termination request: February 1 effective date	73	21
P	2026 payroll and status materials	74-82	Full only
	FOIA RESPONSE ACCOUNTING		
Q	FOIA response categories / missing-records audit	83-85	22-24

Municipal code: clerk duties and compensation

1-6-3: COMPENSATION:

A. Elected Officials: The yearly compensation for the newly elected Municipal officers of the City of Carmi, Illinois, for their terms beginning May 4, 2021, shall be as follows:

Mayor	$46,000.00
City Clerk	35,700.00
Aldermen	4,800.00

B. City Attorney: The City Attorney shall receive a retainer fee of nine hundred dollars ($900.00) per year, payable in equal quarterly installments and, in addition thereto, such fees and compensation as the City Council and the Mayor shall from time to time approve and allow.

C. Other Officers And Employees: Officers and employees of the City, other than those mentioned in subsections A and B of this section, shall have and receive such compensation as may from time to time be fixed and approved by the Mayor and the City Council. (Ord. 486, 5-3-1941; amd. Ord. 697, 4-15-1953; 2006 Code; Ord. 1567, 11-5-2020)

1-6-5: PERSONNEL POLICY:

There is hereby adopted the Personnel Policy of the City. Said Personnel Policy is adopted by reference as if set out at length herein. Three (3) copies of said policy are on file in the Office of the City Clerk. (2006 Code)

Municipal code: clerk duties and compensation

1-6A-2: DUTIES:

The City Clerk shall have the following duties:

A. Attend Meetings: Attend all regular and special meetings of the City Council.

B. Journal Kept: Keep a correct journal of the proceedings, and record the same in a book to be kept for that purpose.

C. Record And Publish Ordinances: Record in a separate book, all ordinances passed from time to time and cause such as impose any fine, penalty, imprisonment, or forfeiture, or make any appropriation to be published at least once, within thirty (30) days after passage, in one (1) or more newspapers with a general circulation within the City.

D. Books And Records Kept: Keep and faithfully preserve all papers, books and documents belonging to his office, and have the custody of all papers, books, maps and documents belonging to the City, and not in actual use of the City officers.

E. Communications To Council: Without delay, deliver to the City Council all communications and documents addressed to the same and coming into his custody.

F. Corporate Seal And Supplies Kept: Keep the Corporate Seal of the City, and affix the same to all documents and writings as provided by law.

G. Additional Duties: Do and perform such other duties as may be required of him by the laws of this State, the ordinances of the City, and the orders and resolutions of the City Council. (Ord. 8, 10-24-1899; amd. 2006 Code)

H. Defining Duties: Defining duties of the elected office of City Clerk beyond those duties outlined in the Illinois Municipal Code[1]:

1. Human Resource Director.
2. Risk Management Coordinator.
3. Health Insurance Administrator.
4. IMRF Administrator.
5. Freedom of Information Act (FOIA) Officer. (Ord. 1567, 11-5-2020)

Notes

1 1. 65 ILCS 5/3.1-10-40.

City health-plan eligibility provisions

THE CITY OF
PARMI
ILLINOIS
— FOUNDED IN 1816 —

Health Care Plan

Mayor
02-15-23

City Clerk
02-15-23

Summary Plan and Plan Description with Revisions Through 1-1-23

City health-plan eligibility provisions

PLAN SPONSOR / PLAN ADMINISTRATOR / AGENT FOR LEGAL PROCESS: City of Carmi. **TIN:** 37-6002336. **END OF PLAN YEAR:** Jan. 31. **PLAN #:** 501. **TYPE OF PLAN:** Welfare plan for payment of health care expenses as defined herein. **CLAIM ADMINISTRATOR:** Mutual Medical Plans, Inc., 416 Main St., Suite 1025, Peoria, IL 61602. (309) 674-0888 or (800) 448-4689. **AMENDMENTS:** The plan sponsor reserves the right to amend or discontinue the plan.

CONTRIBUTIONS: You contribute to the Plan in amounts determined by the plan sponsor. The balance of costs are paid by the plan sponsor.

ELIGIBILITY: Regular full time employees scheduled to work 40 or more hours per week and elected officials become eligible for coverage on the date of hire. You must enroll prior to your first date of eligibility. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment prior to 30 days after the marriage, birth, adoption, or placement for adoption. If you or a dependent lose other health plan coverage which you had at the time coverage in this Plan was declined, you must request enrollment in the Plan within 30 days after such other coverage is lost. An individual's failure to pay premium does not constitute loss of other coverage. If such other coverage was COBRA, the COBRA coverage must be exhausted. If such other coverage was not COBRA, the coverage will be considered lost if the prior employer discontinues contributions or if eligibility for such other plan is lost. Coverage will become effective on the first of the month after your timely request for enrollment due to marriage or loss of other coverage. For birth, adoption or placement for adoption, coverage becomes effective on the date of the event, or later if agreed to by you and the Plan Sponsor, assuming you made a timely request for coverage. A person eligible for the Plan may enroll within 60 days of the eligibility date, termination date, or premium assistance eligibility date of Medicaid or CHIP. If you do not enter the Plan under the above provisions, it will not be possible for you to enroll in the Plan. If you are covered under a plan that penalizes you or your spouse if you do not enroll in this Plan, you will not be eligible for medical benefits under this Plan unless an exception is made by the Plan Sponsor, but you may enroll in the Medical Reimbursement Plan. If your spouse is employed where medical coverage is offered or subsidized for any employees, the spouse will not be covered in this Plan unless enrolled in the other employer's program, unless an exception is made by the Plan Sponsor.

TERMINATION: Coverage will terminate on the last date of employment, when you elect termination (retroactive termination must be approved by the Plan Sponsor), when an individual is no longer eligible, when it is determined to be in an individual's best financial interest, or when any required contributions are not made. Covered employees who are unable to work due to illness or injury will continue in the Plan until the plan sponsor terminates employment in accordance with its own internal policy. When it is in the best financial interest of a plan member, coverage may be terminated with or without evidence of good health.

DEFINITIONS:

"You" and **"Employee"** means an employee or an elected official of the City of Carmi.

"Plan" means the group health care plan described herein.

"Dependent" means your lawful spouse who resides with you in common residence, and your unmarried under age 19 natural child, adopted child, child placed with you for adoption, or stepchild, who is primarily dependent on you and your spouse for support and maintenance and for whom you or your spouse have legal guardianship or legal custody. A child referenced above who is at least age 19 but under age 26 (age 30 if a veteran residing in Illinois) may be covered without regard to residence, financial support, or marriage providing that you or your spouse have legal guardianship or legal custody of the child, or had such guardianship or custody when the child turned age 18. Future enrollment of a qualified dependent child is available each year in the final month of the Plan year for a dependent child who has had at least 90 days of coverage with another private or public health care plan without a 63 day gap in coverage prior to the date a signed application is received by the Plan Sponsor.

"Physician" means a duly licensed M.D., D.O., D.C., O.D., D.P.M., D.D.S., licensed Physician Assistant or Nurse Practitioner, or in the case of outpatient mental care, any mental health provider licensed by the state.

"Hospital" means an institution primarily engaged in providing care to the sick under supervision of a staff of physicians and registered nurses on a 24 hour basis, or a state licensed ambulatory surgery center that has an agreement with the Plan or Claim Administrator. It does not include health resorts or nursing homes but does include a substance abuse treatment facility if the admission to such facility is approved by the Claim Administrator.

"Reasonable and Customary" means the fee most commonly charged for a service by other health care providers in a similar area as determined by the Claim Administrator. **"Maximum Allowable Charge"** means 200% of the Medicare allowance or a 100% profit based on the AHD data base cost to charge ratio for all services or an amount agreeable to the Plan. If a hospital does not accept one of these amounts within 30 days of the offer, the Plan may then consider the admission as a non-covered service and reimburse the member the amount the member owes under that hospital's financial assistance program plus a financial incentive to the plan member as determined by the Plan.

City health-plan eligibility provisions

MEDICAL BENEFITS

After a $500 deductible per person ($1,500 per family) for expenses incurred in a calendar year, the Plan pays 90% at HealthLink Open Access III Tier 1 participating providers, 85% at HealthLink Open Access III Tier 2 participating providers, and 70% for non-PPO providers except as set forth below. Office visits are covered at 100% after a $10 co-pay for PPO providers. The out-of-pocket expense limit, excluding deductibles and co-pays, is $500 per individual ($1,500 family) for PPO. This out-of-pocket limit does not apply to amounts over reasonable and customary, amounts over maximum allowable charges, non-PPO charges payable at 70%, or other non-covered expenses. PPO and non-PPO hospital billed emergency room visits are paid at 100% after a $50 co-pay.

1. Hospital room and board charges up to the hospital's semi-private rate and the hospital's most common semi-private rate when a private room is used; full charges for intensive care, coronary care or similar special care units; and necessary inpatient or outpatient hospital miscellaneous extras. Inpatient mental and substance abuse treatment is limited to a maximum of 45 days per person for expenses incurred in a calendar year.
2. Physician fees for professional services. Expenses related to laboratory tests when the specimen or blood draw is performed in a physician's office are payable at 100% when billed by a PPO provider. Outpatient mental health care and substance abuse treatment are payable at 100% after a $10 co-pay. Chiropractic services are limited to $1,000 per person for expenses incurred in a calendar year. LASIK will be a covered benefit of the Medical Plan when billed by a HealthLink provider, and subject to the deductible and co-insurance.
3. Leg, arm, neck and back braces. Services of a registered physical therapist or occupational therapist, including the Wabash Christian Retirement Center in Carmi, IL, when prescribed by a physician up to a maximum of 25 visits per therapy per individual for expenses incurred in a calendar year. Artificial limbs and other prosthetic devices. Oxygen, blood and related administration charges.
4. Professional ground ambulance service when medically necessary to transport a patient to the nearest hospital where required medical services can be provided. Air ambulance is not covered.
5. Durable medical equipment rental, or purchase at the claim administrator's option, when prescribed by a physician and where such rental type equipment is not customarily used except for medical purposes.
6. Hospice or home health care services when prescribed by a physician and approved by the Plan. Services of a private duty nurse when approved by the Plan.
7. Services of a licensed extended care facility not to exceed 100 days per individual lifetime.
8. Charges by a licensed speech therapist. FDA approved TPN or other medically necessary drug therapy not excluded by the Plan, but only from a vendor approved by the Plan when the cost of the medication exceeds $500 per month. Specialty drugs including infusions costing over $25,000 per year are not covered without prior written authorization from the claim Administrator. However, you may get an expensive specialty drug paid in full with either a subsidy from the manufacturer or under the ACP, and you can call Mutual Medical for assistance with either at 309-674-0888.
9. Well child care including immunizations is covered in full without a deductible through age 18 after the office visit co-pay. Well adult care, PAP smears, mammograms, prostate and colorectal screening are covered in full without a deductible after the office visit co-pay. The frequency of exams must not exceed American Cancer Society guidelines.

PRESCRIPTION DRUG PLAN

Insulin, insulin syringes, and most other prescription only drugs may be obtained at retail pharmacies up to a 30-day supply with co-pays of $10 per generic and $20 per brand for formulary drugs and $35 for non-formulary drugs. You can save on co-pays by receiving up to a 90-day supply on maintenance drugs from mail order at only double the above co-pays. Non-formulary drugs are only covered if the formulary drug has been used unsuccessfully as determined by your physician and Express Scripts. The co-pays are not covered under the Major Medical Benefits, but are covered under the Maxi Plan option. Specialty drugs not receiving prior authorization from the claim administrator are not covered. Formulary drug lists are available on the Express Scripts website at www.expressrpts.com, or call Express Scripts members services at 1-800-818-0093.

Note: Walgreen's, Wal-Mart, Sam's Club, Hy-Vee, Target and other pharmacies have numerous generic drugs available at $4 for a 30-day supply. A listing of generics available at $4 can be obtained from these pharmacies or on the internet.

VISION BENEFITS

One routine vision exam paid at 100% of Reasonable and Customary charges. Frames, lenses and contact lenses the benefit is $250 per person for expenses incurred in a calendar year. The date you take possession of the frames, lenses or contact lenses will be the date the expense is incurred.

DENTAL BENEFITS

The Plan will pay reasonable and customary fees of licensed dentists up to a maximum benefit of $1,200 per individual ($2,000 per individual eff. 4-1-14) for expenses incurred in a calendar year on the following basis:

Dental Benefits Payable at 100% - No Deductible
Oral exams, prophylaxis (cleaning and polishing), bitewing x-rays, and fluoride treatment (to age 20) twice in a calendar year. Full mouth x-rays once in a consecutive 12 month period.

90% (after a $50 dental deductible per person in a calendar year)
Endodontics, including pulpotomy, pulp capping and root canals. Denture repair and relining, and recementing of inlays, onlays and crowns. Extractions, dental tests, oral surgery and related anesthesia except general anesthesia for 3 or less simple extractions. Fillings consisting of amalgam, silicate and plastic restorations. Space maintainers, periodontal treatment, and emergency treatment.

60% (after a $50 dental deductible per person in a calendar year)
Implants, gold foil restorations, inlays and onlays, crowns and crown buildups. Dentures, full and partial. Bridges, fixed and removable. Orthodontics to age 20.

MEDICAL REIMBURSEMENT PLAN

This plan can significantly increase your overall benefits when combined with other medical plan coverage. Deductibles, co-pays and co-insurance co-insurance (but not co-insurance on your other plan's non-PPO hospitals) under a medical or prescription drug plan not sponsored by the City of Carmi are covered in full. If not covered by your other medical plan, routine exams and tests are covered at 100% of reasonable and customary charges as part of the above maximum benefit. Premium reimbursements may be covered, if applicable, but only when agreed to by the Plan. Benefits are paid directly to you when you send a copy of your other plan's explanation of benefits, or a copy of your prescription receipt showing the co-pay, to Mutual Medical. Write the health care provider's name and phone number on the explanation of benefits.

If you are on the MRP and your other health plan coverage terminates, you may immediately switch to the Major Medical Benefits with the same Single or Family coverage you had under the MRP without evidence of insurability or pre-existing limits. An individual may not be covered under both the Major Medical and MRP, and dependent coverage may not be different from employee coverage unless an exception is made by the Plan Sponsor.

Employees who also have other group medical coverage may elect only the MRP plan and are not eligible for the medical plan (Major Medical Benefits) unless an exception is made by the Plan Sponsor.

MAXI PLAN and MAXI II PLAN

If you or your spouse has other health insurance coverage which is secondary to coverage under this Plan, you can increase your total benefits between the two plans with the Maxi Plan option. The Maxi Plan covers the same scope of benefits as the regular Medical Plan; however, the Maxi Plan does not have a deductible or co-insurance. Except for inpatient hospital billed charges, the In-Network and Out-of-Network provisions under the Major Medical Plan apply to the Maxi Plan. Benefits for inpatient hospital charges are $2,000 per admission; while benefits for all other covered services are 100% with no overall dollar limit. The Maxi Plan also pays for your routine physical exams and the deductible, co-insurance and co-pays for prescription drugs under the Major Medical Plan or Prescription Drug Plan. An individual may change to or from the Maxi Plan and the Major Medical Benefits at any time. The Maxi II has the same provisions as the Maxi Plan except that Maxi II does not cover hospital or facility charges, oncology, or prescription drugs. Medicaid or another drug plan's co-pays are reimbursed 100%.

THE AFFORDABLE CARE PLAN (ACP)

*** No employee premium contribution * No deductible, no co-pays, no co-insurance**
*** No overall annual or lifetime dollar limits * No pre-existing condition limits**

The ACP is designed for individuals whose benefits are expected by the Claim Administrator to exceed $25,000 or more in a year. Each year if you qualify, you may remain in the ACP, or elect to come back to your group major medical at any time. You may select the carrier of your choice on the Exchange marketplace with no health questions or pre-existing limits. The ACP will reimburse you for your premiums under the Exchange plan. The ACP will also reimburse you for all deductibles, co-insurance and copays for both medical and prescriptions under your Exchange carrier's PPO providers, as well as the deductibles, copays and co-insurance under your major medical plan for both the year that you elect the ACP and the year that your ACP ends and you return to the major medical. Preventive and ER services are also covered in full. Arrangements can be made the first of any month with preferably a 3 day notice prior to the end of the month. While not everyone can qualify, everyone in the group benefits because of reduced claims that may affect employee contributions. To determine if you qualify, contact Mutual Medical at 1-800-448-4689, or consult with the person in your HR department that handles health care plan matters.

LIMITATIONS AND EXCLUSIONS

The Plan will not pay for:

1. Hospital or physician charges during inpatient admissions primarily for care which could be provided safely on an outpatient basis.

2. Charges exceeding reasonable and customary determinations or the maximum allowable charge. Charges that are not specifically listed as a benefit under this Plan. Expenses which you are not liable to pay. Job related injuries or diseases compensable or pending under Worker's Compensation or similar legislation, or for which a final decision has not been made by the Industrial Commission on a claim that has been filed under Worker's Compensation. Expenses covered under federal, state or local law, or care in federal or state institutions, or expenses payable by Medicare or which would have been payable had the person properly enrolled in Medicare, except where contrary to law.

3. Expenses in connection with custodial care, education, training except for diabetic training, or for which you or the patient are not liable for payment. Orthotics or routine foot care such as trimming of nails and callouses, with an exception for diabetes diagnosis. Hospital admissions commencing or other services received before an individual's effective date of coverage, or after termination from the Plan.

4. Eyeglasses, contact lenses, and routine vision care except as set forth under the Vision Benefits herein. Hearing aids or tests for the fitting thereof. Expenses not authorized by the attending physician as necessary treatment, or services which are considered experimental, investigational, or not medically necessary by Medicare criteria. Personal comfort items such as television rental, barber services, special meals or guest meals, and telephone calls.

5. Travel expenses whether or not recommended by a physician. Expenses denied by an HMO or other program for lack of (a) pretreatment approval, (b) lack of multiple surgical opinions, or (c) improper claim filing procedures. Injury or illness due to war or act of war or services received while on active duty in the armed forces.

6. Cosmetic surgery unless necessary to correct traumatic injuries sustained while covered under the Plan or program it replaced, or for congenital deformities evidenced in infancy. Expenses related to: radial keratotomy; mastectomy in the absence of a malignancy. Breast reduction or enlargement except for post mastectomy reconstruction of a covered mastectomy and for reconstruction of the other non-cancerous breast to produce a symmetrical appearance, and a prosthesis or treatment of physical complications of such a mastectomy, including lymphedema.

7. Jaw surgery except for fracture repair; services of a dentist except as set forth under the Dental Benefits herein. TMJ treatment beyond $2,500 per treatment period; reverse sterilization procedures; dependent daughter pregnancy; infertility or sexual dysfunction; weight reduction or bariatric surgery; exercise or fitness programs; sex changes; penile implants; abortions except for therapeutic abortions; or sclerotherapy. Expenses related to non-covered services or procedures, including complications except for bariatric surgery performed prior to February 1, 2010.

8. Non-surgical inpatient admissions for back pain or hospital charges related to the removal of teeth unless approved in writing by the claim administrator; facility fees unless billed by a hospital; nose surgery except for tumors or cysts or to repair traumatic nasal injury incurred while under the Plan; hospital charges related to a vasectomy or other surgery which can be done in a physician's office; otoplasty or blepharoplasty; or home uterine monitoring devices. Expenses related to kidney dialysis beyond 150% of the Medicare National Fee of the Physician's Fee Reference.

9. Expenses covered by or pending under your own or another person's auto insurance, property and casualty or liability insurance, or for which another party is liable. Expenses related to an intentionally self-inflicted injury or illness as allowed by law. Injuries sustained by a person while committing a felony, participating in a riot, or while under the influence of illegal drugs or for adults (age 21 and older) if ticketed for Driving Under the Influence (DUI).

10. Benefits exceeding $25,000 for a hospital admission or course of treatment provided that the Plan may waive this exclusion when you do not have a better financial alternative available. This limit does not apply to the ACP or MRP.

11. Inpatient substance abuse treatment at other than White Oaks Center or Chestnut Health Systems or a facility approved by the Claim Administrator.

STATEMENT OF RIGHTS UNDER THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For more information on precertification, contact your plan administrator.

COORDINATION OF BENEFITS

If you or a dependent have any other health care plan coverage, benefits will be coordinated so that not more than 100% of covered charges are paid or reimbursed. Your spouse's coverage will be primary on him or her. If you have other coverage as the subscriber or as a survivor, it will be primary. The Plan will be secondary to any plan, including individual medical policies, which do not have a coordination of benefits provision. In the case of a dependent child, the parent whose birthday falls earliest in the year will be considered primary. In the case of children with divorced parents, in the absence of court determined responsibility, the parent with custody will be primary. Coverage a dependent has through other than a parent or step-parent will be primary. Student coverage will be primary. Any coordination of benefits issue arising which is not addressed herein or within the Plan's other provisions will be settled using the NAIC guidelines adopted by the state of Illinois.

CLAIM PROCEDURES

ALWAYS PRESENT YOUR HEALTH CARE PLAN ID CARD WHEN RECEIVING COVERED SERVICES BECAUSE THE CARD CONTAINS BILLING INFORMATION FOR YOUR HOSPITAL AND DOCTOR.

Benefits may be paid directly to the provider of the service, but the Plan reserves the right and option of paying benefits directly to you, or in the event of your death to a relative as determined by the claim administrator. Benefits are not assignable. Claims must be filed within 180 days after the end of the calendar year in which the expense is incurred.

The Plan reserves subrogation rights and the right to recover any overpayment of benefits from you or any person or organization. If payments which should have been made by the Plan are made by another health care plan or program, the Plan shall have the right to pay over to any such organization making such payments any amount it shall determine to be warranted to satisfy this provision and the Plan shall be fully discharged from liability.

You may contact the Claim Administrator for additional clarification on how a claim was paid or denied. If you do not agree with the Claim Administrator's reason for denying a claim, you may file a written appeal to the Plan Administrator within 180 days after the claim is denied. The appeal should indicate: Employee Name and Social Security Number, Patient Name, Name of Plan Sponsor, Claim Number of Denied Claim, Date(s) of Service, Provider(s) of Service, Specific reason(s) you feel the claim should be paid including reference to Plan provisions, Relevant documents or other information. When reviewing your appeal, the Plan Administrator will take into account all information you submit without regard to whether the information was considered when the claim was denied. If the denial was due to medical judgment, the Plan Administrator will consult with an appropriate medical professional who was not involved with the claim denial. You may obtain information relevant to a denied claim, including the name of any medical expert who gave advice relative to the denial, free of charge. A written response to the appeal will be made within 60 days after the Plan Administrator receives the above necessary information. The response will be sent to the employee's address currently on file, or to a different address at your request. The Plan Administrator's decision on an appeal is final and not subject to litigation.

QMCSO AND PPO PROVIDERS

A qualified medical child support order (QMCSO) should be sent to the Plan Sponsor. If the order does not comply with ERISA Section 609, the order will be returned to the party that sent it. If the order does comply with ERISA, interested parties will be notified of the Plan's decision to extend coverage and sent a copy of the Plan Description within a reasonable time. A list of PPO providers, if applicable, will be sent to you by the Plan Sponsor without charge at your request. An alternate recipient may designate a representative for receipt of notices with respect to a medical child support order.

LEGISLATION and OTHER PROVISIONS

Where provisions of the Plan conflict with state or federal law, or with an employment agreement, such legislation or employment agreement shall prevail. If claims for a condition are expected to exceed $50,000 in a 12 month period on an individual, the Plan reserves the right to approve the health care provider if deemed by the Plan to be necessary to prevent financial hardship to the employee or the Plan, with no benefits paid to a disapproved provider. Where it is in the best financial interest of the Plan and an individual, the Plan may, solely at its option, assist the individual in retaining or obtaining alternate health plan coverage. If necessary to avoid financial hardship to the employee, the Claim Administrator will negotiate additional payments for kidney dialysis related expenses. The Plan Sponsor may authorize payment of any IRS approved medical plan benefit that is not covered by this Plan up to any amount that does not exceed $20,000.

GRANDFATHERED HEALTH PLAN

This group health plan believes it is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of annual and lifetime dollar limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

PRIVACY POLICY

The Claims Administrator may release to, or obtain from any party, without consent of or notice to any person, any information the Plan Administrator or Claims Administrator deems necessary to carry out the provisions of the Plan. To the extent that this information is protected health information as described in 45 C.F.R. 164.500, et seq., or other applicable law, the Plan Administrator or Claims Administrator may only use or disclose such information when related to treatment, payment or health care operations as allowed by such applicable law. Any claimant under the Plan shall furnish to the Claims Administrator such information as may be necessary to carry out this provision.

Only individuals, and their clerical support staff, who are involved with Plan administration, supervision or management, shall be given protected health information, and only to the extent necessary to perform duties assigned by the Plan Administrator. In addition, the Plan Sponsor hereby certifies and agrees that it will: (a) Not use or further disclose the information other than as permitted or required by the Plan or as required by law; (b) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of the Plan; (c) Ensure that any agents, including a subcontractor, to whom it provides protected health information received from the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such information; (d) Not use or disclose the information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor; (e) Report to the appropriate representative of the Plan Administrator any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware; (f) Make available protected health information in accordance with 45 C.F.R. 164.524; (g) Make available health information for amendment and incorporate any amendments to protected health information in accordance with 45 C.F.R. 164.526; (h) Make available the information required to provide an accounting of disclosures in accordance with 45 C.F.R. 164.528; (i) Make its internal practices, books, and records relating to the use and disclosure of protected health information received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with the privacy requirements of 45 C.F.R. 164.500, et seq.; (j) If feasible, return or destroy all protected health information received from the Plan that the Plan Sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and (k) Ensure that the adequate separation between the Plan and the Plan Sponsor is established and maintained pursuant to 45 C.F.R. 164.504(f)(2)(iii) and is supported by reasonable and appropriate security measures.

The use of protected health information by the Plan shall be in accordance with the privacy rules established by 45 C.F.R. 164.500, et seq. Any issues of noncompliance with the provisions of this Section shall be resolved by the privacy officer of the Plan Administrator.

NOTIFICATION OF COBRA RIGHTS AND REQUIREMENTS

Coverage may continue in certain instances where coverage under the Plan would normally end. The information below advises you of your rights and obligations under this continuation coverage, made possible under federal legislation commonly referred to as COBRA. A person who is eligible for continuation is called a "qualified beneficiary." Each qualified beneficiary, or the parent or legal guardian of a minor qualified beneficiary, has a right to make a separate election for a qualified beneficiary or for such minor. The events making a person eligible are called "qualifying events." Questions may be directed to the plan administrator. This notice describes your rights under this continuation coverage under the Plan and you may contact the Plan Administrator with questions or for more information.

Eligibility for Continuation The following qualifying events make a Plan participant eligible as a qualified beneficiary. If an employee's medical coverage terminates because of termination of employment (other than for gross misconduct) or reduction of hours, the employee is a qualified beneficiary and may elect to continue the medical coverage. If you are a spouse/dependent of an employee, and were covered under the Plan at the time of the qualifying event, or born of the employee or adopted by the employee during the period of COBRA continuation and qualify as a "dependent" under the Plan, you have the right to continuation coverage if medical coverage terminated for any of the following events: (1) Death of an employee (2) Termination of the employee's employment (other than for gross misconduct) or reduction in hours worked (3) Divorce or legal separation (4) Employee becomes covered under Medicare (5) Dependent child no longer meets the definition of an eligible dependent under the Plan (6) Substantial reduction in retiree coverage due to employer bankruptcy reorganization.

Notice of Qualifying Event/Election Period The Plan Sponsor will provide notice of the availability of continuation coverage when the following qualifying events occur: (1) Employee's death (2) Loss of coverage due to employee's termination of employment (other than for gross misconduct) or reduction of work hours (3) Loss of coverage due to Medicare entitlement (4) Substantial reduction in retiree coverage due to employer bankruptcy reorganization. Plan participants must notify the Plan Sponsor in writing within 60 days of a divorce, separation, child losing dependent status in order to arrange for continuation coverage. The Plan Administrator will then provide the plan participants an election notice. An election for continuation coverage must be made within the 60-day election period beginning on the later of the date the coverage would end because of one of the qualifying events described above or the date the participant(s) is sent COBRA notice. In order for the Plan Administrator to notify you of your COBRA rights, it is important for you to keep the Plan Administrator advised of your current address.

Period of Continuation will terminate on the earliest of the following dates: (1) The end of: (a) 18 months, in the case where the coverage ended because of termination of employment (other than for gross misconduct) or reduction of hours (b) 36 months total, for dependents of the plan participant who have other including second qualifying events (c) 29 months, for employees and dependents if either the employee or a qualified dependent beneficiary is classified as disabled under the terms Title II or XVI of the Social Security Act within 60 days of the time of termination of employment or reduction of hours provided you notify the Plan Sponsor in writing within 60 days after you receive notice of disability from the Social Security Administration, and providing that you provide such notice to the Plan Sponsor before the end of the initial 18 months of COBRA continuation (2) The date after the COBRA election on which the person first becomes: (a) covered under any other group health plan, as an employee or otherwise (NOTE: Qualified beneficiaries, i.e., employee, spouse and/or dependents, who become covered by another group insurance program, are allowed to continue COBRA coverage only if the other group insurance plan has a pre-existing condition limitation or exclusion clause that applies to that individual's coverage. COBRA coverage will continue only to the time period specified above, or if earlier, when the pre-existing conditions restriction no longer applies) (b) entitled to benefits under Medicare (3) The date the premium is not paid (4) The date the Plan Sponsor no longer provides group health coverage to any of its employees (5) In the case where continuation of coverage is extended to 29 months, this extended coverage will be terminated the first day of the month following 30 days after the final determination that the individual is no longer disabled. You are required to notify the Plan Sponsor within 30 days of any event described above which would cause COBRA coverage to end.

Election and Premium Payment If continuation coverage is chosen, this coverage will be identical to the coverage provided under the Plan prior to the qualifying event. Qualified beneficiaries choosing to continue coverage under COBRA must pay the entire premium amount (plus a 2% administration charge, or plus 50% during an 11 month disability extension) to the Plan Sponsor on a monthly basis. (Monthly premium rates are subject to change annually.) Payroll deduction is not available to COBRA participants. Checks should be made payable to the Plan Sponsor. The qualified beneficiary's first payment deadline is 45 days after the date of their continuation election. The subsequent payment due date is the first day of the month for which coverage is purchased with a deadline of 30 days after the due date. Failure to pay premiums by these deadlines will result in termination of coverage. Information on current premiums is available by contacting the Plan Sponsor. Failure to elect COBRA coverage may cause you to avoid having pre-existing conditions apply to you in other group plans if you have more than a 63-day gap in health coverage, and will cause you to lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition if you do not exhaust COBRA coverage. You have a right to request special enrollment under certain plans that you are eligible for if you (a) apply within 30 days of coverage termination related to the initial qualifying event or (b) apply within 30 days of exhaustion of COBRA continuation coverage, If you reject COBRA coverage before the deadline for election, you may still elect COBRA before the election deadline by completing a new election form and your coverage will be effective on the date the form is received by the Plan Administrator or its designee.

8

EXHIBIT C

Employment wage statement

***** D I R E C T D E P O S I T S T U B *****

CARMI LIGHT & WATER, IL

** LACEY R BRADSHAW ** 12/15/2022 PERIOD END:12/10/2022

EARNINGS					DEDUCTIONS			TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			1,984.40	45,529.33	ARSOME	0.00	516.60	FEDERAL	139.38	2,987.07	GROSS	1,984.40	45,529.33
HOURLY			0.00	33,767.55	CHRISIM	60.00	1,500.00	FICA	116.72	2,649.55	TAXES	372.17	8,270.25
OVT			0.00	1,998.16	TASC EL	41.66	999.84	MEDICAR	27.30	619.67	DEDUCT	251.13	9,260.76
BONUS			0.00	125.00	IMRF	89.30	2,048.76	STATE	88.77	2,013.96	NET	1,361.10	27,998.32
SICK P	13.50	20.740	279.99	3,287.29	CCHCP1	0.00	722.04						
VACATI	56.00	20.740	1,161.44	4,133.60	CCHCP2	60.17	722.04				DIRECT DEPOSIT		
PERSONA			0.00	331.84	IMRF SA	0.00	2,400.48				[redacted]		1,361.10
COMP T	26.18	20.740	542.97	1,885.89	WASH NA	0.00	175.50						
					WASH NA	0.00	175.50						

** LACEY R BRADSHAW **
[redacted]

DEPT: 050-420
EMP#: [redacted]
DATE: 12/15/2022
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $1,361.10

2023 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

05/18/2023 PERIOD END:05/13/2023

** LACEY BRADSHAW **

EARNINGS					DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	400.00			FICA	24.80	24.80 GROSS	400.00	400.00
SALARY			400.00	400.00			MEDICAR	5.80	5.80 TAXES	50.40	50.40
							SIPRE	19.80	19.80 NET	349.60	349.60

DIRECT DEPOSIT

[redacted] 349.60

2023

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#: [redacted]
DATE: 05/18/2023
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 34 of 88. Entire source page shown.

2023 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 06/29/2023 PERIOD END:06/24/2023

EARNINGS					DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	800.00			FICA	24.80	49.60	GROSS	400.00	800.00
SALARY			400.00	800.00			MEDICAR	5.80	11.60	TAXES	50.40	100.80
							STATE	19.80	39.60	NET	349.60	699.20

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 06/29/2023
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 35 of 88. Entire source page shown.

2023 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 07/27/2023 PERIOD END:07/22/2023

EARNINGS					DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	1,200.00			FICA	24.80	74.40	GROSS	400.00	1,200.00
SALARY			400.00	1,200.00			MEDICAR	5.80	17.40	TAXES	50.40	151.20
							STATE	19.80	59.40	NET	349.60	1,048.80

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 07/27/2023
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 36 of 88. Entire source page shown.

2023 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 08/24/2023 PERIOD END:08/19/2023

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	1,600.00			FICA	24.80	99.20	GROSS	400.00	1,600.00
SALARY			400.00	1,600.00			MEDICAR	5.80	23.20	TAXES	50.40	201.60
							STATE	19.80	79.20	NET	349.60	1,398.40

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 08/24/2023
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 37 of 88. Entire source page shown.

2023 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 09/21/2023 PERIOD END:09/16/2023

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	2,000.00			FICA	24.80	124.00	GROSS	400.00	2,000.00
SALARY			400.00	2,000.00			MEDICAR	5.80	29.00	TAXES	50.40	252.00
							STATE	19.80	99.00	NET	349.60	1,748.00

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT:
EMP#: [redacted]
DATE: 09/21/2023
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 38 of 88. Entire source page shown.

2023 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW **

10/19/2023 PERIOD END:10/14/2023

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	2,400.00			FICA	24.80	148.80	GROSS	400.00	2,400.00
SALARY			400.00	2,400.00			MEDICAR	5.80	34.80	TAXES	50.40	302.40
							SIWIE	19.80	118.80	NET	349.60	2,097.60

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 10/19/2023
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 39 of 88. Entire source page shown.

2023 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW **

11/30/2023 PERIOD END:11/25/2023

EARNINGS				DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	2,800.00			FICA	24.80	173.60	GROSS 400.00	2,800.00
SALARY			400.00	2,800.00			MEDICAR	5.80	40.60	TAXES 50.40	352.80
							STATE	19.80	138.60	NET 349.60	2,447.20

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 11/30/2023
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 40 of 88. Entire source page shown.

2023 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 12/28/2023 PERIOD END:12/23/2023

EARNINGS					DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	3,200.00			FICA	24.80	198.40	GROSS	400.00	3,200.00
SALARY			400.00	3,200.00			MEDICAR	5.80	46.40	TAXES	50.40	403.20
							STATE	19.80	158.40	NET	349.60	2,796.80

DIRECT DEPOSIT	
10217571	349.60

** LACEY BRADSHAW **
[redacted]

DEPT:
EMP#: [redacted]
DATE: 12/28/2023
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 41 of 88. Entire source page shown.

EXHIBIT E

January 2, 2024 insurance change request

City of Carmi

INSURANCE CHANGE REQUEST FORM

This form should be used for miscellaneous membership and payroll deduction change requests.

• CITY OF CARMI HEALTH CARE PLAN

Employee Name: Lacey Bradshaw Date of Birth: [redacted]

This change request is for: ☐ employee ☐ dependent ☐ all family members

Dependent Name(s): _____ ☐ Spouse ☐ Child

_____ Date of Birth: _____

☐ Change Name to: _____

☐ Change Address to: _____

☐ Change Coverage from:

	☐ Major Medical	To:	☐ Major Medical
EFFECTIVE DATE	☐ MRP		☐ MRP
_____	☐ Maxi		☐ Maxi
	☐ Maxi II		☐ Maxi II
	☐ ACP		☐ ACP

☐ Terminate Coverage for this reason:

EFFECTIVE DATE	☐ Child age limit	☐ Obtained other coverage
_____	☐ Death	☐ Through a spouse
	☐ Divorce	☐ Medicare or Medicaid
	☐ In my best financial interest	☐ Individual Policy
	☐ Other: _____	☐ Other: _____

☒ Authorize payroll deduction or amount change Mut Med Monthly Amount: 180.34

• Insurance Programs and Additional Payroll Deductions

☐ Add Coverage for:

	☐ Terminate Coverage for:	
EFFECTIVE DATE	☐ Aflac	☐ Colonial
_____	☐ Family Heriatge	☐ Liberty National
	☐ NCPERS	☐ Washington National
	☐ TASC	☐ Christmas Club

☐ Authorize payroll deduction or amount change Monthly Amount: 180.34

Employee Signature C. Attebury Date: 1-2-24

1-4-24 Copy to Holly

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 01/25/2024 PERIOD END:01/20/2024

EARNINGS					DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	400.00	CCHCP2	60.17	60.17	FICA	21.07	21.07	GROSS 400.00	400.00
SALARY			400.00	400.00				MEDICAR	4.93	4.93	TAXES 42.82	42.82
								STATE	16.82	16.82	DEDUCT 60.17	60.17
											NET 297.01	297.01

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 01/25/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 53 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 02/22/2024 PERIOD END:02/17/2024

EARNINGS					DEDUCTIONS			TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	800.00	CCHCP2	60.17	120.34	FICA	21.07	42.14	GROSS	400.00	800.00
SALARY			400.00	800.00				MEDICAR	4.93	9.86	TAXES	42.82	85.64
								STATE	16.82	33.64	DEDUCT	60.17	120.34
											NET	297.01	594.02

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 02/22/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 52 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW **

03/21/2024 PERIOD END:03/16/2024

EARNINGS				DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	1,200.00	CCHCP2 60.17	180.51	FICA	21.07	63.21	GROSS 400.00	1,200.00
SALARY			400.00	1,200.00			MEDICAR	4.93	14.79	TAXES 42.82	128.46
							STATE	16.82	50.46	DEDUCT 60.17	180.51
										NET 297.01	891.03

DIRECT DEPOSIT

[redacted] 297.01

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 04/18/2024 PERIOD END:04/13/2024

EARNINGS				DEDUCTIONS			TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	1,600.00	CCHCP2	60.17	240.68	FICA	21.07	84.28	GROSS	400.00	1,600.00
SALARY			400.00	1,600.00				MEDICAR	4.93	19.72	TAXES	42.82	171.28
								STATE	16.82	67.28	DEDUCT	60.17	240.68
											NET	297.01	1,188.04

DIRECT DEPOSIT
[redacted] 297.01

** LACEY BRADSHAW **
[redacted]

DEPT: [redacted]
EMP#:
DATE: 04/18/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 50 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

05/30/2024 PERIOD END:05/25/2024

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	2,000.00	CCHCP2 0.00	240.68	FICA 24.80	109.08	GROSS 400.00	2,000.00
SALARY			400.00	2,000.00			MEDICAR 5.80	25.52	TAXES 50.40	221.68
							STATE 19.80	87.08	DEDUCT 0.00	240.68
									NET 349.60	1,537.64

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 05/30/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 49 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW **

06/27/2024 PERIOD END:06/22/2024

EARNINGS				DEDUCTIONS			TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	2,400.00	CCHCP2	60.17	300.85	FICA	21.07	130.15	GROSS	400.00	2,400.00
SALARY			400.00	2,400.00				MEDICAR	4.93	30.45	TAXES	42.82	264.50
								STATE	16.82	103.90	DEDUCT	60.17	300.85
											NET	297.01	1,834.65

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 06/27/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 48 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

07/25/2024 PERIOD END:07/20/2024

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES		RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD
GROSS			400.00	2,800.00 CCHCP1	60.17	60.17 FICA	21.07	151.22 GROSS	400.00 2,800.00
SALARY			400.00	2,800.00 CCHCP2	0.00	300.85 MEDICAR	4.93	35.38 TAXES	42.82 307.32
						STATE	16.82	120.72 DEDUCT	60.17 361.02
								NET	297.01 2,131.66

DIRECT DEPOSIT

[redacted] 297.01

DEPT: [redacted]
EMP#:
DATE: 07/25/2
CHECK AMOUNT: $C
DEPOSIT AMOUNT: $29

** LACEY BRADSHAW **

[redacted]

City FOIA response - original attachment page 47 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 08/22/2024 PERIOD END:08/17/2024

EARNINGS					DEDUCTIONS			TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	3,200.00	CCHCP1	0.00	60.17	FICA	21.07	172.29	GROSS	400.00	3,200.00
SALARY			400.00	3,200.00	CCHCP2	60.17	361.02	MEDICAR	4.93	40.31	TAXES	42.82	350.14
								STATE	16.82	137.54	DEDUCT	60.17	421.19
											NET	297.01	2,428.67

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 08/22/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 46 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 09/19/2024 PERIOD END:09/14/2024

EARNINGS					DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	3,600.00	CCBCP1 0.00	60.17	FICA	21.07	193.36	GROSS	400.00	3,600.00
SALARY			400.00	3,600.00	CCHCP2 60.17	421.19	MEDICAR	4.93	45.24	TAXES	42.82	392.96
							STATE	16.82	154.36	DEDUCT	60.17	481.36
										NET	297.01	2,725.68

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 09/19/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 45 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 10/31/2024 PERIOD END:10/26/2024

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	4,000.00 CCHCP1	0.00	60.17	FICA	24.80	218.16	GROSS	400.00	4,000.00
SALARY			400.00	4,000.00 CCHCP2	0.00	421.19	MEDICAR	5.80	51.04	TAXES	50.40	443.36
							STATE	19.80	174.16	DEDUCT	0.00	481.36
										NET	349.60	3,075.28

DIRECT DEPOSIT
[redacted] 349.60

** LACEY BRADSHAW **
[redacted]

DEPT: [redacted]
EMP#:
DATE: 10/31/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 44 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 11/28/2024 PERIOD END:11/23/2024

EARNINGS					DEDUCTIONS			TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	4,400.00	CCHCP1	60.17	120.34	FICA	21.07	239.23	GROSS	400.00	4,400.00
SALARY			400.00	4,400.00	CCHCP2	0.00	421.19	MEDICAR	4.93	55.97	TAXES	42.82	486.18
								STATE	16.82	190.98	DEDUCT	60.17	541.53
											NET	297.01	3,372.29

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 11/28/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 43 of 88. Entire source page shown.

2024 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 12/26/2024 PERIOD END:12/21/2024

EARNINGS				DEDUCTIONS			TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	4,800.00	CCHCP1 0.00	120.34	FICA	21.07	260.30	GROSS	400.00	4,800.00
SALARY			400.00	4,800.00	CCHCP2 60.17	481.36	MEDICAR	4.93	60.90	TAXES	42.82	529.00
							STATE	16.82	207.80	DEDUCT	60.17	601.70
										NET	297.01	3,669.30

DIRECT DEPOSIT
[redacted] 297.01

2024

** LACEY BRADSHAW **
[redacted]

DEPT: [redacted]
EMP#:
DATE: 12/26/2024
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 42 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 01/23/2025 PERIOD END:01/18/2025

EARNINGS					DEDUCTIONS			TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	400.00	CCHCP2 60.17	60.17	FICA	21.07	21.07	GROSS	400.00	400.00
SALARY			400.00	400.00			MEDICAR	4.93	4.93	TAXES	42.82	42.82
							STATE	16.82	16.82	DEDUCT	60.17	60.17
										NET	297.01	297.01

DIRECT DEPOSIT

[redacted] 297.01

2025

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 01/23/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

02/20/2025 PERIOD END:02/15/2025

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	800.00	CCHCP2	60.17	120.34	FICA	21.07	42.14	GROSS	400.00	800.00
SALARY			400.00	800.00				MEDICAR	4.93	9.86	TAXES	42.82	85.64
								STATE	16.82	33.64	DEDUCT	60.17	120.34
											NET	297.01	594.02

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 02/20/202
CHECK AMOUNT: $0.0
DEPOSIT AMOUNT: $297.0

City FOIA response - original attachment page 55 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

03/20/2025 PERIOD END:03/15/2025

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	1,200.00	CCHCP2 60.17	180.51	FICA 21.07	63.21	GROSS 400.00	1,200.00
SALARY			400.00	1,200.00			MEDICAR 4.93	14.79	TAXES 42.82	128.46
							STATE 16.82	50.46	DEDUCT 60.17	180.51
									NET 297.01	891.03

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 03/20/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 56 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

04/17/2025 PERIOD END:04/12/2025

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	1,600.00	CCHCP2	60.17	240.68	FICA	21.07	84.28 GROSS	400.00	1,600.00
SALARY			400.00	1,600.00				MEDICAR	4.93	19.72 TAXES	42.82	171.28
								STATE	16.82	67.28 DEDUCT	60.17	240.68
										NET	297.01	1,188.04

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 04/17/202
CHECK AMOUNT: $0.0
DEPOSIT AMOUNT: $297.0

City FOIA response - original attachment page 57 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

05/29/2025 PERIOD END:05/24/2025

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES		RECAP			
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	2,000.00	CCHCP2	0.00	240.68 FICA	24.80	109.08 GROSS	400.00	2,000.00
SALARY			400.00	2,000.00			MEDICAR	5.80	25.52 TAXES	50.40	221.68
							SIPAE	19.80	87.08 DEDUCT	0.00	240.68
									NET	349.60	1,537.64

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 05/29/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 58 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

06/26/2025 PERIOD END:06/21/2025

** LACEY BRADSHAW **

EARNINGS					DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	2,400.00	CCHCP2	60.17	300.85	FICA	21.07	130.15	GROSS 400.00	2,400.00
SALARY			400.00	2,400.00				MEDICAR	4.93	30.45	TAXES 42.82	264.50
								STATE	16.82	103.90	DEDUCT 60.17	300.85
											NET 297.01	1,834.65

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 06/26/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 59 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

07/24/2025 PERIOD END:07/19/2025

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES		RECAP		
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	2,800.00	COHCP2 60.17	361.02	FICA 21.07	151.22	GROSS 400.00	2,800.00
SALARY			400.00	2,800.00			MEDICAR 4.93	35.38	TAXES 42.82	307.32
							STATE 16.82	120.72	DEDUCT 60.17	361.02
									NET 297.01	2,131.66

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 07/24/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 60 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 08/21/2025 PERIOD END:08/16/2025

EARNINGS				DEDUCTIONS			TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	3,200.00	CCHCP2 60.17	421.19	FICA	21.07	172.29	GROSS	400.00	3,200.00
SALARY			400.00	3,200.00			MEDICAR	4.93	40.31	TAXES	42.82	350.14
							STATE	16.82	137.54	DEDUCT	60.17	421.19
										NET	297.01	2,428.67

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 08/21/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 61 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

09/18/2025 PERIOD END:09/13/2025

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	3,600.00	CCHCP2 60.17	481.36	FICA 21.07	193.36	GROSS 400.00	3,600.00
SALARY			400.00	3,600.00			MEDICAR 4.93	45.24	TAXES 42.82	392.96
							STATE 16.82	154.36	DEDUCT 60.17	481.36
									NET 297.01	2,725.68

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 09/18/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 62 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW **

10/30/2025 PERIOD END:10/25/2025

EARNINGS				DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	4,000.00	CCHCP2 0.00	481.36	FICA	24.80	218.16	GROSS 400.00	4,000.00
SALARY			400.00	4,000.00			MEDICAR	5.80	51.04	TAXES 50.40	443.36
							STATE	19.80	174.16	DEDUCT 0.00	481.36
										NET 349.60	3,075.28

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 10/30/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 63 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 11/26/2025 PERIOD END:11/22/2025

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	4,400.00	CCHCP2	60.17	541.53	FICA	21.07	239.23	GROSS	400.00	4,400.00
SALARY			400.00	4,400.00				MEDICAR	4.93	55.97	TAXES	42.82	486.18
								STATE	16.82	190.98	DEDUCT	60.17	541.53
											NET	297.01	3,372.29

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 11/26/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 64 of 88. Entire source page shown.

2025 alderman pay statements

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 12/24/2025 PERIOD END:12/20/2025

EARNINGS				DEDUCTIONS			TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	4,800.00	CCHCP2	60.17	601.70	FICA	21.07	260.30	GROSS	400.00	4,800.00
SALARY			400.00	4,800.00				MEDICAR	4.93	60.90	TAXES	42.82	529.00
								STATE	16.82	207.80	DEDUCT	60.17	601.70
											NET	297.01	3,669.30

DIRECT DEPOSIT

[redacted] 297.01

** LACEY BRADSHAW **

[redacted]

DEPT:
EMP#: [redacted]
DATE: 12/24/2025
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $297.01

City FOIA response - original attachment page 65 of 88. Entire source page shown.

EXHIBIT H

Insurance-related forwarding email

Holly Healy

From:	Holly Healy
Sent:	Tuesday, September 23, 2025 8:07 AM
To:	Greg Stewart
Cc:	Bill Stendeback; Cynthia Attebury
Subject:	Ordinance / Resolution for Review
Attachments:	no credit cards.docx; council no insurance.docx

Holly Healy
City of Carmi
City Administration/Economic Development
225 East Main Street
Carmi, IL 62821

Phone: 618 384 2001
EMAIL NOTICE: This email (and any attached files) is intended only for the designated recipient(s), and may contain information that is proprietary, privileged, confidential or protected by law. If you are not the designated recipient or if you believe you have received this email in error, please notify the sender immediately and delete all copies of the original email from your computer system. Please do not copy the email or use it for any purposes, or disclose its contents to any other party. Thank you for your cooperation.

INFORMATION SECURITY NOTICE: Recipients of privileged, confidential or protected data from City of Carmi are responsible for the handling of such data in accordance with applicable federal and state laws or regulations and industry best practices.

Clerk / attorney / council correspondence

Cynthia Attebury

From: Cynthia Attebury
Sent: Friday, October 3, 2025 11:37 AM
To: Greg Stewart
Cc: Bill Stendeback
Subject: City Insurance

Good morning. Regarding this resolution for [redacted]

Thanks
Cynthia

Clerk / attorney / council correspondence

Cynthia Attebury

From: Cynthia Attebury
Sent: Friday, October 3, 2025 10:07 PM
To: Jason Eaton
Subject: October 7, 2025 Council Meeting Agenda
Attachments: AGENDA 09.16.25.docx

Jason,
Here is the agenda for Tuesday's meeting. Please post this after 8 a.m. Friday, October 3rd.

Thank you.

Cynthia J. Attebury, City Clerk
City of Carmi
225 East Main Street
Carmi, IL 62821
O: 618-384-2001
C: 618-384-9540
clerk@cityofcarmi.com

Clerk / attorney / council correspondence

AGENDA
City of Carmi, Illinois
City Council Meeting
City Council Chambers, 225 East Main Street
October 7, 2025, at 5:30 p.m.

1. Call to order by Mayor Stendeback, Invocation and Pledge of Allegiance.
2. Roll Call.
3. Approve September 16, 2025, Council Meeting Minutes.
4. Approve September 16, 2025, Closed Council Meeting Minutes.
5. For council consideration, discussion and possible approval:
   a. Moran Economic Development, LLC., Invoice # 2807 in the amount of $1668.50 ($810.50 Paid by TIF1 and $858.00 paid by TIF2).
   b. Resolution 10.07.2025; A resolution for the temporary alley closure for Corn Day (Webb Hay)
   c. Resolution 10.08.2025; A resolution to open a checking account for the IEPA Loan for the Wastewater Treatment Plant Digesters Project.
   d. Resolution 10.09.2025; A resolution regarding the City Council Ineligibility for Health Insurance (Regular, ACP, or MRP reimbursements).
   e. Ordinance 1668; An ordinance regarding Carmi Light and Water not accepting credit and debit cards.
   f. Approval to advertise for demolition bids on 200 West Kerney Street Property.
6. Reports and/or updates from Mayor Stendeback.
7. Reports from Standing Committees.
8. Business or comments from visitors.
9. NO CLOSED SESSION.
10. Adjournment

William B. Stendeback, Mayor

EXHIBIT J

Unsigned draft resolution

Resolution No. 10.08.25

A Resolution Regarding City Council Members Ineligibility for Health Insurance

Whereas, there is no record of the Carmi City Council formally approving participation for City Council Members to receive City of Carmi health insurance benefits;

Whereas, under the Affordable Care Act, employees should work 30 hours a week to be offered health coverage;

Therefore, be it resolved by the Mayor and City Council that Carmi City Council Members at not eligible for health benefits from the City of Carmi.

Be it further resolved that Carmi City Council members may have access to the City's employer clinic.

Effective January 1, 2026.

_____
William B. Stendeback, Mayor

ATTEST: _____
Cynthia Attebury, Clerk

AYES: ___
NAYS: ___
Absent: ___
Abstain:___

EXHIBIT K

Signed Resolution 10.09.25 with vote note

Resolution No. 10.09.25

A Resolution Regarding City Council Members Ineligibility for Health Insurance

Whereas, there is no record of the Carmi City Council formally approving participation for City Council Members to receive City of Carmi health insurance benefits;

Whereas, under the Affordable Care Act, employees should work 30 hours a week to be offered health coverage;

Therefore, be it resolved by the Mayor and City Council that Carmi City Council Members at not eligible for health benefits from the City of Carmi.

Be it further resolved that Carmi City Council members may have access to the City's employer clinic.

Effective January 1, 2026.

Approved this 7th day of October, 2025.

William B. Stendeback, Mayor

ATTEST: Cynthia Attebury, Clerk

AYES: 6
NAYS: 1
Absent: -
Abstain: 1

The Council voted AGAINST doing away with the insurance (health) for Council Members

Signed resolution from separately supplied original; entire source page shown.

October 7, 2025 council minutes (transcription)

OCTOBER 7, 2025 CITY COUNCIL MINUTES

User-supplied transcription of the minutes. This is not an image of a certified official copy. Spelling and wording are preserved as supplied.

The Carmi City Council held the regular monthly council meeting on October 7, 2025, at 5:30 p.m. in the City Council Room. The meeting was called to order by Mayor Stendeback.

Prior to opening the council meeting, Mayor Stendeback asked Alderman Doug Hays to give the invocation followed by the Pledge of Allegiance.

Mayor Stendeback presided with the following Alderpersons present: Greg Knight, Mark W. Blake, Tracy Nelson, Lacey Bradshaw, Mike Knight, Doug Hays, Jeremy Courson and Jack Bradshaw.

The Council Meeting Closed Minutes from September 16, 2025, were presented for approval. Alderperson Hays made a motion to approve with a second by Alderperson Bradshaw. The motion carried on roll call by each Alderperson present answering "yes" except for Alderperson Courson who abstained.

The Special Council Meeting Minutes from September 11, 2025, were presented for approval. Alderperson Hays made a motion to approve with a second by Alderperson Blake. The motion carried on roll call by each Alderperson present answering "yes."

For council consideration, discussion, and possible approval

a. Moran Economic Development, LLC, Invoice #2807 in the amount of $1668.50 ($810.50 paid by TIF1 and $858.00 paid by TIF2). Alderperson Hays made a motion to approve the above invoice with a second by Alderperson Lacey Bradshaw. The motion carried on roll call by each Alderperson present answering "yes."

b. Resolution 10.07.2025; A resolution for the temporary alley closure for Corn Day (Webb Hay). Alderperson Courson made a motion to approve the above resolution. The motion was seconded by Alderperson Lacey Bradshaw. The motion carried on roll call by each Alderperson present answering "yes."

c. Resolution 10.08.2025; A resolution to open a checking account for the IEPA Loan for the Wastewater Treatment Plant Digester Project. Alderperson Blake made a motion to approve the above resolution with a second by Alderperson Jack Bradshaw. The motion carried on roll call by each Alderperson present answering "yes."

d. Resolution 10.09.2025; A resolution regarding the City Council Ineligibility for Health Insurance (Regular, ACP and MRP reimbursements). Mayor Stendeback turned the floor over to City Clerk Attebury who began discussing what the above resolution was referring to. However, Alderperson Bradshaw stated he was "not for this" and "it should have been discussed earlier." At that time Alderperson Jack Bradshaw made a motion to not approve the above resolution with a second by Alderperson Nelson. At that point, Alderperson Bradshaw wanted to discuss the issue which after consulting with the City attorney, was at the discretion of the Mayor which the Mayor did allow. City Clerk Attebury provided information regarding the cost of Alderperson's being on insurance. To insure a family of 4, costs the city approximately $26,000 which does not include any claims. The City of Carmi's Health Care Plan states an employee must work 30 hours per week in order to be eligible for the health insurance. Therefore, according to the Plan, the Alderperson's would not be eligible for the health insurance. Alderperson Lacey Bradshaw said the plan could be changed which Clerk Attebury said it could be, but not until 2026 due to many changes occurring with the health insurance already this year. After a lengthy discussion, the Resolution was brought to a vote. Alderperson Mark Blake voted "No" to not allow the alderpersons to have insurance due to it not being legal in accordance with the healthcare plan.

Alderperson Doug Hays "abstained" from the vote. However, pursuant to Prosser v. Village of Fox Lake 91-l112d 389, the vote of Alderperson Hays is being listed as a yea. The remaining alderpersons present voted "yes" to continue the health insurance for the Alderpersons.

e. Ordinance 1668; An ordinance regarding Carmi Light and Water not accepting credit and debit cards. Mayor Stendeback said he was again bringing the credit card fees to the Council. The month of September 2025, the fees were around $52,000 which Carmi Light and Water is paying for credit card usage. With the fees continuing to increase monthly, within the next 12 months, we could potentially be paying over $600,000 in fees. The credit card company is Global Payment Systems, which is one of a few that integrates with the Carmi Light and Water software, Tyler Technology. Clerk Attebury said contact had been made with First Mid Bank to see what processing company they use which is Global Payment Systems. We have also had meetings with First Bank who has been trying to assist Carmi Light and Water with this issue. Alderperson Hays said he fees like this is a service we should provide to the residents but definitely not at a $600,000 cost to Carmi Light and Water. After a lengthy discussion, Alderperson Hays made a motion to table this ordinance until more information could be received. Clerk Attebury told Alderperson Hays that in order for this ordinance to go into effect, it has to be publicized in a newspaper for 30 days prior to effect date. Alderperson Blake seconded the motion. The motion carried on roll call by each Alderperson present answering "yes."

f. Approval to advertise for demolition bids on 200 West Kerney Street Property. Alderperson Blake made a motion for approval to advertise for demolition bids with a second by Alderperson Courson. The motion carried on roll call by each Alderperson present answering "yes."

Reports and/or updates from Mayor Stendeback

None.

EXHIBIT M

December 18, 2025 coverage-end email

Cynthia Attebury

From:	Cynthia Attebury
Sent:	Thursday, December 18, 2025 9:19 AM
To:	Greg Stewart
Subject:	City Insurance

Good morning, Greg. The Mayor has made the decision to terminate offering Aldermen or anyone else that does not meet the standard requirements health insurance effective January 1, 2026.

Thank you.

Cynthia J. Attebury, City Clerk
City of Carmi
225 East Main Street
Carmi, IL 62821
O: 618-384-2001
C: 618-384-9540
clerk@cityofcarmi.com

EXHIBIT N

January 22, 2026 pay statement

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 01/22/2026 PERIOD END:01/17/2026

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	400.00			FICA	24.80	24.80	GROSS	400.00	400.00
SALARY			400.00	400.00			MEDICAR	5.80	5.80	TAXES	50.40	50.40
							STATE	19.80	19.80	NET	349.60	349.60

DIRECT DEPOSIT

[redacted] 349.60

2026

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 01/22/2026
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 66 of 88. Entire source page shown.

EXHIBIT O

Termination request: February 1 effective date

GROUP NAME: City of Carmi

Fax to: 309-674-5420

Email to: **carolmutmed@hotmail.com** (put "MEMBERSHIP" in the Subject Line)

New Members	Eff. Date

Terminated Members	Eff. Date
Lacey Bradshaw	2-1-16

Present Name under Plan	Name or Contract Change	Eff. Date of Change	Single to Family	Family to Single

PREPARED BY: CYNTHIA J. ATTEBURY CJA DATE: 2-02-2016

2026 payroll and status materials

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 02/19/2026 PERIOD END:02/14/2026

EARNINGS					DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	800.00			FICA	24.80	49.60	GROSS 400.00	800.00
SALARY			400.00	800.00			MEDICAR	5.80	11.60	TAXES 50.40	100.80
							STATE	19.80	39.60	NET 349.60	699.20

DIRECT DEPOSIT
[redacted] 349.60

** LACEY BRADSHAW **
[redacted]

DEPT: [redacted]
EMP#:
DATE: 02/19/2026
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 67 of 88. Entire source page shown.

2026 payroll and status materials

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

03/19/2026 PERIOD END:03/14/2026

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES		RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD	CURRENT	YTD	CURRENT	YTD
GROSS			400.00	1,200.00			FICA 24.80	74.40 GROSS	400.00	1,200.00
SALARY			400.00	1,200.00			MEDICAR 5.80	17.40 TAXES	50.40	151.20
							STATE 19.80	59.40 NET	349.60	1,048.80

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 03/19/2026
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 68 of 88. Entire source page shown.

2026 payroll and status materials

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 04/30/2026 PERIOD END:04/25/2026

EARNINGS				DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	1,600.00			FICA	24.80	99.20	GROSS	400.00	1,600.00
SALARY			400.00	1,600.00			MEDICAR	5.80	23.20	TAXES	50.40	201.60
							STATE	19.80	79.20	NET	349.60	1,398.40

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 04/30/2026
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 69 of 88. Entire source page shown.

2026 payroll and status materials

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW **

05/28/2026 PERIOD END:05/23/2026

EARNINGS				DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	2,000.00			FICA	24.80	124.00	GROSS 400.00	2,000.00
SALARY			400.00	2,000.00			MEDICAR	5.80	29.00	TAXES 50.40	252.00
							STATE	19.80	99.00	NET 349.60	1,748.00

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 05/28/2026
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 70 of 88. Entire source page shown.

2026 payroll and status materials

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW **

06/25/2026 PERIOD END:06/20/2026

EARNINGS				DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	2,400.00			FICA	24.80	148.80	GROSS	400.00	2,400.00
SALARY			400.00	2,400.00			MEDICAR	5.80	34.80	TAXES	50.40	302.40
							STATE	19.80	118.80	NET	349.60	2,097.60

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 06/25/2026
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 71 of 88. Entire source page shown.

2026 payroll and status materials

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 07/23/2026 PERIOD END:07/18/2026

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	2,800.00			FICA	24.80	173.60	GROSS	400.00	2,800.00
SALARY			400.00	2,800.00			MEDICAR	5.80	40.60	TAXES	50.40	352.80
							STATE	19.80	138.60	NET	349.60	2,447.20

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 07/23/2026
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

** LACEY BRADSHAW ** 08/20/2026 PERIOD END:08/15/2026

EARNINGS				DEDUCTIONS		TAXES			RECAP		
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD		CURRENT	YTD
GROSS			400.00	3,200.00			FICA	24.80	198.40	GROSS	400.00	3,200.00
SALARY			400.00	3,200.00			MEDICAR	5.80	46.40	TAXES	50.40	403.20
							STATE	19.80	158.40	NET	349.60	2,796.80

DIRECT DEPOSIT
[redacted] 349.60

** LACEY BRADSHAW **
[redacted]

DEPT: [redacted]
EMP#:
DATE: 08/20/2026
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

2026 payroll and status materials

***** D I R E C T D E P O S I T S T U B *****

CITY OF CARMI, IL

09/17/2026 PERIOD END:09/12/2026

** LACEY BRADSHAW **

EARNINGS				DEDUCTIONS		TAXES			RECAP	
	HOURS	RATE	CURRENT	YTD	CURRENT	YTD		CURRENT	YTD	CURRENT	YTD
GROSS			400.00	3,600.00			FICA	24.80	223.20	GROSS 400.00	3,600.00
SALARY			400.00	3,600.00			MEDICAR	5.80	52.20	TAXES 50.40	453.60
							STATE	19.80	178.20	NET 349.60	3,146.40

DIRECT DEPOSIT

[redacted] 349.60

** LACEY BRADSHAW **

[redacted]

DEPT: [redacted]
EMP#:
DATE: 09/17/2026
CHECK AMOUNT: $0.00
DEPOSIT AMOUNT: $349.60

City FOIA response - original attachment page 74 of 88. Entire source page shown.

2026 payroll and status materials

Buckman	Not active	CM	[redacted]	L&W	Not active
Blazier	Michael	CM		L&W	Not active
Gwaltney	Bucky	CM		L&W	Water Plant
Jordan	Jimmy	CM		L&W	Water Wells
Howard	Scott	CM		L&W	Not active
Sullivan	James Bryan	CM		L&W	Sewer
Elliott	George F	CM		L&W	Not active
Starks	Stacy	CM		L&W	Sewer
Combs	Michael	CM		L&W	Welding
Scott	Van	CM		L&W	Water Plant
Carlin	Kevin	CM		L&W	Not active
Cleveland	Kurt	CM		L&W	Water Plant
Hale	Curtis	CM		L&W	Water
Large	Wm Todd	CM		L&W	Serviceman
Gilpin	Matthew	CM		L&W	Line Maint
Smith	Michael	CM		L&W	Line Maint
Davis	Donald	CM		L&W	WWTP
Buttry	Sarah	CM		L&W	Lt Plant
Heern	Aleta	CM		L&W	Not Active
Bradshaw	Lacey	CM		L&W	Inactive
Jordan	Kenneth	CM		L&W	Not Active
Callin	Kelly	CM		City	Not active
Nelson	Trevor	CM		L&W	Water
Burnett	Cheryl	CM		L&W	Light Plant
Mason	Rob	CM		L&W	WWTP
Sexton	Anthony	CM		L&W	Sewer
Walters	Brooke	CM		L&W	L&W Adm
Holloman	Lee	CM		L&W	Water
Nelson	Cody	CM		L&W	Water Wells
Rush	John IV	CM		L&W	Lt Plant
Nelson	Andrew	CM		L&W	Lt Plant
Taylor	Billy	CM		L&W	Parks
Belford	Jason	CM		L&W	Inactive
Nelson	Christopher	CM		L&W	Sewer
Gunter	Mitch	CM		L&W	Inactive
Smock	Douglas Jake	CM		L&W	Meter Reader
Stewart	Camden	CM		L&W	Meter Reader
Cox	Sean M.	CM		L&W	Sewer
Kittinger	Scott	CM		L&W	Inactive
Bell	Jason	CM		L&W	WWTP
Knight	Jordan	CM		L&W	Water
Sutton	Chase	CM		L&W	Line Maint
Brown	Dewayne	CM		L&W	Water
Hardy	Timothy	CM		L&W	Tree Dept
Turner	Timothy	CM		L&W	Tree Dept
Grider	Andrew	CM		City	Police
Headlee	Thomas C.	CM		City	Parks
Smith	Douglas	CM		City	Inactive
Attebury	Cynthia	CM		City	Elect Official
Baker	Jack	CM		City	Street
Attebury	Bradley	CM		City	Street
Leggett	Doug	CM		City	Inactive
Graves	Amber	CM		City	Police
Large	Keith	CM		L&W	Sewer
Evans	Patty	CM		City	Inactive
Hertzing	Jordan	CM		City	Inactive
Lucas	Jonathan	CM		City	Office
Huber	Donna	CM		City	Inactive
Buttry	Dustin	CM		City	Police
Pollard	Christopher	CM		City	Inactive
Carter	Jason	CM		City	Police
Spence	Bradley	CM		City	Parks

ID NUMBERS
May 8, 2026

EXHIBIT Q | 1 OF 3

Investigator-prepared summary of City correspondence; not an original City response.

I compared the FOIA requests and replies by **requested category**. The neutral label "third-party requester" is used to protect that individual. The distinction matters: the City reported records for certain premium categories, not an absence of all premium documents.

Request / date	City reply	Records requested and outcome
09/05 third-party request	09/22 City answer	City expenditures / separation / coverage: attachments reported; participant payments and COBRA: no responsive records.
09/16 request 26.30	09/29 City answer	Categories 1-5,7: responsive materials attached; category 6, legal authority for alderman coverage: no responsive documents.
09/29 supplemental 26.32	09/30 and 10/22	Extension through Oct. 14; demand Oct. 22; substantive answer Oct. 22. The City reported attachments for premium-related categories.

Investigative point: A statement that responsive records were attached does not establish a complete invoice-to-payment reconciliation. A statement that no responsive records were held does not prove those records were destroyed or never existed.

EXHIBIT Q | 2 OF 3

Investigator-prepared summary of City correspondence; not an original City response.

September 29, 2026 supplemental request, answered October 22, 2026. Reported response terms are summarized rather than quoted as an authenticated response.

#	Requested category	City response
1	January 2024 form: preparation, signature and authorization	Records attached
2	Why the $120.34 amount differs from $60.17 deductions	No responsive documents
3	Complete enrollment transaction history	Records attached
4	Coverage tier, covered dependents and premiums	Records attached
5	Monthly premium, City share, participant share, credits/refunds	Records attached
6	Final employment and insurance eligibility dates	Records attached
7	Legal authority for elected-official coverage	No responsive documents

The City said premium and City-payment documents were attached under #5, but reported no records explaining the $120.34 versus $60.17 figures under #2, or establishing elected-official authority under #7.

EXHIBIT Q | 3 OF 3

Investigator-prepared summary of City correspondence; not an original City response.

Remaining categories of FOIA 26.32, including the City Council vote, termination timing, communications and audit trails.

#	Requested category	City response
8	October 2025 council action / related communications	Records; attorney-privilege redactions
9	January versus February 2026 termination records	Records attached
10	Coverage communications and 2024 enrollment	No responsive documents
11	Enrollment/payroll audit and activity logs	No responsive documents
12	Nonprivileged records given to / reviewed by counsel	No responsive documents
13	Search methodology notes / existing records	No responsive documents

I have requested the actual invoices, remittances, payroll contribution registers, credits, refunds and the authorization history. The outstanding question is how much the City paid by month, not merely what was withheld from an alderman paycheck.

Source chronology: September 5 request / September 22 reply; September 16 FOIA 26.30 / September 29 reply; September 29 FOIA 26.32 / September 30 extension / October 22 demand and response.