Rochelle, IL

Payment Register

APPKT04991 - Exception Run 12/17/25 Anderson & Nextgen TIF
01 - Vendor Set 01

Bank: Allocated Cash - Allocated Cash

Vendor Number	Vendor Name	Total Vendor Amount
04452	ANDERSON, JASON	4,475.80

Payment Type	Payment Number	Payment Date	Payment Amount
Check	219247	12/17/2025	4,475.80

Payable Number	Description	Payable Date	Due Date	Discount Amount	Payable Amount
121525	HEALTH INSURANCE PREMIUMS PER RETIREMENT CONTI	12/15/2025	12/15/2025	0.00	4,475.80

Vendor Number	Vendor Name	Total Vendor Amount
INC1515	NEXTGEN VENTURES ROCHELLE LLC	50,000.00

Payment Type	Payment Number	Payment Date	Payment Amount
Check	219248	12/17/2025	50,000.00

Payable Number	Description	Payable Date	Due Date	Discount Amount	Payable Amount
12/12/25	TIF Reimbursement Per Dev Agreement 4.10.23	12/12/2025	12/12/2025	0.00	50,000.00

Payment Summary

Bank Code	Type		Payable Count	Payment Count	Discount	Payment
Allocated Cash	Check		2	2	0.00	54,475.80
		Packet Totals:	**2**	**2**	**0.00**	**54,475.80**

Cash Fund Summary

Fund	Name		Amount
91	Cash Allocation		-54,475.80
		Packet Totals:	**-54,475.80**