

# FollowUp Form

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## *Pinellas CARES Nonprofit Partnership Fund*

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### **Project Name\***

Feeding and supporting the poor and homeless

### **Priority Funding Areas**

Food

### **Award Type**

Reimbursement for Future Programming

### **Unit of Service**

This will only be visible to Administrators and will enable question branching in the case that an organization has specified a unit-of-service cost.

### **Amount Awarded for Future Programming**

\$11,700.00

### **Amount Spent - September 27 to 30, 2020\***

How much grant funding was spent between **September 27 to 30, 2020?**

\$131.86

### **Amount Spent - September 2020\***

How much grant funding was spent during the **entire month of September 2020?**

\$2,984.40

### **Amount Spent - October 1 to 3, 2020\***

How much grant funding was spent between **October 1 to 3, 2020?**

\$0.00

## Amount Spent as of October 3, 2020\*

How much of the awarded funding was spent **from project inception to October 3, 2020?**

\$2,984.40

## Brief Spending Narrative\*

Please briefly explain the spending activities from **September 27 to October 3, 2020**. If you have not expended any funds, please explain why.

**Example:** ABC Charity has only expended \$1,000 this week on program personnel while our food pantry was open. ABC Charity buys its food in bulk on the 15th of every month, and therefore there will be an uptick in expenditure that week.

\$131.86 / Walmart - homeless bag contents, and instant potatoes for food bank support

## Client Story\*

Please give the true story of a client served this month by your programming. You may change identifying details. This allows us to connect to your programming on an emotional level.

We received this email from a volunteer that gave a Blessing Bag to a homeless person. This morning I encountered a senior gentleman for the 2nd time, seated outside Einstein Bagels. I looked back at him & noticed what appeared to be his suitcase and some items in a close-by shopping cart, all his worldly possessions. I realized he was homeless & would make good use of all the goodies packed in one of our blessing bags. I asked him if he was homeless. He nodded yes & with difficulty told me he was deaf. He was grateful when I handed over the blessing bag to him. At first he did not understand He replied, but it was intelligible. I pulled down my mask and said, "My name is Mark." After a few attempts, he was able to tell me his name was Louis. We shook hands and said goodbye. On the way to my car, I felt good that we had given Louis some items to comfort him for a little while. Even with his speech impediments & hearing impairment obstructing our communication, however, we connected.

## *Food Metrics*

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Please read this section's instructions carefully.

For easy reference, below are the reported numbers of individuals served from your previous weekly reports during the month of September. Please sum these numbers together with the reported number of individuals served between September 27 and 30, 2020.

### September 1 to 5, 2020 - Individuals Served - Food

### September 6 to 12, 2020 - Individuals Served - Food

### September 13 to 19, 2020 - Individuals Served - Food

258

### September 20 to 26, 2020 - Individuals Served - Food

750

### September 27 to 30, 2020 - Individuals Served - Food\*

Please specify the number of individuals that were served food between September 27 and 30, 2020 through this grant funding.

15

### September 2020 - Actual Total # Served - Food\*

Please verify the numbers above for correctness. Then please sum the numbers above from your previous reports, and add the individuals served **food** through this funding for the dates of September 27 to 30, 2020. This is your total for how many individuals were served food in **September 2020** through this grant funding.

1023

### September 2020 Projections - Food

This was the number of individuals your organization projected it would serve in **September 2020** through this grant funding.

866

### October 1 to 3, 2020 - Individuals Served - Food\*

Please specify the number of individuals that were served food between October 1 and 3, 2020 through this grant funding. **Do NOT include this number in your sum total above of the number of individuals served for September.**

0

### September 27 to 30 - ZIP Codes of Individuals Served - Food\*

Please **SUCCINCTLY** describe the ZIP codes of program services and program recipients (if recipient data is available). **These numbers should add up to the number of total individuals served specified above.**

**FOLLOW THE EXAMPLE FORMAT EXACTLY.**

**ZIP CODE: Number served**

**Example**

Food Distribution Site at Tropicana Field (Program Service ZIP Code)  
33705: 700

Home-Delivered Meals at Recipients' Homes (Participant ZIP Codes)  
33782: 5  
33764: 3  
33760: 8

Homeless Bags  
33770: 15

**October 1 to 3 - ZIP Codes of Individuals Served - Food\***

Please **SUCCINCTLY** describe the ZIP codes of program services and program recipients (if recipient data is available). **These numbers should add up to the number of total individuals served specified above.**

**FOLLOW THE EXAMPLE FORMAT EXACTLY.**

**ZIP CODE: Number served**

**Example**

Food Distribution Site at Tropicana Field (Program Service ZIP Code)  
33705: 700

Home-Delivered Meals at Recipients' Homes (Participant ZIP Codes)  
33782: 5  
33764: 3  
33760: 8

none

***Cost Reimbursement Basis - Justification of Expenditures***

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**Monthly Reimbursement Request\***

Please complete the Pinellas CARES Reimbursement Request worksheet, attach appropriate backup documentation and upload as a PDF here.

If you have a regular reporting/invoicing process, you may use your own similar worksheet, however, for your convenience, we have provided a template you can **DOWNLOAD HERE**.

If you have any notes on this document, please put them in the field below.

September Report- Senior Sunshine.pdf

Please note that PCF paid for one invoice that is reported with this reimbursement.

I listed it on Line 17 as a deduction from the current month reimbursement request.

I included mileage allowance expense, with details in the spreadsheet.

The new line item is in the revised budget summary that I submitted October 9th, to replace a portion of the indirect cost to be deleted.

# File Attachment Summary

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## *Applicant File Uploads*

- September Report- Senior Sunshine.pdf

**Pinellas Community Foundation**

**Pinellas CARES Nonprofit Partnership Fund Grant Reimbursement Request**

Organization Name: Senior Sunshine Series, Inc.

Month: September 2020

<b>Budget Category/Line Item</b>	<b>Program Budget - Total</b>	<b>Cumulative expenses as of end of Prior Month</b>	<b>Current Month Reimbursement Request</b>	<b>Total Expended to Date</b>
Personnel <i>(provide payroll registers, should include hours worked (i.e. timesheet) and rate per hour, and documentation to allocate payroll between CARES Act pay and regular pay)</i>		\$ -	\$ -	\$ -
Equipment <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>			-	\$ -
Supplies <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	10,210	-	2,514	\$ 2,514
Occupancy <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>			-	\$ -
Local Travel <i>(for mileage use Mileage Reimbursement tab for other local travel expenses provide receipts and check stubs/credit card statements)</i>	575	-	44	\$ 44
Training <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>			-	\$ -
Design, Printing, Marketing & Postage <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	88	-	-	\$ -
Capital <i>(provide invoices/receipts and check stubs/credit card statement showing payment - for purchased over \$10,000 provide documentation of 3 quotes)</i>			-	\$ -
Purchased Services <i>(provide invoices/receipts and check stubs/credit card statement showing payment)</i>	426	-	426	\$ 426
<b>TOTAL</b>	<b>\$ 11,299</b>	<b>\$ -</b>	<b>\$ 2,984</b>	<b>\$ 2,984</b>

By signing the reimbursement request you affirm that expenses were to create new programs or expand programs that are necessary to address the COVID-19 pandemic.

Prepared By: \_\_\_\_Jim Blackwell

Date: 10/15/20\_\_\_\_

Reviewed By: \_\_Yanna Blackwell\_\_\_\_

Date: 10/15/20\_\_\_\_

Request above

Already paid out October 2

Net Reimbursement requested

\$	2,984
\$	(1,490)
\$	1,494

## Supplies Expenses

Invoice Date	Invoice #	Vendor	Amount
9/14/2020	-	Gordons / chickens	\$ 537.68
15-Sep		Walmart / Senior food	\$ 110.82
24-Sep		Amazon / homeless bags	\$ 173.40
24-Sep		Amazon / homeless bags	\$ 72.99
26-Sep	9561156	Colorado Boxed Beef	\$ 1,490.00
30-Sep		Walmart / homeless+food bank	\$ 129.56
			\$ 2,514.45

### Supplies Budget to Actual

	<i>Budget</i>	<i>Cur Spend</i>	<i>Cum Spend</i>	<i>Remaining</i>
Chickens	\$ 8,000.00	\$ 2,027.68	\$ 2,027.68	\$ 5,972.32
Homeless Bags	\$ 960.00	\$ 340.70	\$ 340.70	\$ 619.30
Eggs & Food Bank Support	\$ 930.00	\$ 35.25	\$ 35.25	\$ 894.75
Senior Groceries	\$ 320.00	\$ 110.82	\$ 110.82	\$ 209.18
	\$ 10,210.00	\$ 2,514.45	\$ 2,514.45	\$ 7,695.55





## Purchased Services Expenses

Invoice Date	Invoice #	Vendor	Amount
2-Sep		CoverWallet	426.25
		Insurance required for grant	
		One third of annual premium	

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426.25



# Gordon FOOD SERVICE STORE

Clearwater  
1661 Gulf to Bay Boulevard  
Clearwater, FL 33755  
(727) 442-2622  
www.gfastore.com

Silly Sinatra  
2802458

Cashier: KATHY

WT 52.800 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	62.27
WT 8668310	
WT 52.200 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	51.68
WT 8668310	
WT 55.100 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	54.55
WT 8668310	
WT 52.900 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	52.37
WT 8668310	
WT 55.000 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	54.45
WT 8668310	
WT 54.400 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	53.86
WT 8668310	
WT 53.200 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	52.67
WT 8668310	
WT 55.100 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	54.55
WT 8668310	
WT 54.900 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	54.35
WT 8668310	
WT 57.500 lb @ 0.99 /lb MAN WT	
WT CHIX RWA 12-5#AVG	56.93
WT 8668310	
TAX	0.00
**** BALANCE	537.68

Card: \*\*\*\*\*6710 - C  
Approval Code: 56  
Purchase  
VERIFIED BY PIN  
US DEBIT

AID: A0000000042203  
AC: 72F2F3049F2D5E45  
TVR: S000048000  
TID: 4

Debit 537.68  
CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 10  
09/14/20 02:12pm 755 4 143 74980

Qualifying GO! Points earned: 543

You are in the Silver Gordon GO! tier.

\*\*\*\*\*

Tell us how we are doing

## Deposits and other credits

Date	Description	Amount
09/14/20	BKOFAMERICA MOBILE 09/13 3808883987 DEPOSIT *MOBILE FL	50.00
09/22/20	BKOFAMERICA MOBILE 09/22 3786712110 DEPOSIT *MOBILE FL	1,000.00
09/28/20	BKOFAMERICA MOBILE 09/26 3792729066 DEPOSIT *MOBILE FL	300.00
09/28/20	BKOFAMERICA MOBILE 09/26 3792727476 DEPOSIT *MOBILE FL	230.60
09/28/20	MONTHLY SERVICE CHARGE REFUND	17.00
09/29/20	BKOFAMERICA MOBILE 09/29 3615036131 DEPOSIT *MOBILE FL	65.00
<b>Total deposits and other credits</b>		<b>\$1,662.60</b>

## Withdrawals and other debits

Date	Description	Amount
09/25/20	Chase Credit Cards Bill Payment	-35.00
Card account # XXXX XXXX XXXX 6710		
09/14/20	GFS STORE 1661 09/14 #000810609 PURCHASE GFS STORE 1661 Gu Clearwater FL	-537.68
09/15/20	DOLLAR TREE 09/15 #000052549 PURCHASE 12002 INDIAN ROCK LARGO FL	-77.04
<b>Subtotal for card account # XXXX XXXX XXXX 6710</b>		<b>-\$614.72</b>
<b>Total withdrawals and other debits</b>		<b>-\$649.72</b>

## Checks

Date	Check #	Amount
09/29/20	1039	-1,460.95
<b>Total checks</b>		<b>-\$1,460.95</b>
<b>Total # of checks</b>		<b>1</b>

now Sept 2020

Give us feedback @ survey.walmart.com  
Thank you! ID #:7P9VDVJMM42



727-347-1188 Mgr:TBD  
10237 BAY PINES BLVD  
ST PETERSBURG FL 33708

ST# 01536 OP# 001731 TE# 01 TR# 00750

GV CHOCCHIP	007874225992	F		
7 AT 1 FOR	1.38		9.66	N
GV OATMEAL	007874215986	F	1.38	N
BULK LEMONS	000000004958KF			
2 AT 1 FOR	0.57		1.14	N
GREAT VALUE	007874218154	F		
8 AT 1 FOR	1.23		9.84	D
GV TRAD CKN	007874224880	F		
8 AT 1 FOR	1.42		11.36	0
GV CHKY BEE	007874224877	F		
8 AT 1 FOR	1.42		11.36	0
GV SALTINE	007874235141	F	1.23	N
GV SALTINE	007874235141	F	1.23	N
SP PUDDING	002700041926	F	2.52	N
CRACKER	007641090425	F	5.18	N
SNACK NUTS	002900001869	F	4.98	N
RTG SQUEEZ	084886004637	F	5.98	0
CHEF BOY ARD	006414404322	F		
9 AT 1 FOR	0.88		7.92	0
GV CHNK CHKN	007874200101	F	0.98	N
GV CHNK CHKN	007874200101	F	0.98	N
GV CHNK CHKN	007874200101	F	0.98	N
GV CHNK CHKN	007874200101	F	0.98	N
GV CHNK CHKN	007874200101	F	0.98	N
GV CHNK CHKN	007874200101	F	0.98	N
GV CHNK CHKN	007874200101	F	0.98	N
GV CHNK CHKN	007874200101	F	0.98	N
GV CHNK CHKN	007874200101	F	0.98	N
GV CHNK CHKN	007874200101	F	0.98	N
GV RAISINS	007874201599	F	1.98	N
SK TNA SALAD	008000050239	F	1.24	0
SK TNA SALAD	008000050239	F	1.24	0
SK TNA SALAD	008000050239	F	1.24	0
SK TNA SALAD	008000050239	F	1.24	0
BBQ VIENNA 6	005410083340	F	2.98	0
BBQ VIENNA 6	005410083340	F	2.98	0
BBQ VIENNA 6	005410083340	F	2.98	0
GV M C 7.25	007874235885	F		
7 AT 1 FOR	0.34		2.38	0
GREAT VALUE	007874223621	F	4.98	0
APL SCE 1BPK	001480000209	F	4.98	0

SUBTOTAL 110.82

TOTAL 110.82

VISA TEND 110.82

VISA CREDIT \*\*\*\* \* 3687 I 2

APPROVAL # 02146C

REF # 025900540663

TRANS ID - 380259534712645

VALIDATION - G3BR

PAYMENT SERVICE - E

AID A0000000031010

AAC A057FD299CA2067B

TERMINAL # SC010526

09/15/20 10:51:13

CHANGE DUE 0.00

# ITEMS SOLD 75

TC# 0243 0199 8122 7213 6002 9



09/15/20 10:51:14

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

Activity

Statements & Documents

Information & Services

All Transactions ▼ [View Spending & Budgeting](#)

Enter keyword, amount or mm/dd/yyyy 🔍

[More options](#) ▼

Newest | Next | Previous | Oldest

Show deals: On ▼ | Download ▼ | [Print this view](#)

Date <span>▼</span>	Description	Type <span>▼</span>	Status <span>▼</span>	Amount	Available Balance
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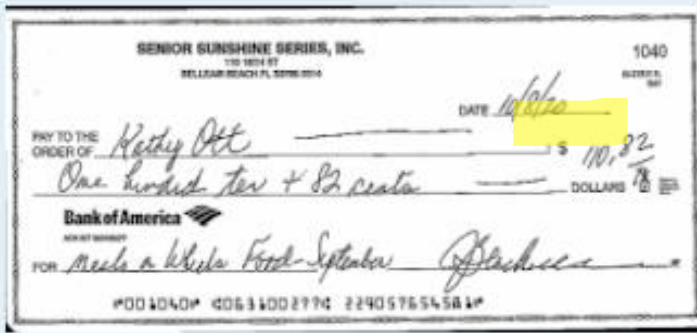
Amount included in Available Balance

<span>▶</span> 10/13/2020	<a href="#">Check 1040</a>		<span>C</span>	-110.82	2,647.80
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[Edit Description](#)

Merchant name: ? [Check](#) [Edit](#)

Transaction category: ? [Cash, Checks & Misc: Checks](#) [Edit](#)



[Front view](#) | [Back view](#) | [Both sides](#) | [Print image & details](#)

If you are unable to view this item and require customer service to describe it to you, please call the customer service phone number located on your account statement. More information about images and image availability.

<span>▶</span> 10/06/2020	BKOFAMERICA MOBILE 10/06 3799863888 DEPOSIT *MOBILE FL		<span>C</span>	500.00	2,758.62
<span>▶</span> 10/06/2020	BKOFAMERICA MOBILE 10/06 3799862922 DEPOSIT *MOBILE FL		<span>C</span>	1,460.95	2,258.62
<span>▶</span> 10/02/2020	BKOFAMERICA MOBILE 10/02 3794480358 DEPOSIT *MOBILE FL		<span>C</span>	250.00	797.67

zello

BUSINE  
Pay y  
\$15,00  
no fe

Che



Cash  
rewar

See h

OK

G  
FAC



57



**Details for Order #113-8665051-5197869**

[Print this page for your records.](#)

**Order Placed:** September 24, 2020  
**Amazon.com order number:** 113-8665051-5197869  
**Order Total: \$173.40**

**Preparing for Shipment****Items Ordered**

1 of: *Yacht & Smith Wholesale Bulk Winter Beanies, Cold Weather Thermal Stretch Skull Cap, Mens Womens Unisex Hat* **Price**  
Sold by: Wholesale Sock Deals ([seller profile](#)) **\$86.40**

Condition: New

1 of: *Wholesale Bulk Winter Magic Gloves Warm Brushed Interior, Stretchy Assorted Mens Womens* **Price**  
Sold by: Wholesale Sock Deals ([seller profile](#)) **\$87.00**

Condition: New

**Shipping Address:**

Jim Blackwell  
110 18TH ST  
BELLEAIR BEACH, FL 33786-3314  
United States

**Shipping Speed:**

Standard Shipping

**Details for Order #113-7124256-5916265**

[Print this page for your records.](#)

**Order Placed:** September 24, 2020  
**Amazon.com order number:** 113-7124256-5916265  
**Order Total: \$72.99**

**Not Yet Shipped****Items Ordered**

1 of: *Wealers Rain Ponchos for Adults Teens Disposable Rain Poncho Bulk Pack Women Men Emergency Raincoat Big Groups Theme Parks Camping Outdoors Multi Colors Waterproof Rain Ponchos* **Price**  
Sold by: rookydeals ([seller profile](#)) **\$72.99**

Condition: New

**Shipping Address:**

Jim Blackwell  
110 18TH ST  
BELLEAIR BEACH, FL 33786-3314  
United States



Manage your account online at :  
[www.chase.com/cardhelp](http://www.chase.com/cardhelp)



Customer Service:  
1-800-945-2028



Mobile: Download the  
Chase Mobile® app today

## ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
09/25	Payment Thank You Bill Pay Service	-35.00
09/16	POLLO TROPICAL 10205 CLEARWATER FL	15.24
09/24	AMZN Mktp US*M445X2781 Amzn.com/bill WA	173.40
09/25	AMZN Mktp US*M41R46DN2 Amzn.com/bill WA	72.99
09/30	WAL-MART #5831 LARGO FL JAMES T BLACKWELL TRANSACTIONS THIS CYCLE (CARD 5216) \$356.19 INCLUDING PAYMENTS RECEIVED	129.56

2020 Totals Year-to-Date	
Total fees charged in 2020	\$0.00
Total interest charged in 2020	\$0.00

Year-to-date totals do not reflect any fee or interest refunds  
you may have received.





# COLORADO BOXED BEEF CO

404 N. Ingraham Ave, Lakeland, FL 33801



REMIT TO:

COLORADO BOXED BEEF CO.
DEPT 970
P.O. BOX 850001
ORLANDO FL 32885-0970

Meats & Seafood  
SINCE 1975

INVOICE NO. 9561166

DATE 9/26/20  
P.O. NO. JIM B  
S.O. NO. 6705199  
TERMS/COMMENTS C.O.D.  
SALESPERSON FRED KUNDER - CORE  
BILL TO: 1017082

SHIP TO: 1017082

ST JEROME CATHOLIC CHURCH  
ST JEROME LIFELINE MINIST  
10895 HAMLIN BLVD  
LARGO FL 33774

ST JEROME CATHOLIC CHURCH  
ST JEROME LIFELINE MINIST  
10895 HAMLIN BLVD  
LARGO FL 33774

757 595-4610

757 595-4610

01 ROUTE: 005054-011  
PLEASE PAY FROM THIS INVOICE, NO STATEMENT WILL BE SUBMITTED

BOXES	ITEM CODE	DESCRIPTION	WEIGHT	PRICE	AMOUNT
30	TYS805F	FZ CHK WHL 4/5# AVG BGD UNITED STATES FRED K WILL GET CHECK AND SEND VIA EPT	1849.30	.7900/LB	1460.95
66.90	60.00	58.80	58.00	56.60	62.30
64.20	59.00	66.50	59.40	62.10	60.10
61.80	61.70	63.60	61.50	66.00	67.00
TYS805F	FZ CHK WHL 4/5# AVG BGD			PALLET#-1	QTY- 25
				PALLET#-1	TOT- 25
60.50	58.20	57.70	64.60	63.90	
TYS805F	FZ CHK WHL 4/5# AVG BGD			PALLET#-2	QTY- 5
				PALLET#-2	TOT- 5

By execution hereof, Customer acknowledges receipt of the food products referenced herein, assumes all risk of loss for the products food after execution & receipt, & hereby agrees to indemnify, defend, reimburse, & hold harmless Colorado Boxed Beef Co. from any & all claims, causes of actions, lawsuits, demands, losses damages, liabilities, penalties, or fines that may be asserted relating to or concerning the delivered food products & pallets which arise after execution hereof, including payment of all attorney fees & costs incurred incident to defending same.

PALLETS SHIPPED 2 PALLETS DELIVERED PALLETS RETURNED  
TERMS ARE NET 7 DAYS UNLESS OTHERWISE SPECIFIED.

30	CUSTOMER SIGNATURE <i>[Signature]</i>	DRIVER SIGNATURE <i>[Signature]</i>	1849.30	1460.95
TOTAL BOXES	DELIVERED BY	TOTAL WEIGHT	TOTAL AMOUNT	

We hereby certify that the above described meat and food products, which are offered for shipment in interstate or foreign commerce, have been U.S. inspected and passed by Department of Agriculture, are so marked, and at this date are sound, healthful, wholesome, and fit for human food. COLORADO BOXED BEEF CO.

NO CLAIMS ALLOWED UNLESS WE ARE NOTIFIED IMMEDIATELY UPON RECEIPT OF MERCHANDISE. IN CASE OF WEIGHT DIFFERENCE, PHONE (800)955-0636. ALL RETURNS ARE SUBJECT TO INSPECTION. PRODUCT RETURNED AFTER 10 DAYS IS SUBJECT TO A 15% RESTOCKING CHARGE.

All invoices must be paid within specified terms. All past due accounts are subject to a one and one-half percent (1.5%) interest charge per month, eighteen percent (18%) per year. In the event Colorado Boxed Beef Company must initiate collection proceedings to recover any portion, or, all of this invoice, then the customer agrees to pay all costs of such collection, including a reasonable attorney's fees incurred by Colorado Boxed Beef Company.

CUSTOMER'S COPY

Date ↓	Description	Type ▾	Status ▾	Amount	Available Balance
<b>Amount included in Available Balance</b>					
▶ 10/13/2020	Check 1040		C	-110.82	2,647.80
▶ 10/06/2020	BKOFAMERICA MOBILE 10/06 3799863888 DEPOSIT *MOBILE FL		C	500.00	2,758.62
▶ 10/06/2020	BKOFAMERICA MOBILE 10/06 3799862922 DEPOSIT *MOBILE FL		C	1,460.95	2,258.62
▶ 10/02/2020	BKOFAMERICA MOBILE 10/02 3794480358 DEPOSIT *MOBILE FL		C	250.00	797.67

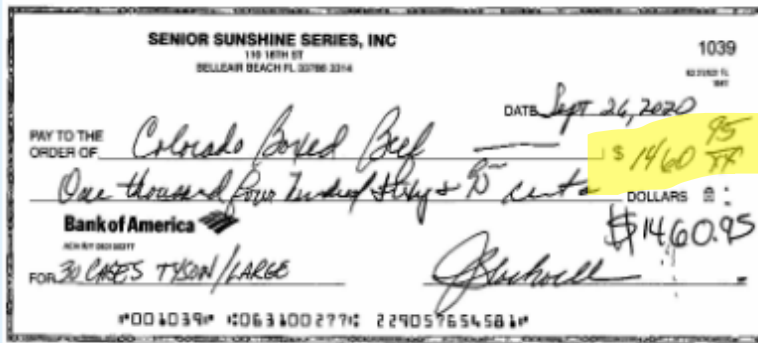
**Statement as of 10/01/2020** (view statements) »

▶ 09/29/2020	<a href="#">Check 1039</a>		C	-1,460.95	547.67
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[Edit Description](#)

Merchant name: [?](#) Check [Edit](#)

Transaction category: [?](#) Cash, Checks & Misc: Checks [Edit](#)

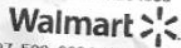


[Front view](#) | [Back view](#) | [Both sides](#) | [Print image & details](#)

If you are unable to view this item and require customer service to describe it to you, please call the customer service phone number located on your account statement. [More information about images and image availability.](#)

▶ 09/29/2020	BKOFAMERICA MOBILE 09/29 3615036131 DEPOSIT *MOBILE FL		C	65.00	2,008.62
▶ 09/28/2020	MONTHLY SERVICE CHARGE REFUND FDES NMO 0006576 192975		C	17.00	1,943.62
▶ 09/28/2020	BKOFAMERICA MOBILE 09/26 3792727476 DEPOSIT *MOBILE FL		C	230.60	1,926.62

Give us feedback @ survey.walmart.com  
Thank you! ID #: 7P9XOR214J8J



727-593-9294 Mgr: LISA  
13817 WALSHINGHAM RD  
LARGO FL 33774

ST# 05831 OP# 009048 TE# 48 TR# 06627  
GV CHNK CHKN 007874200101 F  
40 AT 1 FOR 0.98 39.20 N  
GV SPAG RING 060538818792 F  
10 AT 1 FOR 0.67 6.70 O  
CB RAV BF 006414404315 F  
48 AT 1 FOR 0.88 42.24 O  
STORAGE BAGS 007874234955 2.88 X  
STORAGE BAGS 007874234955 2.88 X  
GV MASH POT 007874206982 F  
24 AT 1 FOR 0.75 18.00 O  
GV MASH POT 007874206981 F  
23 AT 1 FOR 0.75 17.25 O

SUBTOTAL 129.15  
TAX 1 7.000 % 0.41  
TOTAL 129.56  
VISA TEND 129.56  
\*\*\*\* \* 5216 I I

CHASE VISA  
APPROVAL # 06284G  
REF # 027400351184  
TRANS ID - 460274663422502  
VALIDATION - 5CWT  
PAYMENT SERVICE - E  
AID A0000000031010  
AAC ED736B74D5DE84A0  
TERMINAL # SC010466

09/30/20 14:25:48  
CHANGE DUE 0.00  
# ITEMS SOLD 147

IC# 5286 9992 4948 5347 6061 0



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### ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
09/25	Payment Thank You Bill Pay Service	-35.00
09/16	POLLO TROPICAL 10205 CLEARWATER FL	15.24
09/24	AMZN Mktp US*M445X2781 Amzn.com/bill WA	173.40
09/25	AMZN Mktp US*M41R46DN2 Amzn.com/bill WA	72.99
09/30	WAL-MART #5831 LARGO FL JAMES T BLACKWELL TRANSACTIONS THIS CYCLE (CARD 5216) \$356.19 INCLUDING PAYMENTS RECEIVED	129.56

2020 Totals Year-to-Date	
Total fees charged in 2020	\$0.00
Total interest charged in 2020	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/03/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CoverWallet, Inc. 25 W 45th Street, Floor 15 New York NY 10036	CONTACT NAME: Angie Chong	
	PHONE (AC, Reg, Ext): (646) 844-9933	FAX (AC, No):
	E-MAIL ADDRESS: customer.service@coverwallet.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Senior Sunshine Series, Inc. 110 18th Street Belleair Beach, FL, 33786	INSURER A: Mount Vernon Fire Insurance Company	26522
	INSURER B: Great American E & S Insurance Company	37532
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSD, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		NBP2554137	09/02/2020	06/02/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> FKG <input type="checkbox"/> NECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Per accident) \$
<input type="checkbox"/> OWNED	<input type="checkbox"/> SCHEDULED					BODILY INJURY (Per person) \$
<input type="checkbox"/> AUTOS ONLY	<input type="checkbox"/> AUTOS					BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED	<input type="checkbox"/> NON-OWNED					PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> AUTOS ONLY	<input type="checkbox"/> AUTOS ONLY					\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
<input type="checkbox"/> ANY PRESENT OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					EL EACH ACCIDENT \$
<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					EL DISEASE - EA EMPLOYEE \$
						EL DISEASE - POLICY LIMIT \$
B	Directors & Officers (D&O)		EPPE451206	9/2/2020	9/2/2021	Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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## ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
08/24	Payment Thank You - Web	-233.18
08/03	GFS STORE #0755 CLEARWATER FL	233.18
09/02	INSURANCE* COVERWALLET HTTPSWWWW.COVE NY	628.75
09/02	INSURANCE* COVERWALLET HTTPSWWWW.COVE NY JAMES T BLACKWELL TRANSACTIONS THIS CYCLE (CARD 5216) \$1278.75 INCLUDING PAYMENTS RECEIVED	650.00

### 2020 Totals Year-to-Date

Total fees charged in 2020	\$0.00
Total interest charged in 2020	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

Total Annual Premium/ Gen Liability policy &amp; Officer's &amp; Directors policy

\$628.75 + \$650.00 = \$1278.75 Annual. Four months = \$426.25