



March 5, 2003

Common Identification Number: A-06-02-00048

Mr. Charles Henley
Manager, HIV Services
Public Health & Environmental Services
Harris County
2223 West Loop South, Room 417
Houston, Texas 77027

Dear Mr. Henley:

The enclosed report provides you the results of our audit of costs claimed by the Saint Hope Foundation (Foundation) for the period March 1, 2001 through February 28, 2002 under a contractual agreement with your office as the Houston Eligible Metropolitan Area (EMA) under Title I of the Health Resources and Services Administration's (HRSA) Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. As the grantee for this federal award, your office is responsible for resolving the issues presented in our audit report, including refunding questioned costs to HRSA.

We determined that the Foundation provided services in accordance with the terms of the Title I grant award and the contracts with the Houston EMA; however, we also found that the Foundation claimed \$5,367 in unsupported costs, and that the Foundation's Final Financial Report understated expenditures by \$23,319 when compared to general ledger expenditures.

The Foundation provided comments on our report and indicated corrective actions were planned. As the grantee for the Houston EMA, your office should examine the Foundation's response to our findings and recommendations, and ensure that appropriate corrective actions are implemented. The Foundation's comments are summarized below:

- Regarding the \$5,367 of unsupported costs, the Foundation indicated that it would reclassify these costs as unrestricted non-Ryan White charges and as a result no refund would be necessary, as these adjustments have been made on the Foundation's general ledger.
- Regarding the \$23,319 discrepancy between the general ledger and the Final Financial Report, the Foundation responded that \$17,499 related to final month payroll costs from the previous program year and \$5,820 related to medical laboratory charges that should have charged in the program year reviewed. The Foundation indicated that it would submit a revised Final Financial Report to the Houston EMA that reflects this additional cost.

We believe that although the Foundation can reclassify the unsupported costs as non-Ryan White costs, the \$5,367 refund is still applicable since the Foundation has already received reimbursement for these costs; therefore, the revised Final Financial Report should show a reduction of Title I costs of \$5,367. Finally, regarding the Foundation's adjustments for the \$23,319 difference between the general ledger and the Final Financial Report, we are recommending that your office examine supporting documentation for the costs related to these adjustments before accepting the Foundation's revised Final Financial Report.

Recommendations for Harris County

By way of this letter, we are recommending that Harris County, in its capacity as the grantee for the Houston EMA:

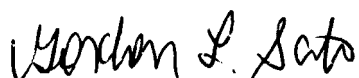
1. Refund \$5,367 to HRSA;
2. Ensure that the Saint Hope Foundation reconciles the \$23,319 difference between its general ledger and the Final Financial Report, and strengthens its accounting procedures to ensure that transactions are reported accurately.

Final determination as to actions to be taken on all matters reported will be made by the Department of Health and Human Services (HHS) action official identified below. We request that you provide a response within 30 days from the date of this letter to the HHS action official on all recommendations involving the enclosed report. The response should present any comments or additional information that may have a bearing on the final determination.

In accordance with the principles of the Freedom of Information Act, 5 United States Code 552, as amended by Public Law 104-231, Office of Inspector General, Office of Audit Services reports are made available to the public to the extent information contained therein is not subject to the exemptions of the Act. (See 45 Code of Federal Regulations Part 5). As such, within 10 business days after the final report is issued, it will be posted on the World Wide Web at <http://oig.hhs.gov>.

To facilitate identification, please refer to common identification number A-06-02-00048 in all correspondence relating to this report.

Sincerely yours,



Gordon L. Sato
Regional Inspector General
for Audit Services

Enclosure

Action Official:

Nancy J. McGinness
Director, Office of Financial Policy and Oversight
Health Resources and Services Administration
Room 11A55, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Phone: (301) 443-3524
FAX: (301) 443-5461

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**RESULTS OF OUR REVIEW OF
EXPENDITURES REPORTED BY THE
SAINT HOPE FOUNDATION
(FOUNDATION) FOR THE PERIOD
MARCH 1, 2001 THROUGH
FEBRUARY 28, 2002
UNDER TITLE I OF THE RYAN WHITE
COMPREHENSIVE AIDS RESOURCES
EMERGENCY (CARE) ACT**



**JANET REHNQUIST
Inspector General**

**MARCH 2003
A-06-02-00048**

Office of Inspector General

<http://oig.hhs.gov/>

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

Office of Audit Services

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse, and mismanagement and to promote economy and efficiency throughout the Department.

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The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in the inspections reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

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The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support in OIG's internal operations. The OCIG imposes program exclusions and civil monetary penalties on health care providers and litigates those actions within the Department. The OCIG also represents OIG in the global settlement of cases arising under the Civil False Claims Act, develops and monitors corporate integrity agreements, develops model compliance plans, renders advisory opinions on OIG sanctions to the health care community, and issues fraud alerts and other industry guidance.



March 5, 2003

Common Identification Number: A-06-02-00048

Mr. Rodney Goodie
Chief Executive Officer
Saint Hope Foundation
6200 Savoy, Suite 540
Houston, Texas 77036

Dear Mr. Goodie:

This report presents the results of our review of expenditures reported by the Saint Hope Foundation (Foundation) for the period March 1, 2001 through February 28, 2002 under Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. We conducted this review based on a request by the Senate Committee on Finance to examine the stewardship of Ryan White funds. The objective of our review was to determine whether the Foundation spent Ryan White Title I funds in accordance with Federal guidelines.

Based on our review, we determined that the Foundation provided services in accordance with the terms of the Title I grant award and its contracts with Harris County, the Houston Eligible Metropolitan Area (EMA). Our review identified a few instances where financial transactions did not have appropriate supporting documentation or were accounted for incorrectly. In addition, the Foundation's Final Financial Report understated expenditures by \$23,319 when compared to the Foundation's general ledger. We recommend that the Foundation refund \$5,367 for unsupported expenditures, reconcile the \$23,319 difference between the general ledger and the Final Financial Report, and strengthen accounting procedures to ensure that the Foundation's Final Financial Reports are accurate.

The Foundation generally agreed with our findings and recommendations; however, the Foundation believes that by reclassifying the unsupported costs to non-Ryan White programs, no refund would be necessary. The Foundation also provided an explanation for the \$23,319 difference between the general ledger and the Final Financial Report, and will submit a revised Final Financial Report to the EMA reflecting the adjustments made based on our findings. The explanation for the difference, however, will have to be evaluated by the EMA before such adjustment could be accepted. The complete text of the Foundation's response is included as Appendix A.

INTRODUCTION

BACKGROUND

Ryan White CARE Act

The U. S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) administers the Ryan White CARE Act. The CARE Act supports a comprehensive framework for health care delivery, drug availability, and support and educational resources to address the needs of the Acquired Immune Deficiency Syndrome (AIDS) community and its service providers. The CARE Act's objective is to improve access to a comprehensive continuum of high-quality community-based primary medical care and support services in eligible metropolitan areas (EMA) that are disproportionately affected by the incidence of Human Immunodeficiency Virus (HIV) and AIDS.

Title I of the CARE Act provides emergency assistance, in the form of formula grants, to EMAs most severely affected by the HIV/AIDS epidemic. Title I funds a wide range of community-based health services, including: outpatient treatment, rehabilitative services, home health and hospice care; and support services such as case management, housing, transportation assistance, and day/respite care.

Houston Eligible Metropolitan Area

The Houston EMA covers a six county area with an estimated 13,000 to 20,000 individuals living with HIV/AIDS. For the period March 1, 2001 through February 28, 2002, HRSA awarded the Harris County Office of Public Health and Environmental Services, the Houston EMA grantee, a Ryan White Title I grant totaling \$19.3 million, which includes oversight of service provider performance and adherence to contractual obligations. For this period, the Houston EMA contracted with over 30 agencies to provide over 75 different service categories.

Saint Hope Foundation

The Saint Hope Foundation, a nonprofit organization, is one of the more than 30 agencies that contracted with the Houston EMA to provide services to individuals with HIV/AIDS disease during the period March 1, 2001 through February 28, 2002. During this period, the Foundation provided primary care, transportation, outreach and direct emergency financial assistance to 1,024 clients and reported total expenditures of approximately \$1,281,077.

OBJECTIVES, SCOPE, AND METHODOLOGY

The objective of our review was to determine whether the Foundation spent Ryan White Title I funds in accordance with the CARE Act and Federal guidelines. We audited the

program year that began on March 1, 2001 and ended February 28, 2002, during which the Foundation reported \$1,281,077 in expenditures.

To accomplish the audit objective, we:

- Interviewed Foundation and EMA officials;
- Selected financial transactions and reviewed supporting documentation to verify the existence and accuracy of cost claims;
- Examined performance reports to assess procedures for meeting reporting requirements; and
- Performed a comparative analysis of the Foundation's general ledger and financial reports submitted to the EMA.

Our review was conducted in accordance with generally accepted government auditing standards. Our review of the Foundation's internal controls was limited to steps needed to accomplish our objective. We performed our fieldwork from April to June 2002 at the Foundation and EMA offices in Houston, Texas, and our field office located in Austin, Texas.

FINDINGS AND RECOMMENDATIONS

The Foundation Provided Program Services to People with HIV Disease

The Foundation provided services in accordance with the terms of the Title I grant award and the contracts with the EMA. Generally, its cost associated with providing these services were allowable, allocable and adequately supported. As noted below, we identified a few accounting issues that require corrective action, including one involving unsupported costs totaling \$5,367 that should be refunded.

Incorrect Accounting Procedures Used for a Few Transactions

We identified a few instances where financial transactions did not have appropriate supporting documentation or were accounted for incorrectly.

Claims Totaling \$5,367 Were Not Adequately Supported

The Office of Management and Budget Circular A-122, entitled, *Cost Principles for Non-Profit Organizations*, Attachment A (2) (g), states that, in order for costs to be allowable, costs must be adequately documented. Without adequate supporting documentation, we are questioning costs totaling \$5,367, as follows:

- \$3,581 of supplies for which no support was provided; and

- \$1,786 of office supplies for which inadequate support was provided.

Because these items were not properly documented, we consider them to be unallowable costs.

Transactions and Financial Reports Were Inaccurate

During our audit, we encountered several transactions that were misclassified or inaccurately reported in the Foundation's financial records. Further, the Foundation's Final Financial Report submitted to the EMA for the year reviewed did not reconcile with the Foundation's general ledger, which is the basis for the report, in that the Final Financial Report understated expenditures by \$23,319.

We determined that while the transactions in question were misclassified, our detailed examination of related supporting documentation revealed that the claims were allowable and their misclassification did not affect the cost claims involved.

Our review of the financial expenditure report submitted to the EMA determined that the report did not reconcile with the Foundation's general ledger. The general ledger indicated \$1,304,396 in expenditures while the Foundation reported only \$1,281,077 in expenditures to the Houston EMA. Because accurate reporting of transactions and proper reconciliation of financial reports are necessary for proper cost reporting, the Foundation should take steps to ensure that all accounting information is accurately recorded.

Recommendations

We recommend that the Foundation:

1. Refund \$5,367 to Harris County in its capacity as the Houston EMA; and
2. Reconcile the \$23,319 difference between the general ledger and the Final Financial Report, and strengthen accounting procedures to ensure that transactions are reported accurately.

Saint Hope Foundation Comments

The Foundation generally agreed with our findings and recommendations. Regarding the \$5,367 of unsupported costs, the Foundation responded that it would reclassify these costs as unrestricted non-Ryan White charges, and as a result, no refund would be necessary. The Foundation indicated to us that these adjustments have been made on its general ledger.

Regarding the \$23,319 discrepancy between the general ledger and the Final Financial Report, the Foundation responded that \$17,499 related to final month payroll costs from the previous program year and \$5,820 related to medical laboratory charges that should

have charged in the program year reviewed. The Foundation indicated that it would submit a revised Final Financial Report to the EMA reflecting these additional costs.

Office of Inspector General Response

Although the Foundation can reclassify the unsupported costs as non-Ryan White costs, the \$5,367 refund is still applicable since the Foundation has already received reimbursement for these costs. Therefore, the revised Final Financial Report should show a reduction of Title I costs of \$5,367.

Regarding the Foundation's adjustments for the \$23,319 difference between the general ledger and the Final Financial Report, the EMA will need to review the supporting documentation related to these cost adjustments before accepting the Foundation's revised Final Financial Report.

In accordance with the principles of the Freedom of Information Act, 5 United States Code 552, as amended by Public Law 104-231, Office of Inspector General, Office of Audit Services reports are made available to the public to the extent information contained therein is not subject to the exemptions of the Act. (See 45 Code of Federal Regulations Part 5). As such, within 10 business days after this report is issued, it will be posted on the World Wide Web at <http://oig.hhs.gov>.

To facilitate identification, please refer to common identification number A-06-02-00048 in all correspondence relating to this report.

Sincerely,



Gordon L. Sato
Regional Inspector General
for Audit Services



"Offering Hope To Many Lives"

ST. HOPE FOUNDATION, INC.

6200 SAVOY STE. 540, HOUSTON, TX 77036

PHONE 713.778.1300 FAX 713.778.0827

Rural Locations:

Montgomery County

1414 S. Frazier, 106
Conroe, TX 77301
P) 800.241.3020
F) 800.249.5020

Fort Bend County

4915 S. Main, 110
Stafford, TX 77477
P) 281.277.8555
F) 281.277.8564

Liberty County

2701 W. Main St.
Baytown, TX 77520
P) 713.545.9659

December 23, 2002

Gordon L. Sato
Regional Inspector General
Office of Audit Services
1100 Commerce, Room 632
Dallas, TX 75242

Re: Audit of Expenditures (3/1/01 – 2/28/02)

Dear Mr. Sato,

Pursuant to the draft report submitted by your office, the St. Hope Foundation has reviewed the draft report and is prepared to render clarification to the outstanding items identified during the audit. As reflected through the audit, St. Hope Foundation has performed all of the services funded by Ryan White Title I in accordance with the CARE Act and Federal guidelines.

Below is a delineation to the outstanding items:

1. The Foundation had more funds expended on its general ledger compared to the Final Financial Reports submitted to the HIV Services. The difference of \$23,319.18 relates to the final February payroll from contract year 2000-2001 in the amount of \$17,498.91, and the balance of \$5,820.27 relates to medical laboratory charges for contract year 2001-2002. Thus, the Foundation will submit a revised Final Financial Report to reflect the additional cost of \$5,820.27 to the Primary Medical Care Program.
2. Supportive documentation has been enclosed to support costs associated to automobile expenses. The remaining balance of \$5,366.93 are unrestricted non-Ryan White charges that have been adjusted on our general ledger.

To conclude, St. Hope Foundation has reconciled the total outstanding items of \$8,369. Thus, we respectfully submit that there are no funds to be reimbursed back to HIV Services for contract year 2001-2002.

If you have any questions, please contact me at 713-778-1300 ext. 228. Thanks in advance for your immediate attention to this matter.

Sincerely,



Rodney N. Goodie
Executive Director

Platinum



Page 2 of 3

Account Number: 4427-1030-0053-3041
 New Balance: \$4,876.47
 Minimum Payment Due: \$107.29
 Payment Due Date: AUG 08, 2001

Mail Payment To:



BANK OF AMERICA
 PO BOX 30770
 TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: BANK OF AMERICA

Please check here for address or telephone number change and complete form on the back.

MARY I REDMAN
 8323 FRONTENAC DR
 HOUSTON TX 77071-3661

0334182 0010729 0487647 4427103000533041

22446674# 1:524022250:

DETACH HERE AND RETURN WITH REMITTANCE

TRANSACTION SUMMARY (Continued)				
Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
<p><i>COST CATEGORY/Descrp</i></p> <p><i>- GLQ / Auto expense</i></p> <p><i>- 8/27/01</i></p> <p><i>- \$ 1,182.71 - GL aut</i></p> <p>Viread </p> <p>(tenofovir disoproxil fumarate)</p>				
07-02	07-04	SHELL NO.24241447416 HOUSTON TX	24299101184059159195015	\$21.00
07-02	07-04	SHELL NO.24241447416 HOUSTON TX	24299101184059159197011	\$26.49
07-02	07-04	SHELL NO.24241447416 HOUSTON TX	24299101184059159195015	\$18.51
07-02	07-04	SHELL NO.24241447416 HOUSTON TX	24299101184059159207018	\$32.00
07-03	07-05	SHELL NO.24241447416 HOUSTON TX	24299101185059159227015	\$23.00
07-03	07-05	SHELL NO.24241447416 HOUSTON TX	24295101185059159227015	\$12.00
07-05	07-09	SHELL NO.24241447416 HOUSTON TX	24299101187059159257010	\$23.45
07-05	07-09	SHELL NO.24241447416 HOUSTON TX	24299101187059159255014	\$23.50
07-05	07-09	SHELL NO.24241447416 HOUSTON TX	24299101187059159255014	\$14.00
07-05	07-09	SHELL NO.24241447416 HOUSTON TX	24299101187059159255014	\$19.50
07-06	07-09	SHELL NO.24241447416 HOUSTON TX	24299101188059159285010	\$17.00
07-09	07-10	SHELL NO.24241447416 HOUSTON TX	24299101190059159325002	\$23.68
07-09	07-11	EXXONMOBIL 60543485 MISSOURI CITY TX	24164051191182003596285	\$24.32
07-11	07-13	SHELL NO.24241447416 HOUSTON TX	24299101193059159375012	\$52.57

Platinum



Page 3 of 3

Account Number: 4427-1030-0053-3041
New Balance: \$4,876.47
Minimum Payment Due: \$107.29
Payment Due Date: AUG 08, 2001

Mail Payment To:

|||||
BANK OF AMERICA
PO BOX 30770
TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: BANK OF AMERICA

Please check here for address or telephone number change and complete form on the back.

MARY I REDMAN
8323 FRONTENAC DR
HOUSTON TX 77071-3661

0334162 0010729 0487647 4427103000533041

22446671# 1:524022250:

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ACCOUNT INFORMATION							
New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$2,664.45	\$10,700.00	\$8,035.55	\$10,700.00	\$8,035.00	08/14/01	\$58.62	09/03/01
TRANSACTION SUMMARY							
Trans Date	Post Date	Description			Reference Number	Amount CR = Credit	
07-12	07-16	SHELL NO.24241447416	HOUSTON	TX	24299101194059159395019	\$24.11	
07-12	07-16	SHELL NO.24241447416	HOUSTON	TX	24299101194059159395019	\$16.43	
07-12	07-16	SHELL NO.24241447416	HOUSTON	TX	24299101194059159395019	\$6.46	
07-14	07-16	EXXONMOBIL91 60543485 MISSOURI CITYTX			24164051196182004196437	\$21.48	
07-15	07-17	SHELL NO.24241447416	HOUSTON	TX	24299101197059159455018	\$29.20	
07-16	07-18	SHELL NO.24241447416	HOUSTON	TX	24299101198059159475015	\$4.31	
07-16	07-18	SHELL NO.24241447416	HOUSTON	TX	24299101198059159475015	\$28.09	
FINANCE CHARGE SUMMARY						BALANCE SUMMARY	
Billing cycle 31 days.	Balance Subject To Finance Charge	Daily Periodic Rate V = Variable F = Fixed	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)	Previous Balance	\$4,876.47
Purchases	\$0.00	F 0.0271300%	9.90%	19.80%	\$0.00	Payments	- \$4,876.47
Cash	\$0.00	V 0.0542500%	19.80%	19.80%	\$0.00	Credits	- \$232.00
Cash Advance Fees					\$0.00	Purchases & Other Charges	+ \$2,896.45
						Cash	+ \$0.00
						Promotional Offers	+ \$0.00
						Late Payment Fee	+ \$0.00
						Overlimit Fee	+ \$0.00
						FINANCE CHARGE	+ \$0.00
						NEW BALANCE	\$2,664.45

Platinum *Interest*



Account Number: 4427-1030-0053-3041
 New Balance: \$2,664.45
 Minimum Payment Due: \$58.62
 Payment Due Date: SEP 03, 2001

Mail Payment To:

██
 BANK OF AMERICA
 PO BOX 30770
 TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: BANK OF AMERICA

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MARY I REDMAN
 8323 FRONTENAC DR
 HOUSTON TX 77071-3661

0487647 0005862 0266445 4427103000533041

⑆ 2085 1 238 ⑆ ⑆ 5 240 2 2 250 ⑆

DETACH WITH CARD

TRANSACTION SUMMARY (Continued)				Reference Number	Amount CR = Credit
Trans Date	Post Date	Description			
07-17	07-19	EXXONMOBIL91 04718649 HOUSTON TX	24164051199837000008756		\$24.80
07-17	07-19	EXXONMOBIL91 04718649 HOUSTON TX	24164051199837000008764		\$21.01
07-18	07-19	DIAMOND 14161570076762 MISSOURI CIT TX	24399001199157000767620		\$27.90
07-18	07-20	SHELL NO.24241447416 HOUSTON TX	24299101200059159515014		\$54.00
07-19	07-23	SHELL NO.24241447416 HOUSTON TX	24299101201059159535011		\$16.52
07-20	07-23	SHELL NO.24241447416 HOUSTON TX	24299101202059159555018		\$40.30
07-20	07-23	EXXONMOBIL91 04718649 HOUSTON TX	24164051203837000000682		\$29.45
07-23	07-25	SHELL NO.24241447416 HOUSTON TX	24299101205059159615017		\$32.00
07-24	07-26	SHELL NO.24241447416 HOUSTON TX	24299101206059159635014		\$34.58
07-25	07-27	SHELL NO.24241447416 HOUSTON TX	24299101207059159655011		\$50.50
07-26	07-30	SHELL NO.24241447416 HOUSTON TX	24299101208059159675018		\$42.36
07-27	07-30	SHELL NO.24241447416 HOUSTON TX	24299101209059159695015		\$15.00
07-28	07-30	SHELL NO.24241447416 HOUSTON TX	24299101209059159715003		\$8.32
07-30	08-01	SHELL NO.24241447416 HOUSTON TX	24299101212059159747019		\$22.50
07-31	08-02	SHELL NO.24241447416 HOUSTON TX	24299101213059159765010		\$37.51
08-01	08-03	SHELL NO.24241447416 HOUSTON TX	24299101214059159785017		\$26.50
08-01	08-03	EXXONMOBIL91 04729398 HOUSTON TX	24164051214378000095254		\$18.68
08-02	08-06	SHELL NO.24241447416 HOUSTON TX	24299101215059159805012		\$31.50
08-03	08-06	SHELL NO.24241447416 HOUSTON TX	24299101216059159825019		\$11.71
08-06	08-09	SHELL NO.24241447416 HOUSTON TX	24299101220059159885025		\$31.50
08-06	08-09	SHELL NO.24241447416 HOUSTON TX	24299101220059159885025		\$12.85
08-07	08-09	SHELL NO.24241447416 HOUSTON TX	24299101220059159905013		\$13.00
08-07	08-09	SHELL NO.24241447416 HOUSTON TX	24299101220059159907019		\$21.01
08-08	08-10	SHELL NO.24241447416 HOUSTON TX	24299101221059159935019		\$13.00
08-09	08-13	SHELL NO.24241447416 HOUSTON TX	24299101222059159955016		\$29.00
08-10	08-13	SHELL NO.24241447416 HOUSTON TX	24299101223059159975013		\$31.00
08-13	08-14	SHELL NO.24241447416 HOUSTON TX	24299101225059159045005		\$34.86
08-12	08-14	SHELL NO.24241443134 HOUSTON TX	24299101225089209152014		\$21.96

GET CASH NOW. USE THE ATTACHED CHECK LIKE A PERSONAL CHECK UP TO YOUR AVAILABLE CASH LIMIT. THIS CHECK CANNOT BE USED TO PAY A BANK OF AMERICA CREDIT CARD ACCOUNT. IT WILL POST AS A CASH ADVANCE AND IS SUBJECT TO A 3% FEE (\$3 MIN) AND CASH APR IN YOUR CARDHOLDER AGREEMENT.

NOW YOU CAN CALL BANK OF AMERICA TOLL FREE FROM OUTSIDE THE US. JUST CONNECT TO AN AT&T DIRECT OPERATOR OR DIAL THE AT&T DIRECT ACCESS CODE FOR THE COUNTRY YOU ARE IN AND DIAL 888-801-3723.

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Account Number:
New Balance: **\$4,876.47**
Minimum Payment Due: **\$107.29**
Payment Due Date: **AUG 08, 2001**

Mail Payment To:

|||||
BANK OF AMERICA
PO BOX 30770
TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: **BANK OF AMERICA**

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8323 FRONTENAC DR
HOUSTON TX 77071-3661

0334182 0010729 0487647 4427103000533041
22446674# 1:5240222501:

DETACH HERE AND RETURN WITH REMITTANCE

TRANSACTION SUMMARY (Continued)

Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
17-02	07-04	SHELL NO.24241447416 HOUSTON TX	24299101184059159195015	\$21.00
17-02	07-04	SHELL NO.24241447416 HOUSTON TX	24299101184059159197011	\$26.49
17-02	07-04	SHELL NO.24241447416 HOUSTON TX	24299101184059159195015	\$18.51
17-02	07-04	SHELL NO.24241447416 HOUSTON TX	24299101184059159207018	\$32.00
17-03	07-05	SHELL NO.24241447416 HOUSTON TX	24299101185059159227015	\$23.00
17-03	07-05	SHELL NO.24241447416 HOUSTON TX	24299101185059159227015	\$12.00
17-05	07-09	SHELL NO.24241447416 HOUSTON TX	24299101187059159257010	\$23.45
17-05	07-09	SHELL NO.24241447416 HOUSTON TX	24299101187059159255014	\$23.50
17-05	07-09	SHELL NO.24241447416 HOUSTON TX	24299101187059159255014	\$14.00
17-05	07-09	SHELL NO.24241447416 HOUSTON TX	24299101187059159255014	\$19.50
17-06	07-09	SHELL NO.24241447416 HOUSTON TX	24299101188059159285010	\$17.00
17-09	07-10	SHELL NO.24241447416 HOUSTON TX	24299101190059159325002	\$23.68
17-09	07-11	EXXONMOBIL91 60543485 MISSOURI,CITYTX	24164051191182003596285	\$24.32
17-11	07-13	SHELL NO.24241447416 HOUSTON TX	24299101193059159375012	\$52.57

FLATIRON
Account Number

For questions or to report lost or stolen cards, call 1-800-548-2959 within the U.S. or 888-801-3723 outside the U.S.

ACCOUNT INFORMATION

New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$2,664.45	\$10,700.00	\$8,035.55	\$10,700.00	\$8,035.00	08/14/01	\$58.62	09/03/01

TRANSACTION SUMMARY

Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
07-12	07-16	SHELL NO.24241447416 HOUSTON TX	24299101194059159395019	\$24.11
07-12	07-16	SHELL NO.24241447416 HOUSTON TX	24299101194059159395019	\$16.43
07-12	07-16	SHELL NO.24241447416 HOUSTON TX	24299101194059159395019	\$6.46
07-14	07-16	EXXONMOBIL91 60543485 MISSOURI CITYTX	24164051196182004196437	\$21.48
07-15	07-17	SHELL NO.24241447416 HOUSTON TX	24299101197059159455018	\$29.20
07-16	07-18	SHELL NO.24241447416 HOUSTON TX	24299101198059159475015	\$4.31
07-16	07-18	SHELL NO.24241447416 HOUSTON TX	24299101198059159475015	\$28.09

FINANCE CHARGE SUMMARY

Billing cycle	Balance Subject To Finance Charge	Daily Periodic Rate	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)	Previous Balance	Amount
31 days.		V = Variable F = Fixed				\$4,876.47	
Purchases	\$0.00	F 0.0271300%	9.90%	19.80%	\$0.00	-	\$4,876.47
Cash	\$0.00	V 0.0542500%	19.80%	19.80%	\$0.00	-	\$232.00
Cash Advance Fees					\$0.00	Purchases & Other Charges	\$2,896.45
						Cash	\$0.00
						Promotional Offers	\$0.00
						Late Payment Fee	\$0.00
						Overlimit Fee	\$0.00
						FINANCE CHARGE	\$0.00
						NEW BALANCE	\$2,664.45



Account Number:
New Balance: **\$2,664.45**
Minimum Payment Due: **\$58.62**
Payment Due Date: **SEP 03, 2001**

Mail Payment To:



BANK OF AMERICA
PO BOX 30770
TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: **BANK OF AMERICA**

Please check here for address or telephone number change and complete form on the back.

MARY I REDMAN
8323 FRONTENAC DR
HOUSTON TX 77071-3661

0487647 0005862 0266445 4427103000533041

⑈ 2085 1238 ⑈ ⑆ 5240 22250 ⑆

DETACH HERE AND RETURN WITH REMITTANCE

TRANSACTION SUMMARY (Continued)						
Trans Date	Post Date	Description		Reference Number	Amount	CR = Credit
07-17	07-19	EXXONMOBIL91 04718649 HOUSTON TX		24164051199837000008756		\$24.80
07-17	07-19	EXXONMOBIL91 04718649 HOUSTON TX		24164051199837000008764		\$21.01
07-18	07-19	DIAMOND 14161570076762 MISSOURI CIT TX		24399001199157000767620		\$27.90
07-18	07-20	SHBLL NO.24241447416 HOUSTON TX		24299101200059159515014		\$54.00
07-19	07-23	SHELL NO.24241447416 HOUSTON TX		24299101201059159535011		\$16.52
07-20	07-23	SHELL NO.24241447416 HOUSTON TX		24299101202059159555018		\$40.30
07-20	07-23	EXXONMOBIL91 04718649 HOUSTON TX		24164051203837000000682		\$29.45
07-23	07-25	SHELL NO.24241447416 HOUSTON TX		24299101205059159615017		\$32.00
07-24	07-26	SHELL NO.24241447416 HOUSTON TX		24299101206059159635014		\$34.58
07-25	07-27	SHELL NO.24241447416 HOUSTON TX		24299101207059159655011		\$50.50
07-26	07-30	SHELL NO.24241447416 HOUSTON TX		24299101208059159675018		\$42.36
07-27	07-30	SHELL NO.24241447416 HOUSTON TX		24299101209059159695015		\$15.00
07-28	07-30	SHELL NO.24241447416 HOUSTON TX		24299101209059159715003		\$8.32
07-30	08-01	SHELL NO.24241447416 HOUSTON TX		24299101212059159747019		\$22.50
07-31	08-02	SHELL NO.24241447416 HOUSTON TX		24299101213059159765010		\$37.51
08-01	08-03	SHELL NO.24241447416 HOUSTON TX		24299101214059159785017		\$26.50
08-01	08-03	EXXONMOBIL91 04729398 HOUSTON TX		24164051214378000095254		\$18.68
08-02	08-06	SHELL NO.24241447416 HOUSTON TX		24299101215059159805017		\$31.50
08-03	08-06	SHELL NO.24241447416 HOUSTON TX		24299101216059159825019		\$11.71
08-06	08-09	SHELL NO.24241447416 HOUSTON TX		24299101220059159885025		\$31.50
08-06	08-09	SHELL NO.24241447416 HOUSTON TX		24299101220059159885025		\$12.85
08-07	08-09	SHELL NO.24241447416 HOUSTON TX		24299101220059159905013		\$13.00
08-07	08-09	SHELL NO.24241447416 HOUSTON TX		24299101220059159907019		\$21.01
08-08	08-10	SHELL NO.24241447416 HOUSTON TX		24299101221059159935019		\$13.00
08-09	08-13	SHELL NO.24241447416 HOUSTON TX		24299101222059159955016		\$29.00
08-10	08-13	SHELL NO.24241447416 HOUSTON TX		24299101223059159975013		\$31.00
08-13	08-14	SHELL NO.24241447416 HOUSTON TX		24299101225059159045005		\$34.86
08-12	08-14	SHELL NO.24241443134 HOUSTON TX		24299101225089209152014		\$21.96

GET CASH NOW. USE THE ATTACHED CHECK LIKE A PERSONAL CHECK UP TO YOUR AVAILABLE CASH LIMIT. THIS CHECK CANNOT BE USED TO PAY A BANK OF AMERICA CREDIT CARD ACCOUNT. IT WILL POST AS A CASH ADVANCE AND IS SUBJECT TO A 3% FEE (\$3 MIN) AND CASH APR IN YOUR CARDHOLDER AGREEMENT.

NOW YOU CAN CALL BANK OF AMERICA TOLL FREE FROM OUTSIDE THE US. JUST CONNECT TO AN AT&T DIRECT OPERATOR OR DIAL THE AT&T DIRECT ACCESS CODE FOR THE COUNTRY YOU ARE IN AND DIAL 888-801-3723.



Page 2 of 3

Account Number: 4427-1030-0053-3041
 New Balance: \$4,876.47
 Minimum Payment Due: \$107.29
 Payment Due Date: AUG 08, 2001

Mail Payment To:



BANK OF AMERICA
 PO BOX 30770
 TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: BANK OF AMERICA

Please check here for address or telephone number change and complete form on the back.

MARY I REDMAN
 8323 FRONTENAC DR
 HOUSTON TX 77071-3661

0334182 0010729 0487647 4427103000533041

⑈ 2 2 4 4 6 6 7 4 ⑈ ⑆ 5 2 4 0 2 2 2 5 0 ⑆

DETACH HERE AND RETURN WITH REMITTANCE

TRANSACTION SUMMARY (Continued)						
Trans Date	Post Date	Description		Reference Number		Amount CR = Credit
07-02	07-04	SHELL NO.24241447416 HOUSTON TX		24299101184059159195015		\$21.00
07-02	07-04	SHELL NO.24241447416 HOUSTON TX		24299101184059159197011		\$26.49
07-02	07-04	SHELL NO.24241447416 HOUSTON TX		24299101184059159195015		\$18.51
07-02	07-04	SHELL NO.24241447416 HOUSTON TX		24299101184059159207018		\$32.00
07-03	07-05	SHELL NO.24241447416 HOUSTON TX		24299101185059159227015		\$23.00
07-03	07-05	SHELL NO.24241447416 HOUSTON TX		24299101185059159227015		\$12.00
07-05	07-09	SHELL NO.24241447416 HOUSTON TX		24299101187059159257010		\$23.45
07-05	07-09	SHELL NO.24241447416 HOUSTON TX		24299101187059159255014		\$23.50
07-05	07-09	SHELL NO.24241447416 HOUSTON TX		24299101187059159255014		\$14.00
07-05	07-09	SHELL NO.24241447416 HOUSTON TX		24299101187059159255014		\$19.50
07-06	07-09	SHELL NO.24241447416 HOUSTON TX		24299101188059159285010		\$17.00
07-09	07-10	SHELL NO.24241447416 HOUSTON TX		24299101190059159325002		\$23.68
07-09	07-11	EXXONMOBIL91 60543485 MISSOURI CITYTX		24164051191182003596285		\$24.32
07-11	07-13	SHELL NO.24241447416 HOUSTON TX		24299101193059159375012		\$52.57

Platinum



Page 3 of 3

Account Number: 4427-1030-0053-3041
New Balance: \$4,876.47
Minimum Payment Due: \$107.29
Payment Due Date: AUG 08, 2001

Mail Payment To:

|||||
BANK OF AMERICA
PO BOX 30770
TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: BANK OF AMERICA

Please check here for address or telephone number change and complete form on the back.

MARY I REDMAN
8323 FRONTENAC DR
HOUSTON TX 77071-3661

0334182 0010729 0487647 4427103000533041

® 22446671® 1:524022250:

DETACH HERE AND RETURN WITH REMITTANCE

** CONGRATULATIONS!! BECAUSE OF YOUR EXCELLENT ACCOUNT STATUS, WE'RE PLEASED TO EXTEND YOUR CREDIT TO \$10,700.**

GET CASH NOW. USE THE ATTACHED CHECK LIKE A PERSONAL CHECK UP TO YOUR AVAILABLE CASH LIMIT. THIS CHECK CANNOT BE USED TO PAY A BANK OF AMERICA CREDIT CARD ACCOUNT. IT WILL POST AS A CASH ADVANCE AND IS SUBJECT TO A 3% FEE (\$3 MIN) AND CASH APR IN YOUR CARDHOLDER AGREEMENT.

NOW YOU CAN CALL BANK OF AMERICA TOLL FREE FROM OUTSIDE THE US. JUST CONNECT TO AN AT&T DIRECT OPERATOR OR DIAL THE AT&T DIRECT ACCESS CODE FOR THE COUNTRY YOU ARE IN AND DIAL 888-801-3723.

PLATINUM
Account Number 4427-1030-0053-3041

For questions or to report lost or stolen cards, call 1-800-548-2959 within the U.S. or 888-801-3723 outside the U.S.

ACCOUNT INFORMATION

New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$2,664.45	\$10,700.00	\$8,035.55	\$10,700.00	\$8,035.00	08/14/01	\$58.62	09/03/01

TRANSACTION SUMMARY

Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
07-12	07-16	SHELL NO.24241447416 HOUSTON TX	24299101194059159395019	\$24.11
07-12	07-16	SHELL NO.24241447416 HOUSTON TX	24299101194059159395019	\$16.43
07-12	07-16	SHELL NO.24241447416 HOUSTON TX	24299101194059159395019	\$6.46
07-14	07-16	EXXONMOBIL91 60543485 MISSOURI CITYTX	24164051196182004196437	\$21.48
07-15	07-17	SHELL NO.24241447416 HOUSTON TX	24299101197059159455018	\$29.20
07-16	07-18	SHELL NO.24241447416 HOUSTON TX	24299101198059159475015	\$4.31
07-16	07-18	SHELL NO.24241447416 HOUSTON TX	24299101198059159475015	\$28.09

FINANCE CHARGE SUMMARY

Billing cycle	Balance Subject To Finance Charge	Daily Periodic Rate	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)
31 days.		V = Variable F = Fixed			
Purchases	\$0.00	F 0.0271300%	9.90%	19.80%	\$0.00
Cash	\$0.00	V 0.0542500%	19.80%	19.80%	\$0.00
Cash Advance Fees					\$0.00

BALANCE SUMMARY

Previous Balance	\$4,876.47
Payments	- \$4,876.47
Credits	- \$232.00
Purchases & Other Charges	+ \$2,896.45
Cash	+ \$0.00
Promotional Offers	+ \$0.00
Late Payment Fee	+ \$0.00
Overlimit Fee	+ \$0.00
FINANCE CHARGE	+ \$0.00
NEW BALANCE	\$2,664.45



Account Number: 4427-1030-0053-3041
 New Balance: \$2,664.45
 Minimum Payment Due: \$58.62
 Payment Due Date: SEP 03, 2001

Mail Payment To:


 BANK OF AMERICA
 PO BOX 30770
 TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: BANK OF AMERICA

Please check here for address or telephone number change and complete form on the back.

MARY I REDMAN
 8323 FRONTENAC DR
 HOUSTON TX 77071-3661

0487647 0005862 0266445 4427103000533041

⑈ 20856238 ⑈ ⑆524022250⑆

DETACH HERE AND RETURN WITH REMITTANCE

TRANSACTION SUMMARY (Continued)

Trans Date	Post Date	Description	Reference Number	Amount CR - Credit
07-17	07-19	EXXONMOBIL91 04718649 HOUSTON TX	24164051199837000008756	\$24.80
07-17	07-19	EXXONMOBIL91 04718649 HOUSTON TX	24164051199837000008764	\$21.01
07-18	07-19	DIAMOND 14161570076762 MISSOURI CIT TX	24399001199157000767620	\$27.90
07-18	07-20	SHELL NO.24241447416 HOUSTON TX	24299101200059159515014	\$54.00
07-19	07-23	SHELL NO.24241447416 HOUSTON TX	24299101201059159535011	\$16.52
07-20	07-23	SHELL NO.24241447416 HOUSTON TX	24299101202059159555018	\$40.30
07-20	07-23	EXXONMOBIL91 04718649 HOUSTON TX	24164051203837000000682	\$29.45
07-23	07-25	SHELL NO.24241447416 HOUSTON TX	24299101205059159615017	\$32.00
07-24	07-26	SHELL NO.24241447416 HOUSTON TX	24299101206059159635014	\$34.58
07-25	07-27	SHELL NO.24241447416 HOUSTON TX	24299101207059159655011	\$50.50
07-26	07-30	SHELL NO.24241447416 HOUSTON TX	24299101208059159675018	\$42.36
07-27	07-30	SHELL NO.24241447416 HOUSTON TX	24299101209059159695015	\$15.00
07-28	07-30	SHELL NO.24241447416 HOUSTON TX	24299101209059159715003	\$8.32
07-30	08-01	SHELL NO.24241447416 HOUSTON TX	24299101212059159747019	\$22.50
07-31	08-02	SHELL NO.24241447416 HOUSTON TX	24299101213059159765010	\$37.51
08-01	08-03	SHELL NO.24241447416 HOUSTON TX	24299101214059159785017	\$26.50
08-01	08-03	EXXONMOBIL91 04729398 HOUSTON TX	24164051214378000095254	\$18.68
08-02	08-06	SHELL NO.24241447416 HOUSTON TX	24299101215059159805017	\$31.50
08-03	08-06	SHELL NO.24241447416 HOUSTON TX	24299101216059159825019	\$11.71
08-06	08-09	SHELL NO.24241447416 HOUSTON TX	24299101220059159885025	\$31.50
08-06	08-09	SHELL NO.24241447416 HOUSTON TX	24299101220059159885025	\$12.85
08-07	08-09	SHELL NO.24241447416 HOUSTON TX	24299101220059159905013	\$13.00
08-07	08-09	SHELL NO.24241447416 HOUSTON TX	24299101220059159907019	\$21.01
08-08	08-10	SHELL NO.24241447416 HOUSTON TX	24299101221059159935019	\$13.00
08-09	08-13	SHELL NO.24241447416 HOUSTON TX	24299101222059159955016	\$29.00
08-10	08-13	SHELL NO.24241447416 HOUSTON TX	24299101223059159975013	\$31.00
08-13	08-14	SHELL NO.24241447416 HOUSTON TX	24299101225059159045005	\$34.86
08-12	08-14	SHELL NO.24241443134 HOUSTON TX	24299101225089209152014	\$21.96

GET CASH NOW. USE THE ATTACHED CHECK LIKE A PERSONAL CHECK UP TO YOUR AVAILABLE CASH LIMIT. THIS CHECK CANNOT BE USED TO PAY A BANK OF AMERICA CREDIT CARD ACCOUNT. IT WILL POST AS A CASH ADVANCE AND IS SUBJECT TO A 3% FEE (\$3 MIN) AND CASH APR IN YOUR CARDHOLDER AGREEMENT.

NOW YOU CAN CALL BANK OF AMERICA TOLL FREE FROM OUTSIDE THE US. JUST CONNECT TO AN AT&T DIRECT OPERATOR OR DIAL THE AT&T DIRECT ACCESS CODE FOR THE COUNTRY YOU ARE IN AND DIAL 888-801-3723.



Account Number: 4427-1030-0053-3041
 New Balance: \$2,621.57
 Minimum Payment Due: \$57.68
 Payment Due Date: OCT 09, 2001

Mail Payment To:

██
 BANK OF AMERICA
 PO BOX 30770
 TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: BANK OF AMERICA

Please check here for address or telephone number change and complete form on the back.

MARY I REDMAN
 8323 FRONTENAC DR
 HOUSTON TX 77071-3661

0266445 0005768 0262157 4427103000533041

⑈ 26570633⑈ ⑆ 524022250⑆

DETACH HERE AND RETURN WITH REMITTANCE →

COST Category / Descr
 - 6110 / Auto Expense
 - 11/8/01
 - \$694.41 - GL Aut



				Reference Number	Amount CR = Credit
09-04	09-06	SHELL NO.24241447416	HOUSTON TX	24299101248059159505019	\$34.50
09-05	09-06	SHELL NO.24241447416	HOUSTON TX	24299101248059159515000	\$29.01
09-06	09-10	SHELL NO.24241447416	HOUSTON TX	24299101250059159545010	\$29.00
09-06	09-10	SHELL NO.24241447416	HOUSTON TX	24299101250059159547016	\$24.82
09-07	09-10	SHELL NO.24241447416	HOUSTON TX	24299101251059159565017	\$37.05
09-10	09-12	SHELL NO.24241447416	HOUSTON TX	24299101254059159615017	\$36.42
09-11	09-12	SHELL NO.24241447416	HOUSTON TX	24299101254059159635007	\$28.08
09-11	09-12	SHELL NO.24241447416	HOUSTON TX	24299101254059159635007	\$10.00
09-11	09-12	SHELL NO.24241447226	HOUSTON TX	24299101254099473017003	\$20.00
09-12	09-13	SHELL NO.24241447416	HOUSTON TX	24299101255059159665003	\$33.33



Page 1 of 2

Account Number: 4427-1030-0053-3041
 New Balance: \$4,517.53
 Minimum Payment Due: \$99.39
 Payment Due Date: NOV 04, 2001

Mail Payment To:

BANK OF AMERICA
 PO BOX 30770
 TAMPA FL 33630-3770

Amount Enclosed: \$ [] [] [] [] [] [] [] [] [] []

MAKE CHECK PAYABLE TO: BANK OF AMERICA

Please check here for address or telephone number change and complete

MARY I REDMAN
 8323 FRONTENAC DR
 HOUSTON TX 77071-3661

M002316

elect

*New 2 \$1500
 New 8 \$2,017.53*

Bal - \$1,400

0262157 0009939 0451753 4427103000533041
 # 26391751# 1:5240222501:

DETACH HERE AND RETURN WITH REMITTANCE

PLATINUM
 Account Number 4427-1030-0053-3041

For questions or to report lost or stolen cards, call 1-800-548-2959 within the U.S. or 888-801-3723 outside the U.S.

ACCOUNT INFORMATION							
New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$4,517.53	\$10,700.00	\$6,182.47	\$10,700.00	\$6,182.00	10/15/01	\$99.39	11/04/01
TRANSACTION SUMMARY							
Trans Date	Post Date	Description	Reference Number	Amount CR = Credit			
09-13	09-17	SHELL NO.24241447416 HOUSTON TX	24299101257059159685017	\$28.46			
09-16	09-18	SHELL NO.24241445626 HOUSTON TX	24299101260050264472013	\$23.45			
09-17	09-19	SHELL NO.24241447416 HOUSTON TX	24299101261059159765011	\$41.91			
09-18	09-20	SHELL NO.24241447416 HOUSTON TX	24299101262059159785018	\$18.17			
09-19	09-21	SHELL NO.24241447416 HOUSTON TX	24299101263059159805013	\$18.11			
09-20	09-24	EXXON HOUSTON TX	24164051264837000004623	\$20.54			
09-20	09-24	SHELL NO.24241447416 HOUSTON TX	24299101265059159815028	\$14.00			
09-20	09-24	SHELL NO.24241447416 HOUSTON TX	24299101265059159827023	\$19.20			
09-20	09-24	SHELL NO.24241447416 HOUSTON TX	24299101265059159837022	\$24.10			
09-21	09-25	SHELL NO.24241446913 HOUSTON TX	24299101267059035867035	\$24.51			
FINANCE CHARGE SUMMARY						BALANCE SUMMARY	
Billing cycle 31 days	Balance Subject To Finance Charge	Daily Periodic Rate V = Variable F = Fixed	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)	Previous Balance	\$2,621.57
Purchases	\$0.00	F 0.0271300%	9.90%	19.80%	\$0.00	Payments	\$2,621.57
Cash	\$0.00	V 0.0542500%	19.80%	19.80%	\$0.00	Credits	\$320.50
Cash Advance Fees	\$0.00					Purchases & Other Charges	\$4,838.03
						Cash	\$0.00
						Promotional Offers	\$0.00
						Late Payment Fee	\$0.00
						Overlimit Fee	\$0.00
						FINANCE CHARGE	\$0.00
						NEW BALANCE	\$4,517.53

MARY I REDMAN
 8323 FRONTENAC DR
 HOUSTON, TX 77071-3661

Convenience Check

1045

68-1/510

Pay to the Order of

\$ []

Dollars

Bank of America
 Payable through Bank of America, N.A. Richmond, VA

Mary I Redman
 11/2/01
[Signature]



Mail Payment To:

██
BANK OF AMERICA
 PO BOX 30770
 TAMPA FL 33630-3770

MARY I REDMAN
 8323 FRONTENAC DR
 HOUSTON TX 77071-3661

Account Number:
 New Balance: **\$3,003.84**
 Minimum Payment Due: **\$66.09**
 Payment Due Date: **JAN 03, 2002**

Amount Enclosed
MAKE PAYAB
 PIN

COST CATEGORY/Descr
 2110 / Auto Expense
 - 2/7/02
 - \$1,125.00 - GL amt.

0402427 0006609 0300384 4427103000533041
 ⑈ 3 160 2754 ⑈ ⑆ 5 240 22250 ⑆



TRANSACTION SUMMARY (Continued)				
Trans Date	Post Date	Description	RI	NI
11-21	11-23	CHEVRON HANDI PLUS #38 MISSOURI CITYTX	24625121326411503401239	\$20.45
11-24	11-26	EXXONMOBIL91 04718425 MISSOURI TX	24164051329378000069582	\$20.83
11-20	11-27	SHELL NO.24241447416 HOUSTON TX	24299101330059159477069	\$15.00
11-26	11-28	SHELL NO.24241447416 HOUSTON TX	24299101331059159575010	\$16.00
11-26	11-28	SHELL NO.24241447416 HOUSTON TX	24299101331059159565011	\$24.50
11-28	11-30	SHELL NO.24241447416 HOUSTON TX	24299101333059159605013	\$18.00
11-28	11-30	SHELL NO.24241447416 HOUSTON TX	24299101333059159605013	\$12.98
11-28	11-30	EXXONMOBIL91 04718649 HOUSTON TX	24299101333059159605013	\$13.14
11-29	12-03	SHELL NO.24241447416 HOUSTON TX	24299101334059159625010	\$9.00
11-30	12-03	CHEVRON HANDI PLUS #346 MISSOURI CITYTX	24625121334411531979614	\$21.78
11-30	12-03	SHELL NO.24241447416 HOUSTON TX	24299101335059159645017	\$18.00
12-01	12-03	SHELL NO.24241447416 HOUSTON TX	24299101336059159677019	
12-01	12-03	SHELL NO.24241447416 HOUSTON TX	24299101336059159677019	
12-02	12-04	CHEVRON HANDI PLUS #346 MISSOURI CITYTX	24625121337411551386016	\$21.24
12-03	12-05	SHELL NO.24287100424 SUGARLAND TX	24299101338061285657012	\$12.50
12-04	12-06	SHELL NO.24241447416 HOUSTON TX	24299101339059159725013	\$10.50
12-05	12-07	SHELL NO.24241447416 HOUSTON TX	24299101340059159745018	\$16.00
12-05	12-07	TEXACO INC: 42049226372 CONROE TX	24692161340000650593475	\$52.27
12-06	12-10	SHELL NO.24241447416 HOUSTON TX	24299101341059159765015	\$24.01
12-06	12-10	SHELL NO.24241447416 HOUSTON TX	24299101341059159765015	\$11.90
12-06	12-10	SHELL NO.24241447416 HOUSTON TX	24299101341059159767011	\$20.14
12-07	12-10	SHELL NO.24241447416 HOUSTON TX	24299101342059159785012	\$22.36
12-08	12-10	SHELL NO.24241447416 HOUSTON TX	24299101342059159807006	\$14.76
12-08	12-10	CHEVRON HANDI PLUS #346 MISSOURI CITYTX	24625121343411577888914	\$20.09
12-10	12-12	SHELL NO.24241447416 HOUSTON TX	24299101345059159835012	\$16.00
12-11	12-13	SHELL NO.24241447416 HOUSTON TX	24299101346059159855019	
12-11	12-13	SHELL NO.24241447416 HOUSTON TX	24299101346059159855019	
12-12	12-14	SHELL NO.24241447416 HOUSTON TX	24299101347059159887011	
12-12	12-14	SHELL NO.24241447416 HOUSTON TX	24299101347059159875016	

GET CASH NOW. USE THE ATTACHED CHECK LIKE A PERSONAL CHECK UP TO YOUR AVAILABLE CASH LIMIT. THIS CHECK CANNOT BE USED TO PAY A BANK OF AMERICA CREDIT CARD ACCOUNT. IT WILL POST AS A CASH ADVANCE AND IS SUBJECT TO A 3% FEE (\$3 MIN) AND CASH APR IN YOUR CARDHOLDER AGREEMENT.

DON'T BE A VICTIM! PROTECT YOURSELF AGAINST FRAUD. NEVER GIVE YOUR CARD NUMBER TO STRANGERS OVER THE PHONE. TO LEARN MORE ABOUT FRAUD PREVENTION, VISIT WWW.CONSUMER-ACTION.ORG



Account Number:
New Balance: **\$4,398.10**
Minimum Payment Due: **\$96.76**
Payment Due Date: **FEB 08, 2002**

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: **BANK OF AMERICA**

Please check here for address or telephone number change and complete form on the back.

M009443

Mail Payment To:

BANK OF AMERICA
PO BOX 30770
TAMPA FL 33630-3770

MARY I REDMAN
8323 FRONTENAC DR
HOUSTON TX 77071-3661

0150000 0009676 0439810 4427103000533041

⑈ 33404978 ⑈ ⑆ 524022250 ⑆

DETACH HERE AND RETURN WITH REMITTANCE →

PLATINUM
Account Number 4427-1030-0053-3041

For questions or to report lost or stolen cards, call 1-800-732-9194 within the U.S. or 888-801-3723 outside the U.S.

ACCOUNT INFORMATION

New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$4,398.10	\$10,700.00	\$6,301.90	\$10,700.00	\$6,301.00	01/14/02	\$96.76	02/08/02

TRANSACTION SUMMARY

Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
12-13	12-17	SHELL NO.24241447416 HOUSTON TX	24299101348059159895013	\$34.00
12-14	12-17	SHELL NO.24241447416 HOUSTON TX	24299101349059159915018	\$47.57
12-15	12-17	SHELL NO.24241447416 HOUSTON TX	24299101349059159937004	\$14.73
12-15	12-17	SHELL NO 24241435700 HOUSTON TX	24299101350120045562012	\$18.55
12-18	12-20	SHELL NO.24241447416 HOUSTON TX	24299101353059159995013	\$39.16
12-18	12-20	SHELL NO.24241447416 HOUSTON TX	24299101353059159995013	\$14.04
12-19	12-21	SHELL NO.24241447416 HOUSTON TX	24299101354059159025018	\$34.49
12-19	12-21	SHELL NO.24241447416 HOUSTON TX	24299101354059159025018	\$10.00

FINANCE CHARGE SUMMARY

Billing cycle 31 days.	Balance Subject To Finance Charge	Daily Periodic Rate V = Variable F = Fixed	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)
Purchases	\$4,511.33	F 0.0271300%	9.90%	9.90%	\$37.95
Cash	\$0.00	V 0.0542500%	19.80%	9.90%	\$0.00
Cash Advance Fees					\$0.00

BALANCE SUMMARY

Previous Balance	\$3,003.84
Payments	- \$1,500.00
Credits	- \$0.00
Purchases & Other Charges	+ \$2,856.31
Cash	+ \$0.00
Promotional Offers	+ \$0.00
Late Payment Fee	+ \$0.00
Overlimit Fee	+ \$0.00
FINANCE CHARGE	+ \$37.95
NEW BALANCE	\$4,398.10

MARY I REDMAN
8323 FRONTENAC DR
HOUSTON, TX 77071-3661

Convenience Check

1096

Pay to the Order of

68-1510

\$



Account Number:
New Balance: **\$4,398.10**
Minimum Payment Due: **\$96.76**
Payment Due Date: **FEB 08, 2002**

Mail Payment To:



BANK OF AMERICA
PO BOX 30770
TAMPA FL 33630-3770

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: BANK OF AMERICA

Please check here for address or telephone number change and complete form on the back.

MARY I REDMAN
8323 FRONTENAC DR
HOUSTON TX 77071-3661

0150000 0009676 0439810 4427103000533041
⑈ 33404975⑈ ⑆524022250⑆

TRANSACTION SUMMARY (Continued)

Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
12-19	12-21	DIAMOND 2399 SHAMROCK HOUSTON TX	24455011353135458569781	\$19.24
12-20	12-24	SHELL NO.24241447416 HOUSTON TX	24299101355059159057010	\$18.93
12-20	12-24	SHELL NO 24241447416 HOUSTON TX	24299101355059159047011	\$29.02
12-31	01-02	CHEVRON HANDI PLUS #38 MISSOURI CITY TX	24625122001420002195598	\$19.66
01-02	01-04	SHELL NO.24241447416 HOUSTON TX	24299102003059159265013	\$10.54
01-03	01-07	SHELL NO.24241447416 HOUSTON TX	24299102004059159285010	\$25.79
01-03	01-07	CHEVRON #00108064 HOUSTON TX	24625122004420009821573	\$9.97
01-04	01-07	SHELL NO.24241447416 HOUSTON TX	24299102005059159305015	\$25.18
01-07	01-09	SHELL NO.24241447416 HOUSTON TX	24299102008059159355017	\$22.82
01-07	01-09	EXXONMOBIL91 04718649 HOUSTON TX	24164052008837000006437	\$13.74
01-08	01-10	SHELL NO.24241447416 HOUSTON TX	24299102009059159375014	\$18.26
01-08	01-10	SHELL NO.24241447416 HOUSTON TX	24299102009059159375014	\$13.28
01-09	01-10	CHEVRON LAKHANI CHEVRON HOUSTON TX	24625122009420033163823	\$17.00
01-09	01-10	CHEVRON LAKHANI CHEVRON HOUSTON TX	24625122009420033163815	\$18.97
01-09	01-11	SHELL NO.24241447416 HOUSTON TX	24299102010059159395019	\$11.47
01-09	01-11	SHELL NO.24241447416 HOUSTON TX	24299102010059159397015	\$20.23
01-10	01-14	SHELL NO.24241447416 HOUSTON TX	24299102011059159415014	\$22.85
01-10	01-14	SHELL NO.24241447416 HOUSTON TX	24299102011059159415014	\$12.73
01-11	01-14	SHELL NO.24241447416 HOUSTON TX	24299102012059159435011	\$30.52

GO TO WWW.VISA.COM/BENEFITS OR CALL 1-800-526-0874 NOW FOR COMPLETE BENEFIT INFORMATION. AUTO RENTAL INSURANCE*-RECEIVE AUTO RENTAL COVERAGE AT NO COST FOR DAMAGE DUE TO COLLISION OR THEFT. +

WARRANTY MANAGER*-AUTOMATICALLY DOUBLES THE MANUFACTURER'S WRITTEN U.S. REPAIR WARRANTY UP TO ONE YEAR ON WARRANTIES OF THREE YEARS OR LESS. REGISTER YOUR PURCHASES BY PHONE OR ONLINE.

*CERTAIN RESTRICTIONS AND CONDITIONS APPLY. + EFFECTIVE 3/01/02, LOSSES AS A RESULT OF FIRE, HAIL, LIGHTNING, FLOOD, OR OTHER WEATHER RELATED CAUSES ARE COVERED.