

Office of Audit Services 1100 Commerce, Room 632 Dallas, TX 75242

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 <a href="http://oig.hhs.gov">http://oig.hhs.gov</a>.

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

Gordon L. Sato

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.

## Office of Evaluation and Inspections

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.

# Office of Investigations

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil monetary penalties. The OI also oversees State Medicaid fraud control units, which investigate and prosecute fraud and patient abuse in the Medicaid program.

# Office of Counsel to the Inspector General

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.



Office of Audit Services 1100 Commerce, Room 632 Dallas, TX 75242

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.

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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

Gordon L. Sats



# ST. HOPE FOUNDATION, INC.

6200 SAVOY STE. 540, HOUSTON, TX 77036 PHONE 713.778.1300 FAX 713.778.0827

"Offering Hope To Many Lives"

#### **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:

- 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.
- 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

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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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7-09 07-11 EXXONMOBIL91	60543485 MISSOURI CITYTX	24164051191182003596285	\$24.3
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7-11 07-13 SHBLL NO.242414	47416 HOUSTON TX	24299101193059159375012	\$52.5

Mail Payment To:  Infinitional infinitional infinition	Account Number New Balance: Minimum Payment Due: Payment Due Date: Amount Enclosed:  MAKE CHECK PAYABLE TO: BANK OF AMERICA  Please check here for complete form on the back
0334182 0010729 0487647 44271030 # 22446671# ::524022250:	00533041
GET CASH NOW. USE THE ATTACHED CHECK LIKE A PERSIUP TO YOUR AVAILABLE CASH LIMIT. THIS CHECK CANNOT O PAY A BANK OF AMERICA CREDIT CARD ACCOUNT. IT AS A CASH ADVANCE AND IS SUBJECT TO A 3% FEE (\$3 MILCASH 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.	OT BE USED WILL POST N) AND
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MARY I REDMAN 8323 FRONTENAC DR HOUSTON TX 77071-3661

VISA •	Page 2 of 2
Account Number:	Page 2 01 2
New Balance:	\$2,664.45
Minimum Payment Due:	\$58.62
Payment Due Date:	SEP 03, 2001
Amount Enclosed: \$	$\prod$ . $\prod$

MAKE CHECK PAYABLE TO: BANK OF AMERICA

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

## 0487647 0005862 0266445 4427103000533041 \*\*20851238\*\* ::524022250:

DETACH HERE AND RETURN WITH REMITTANCE

rans Post		Reference Number	Amount CR = Credit
7-17 07-1 7-17 07-1 7-18 07-1	9 EXXONMOBIL91 04718649 HOUSTON TX 9 EXXONMOBIL91 04718649 HOUSTON TX 9 D1AMOND 14161570076762 MISSOURI CIT TX 0 SHELL NO.24241447416 HOUSTON TX	24164051199837000008756 24164051199837000008764 24399001199157000767620 24299101200059159515014	\$24.80 \$21.01 \$27.90 \$54.00
7-20 07-2	3 SHELL NO.24241447416 HOUSTON TX 3 SHELL NO.24241447416 HOUSTON TX 3 EXXONMOBIL91 04718649 HOUSTON TX	24299101201059159535011 24299101202059159555018 24164051203837000000682	\$16.52 \$40.30 \$29.45
7-24 07-2 7-25 07-2 7-26 07-3 7-27 07-3	S SHELL NO.24241447416 HOUSTON TX 6 SHELL NO.24241447416 HOUSTON TX 7 SHELL NO.24241447416 HOUSTON TX 0 SHELL NO.24241447416 HOUSTON TX 0 SHELL NO.24241447416 HOUSTON TX 0 SHELL NO.24241447416 HOUSTON TX 0 SHELL NO.24241447416 HOUSTON TX	24299101205059159615017 24299101206059159635014 24299101207059159655011 24299101208059159675018 24299101209059159695015 24299101209059159715003	\$32.00 \$34.58 \$50.50 \$42.36 \$15.00 \$8.32
7-30 08-0 7-31 08-0	1 SHBLL NO.24241447416 HOUSTON TX 2 SHBLL NO.24241447416 HOUSTON TX	24299101212059159747019 24299101213059159765010	\$22.50 \$37.51
8-01 08-0	3 SHELL NO.24241447416 HOUSTON TX 3 EXXONMOBIL91 04729398 HOUSTON TX 6 SHELL NO.24241447416 HOUSTON TX	24299101214059159785017 24164051214378000095254 24299101215059159805012	\$26.50 \$18.68 \$31.50
08-03	6 SHELL NO.24241447416 HOUSTON TX	24299101216059159825019	\$11.7
08-06 08-0 08-07 08-0	9 SHELL NO.24241447416 HOUSTON TX 99 SHELL NO.24241447416 HOUSTON TX 90 SHELL NO.24241447416 HOUSTON TX 99 SHELL NO.24241447416 HOUSTON TX	24299101220059159885025 24299101220059159885025 24299101220059159905013 24299101220059159907019	
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08-10 08-1	3 SHELL NO.24241447416 HOUSTON TX	24299101223059159975013	\$31.0
08-13 08-1	4 SHELL NO.24241447416 HOUSTON TX 4 SHELL NO.24241443134 HOUSTON TX	24299101225059159045005 24299101225089209152014	\$34.8 \$21.5

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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MARY I REDMAN 8323 FRONTENAC DR HOUSTON TX 77071-3661

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Page 2 of 3 Account Number: 4427-1030-0053-3041 New Balance: \$4,876.47 Minimum Payment Due:

\$107.29 AUG 08, 2001 Payment Due Date:

Amount Enclosed: MAKE CHECK PAYABLE TO:

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

## 0334182 0010729 0487647 4427103000533041

# 22446674# #524022250# DETACH HERE AND RETURN WITH REMITTANCE —

Date	Post Date	Description			Reference Number	Amount CR = Credit
17-02	107-04	SHELL NO.24241447416 SHELL NO.24241447416 SHELL NO.24241447416 SHELL NO.24241447416	HOUSTON HOUSTON HOUSTON HOUSTON	TX TX TX TX	24299101184059159195015 24299101184059159197011 24299101184059159195015 24299101184059159207018	\$21.0 \$26.4 \$18.5 \$32.0
7-03 7-03	07-05 07-05	SHELL NO.24241447416 SHELL NO.24241447416	HOUSTON HOUSTON	TX TX	24299101185059159227015 24299101185059159227015	\$23.0 \$12.0
7-05 7-05 7-05 7-05	07-09 07-09 07-09 07-09	SHBLL NO.24241447416 SHBLL NO.24241447416 SHBLL NO.24241447416 SHBLL NO.24241447416	HOUSTON HOUSTON HOUSTON	TX TX TX TX	24299101187059159257010 24299101187059159255014 24299101187059159255014 24299101187059159255014	\$23.4 \$23.5 \$14.0 \$19.5
7-06	07-09	SHELL NO.24241447416	HOUSTON	TX	24299101188059159285010	\$17.00
7-09	07-10	SHELL NO.24241447416	HOUSTON	TX	24299101190059159325002	\$23.68
7-09	07-11	EXXONMOBIL91 605434	85 MISSOURI	СІТҮТХ	24164051191182003596285	\$24,3
7-11	07-13	SHBLL NO.24241447416	HOUSTON	TX ·	24299101193059159375012	\$52.57

MARY I REDMAN 8323 FRONTENAC DR HOUSTON TX 77071-3661  D334182 D010729 0487647 4427103000533041  "22446671" 1:524022250: DETACH 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 (S3 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 ATAT DIRECT OPERATOR OR DIAL THE ATAT DIRECT OPERATOR OR DIAL THE ATAT DIRECT ACCESS CODE FOR THE COUNTRY YOU ARE IN AND DIAL \$888-801-3723.	Mail Payment To:  Infinite Inf	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 Amount S SANK OF AMERICA Please check here for address or telephone number change and complete form on the back.
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Indianialistical BANK OF AMERICA PO BOX 30770 TAMPA FL 33630-3770

MARY I REDMAN 8323 FRONTENAC DR HOUSTON TX 77071-3661

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

Amount Enclosed:

BANK OF AMERICA

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

0487647 0005862 0266445 4427103000533041

# 20851238# 45240222504

DETACH HERE AND RETURN WITH REMITTANCE

TRANSA	CTION SUMIVARY (Continued)		
Trans Post	Description	Reference	Amount
Date Date		Number	CR = Credit
07-17 07-19 07-19	EXXONMOBIL91 04718649 HOUSTON TX	24164051199837000008756	\$24.80
	EXXONMOBIL91 04718649 HOUSTON TX	2416405119983700008764	\$21.01
	DIAMOND 14161570076762 MISSOURI CIT TX	24399001199157000767620	\$27.90
	SHELL NO.24241447416 HOUSTON TX	24299101200059159515014	\$54.00
07-20 07-23	SHELL NO.24241447416 HOUSTON TX	24299101201059159535011	\$16.52
	SHELL NO.24241447416 HOUSTON TX	24299101202059159555018	\$40.30
	EXXONMOBIL91 04718649 HOUSTON TX	24164051203837000000682	\$29.45
07-24 07-26 07-25 07-27 07-26 07-30 07-27 07-30	SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX	24299101205059159615017 24299101206059159635014 24299101207059159655011 24299101208059159675018 24299101209059159695015 24299101209059159715003	\$32.00 \$34.58 \$50.50 \$42.36 \$15.00 \$8.32
	SHELL NO.24241447416 HOUSTON TX	24299101212059159747019	\$22.50
	SHELL NO.24241447416 HOUSTON TX	24299101213059159765010	\$37.51
08-01 08-03	SHELL NO.24241447416 HOUSTON TX	24299101214059159785017	\$26.50
	EXXONMOBIL91 04729398 HOUSTON TX	24164051214378000095254	\$18.68
	SHELL NO.24241447416 HOUSTON TX	24299101215059159805012	\$31.50
08-03 08-06	SHELL NO.24241447416 HOUSTON TX	24299101216059159825019	\$11.71
08-06 08-09 08-09	SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX	24299101220059159885025 24299101220059159885025 24299101220059159905013 24299101220059159907019	\$31.50 \$12.85 \$13.00 \$21.01
	SHELL NO.24241447416 HOUSTON TX	24299101221059159935019	\$13.00
	SHELL NO.24241447416 HOUSTON TX	24299101222059159955016	\$29.00
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	SHELL NO.24241447416 HOUSTON TX SHELL NO.24241443134 HOUSTON TX	24299101225059159045005 24299101225089209152014	

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.

	Mail Payment To:	CA 30-3770 C DR 7071-3661	427103000533	New Balance: Minimum Payment Due: Payment Due Date:  Amount Enclosed:  MAKE CHECK PAYABLE TO:  Please check here for address number change and complete	or telephone form on the back.
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9-04 09-06	Viread	*	TX TX	24299101248059159505019 24299101248059159515000	\$34.50 \$29.01
9-04 09-06 9-05 09-06 9-05 09-10	Viread (tenofovir disoproxil fun shell No.24241447416	narate)	5.50	24299101248059159505019	\$29.01 \$29.00 \$24.82
9-04 09-06 9-05 09-06 9-06 09-10 9-07 09-10	Viread  (tenofovir disoproxil fun  SHELL NO.24241447416  SHELL NO.24241447416  SHELL NO.24241447416	narate)  Houston Houston Houston	TX TX TX	24299101248059159505019 24299101248059159515000 24299101250059159545010 24299101250059159547016	\$29.01 \$29.00 \$24.82 \$37.05 \$36.42 \$28.08 \$10.00

				) W	New Ba	lance: m Payment t Due Date: d: \$ [	Due: N	Page 1 of 2 80-0053-3941 \$4,517.53 \$99.39 OV 04, 2001
	MARY I RI 8323 FRO HOUSTON	39 04517	5661 53 442710	e	PAYABL Plea num	se check here for change and	or address of complete (	r telephone
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New	Total Credit	Available	Cash	Availa		PATROLINE SERVICE CONTRACTOR AND	Minimum	Payment
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9-18 09-20 SH	IELL NO.242414 IELL NO.242414 IELL NO.242414	447416 HOUS	TON TX		2429	91012610591 91012620591 91012630591	59785018	\$41.91 \$18.17 \$18.11
9-20 09-24 SH	CXON TELL NO.242414 TELL NO.242414 TELL NO.242414	447416 HOUS 447416 HOUS	TON TX		2429 2429	40512648370 91012650591 91012650591 91012650591	59815028 59827023	\$20.54 \$14.00 \$19.20 \$24.10
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Billing cycle 31 days.	Balance Subject To Finance	Daily Periodic Rate V = Variable	Corresponding Annual Percentage	ANNUAL PERCENTAGE		Previous B Payments	alance	\$2,621.57 - \$2,621.57
31 days.	Charge	V = Variable F = Fixed	Percentage Rate	RATE	(ftemized)	Credits		- \$320.50
urchases	\$0.00	F 0.0271300%	9.90%	19.80%	\$0.00	Purchases & Other Charges		• \$4,838.03
Cash Cash Advance F		V 0.0542500%	19.80%	19.80%	\$0.00	Promotion:	al Offers	• \$0.00 • \$0.00
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MARY I REDMAN 8323 FRONTENAC DR HOUSTON TX 77071-3661

Account Number: 4427-	Page 2 of 2 1030-0053-3041
New Balance:	\$4,517.53
Minimum Payment Due:	\$99.39
Payment Due Date:	NOV 04, 2001
Amount Enclosed: \$	$\coprod$
MAKE CHECK PAYABLE TO: BANK OI	F AMERICA
Please check here for addre number change and comple	ss or telephone

0262357 0009939 0453753 44**273**03000533043 # 26393752# #524022250#

rans	Post Date	Description			Reference Number	Amount CR = Credit
		SHELL NO.24241447416	HOUSTON	TX	24299101268059159895019	\$18.8
9-24	09-26	CHEVRON HANDI PLUS	#346 MISSOI	URI CITYTX	24625121268411231765996	\$24.63
9-25	09-27	SHELL NO.24241447416 SHELL NO.24241449727 SHELL NO.24241447416 SHELL NO.24241447416	HOUSTON HOUSTON HOUSTON HOUSTON	TX TX TX TX	24299101269059159915014 24299101269087905442017 24299101269059159845054	\$80.7
		SHELL NO.24241447416	HOUSTON	TX	24445001271360710075087 24299101271059159955016	T .
9-28	10-01	SHELL NO.24241447416 SHELL NO.24241447416 SHELL NO.24241447416	HOUSTON HOUSTON	TX TX TX	24299101272059159975013 24299101272059159975013 24299101272059159977015	\$19.0

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.



Inflution Influential Influence III BANK OF AMERICA PO BOX 30770 TAMPA FL 733630-3770

MARY I REDMAN 8323 FRONTENAC DR HOUSTON TX 77071-3661

Account No	en la car	P	age 2 of 2
New Balanc		52	003.84
	ayment Due-	,	\$66.09
Payment Du		JAN 03	
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<b>Viread</b> *	
(tenofovir disoproxil fumarate)	

Frans P Date D	ost	CTION SUMMARY (Continued) Description	(tenofovir dis	Upruxii Iurria
11-21 1	1-23	CHEVRON HANDI PLUS #38 MISSOURI CITYTX	24625121326411503401239	\$20.45
11-20 1 11-26 1 11-26 1 11-28 1	1-27 1-28 1-28 1-30 1-30	EXXONMOBIL91 04718425 MISSOURI TX SHELL NO.24241447416 HOUSTON TX EXXONMOBIL91 04718649 HOUSTON TX	24164051329378000069582 24299101330059159477069 24299101331059159575010 24299101331059159565011 24299101333059159605013 24299101333059159605013	\$20.83 \$15.00 \$16.00 \$24.50 \$18.00 \$12.98 \$13.14
11-29 1	2-03	SHELL NO.24241447416 HOUSTON TX	24299101334059159625010	\$9.00
11-30 1	2-03	CHEVRON HANDI PLUS #346 MISSOURI CITYTX	2462512133441153/979614	\$21.78
11-30 1	2-03	SHELL NO.24241447416 HOUSTON TX	24299101335059159645017	\$18.00
12-01 1	2-03	SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX	24299101336059159677019 24299101336059159677019	,
12-02 1	2-04	CHEVRON HANDI PLUS #346 MISSOURI CITYTX	24625121337411551386016	\$21.24
		SHELL NO.24287100424 SUGARLAND TX SHELL NO.24241447416 HOUSTON TX	24299101338061285657012 24299101339059159725013	\$12.50 \$10.50
12-05 1 12-06 1 12-06 1 12-06 1 12-07 1 12-08 1	12-07 12-10 12-10 12-10 12-10 12-10	SHELL NO.24241447416 HOUSTON TX TEXACO INC 42049226372 CONROE TX SHELL NO.24241447416 HOUSTON TX	24299101340059159745018 24692161340000650595475 24299101341059159765015 24299101341059159765015 24299101341059159767011 24299101342059159785012 24299101342059159785012 24299101342059159807006 24625121343411577888914 24299101345059159835012	\$16.00 \$52.27 \$24.01 \$11.90 \$20.14 \$22.36 \$14.76 \$20.09 \$16.00
12-1111	12-13	SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX	24299101346059159855019 24299101346059159857015	
12-12 1	12-14	SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX	24299101347059159887011 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. /ISIT WWW.CONSUMER-ACTION.ORG

	BANK OF AM PO BOX 307 TAMPA FL MARY I RED 8323 FRONT	HILIMINIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	51 4427103(	M0094	New Ba Minimu Paymen Amoun Enclose MAKE C PAYABL	m Paymen t Due Date t d: \$  HECK E TO: !  se check here ber change as	BANK OF AN	telephone rm on the back.	
LATINU		<b>3</b>			cards, ca	tions or to	report lost	in the U.S.	
ACCOUNT New Balance \$4,398.10	Total Credit Line \$10,700.00	Available Credit \$6,301.90	Cash Line \$10,700.00	Availat Cash \$6,301.	Clo	tement osing Date	Minimum Payment	Payment Due Date 02/08/02	
Trans Post Date Date Date 2-13 12-17 S 2-14 12-17 S	PELL NO.2424144 HELL NO.2424144 HELL NO.2424144 HELL NO.2424144	7416 HOUSTO	N TX		Nu 242 242	erenœ mber 9910134805 9910134905	9159915018	Amount CR = Credit \$34.00 \$47.57 \$14.73	2
2-18 12-20 S 2-18 12-20 S 2-19 12-21 S	HELL NO 2424143 HBLL NO 2424144 HELL NO 2424144 HELL NO 2424144	7416 HOUSTO 7416 HOUSTO 7416 HOUSTO	ON TX ON TX		242 242 242 242	9910135012 9910135305 9910135305 9910135405 9910135405	9159995013 9159995013 9159025018	\$18.55 \$39.16 \$14.04 \$34.49 \$10.00	**
	CHARGE SUM	Alayyan Szandanian kalina	/N 1A		242	T T	NCE SUM		×
Billing cycle 31 days. Purchases Cash Cash Advance	Balance Subject To Finance Charge F \$4,511.33 F \$0.00 V	Daily Periodic Cate = Variable = Fixed R: 0.0271300%	nnual PE recentage RA ate 9.90% 19.80%	9,90% 9,90%	FINANCE CHARGES (Itemized) \$37.95 \$0.00	Payment Credits Purchases Other Chair Cash Promotic Late Pay Overlimi FINANCI	k ges onal Offers yment Fee	\$3,003.84 - \$1,500.00 - \$0.00 - \$0.00 - \$0.00 - \$0.00 - \$0.00 - \$0.00 - \$0.00 - \$0.00 - \$0.00 - \$37.95 \$4,398.10	
ARY I RE 323 FRONT IOUSTON,	TENAC DR TX 77071-3661	1	Convenience		7		\$5	1096	

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MARY I REDMAN 8323 FRONTENAC DR HOUSTON TX 77071-3661

Account Number:	Page 2 of
New Balance:	\$4,398.10
Minimum Payment Due: Payment Due Date:	\$96.76 FEB 08, 2002
Amount Enclosed: \$	
MAKE CHECK PAYABLE TO: BANK OF	FAMERICA

0150000 0009676 0439810 4427103000533041 #33404975# 4524022250#

	444.000	CTION SUMMARY (Continued)		
Date	Date	Description	Reference Number	Amount CR = Credit
12-20	12-24	DIAMOND 2399 SHAMROCK HOUSTON TX SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX	24455011353135458569781 24299101355059159057010 242991013350 <del>59</del> 159047011	\$19.24 \$18.93 \$29.02
		CHEVRON HANDI PLUS #38 MISSOURI CITYTX SHELL NO.24241447416 HOUSTON TX	24625122001420002195598 24299102003059159265013	\$19.66 \$10.54
01-03	01-07	SHELL NO.24241447416 HOUSTON TX CHEVRON #00108064 HOUSTON TX SHELL NO.24241447416 HOUSTON TX	24299102004059159285010 24625122004420009821573 24299102005059159305015	\$25.79 \$9.9° \$25.11
01-07 01-08 01-09 01-09 01-09 01-09 01-10 01-10	01-09 01-10 01-10 01-10 01-11 01-11 01-14 01-14	SHELL NO.24241447416 HOUSTON TX EXXONMOBIL91 04718649 HOUSTON TX SHELL NO.24241447416 HOUSTON TX SHELL NO.24241447416 HOUSTON TX CHEVRON LAKHANI CHEVRON HOUSTON TX CHEVRON LAKHANI CHEVRON HOUSTON TX SHELL NO.24241447416 HOUSTON TX	24299102008059159355017 24164052008837000006437 24299102009059159375014 24299102009059159375014 24295122009420033163823 24625122009420033163815 24299102010059159395019 24299102010059159397015 24299102011059159415014 24299102011059159415014 24299102011059159415014	\$22.8' \$13.7' \$18.2' \$13.2' \$17.0' \$18.9' \$11.4' \$20.2' \$22.8 \$12.7' \$30.5'

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\*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.